

CY 2016 PBP Data Entry System Screens

#1a Inpatient Hospital-Acute – Base 1

PBP Data Entry System - Section B-1, Contract X0001, Plan 001, Segment 000

File Help

Go To: #1a Inpatient Hospital-Acute - Base 1

Previous Next Exit (Validate) Exit (No Validate)

CLICK FOR DESCRIPTION OF BENEFIT

Does the plan provide Inpatient Hospital-Acute Services as a supplemental benefit under Part C?

Yes
 No

Select enhanced benefits:

Additional Days
 Non-Medicare-covered Stay
 Upgrades

Select type of benefit for Additional Days:

Mandatory
 Optional

Select type of benefit for Non-Medicare-covered stay:

Mandatory
 Optional

Select type of benefit for Upgrades:

Mandatory
 Optional

Is this benefit unlimited for Additional Days?

Yes
 No, indicate number

Indicate number of Additional Days per benefit period:

CY 2016 PBP Data Entry System Screens

#1a Inpatient Hospital-Acute – Base 2

PBP Data Entry System - Section B-1, Contract X0001, Plan 001, Segment 000

File Help

Go To: #1a Inpatient Hospital-Acute - Base 2

Previous Next Exit (Validate) Exit (No Validate)

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 the 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 Benefit Period
 Every Stay
 Other, Describe

Does this plan's costsharing vary by hospital(s) in which an enrollee obtains care?

Yes
 No

How many costsharing tiers do you offer?

What is your lowest cost tier?

Tier 1
 Tier 2
 Tier 3

What is your inpatient hospital benefit period?

Original Medicare
 Annual
 Other, describe

Enter Other description for benefit period:

Is there an enrollee Coinsurance?

Yes
 No

Medicare-covered Coinsurance Cost Sharing for Tier 1:

Do you charge the Medicare-defined cost shares? (These are the total charges for all services provided to the enrollee in the inpatient facility.)

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 the Medicare-covered stay (e.g., 1 to 30; 31 to 90):

Coinsurance % Interval 1	Begin Day Interval 1:	End Day Interval 1:
<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
Coinsurance % Interval 2	Begin Day Interval 2:	End Day Interval 2:
<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
Coinsurance % Interval 3	Begin Day Interval 3:	End Day Interval 3:
<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>

CY 2016 PBP Data Entry System Screens

#1a Inpatient Hospital-Acute – Base 3

PBP Data Entry System - Section B-1, Contract X0001, Plan 001, Segment 000

File Help

Go To: #1a Inpatient Hospital-Acute - Base 3

Previous Next Exit (Validate) Exit (No Validate)

Medicare-covered Coinsurance Cost Sharing for Tier 2:
Do you charge the Medicare-defined cost shares? (These are the total charges for all services provided to the enrollee in the inpatient facility.)
 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 the Medicare-covered stay (e.g., 1 to 30; 31 to 90):

Coinsurance % Interval 1 Begin Day Interval 1 End Day Interval 1:
[] [] []

Coinsurance % Interval 2 Begin Day Interval 2 End Day Interval 2:
[] [] []

Coinsurance % Interval 3 Begin Day Interval 3 End Day Interval 3:
[] [] []

Medicare-covered Coinsurance Cost Sharing for Tier 3:
Do you charge the Medicare-defined cost shares? (These are the total charges for all services provided to the enrollee in the inpatient facility.)
 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 the Medicare-covered stay (e.g., 1 to 30; 31 to 90):

Coinsurance % Interval 1 Begin Day Interval 1 End Day Interval 1:
[] [] []

Coinsurance % Interval 2 Begin Day Interval 2 End Day Interval 2:
[] [] []

Coinsurance % Interval 3 Begin Day Interval 3 End Day Interval 3:
[] [] []

CY 2016 PBP Data Entry System Screens

#1a Inpatient Hospital-Acute – Base 4

PBP Data Entry System - Section B-1, Contract X0001, Plan 001, Segment 000

File Help

Go To: #1a Inpatient Hospital-Acute - Base 4

Previous
Next
Exit (Validate)
Exit (No Validate)

<p style="font-size: small; margin: 0;">Medicare-covered Life Time Reserve Days Tier 1</p> <p style="font-size: x-small; margin: 0;">Indicate the number of day intervals for the Medicare-covered Lifetime Reserve Days:</p> <div style="border: 1px solid gray; padding: 2px; margin: 5px 0;"> <input type="radio"/> Zero (No Coinsurance per Day) <input type="radio"/> One <input type="radio"/> Two <input type="radio"/> Three </div> <p style="font-size: x-small; margin: 0;">Indicate the coinsurance percentage and day interval(s) for the 60 Medicare-covered Lifetime Reserve Days (i.e., 1 - 60):</p> <table border="0" style="width: 100%; font-size: x-small;"> <thead> <tr> <th></th> <th colspan="3" style="text-align: center;">Interval Days</th> </tr> <tr> <th></th> <th style="text-align: center;">Coinsurance %</th> <th style="text-align: center;">Begin Day</th> <th style="text-align: center;">End Day</th> </tr> </thead> <tbody> <tr> <td>Interval 1:</td> <td><input style="width: 30px;" type="text"/></td> <td><input style="width: 30px;" type="text"/></td> <td><input style="width: 30px;" type="text"/></td> </tr> <tr> <td>Interval 2:</td> <td><input style="width: 30px;" type="text"/></td> <td><input style="width: 30px;" type="text"/></td> <td><input style="width: 30px;" type="text"/></td> </tr> <tr> <td>Interval 3:</td> <td><input style="width: 30px;" type="text"/></td> <td><input style="width: 30px;" type="text"/></td> <td><input style="width: 30px;" type="text"/></td> </tr> </tbody> </table>		Interval Days				Coinsurance %	Begin Day	End Day	Interval 1:	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	Interval 2:	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	Interval 3:	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<p style="font-size: small; 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CY 2016 PBP Data Entry System Screens

#1a Inpatient Hospital-Acute – Base 5

PBP Data Entry System - Section B-1, Contract X0001, Plan 001, Segment 000

File Help

Go To: #1a Inpatient Hospital-Acute - Base 5

Previous Next Exit (Validate) Exit (No Validate)

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., 91 to 999):

Coinsurance % Interval 1 Begin Day Interval 1: End Day Interval 1:
[] [] []

Coinsurance % Interval 2 Begin Day Interval 2: End Day Interval 2:
[] [] []

Coinsurance % Interval 3 Begin Day Interval 3: End Day Interval 3:
[] [] []

CY 2016 PBP Data Entry System Screens

#1a Inpatient Hospital-Acute – Base 6

PBP Data Entry System - Section B-1, Contract X0001, Plan 001, Segment 000

File Help

Go To: #1a Inpatient Hospital-Acute - Base 6

Previous Next Exit (Validate) Exit (No Validate)

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 Begin Day Interval 1: End Day Interval 1:

Coinsurance % Interval 2 Begin Day Interval 2: End Day Interval 2:

Coinsurance % Interval 3 Begin Day Interval 3: End Day Interval 3:

Indicate Coinsurance percentage for Upgrades:

CY 2016 PBP Data Entry System Screens

#1a Inpatient Hospital-Acute – Base 7

PBP Data Entry System - Section B-1, Contract X0001, Plan 001, Segment 000

File Help

Go To: #1a Inpatient Hospital-Acute - Base 7

Previous Next Exit (Validate) Exit (No Validate)

If you do not have a service-specific deductible for this benefit but offer a plan-specific deductible, then enter the plan deductible in Section D.

Is there an enrollee Deductible?

Yes
 No

Indicate Deductible Amount for Tier 1:

Indicate Deductible Amount for Tier 2:

Indicate Deductible Amount for Tier 3:

Is there an enrollee Copayment?

Yes
 No

Medicare-covered Copayment Cost Sharing for Tier 1:

Do you charge the Medicare-defined cost shares? (These are the total charges for all services provided to the enrollee in the inpatient facility.)

Yes
 No

Indicate Copayment amount for the 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 the Medicare-covered stay (e.g., 1 to 30; 31 to 90): For more information on cost share limitations please view the variable help.

Copayment Amt Interval 1	Begin Day Interval 1:	End Day Interval 1:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Copayment Amt Interval 2	Begin Day Interval 2:	End Day Interval 2:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Copayment Amt Interval 3	Begin Day Interval 3:	End Day Interval 3:
<input type="text"/>	<input type="text"/>	<input type="text"/>

CY 2016 PBP Data Entry System Screens

#1a Inpatient Hospital-Acute – Base 8

PBP Data Entry System - Section B-1, Contract X0001, Plan 001, Segment 000
_ □ ×

File Help

Go To: #1a Inpatient Hospital-Acute - Base 8

◀ Previous
Next ▶

✓ Exit (Validate)
✗ Exit (No Validate)

Medicare-covered Copayment Cost Sharing for Tier 2:

Do you charge the Medicare-defined cost shares? (These are the total charges for all services provided to the enrollee in the inpatient facility.)

Yes
 No

Indicate Copayment amount for the 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 the Medicare-covered stay (e.g., 1 to 30; 31 to 90): For more information on cost share limitations please view the variable help.

Copayment Amt Interval 1	Begin Day Interval 1:	End Day Interval 1:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Copayment Amt Interval 2	Begin Day Interval 2:	End Day Interval 2:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Copayment Amt Interval 3	Begin Day Interval 3:	End Day Interval 3:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Medicare-covered Copayment Cost Sharing for Tier 3:

Do you charge the Medicare-defined cost shares? (These are the total charges for all services provided to the enrollee in the inpatient facility.)

Yes
 No

Indicate Copayment amount for the 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 the Medicare-covered stay (e.g., 1 to 30; 31 to 90): For more information on cost share limitations please view the variable help.

Copayment Amt Interval 1	Begin Day Interval 1:	End Day Interval 1:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Copayment Amt Interval 2	Begin Day Interval 2:	End Day Interval 2:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Copayment Amt Interval 3	Begin Day Interval 3:	End Day Interval 3:
<input type="text"/>	<input type="text"/>	<input type="text"/>

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12/5/2014

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CMS SENSITIVE INFORMATION - REQUIRES SPECIAL HANDLING

CY 2016 PBP Data Entry System Screens

#1a Inpatient Hospital-Acute – Base 9

PBP Data Entry System - Section B-1, Contract X0001, Plan 001, Segment 000

File Help

Go To: #1a Inpatient Hospital-Acute - Base 9

Previous Next Exit (Validate) Exit (No Validate)

Medicare-covered Life Time Reserve Days Tier 1

Indicate the number of day intervals for the Medicare-covered Lifetime Reserve Days:

Zero (No Copayment per Day)

One

Two

Three

Indicate the copayment amount and day interval(s) for the 60 Medicare-covered Lifetime Reserve Days (i.e., 1 - 60):

	Copay Amount	Interval Days	Begin Day	End Day
Interval 1:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Interval 2:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Interval 3:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Medicare-covered Life Time Reserve Days Tier 2

Indicate the number of day intervals for the Medicare-covered Lifetime Reserve Days:

Zero (No Copayment per Day)

One

Two

Three

Indicate the copayment amount and day interval(s) for the 60 Medicare-covered Lifetime Reserve Days (i.e., 1 - 60):

	Copay Amount	Interval Days	Begin Day	End Day
Interval 1:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Interval 2:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Interval 3:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Medicare-covered Life Time Reserve Days Tier 3

Indicate the number of day intervals for the Medicare-covered Lifetime Reserve Days:

Zero (No Copayment per Day)

One

Two

Three

Indicate the copayment amount and day interval(s) for the 60 Medicare-covered Lifetime Reserve Days (i.e., 1 - 60):

	Copay Amount	Interval Days	Begin Day	End Day
Interval 1:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Interval 2:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Interval 3:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

CY 2016 PBP Data Entry System Screens

#1a Inpatient Hospital-Acute – Base 10

PBP Data Entry System - Section B-1, Contract X0001, Plan 001, Segment 000

File Help

Go To: #1a Inpatient Hospital-Acute - Base 10

Previous Next Exit (Validate) Exit (No Validate)

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., 91 to 999):

Copayment Amt Interval 1	Begin Day Interval 1:	End Day Interval 1:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Copayment Amt Interval 2	Begin Day Interval 2:	End Day Interval 2:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Copayment Amt Interval 3	Begin Day Interval 3:	End Day Interval 3:
<input type="text"/>	<input type="text"/>	<input type="text"/>

CY 2016 PBP Data Entry System Screens

#1a Inpatient Hospital-Acute – Base 11

PBP Data Entry System - Section B-1, Contract X0001, Plan 001, Segment 000

File Help

Go To: #1a Inpatient Hospital-Acute - Base 11

Previous Next Exit (Validate) Exit (No Validate)

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 the Non-Medicare-covered stay:
[]

Indicate Copayment amount for Upgrades per stay:
[]

Indicate Copayment amount for Upgrades per day:
[]

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 Begin Day Interval 1: End Day Interval 1:
[] [] []

Copayment Amt Interval 2 Begin Day Interval 2: End Day Interval 2:
[] [] []

Copayment Amt Interval 3 Begin Day Interval 3: End Day Interval 3:
[] [] []

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

CY 2016 PBP Data Entry System Screens

#1a Inpatient Hospital-Acute – Base 12

The screenshot shows a software window titled "PBP Data Entry System - Section B-1, Contract X0001, Plan 001, Segment 000". The interface includes a menu bar with "File" and "Help". Below the menu bar is a navigation toolbar with four buttons: "Previous" (left arrow), "Next" (right arrow), "Exit (Validate)" (green checkmark), and "Exit (No Validate)" (red X). A "Go To:" dropdown menu is set to "#1a Inpatient Hospital-Acute - Base 12".

The main content area is divided into two sections:

- Is a referral required for Inpatient Hospital - Acute Services:** This section contains two radio buttons, "Yes" and "No", both of which are currently unselected.
- Inpatient Hospital - Acute Notes:** This section includes a text instruction: "Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry." Below this instruction is a large, empty text area labeled "Notes:" with a vertical scrollbar on the right side.

CY 2016 PBP Data Entry System Screens

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

PBP Data Entry System - Section B-1, Contract X0001, Plan 001, Segment 000

File Help

Go To: #1a Inpatient Hospital-Acute (B Only) - Base 1

Previous Next Exit (Validate) Exit (No Validate)

CLICK FOR DESCRIPTION OF BENEFIT

Do you offer Inpatient Hospital - Acute Services as a benefit?

Yes
 No

Select type of benefit for Inpatient Hospital - Acute Services:

Mandatory
 Optional

Does this benefit have unlimited days?

Yes
 No, indicate number

Indicate number of days per period:

Select the days periodicity:

Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Every Benefit Period
 Every Stay
 Other, Describe

Is there a service-specific Maximum Plan Benefit Coverage amount?

Yes
 No

Indicate Maximum Plan Benefit Coverage amount:

Select Maximum Plan Benefit Coverage periodicity:

Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Every Benefit Period
 Every Stay
 Other, Describe

CY 2016 PBP Data Entry System Screens

#1a Inpatient Hospital-Acute (B Only) – Base 2

PBP Data Entry System - Section B-1, Contract X0001, Plan 001, Segment 000

File Help

Go To: #1a Inpatient Hospital-Acute (B Only) - Base 2

Previous Next Exit (Validate) Exit (No Validate)

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

Yes
 No

Indicate the 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 Benefit Period
 Every Stay
 Other, Describe

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 Begin Day Interval 1: End Day Interval 1:

Coinsurance % Interval 2 Begin Day Interval 2: End Day Interval 2:

Coinsurance % Interval 3 Begin Day Interval 3: End Day Interval 3:

Is there an enrollee Coinsurance?

Yes
 No

Indicate Coinsurance percentage per stay:

CY 2016 PBP Data Entry System Screens

#1a Inpatient Hospital-Acute (B Only) – Base 3

PBP Data Entry System - Section B-1, Contract X0001, Plan 001, Segment 000

File Help

Go To: #1a Inpatient Hospital-Acute (B Only) - Base 3

Previous Next Exit (Validate) Exit (No Validate)

Is there an enrollee Deductible?

Yes
 No

Indicate Deductible Amount:
[Text Field]

Is there an enrollee Copayment?

Yes
 No

Indicate Copayment amount per stay:
[Text Field]

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 Begin Day Interval 1: End Day Interval 1:
[Text Field] [Text Field] [Text Field]

Copayment Amt Interval 2 Begin Day Interval 2: End Day Interval 2:
[Text Field] [Text Field] [Text Field]

Copayment Amt Interval 3 Begin Day Interval 3: End Day Interval 3:
[Text Field] [Text Field] [Text Field]

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 Inpatient Hospital - Acute Services?

Yes
 No

CY 2016 PBP Data Entry System Screens

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

PBP Data Entry System - Section B-1, Contract X0001, Plan 001, Segment 000

File Help

Previous Next Exit (Validate) Exit (No Validate) Go To: #1a Inpatient Hospital-Acute (B Only) - Base 4

Inpatient Hospital - Acute Notes

Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry.

Notes:

CY 2016 PBP Data Entry System Screens

#1b Inpatient Hospital Psychiatric – Base 1

PBP Data Entry System - Section B-1, Contract X0001, Plan 001, Segment 000

File Help

Go To: #1b Inpatient Hospital Psychiatric - Base 1

Previous Next Exit (Validate) Exit (No Validate)

CLICK FOR DESCRIPTION OF BENEFIT

Does the plan provide Inpatient Hospital Psychiatric Services as a supplemental benefit under Part C?

Yes
 No

Select enhanced benefit:

Additional Days
 Non-Medicare-covered Stay

Select type of benefit for Additional Days:

Mandatory
 Optional

Is this benefit unlimited for Additional Days?

Yes
 No, indicate number

Indicate number of Additional Days per benefit period:

Select type of benefit for Non-Medicare-covered stay:

Mandatory
 Optional

Maximum Plan Benefit Coverage is not applicable for this Service Categ

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

Yes
 No

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

Covered under Inpatient Hospital Services Category 1a
 Plan-specified amount per period

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 Benefit Period
 Every Stay
 Other, Describe

CY 2016 PBP Data Entry System Screens

#1b Inpatient Hospital Psychiatric – Base 2

PBP Data Entry System - Section B-1, Contract X0001, Plan 001, Segment 000

File Help

Go To: #1b Inpatient Hospital Psychiatric - Base 2

Previous Next Exit (Validate) Exit (No Validate)

Does this plan's costsharing vary by hospital(s) in which an enrollee obtains care?

Yes
 No

How many cost sharing tiers do you offer?

What is your lowest cost tier?

Tier 1
 Tier 2
 Tier 3

What is your inpatient hospital benefit period?

Original Medicare
 Annual
 Other, describe

Enter Other description for benefit period:

Is there an enrollee Coinsurance?

Yes
 No

Medicare-covered Coinsurance Cost Sharing for Tier 1:

Do you charge the Medicare-defined cost shares? (These are the total charges for all services provided to the enrollee in the inpatient facility.)

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 the Medicare-covered stay (e.g., 1 to 30; 31 to 90):

Coinsurance % Interval 1	Begin Day Interval 1:	End Day Interval 1:
_____	_____	_____
Coinsurance % Interval 2	Begin Day Interval 2:	End Day Interval 2:
_____	_____	_____
Coinsurance % Interval 3	Begin Day Interval 3:	End Day Interval 3:
_____	_____	_____

CY 2016 PBP Data Entry System Screens

#1b Inpatient Hospital Psychiatric – Base 3

PBP Data Entry System - Section B-1, Contract X0001, Plan 001, Segment 000
File Help

◀ Previous
Next ▶
✔ Exit (Validate)
✖ Exit (No Validate)

Go To: #1b Inpatient Hospital Psychiatric - Base 3

Medicare-covered Coinsurance Cost Sharing for Tier 2:

Do you charge the Medicare-defined cost shares? (These are the total charges for all services provided to the enrollee in the inpatient facility.)

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 the Medicare-covered stay (e.g., 1 to 30; 31 to 90):

Coinsurance % Interval 1	Begin Day Interval 1:	End Day Interval 1:
<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
Coinsurance % Interval 2	Begin Day Interval 2:	End Day Interval 2:
<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
Coinsurance % Interval 3	Begin Day Interval 3:	End Day Interval 3:
<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>

Medicare-covered Coinsurance Cost Sharing for Tier 3:

Do you charge the Medicare-defined cost shares? (These are the total charges for all services provided to the enrollee in the inpatient facility.)

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 the Medicare-covered stay (e.g., 1 to 30; 31 to 90):

Coinsurance % Interval 1	Begin Day Interval 1:	End Day Interval 1:
<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
Coinsurance % Interval 2	Begin Day Interval 2:	End Day Interval 2:
<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
Coinsurance % Interval 3	Begin Day Interval 3:	End Day Interval 3:
<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>

CY 2016 PBP Data Entry System Screens

#1b Inpatient Hospital Psychiatric – Base 4

PBP Data Entry System - Section B-1, Contract X0001, Plan 001, Segment 000

File Help

Go To: #1b Inpatient Hospital Psychiatric - Base 4

Previous Next Exit (Validate) Exit (No Validate)

Medicare-covered Life Time Reserve Days Tier 1

Indicate the number of day intervals for the Medicare-covered Lifetime Reserve Days:

Zero (No Coinsurance per Day)

One

Two

Three

Indicate the coinsurance percentage and day interval(s) for the 60 Medicare-covered Lifetime Reserve Days (i.e., 1 - 60):

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

Medicare-covered Life Time Reserve Days Tier 2

Indicate the number of day intervals for the Medicare-covered Lifetime Reserve Days:

Zero (No Coinsurance per Day)

One

Two

Three

Indicate the coinsurance percentage and day interval(s) for the 60 Medicare-covered Lifetime Reserve Days (i.e., 1 - 60):

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

Medicare-covered Life Time Reserve Days Tier 3

Indicate the number of day intervals for the Medicare-covered Lifetime Reserve Days:

Zero (No Coinsurance per Day)

One

Two

Three

Indicate the coinsurance percentage and day interval(s) for the 60 Medicare-covered Lifetime Reserve Days (i.e., 1 - 60):

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

CY 2016 PBP Data Entry System Screens

#1b Inpatient Hospital Psychiatric – Base 5

PBP Data Entry System - Section B-1, Contract X0001, Plan 001, Segment 000

File Help

Previous Next Exit (Validate) Exit (No Validate) Go To: #1b Inpatient Hospital Psychiatric - Base 5

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., 91 to 999):

Coinsurance % Interval 1 Begin Day Interval 1: End Day Interval 1:

Coinsurance % Interval 2 Begin Day Interval 2: End Day Interval 2:

Coinsurance % Interval 3 Begin Day Interval 3: End Day Interval 3:

CY 2016 PBP Data Entry System Screens

#1b Inpatient Hospital Psychiatric – Base 6

PBP Data Entry System - Section B-1, Contract X0001, Plan 001, Segment 000

File Help

Go To: #1b Inpatient Hospital Psychiatric - Base 6

Previous Next Exit (Validate) Exit (No Validate)

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 Begin Day Interval 1: End Day Interval 1:

Coinsurance % Interval 2 Begin Day Interval 2: End Day Interval 2:

Coinsurance % Interval 3 Begin Day Interval 3: End Day Interval 3:

CY 2016 PBP Data Entry System Screens

#1b Inpatient Hospital Psychiatric – Base 7

PBP Data Entry System - Section B-1, Contract X0001, Plan 001, Segment 000

File Help

Go To: #1b Inpatient Hospital Psychiatric - Base 7

Previous Next Exit (Validate) Exit (No Validate)

If you do not have a service-specific deductible for this benefit but offer a plan-specific deductible, then enter the plan deductible in Section D.

Is there an enrollee Deductible?

Yes
 No

Indicate Deductible Amount for Tier 1:

Indicate Deductible Amount for Tier 2:

Indicate Deductible Amount for Tier 3:

Is there an enrollee Copayment?

Yes
 No

Medicare-covered Copayment Cost Sharing for Tier 1:

Do you charge the Medicare-defined cost shares? (These are the total charges for all services provided to the enrollee in the inpatient facility.)

Yes
 No

Indicate Copayment amount for the 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 the Medicare-covered stay (e.g., 1 to 30; 31 to 90): For more information on cost share limitations please view the variable help.

Copayment Amt Interval	Begin Day Interval	End Day Interval
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

CY 2016 PBP Data Entry System Screens

#1b Inpatient Hospital Psychiatric – Base 8

PBP Data Entry System - Section B-1, Contract X0001, Plan 001, Segment 000
Go To: #1b Inpatient Hospital Psychiatric - Base 8

File Help

◀ Previous
Next ▶
✔ Exit (Validate)
✖ Exit (No Validate)

<p>Medicare-covered Copayment Cost Sharing for Tier 2:</p> <p>Do you charge the Medicare-defined cost shares? (These are the total charges for all services provided to the enrollee in the inpatient facility.)</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Indicate Copayment amount for the Medicare-covered stay: <input style="width: 100%;" type="text"/></p> <p>Indicate the number of day intervals for the Medicare-covered stay:</p> <p><input type="radio"/> Zero (No Copayment per Day) <input type="radio"/> One <input type="radio"/> Two <input type="radio"/> Three</p> <p>Indicate the copayment amount and day interval(s) for the Medicare-covered stay (e.g., 1 to 30; 31 to 90): For more information on cost share limitations please view the variable help.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Copayment Amt Interval 1</td> <td style="width: 33%;">Begin Day Interval 1</td> <td style="width: 33%;">End Day Interval 1:</td> </tr> <tr> <td><input style="width: 100%;" type="text"/></td> <td><input style="width: 100%;" type="text"/></td> <td><input style="width: 100%;" type="text"/></td> </tr> <tr> <td>Copayment Amt Interval 2</td> <td>Begin Day Interval 2</td> <td>End Day Interval 2:</td> </tr> <tr> <td><input style="width: 100%;" type="text"/></td> <td><input style="width: 100%;" type="text"/></td> <td><input style="width: 100%;" type="text"/></td> </tr> <tr> <td>Copayment Amt Interval 3</td> <td>Begin Day Interval 3:</td> <td>End Day Interval 3:</td> </tr> <tr> <td><input style="width: 100%;" type="text"/></td> <td><input style="width: 100%;" type="text"/></td> <td><input style="width: 100%;" type="text"/></td> </tr> </table>	Copayment Amt Interval 1	Begin Day Interval 1	End Day Interval 1:	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	Copayment Amt Interval 2	Begin Day Interval 2	End Day Interval 2:	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	Copayment Amt Interval 3	Begin Day Interval 3:	End Day Interval 3:	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<p>Medicare-covered Copayment Cost Sharing for Tier 3:</p> <p>Do you charge the Medicare-defined cost shares? (These are the total charges for all services provided to the enrollee in the inpatient facility.)</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Indicate Copayment amount for the Medicare-covered stay: <input style="width: 100%;" type="text"/></p> <p>Indicate the number of day intervals for the Medicare-covered sta</p> <p><input type="radio"/> Zero (No Copayment per Day) <input type="radio"/> One <input type="radio"/> Two <input type="radio"/> Three</p> <p>Indicate the copayment amount and day interval(s) for the Medicare-covered stay (e.g., 1 to 30; 31 to 90): For more information on cost share limitations please view the variable help.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Copayment Amt Interval 1</td> <td style="width: 33%;">Begin Day Interval 1:</td> <td style="width: 33%;">End Day Interval 1:</td> </tr> <tr> <td><input style="width: 100%;" type="text"/></td> <td><input style="width: 100%;" type="text"/></td> <td><input style="width: 100%;" type="text"/></td> </tr> <tr> <td>Copayment Amt Interval 2</td> <td>Begin Day Interval 2:</td> <td>End Day Interval 2:</td> </tr> <tr> <td><input style="width: 100%;" type="text"/></td> <td><input style="width: 100%;" type="text"/></td> <td><input style="width: 100%;" type="text"/></td> </tr> <tr> <td>Copayment Amt Interval 3</td> <td>Begin Day Interval 3:</td> <td>End Day Interval 3:</td> </tr> <tr> <td><input style="width: 100%;" type="text"/></td> <td><input style="width: 100%;" type="text"/></td> <td><input style="width: 100%;" type="text"/></td> </tr> </table>	Copayment Amt Interval 1	Begin Day Interval 1:	End Day Interval 1:	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	Copayment Amt Interval 2	Begin Day Interval 2:	End Day Interval 2:	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	Copayment Amt Interval 3	Begin Day Interval 3:	End Day Interval 3:	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Copayment Amt Interval 1	Begin Day Interval 1	End Day Interval 1:																																			
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Copayment Amt Interval 3	Begin Day Interval 3:	End Day Interval 3:																																			
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Copayment Amt Interval 2	Begin Day Interval 2:	End Day Interval 2:																																			
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Copayment Amt Interval 3	Begin Day Interval 3:	End Day Interval 3:																																			
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>																																			

CY 2016 PBP Data Entry System Screens

#1b Inpatient Hospital Psychiatric – Base 9

PBP Data Entry System - Section B-1, Contract X0001, Plan 001, Segment 000

File Help

Go To: #1b Inpatient Hospital Psychiatric - Base 9

Previous Next Exit (Validate) Exit (No Validate)

Medicare-covered Life Time Reserve Days Tier 1 Medicare-covered Life Time Reserve Days Tier 2 Medicare-covered Life Time Reserve Days Tier 3

Indicate the number of day intervals for the Medicare-covered Lifetime Reserve Days:

Zero (No Copayment per Day)
 One
 Two
 Three

Indicate the copayment amount and day interval(s) for the 60 Medicare-covered Lifetime Reserve Days (i.e., 1 - 60):

Interval Days		
Copay Amount	Begin Day	End Day
Interval 1:	<input type="text"/>	<input type="text"/>
Interval 2:	<input type="text"/>	<input type="text"/>
Interval 3:	<input type="text"/>	<input type="text"/>

CY 2016 PBP Data Entry System Screens

#1b Inpatient Hospital Psychiatric – Base 10

PBP Data Entry System - Section B-1, Contract X0001, Plan 001, Segment 000

File Help

Go To: #1b Inpatient Hospital Psychiatric - Base 10

Previous Next Exit (Validate) Exit (No Validate)

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., 91 to 999):

Copayment Amt Interval 1	Begin Day Interval 1:	End Day Interval 1:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Copayment Amt Interval 2	Begin Day Interval 2:	End Day Interval 2:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Copayment Amt Interval 3	Begin Day Interval 3:	End Day Interval 3:
<input type="text"/>	<input type="text"/>	<input type="text"/>

CY 2016 PBP Data Entry System Screens

#1b Inpatient Hospital Psychiatric – Base 11

PBP Data Entry System - Section B-1, Contract X0001, Plan 001, Segment 000

File Help

Go To: #1b Inpatient Hospital Psychiatric - Base 11

Previous Next Exit (Validate) Exit (No Validate)

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 the 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 Begin Day Interval 1: End Day Interval 1:

Copayment Amt Interval 2 Begin Day Interval 2: End Day Interval 2:

Copayment Amt Interval 3 Begin Day Interval 3: End Day Interval 3:

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 Inpatient Psychiatric Hospital Services?

Yes
 No

CY 2016 PBP Data Entry System Screens

#1b Inpatient Hospital Psychiatric – Base 12

PBP Data Entry System - Section B-1, Contract X0001, Plan 001, Segment 000

File Help

Previous Next Exit (Validate) Exit (No Validate) Go To: #1b Inpatient Hospital Psychiatric - Base 12

Inpatient Psychiatric Hospital Notes

Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry.

Notes:

[Empty text area with scroll bar]

CY 2016 PBP Data Entry System Screens

#1b Inpatient Hospital Psychiatric (B Only) – Base 1

PBP Data Entry System - Section B-1, Contract X0001, Plan 001, Segment 000

File Help

Go To: #1b Inpatient Hospital Psychiatric (B Only) - Base 1

Previous Next Exit (Validate) Exit (No Validate)

CLICK FOR DESCRIPTION OF BENEFIT

Do you offer Inpatient Psychiatric Hospital Services as a benefit?

Yes
 No

Select type of benefit for Inpatient Psychiatric Hospital Services:

Mandatory
 Optional

Does this benefit have unlimited days?

Yes
 No, indicate number

Indicate number of days per period:

Select the days periodicity:

Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Every Benefit Period
 Every Stay
 Other, Describe

Is there a service-specific Maximum Plan Benefit Coverage amount?

Yes
 No

Select the Maximum Plan Benefit Coverage type:

Covered under Inpatient Hospital Services Category 1a
 Plan-specified amount per period

Indicate Maximum Plan Benefit Coverage amount:

Select Maximum Plan Benefit Coverage periodicity:

Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Every Benefit Period
 Every Stay
 Other, Describe

CY 2016 PBP Data Entry System Screens

#1b Inpatient Hospital Psychiatric (B Only) – Base 2

PBP Data Entry System - Section B-1, Contract X0001, Plan 001, Segment 000

File Help

Go To: #1b Inpatient Hospital Psychiatric (B Only) - Base 2

Previous Next Exit (Validate) Exit (No Validate)

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

Yes
 No

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

Covered under the Inpatient Hospital Services Category 1a
 Plan-specified amount per period

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 Benefit Period
 Every Stay
 Other, Describe

CY 2016 PBP Data Entry System Screens

#1b Inpatient Hospital Psychiatric (B Only) – Base 3

PBP Data Entry System - Section B-1, Contract X0001, Plan 001, Segment 000

File Help

Go To: #1b Inpatient Hospital Psychiatric (B Only) - Base 3

Previous Next Exit (Validate) Exit (No Validate)

Is there an enrollee Coinsurance?
 Yes
 No

Indicate Coinsurance percentage per stay:

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 Begin Day Interval 1: End Day Interval 1:

Coinsurance % Interval 2 Begin Day Interval 2: End Day Interval 2:

Coinsurance % Interval 3 Begin Day Interval 3: End Day Interval 3:

CY 2016 PBP Data Entry System Screens

#1b Inpatient Hospital Psychiatric (B Only) – Base 4

PBP Data Entry System - Section B-1, Contract X0001, Plan 001, Segment 000

File Help

Go To: #1b Inpatient Hospital Psychiatric (B Only) - Base 4

Previous Next Exit (Validate) Exit (No Validate)

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 Begin Day Interval 1: End Day Interval 1:
Copayment Amt Interval 2 Begin Day Interval 2: End Day Interval 2:
Copayment Amt Interval 3 Begin Day Interval 3: End Day Interval 3:

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 Inpatient Psychiatric Hospital Services?

Yes
 No

CY 2016 PBP Data Entry System Screens

#1b Inpatient Hospital Psychiatric (B Only) – Base 5

PBP Data Entry System - Section B-1, Contract X0001, Plan 001, Segment 000

File Help

Previous Next Exit (Validate) Exit (No Validate) Go To: #1b Inpatient Hospital Psychiatric (B Only) - Base 5

Inpatient Psychiatric Hospital Notes

Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry.

Notes:

CY 2016 PBP Data Entry System Screens

#2 SNF – Base 1

PBP Data Entry System - Section B-2, Contract X0001, Plan 001, Segment 000

File Help

Go To: #2 SNF - Base 1

Previous Next Exit (Validate) Exit (No Validate)

CLICK FOR DESCRIPTION OF BENEFIT

Does the plan provide Skilled Nursing Facility Services as a supplemental benefit under Part C?

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 inpatient 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.

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

CY 2016 PBP Data Entry System Screens

#2 SNF – Base 2

PBP Data Entry System - Section B-2, Contract X0001, Plan 001, Segment 000

File Help

Go To: #2 SNF - Base 2

Previous Next Exit (Validate) Exit (No Validate)

Does this plan's costsharing vary by hospital(s) in which an enrollee obtains care?

Yes
 No

How many cost sharing tiers do you offer?

What is your lowest cost tier?

Tier 1
 Tier 2
 Tier 3

What is your inpatient hospital benefit period?

Original Medicare
 Annual
 Other, describe

Enter Other description for benefit period:

Is there an enrollee Coinsurance?

Yes
 No

Medicare-covered Coinsurance Cost Sharing for Tier 1:

Do you charge the Medicare-defined cost shares? (These are the total charges for all services provided to the enrollee in the SNF.)

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: Begin Day Interval 1: End Day Interval 1:

Coinsurance % Interval 2: Begin Day Interval 2: End Day Interval 2:

Coinsurance % Interval 3: Begin Day Interval 3: End Day Interval 3:

CY 2016 PBP Data Entry System Screens

#2 SNF – Base 3

PBP Data Entry System - Section B-2, Contract X0001, Plan 001, Segment 000

File Help

Go To: #2 SNF - Base 3

Previous Next Exit (Validate) Exit (No Validate)

Medicare-covered Coinsurance Cost Sharing for Tier 2:

Do you charge the Medicare-defined cost shares? (These are the total charges for all services provided to the enrollee in the SNF.)

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

Medicare-covered Coinsurance Cost Sharing for Tier 3:

Do you charge the Medicare-defined cost shares? (These are the total charges for all services provided to the enrollee in the SNF.)

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

CY 2016 PBP Data Entry System Screens

#2 SNF – Base 4

PBP Data Entry System - Section B-2, Contract X0001, Plan 001, Segment 000

File Help

Go To: #2 SNF - Base 4

Previous Next Exit (Validate) Exit (No Validate)

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: Begin Day Interval 1: End Day Interval 1:

Coinsurance % Interval 2: Begin Day Interval 2: End Day Interval 2:

Coinsurance % Interval 3: Begin Day Interval 3: End Day Interval 3:

CY 2016 PBP Data Entry System Screens

#2 SNF – Base 5

PBP Data Entry System - Section B-2, Contract X0001, Plan 001, Segment 000

File Help

Go To: #2 SNF - Base 5

Previous Next Exit (Validate) Exit (No Validate)

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 9)

Coinsurance % Interval 1: Begin Day Interval 1: End Day Interval 1:

Coinsurance % Interval 2: Begin Day Interval 2: End Day Interval 2:

Coinsurance % Interval 3: Begin Day Interval 3: End Day Interval 3:

Is there an enrollee Deductible?

Yes
 No

Indicate Deductible Amount Tier 1:

Indicate Deductible Amount Tier 2:

Indicate Deductible Amount Tier 3:

CY 2016 PBP Data Entry System Screens

#2 SNF – Base 6

PBP Data Entry System - Section B-2, Contract X0001, Plan 001, Segment 000

File Help

Go To: #2 SNF - Base 6

◀ Previous
Next ▶
✔ Exit (Validate)
✖ Exit (No Validate)

Is there an enrollee Copayment?

Yes
 No

Medicare-covered Copayment Cost Sharing for Tier 1:

Do you charge the Medicare-defined cost shares? (These are the total charges for all services provided to the enrollee in the SNF.)

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): For more information on cost share limitations please view the variable help.

Copayment Amt Interval 1	Begin Day Interval 1:	End Day Interval 1:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Copayment Amt Interval 2	Begin Day Interval 2:	End Day Interval 2:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Copayment Amt Interval 3	Begin Day Interval 3:	End Day Interval 3:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Medicare-covered Copayment Cost Sharing for Tier 2:

Do you charge the Medicare-defined cost shares? (These are the total charges for all services provided to the enrollee in the SNF.)

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): For more information on cost share limitations please view the variable help.

Copayment Amt Interval 1	Begin Day Interval 1:	End Day Interval 1:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Copayment Amt Interval 2	Begin Day Interval 2:	End Day Interval 2:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Copayment Amt Interval 3	Begin Day Interval 3:	End Day Interval 3:
<input type="text"/>	<input type="text"/>	<input type="text"/>

CY 2016 PBP Data Entry System Screens

#2 SNF – Base 7

PBP Data Entry System - Section B-2, Contract X0001, Plan 001, Segment 000

File Help

Go To: #2 SNF - Base 7

Previous Next Exit (Validate) Exit (No Validate)

Medicare-covered Copayment Cost Sharing for Tier 3:

Do you charge the Medicare-defined cost shares? (These are the total charges for all services provided to the enrollee in the SNF.)

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): For more information on cost share limitations please view the variable help.

Copayment Amt Interval 1 Begin Day Interval 1: End Day Interval 1:

Copayment Amt Interval 2 Begin Day Interval 2: End Day Interval 2:

Copayment Amt Interval 3 Begin Day Interval 3: End Day Interval 3:

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 Begin Day Interval 1: End Day Interval 1:

Copayment Amt Interval 2 Begin Day Interval 2: End Day Interval 2:

Copayment Amt Interval 3 Begin Day Interval 3: End Day Interval 3:

CY 2016 PBP Data Entry System Screens

#2 SNF – Base 8

PBP Data Entry System - Section B-2, Contract X0001, Plan 001, Segment 000

File Help

Go To: #2 SNF - Base 8

Previous Next Exit (Validate) Exit (No Validate)

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 Begin Day Interval 1: End Day Interval 1:

Copayment Amt Interval 2 Begin Day Interval 2: End Day Interval 2:

Copayment Amt Interval 3 Begin Day Interval 3: End Day Interval 3:

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

CY 2016 PBP Data Entry System Screens

#2 SNF – Base 9

PBP Data Entry System - Section B-2, Contract X0001, Plan 001, Segment 000

File Help

Previous Next Exit (Validate) Exit (No Validate) Go To: #2 SNF - Base 9

SNF Notes

Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry.

Notes:

CY 2016 PBP Data Entry System Screens

#2 SNF (B Only) – Base 1

CY 2016 PBP Data Entry System Screens

#2 SNF (B Only) – Base 2

PBP Data Entry System - Section B-2, Contract X0001, Plan 001, Segment 000

File Help

Go To: #2 SNF (B Only) - Base 2

Previous Next Exit (Validate) Exit (No Validate)

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

Yes
 No

Indicate amount for Maximum Enrollee Out-of-Pocket Cost:

Indicate the number of day intervals for the stay:

Zero (No Coinsurance per Day)
 One
 Two
 Three

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

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 Begin Day Interval 1: End Day Interval 1:
Coinsurance % Interval 2 Begin Day Interval 2: End Day Interval 2:
Coinsurance % Interval 3 Begin Day Interval 3: End Day Interval 3:

Is there an enrollee Coinsurance?

Yes
 No

Indicate Coinsurance percentage:

CY 2016 PBP Data Entry System Screens

#2 SNF (B Only) – Base 3

PBP Data Entry System - Section B-2, Contract X0001, Plan 001, Segment 000

File Help

Go To: #2 SNF (B Only) - Base 3

Previous Next Exit (Validate) Exit (No Validate)

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	Begin Day Interval	End Day Interval
[]	[]	[]
[]	[]	[]
[]	[]	[]

CY 2016 PBP Data Entry System Screens

#2 SNF (B Only) – Base 4

PBP Data Entry System - Section B-2, Contract X0001, Plan 001, Segment 000

File Help

Go To: #2 SNF (B Only) - Base 4

Previous Next Exit (Validate) Exit (No Validate)

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

Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry.

Notes:

CY 2016 PBP Data Entry System Screens

#3 Cardiac and Pulmonary Rehabilitation Services – Base 1

PBP Data Entry System - Section B-3, Contract X0001, Plan 001, Segment 000

File Help

Go To: #3 Cardiac and Pulmonary Rehabilitation Services - Base 1

Previous Next Exit (Validate) Exit (No Validate)

CLICK FOR DESCRIPTION OF BENEFIT

Does the plan provide Cardiac and Pulmonary Rehabilitation Services as a supplemental benefit under Part C?

Yes
 No

Select enhanced benefit:

Additional Cardiac Rehabilitation Services
 Additional Intensive Cardiac Rehabilitation Services
 Additional Pulmonary Rehabilitation Services

Select type of benefit for Additional Cardiac Rehabilitation Services:

Mandatory
 Optional

Is this benefit unlimited for Additional Cardiac Rehabilitation Services?

Yes
 No, indicate number

Indicate number of visits for Additional Cardiac Rehabilitation Services:

Select the Additional Cardiac Rehabilitation Services periodicity:

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

Select type of benefit for Additional Intensive Cardiac Rehabilitation Services:

Mandatory
 Optional

Is this benefit unlimited for Additional Intensive Cardiac Rehabilitation Services?

Yes
 No, indicate number

Indicate number of visits for Additional Intensive Cardiac Rehabilitation Service:

Select the Additional Intensive Cardiac Rehabilitation Services periodicity:

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

Select type of benefit for Additional Pulmonary Rehabilitation Services:

Mandatory
 Optional

Is this benefit unlimited for Additional Pulmonary Rehabilitation Services?

Yes
 No, indicate number

Indicate number of visits for Additional Pulmonary Rehabilitation Services:

Select the Additional Pulmonary Rehabilitation Services periodicity:

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

CY 2016 PBP Data Entry System Screens

#3 Cardiac and Pulmonary Rehabilitation Services – Base 2

PBP Data Entry System - Section B-3, Contract X0001, Plan 001, Segment 000

File Help

Go To: #3 Cardiac and Pulmonary Rehabilitation Services - Base 2

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

You must include total cost sharing to the beneficiary, including any facility cost sharing. If you have a variety of cost sharing, please utilize the minimum and maximum fields to reflect the lowest and highest cost sharing that a beneficiary may pay.

Is there an enrollee Coinsurance?

Yes
 No

Select which Cardiac and Pulmonary Rehabilitation Services have a Coinsurance (Select all that apply):

Medicare-covered Cardiac Rehabilitation Services
 Medicare-covered Intensive Cardiac Rehabilitation Services
 Medicare-covered Pulmonary Rehabilitation Services
 Additional Cardiac Rehabilitation Services
 Additional Intensive Cardiac Rehabilitation Services
 Additional Pulmonary Rehabilitation Services

	Minimum Coinsurance	Maximum Coinsurance
Indicate Coinsurance percentage for Medicare-covered Cardiac Rehabilitation Services:	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>
Indicate Coinsurance percentage for Medicare-covered Intensive Cardiac Rehabilitation Services:	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>
Indicate Coinsurance percentage for Medicare-covered Pulmonary Rehabilitation Services:	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>
Indicate Coinsurance percentage for Additional Cardiac Rehabilitation Services:	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>
Indicate Coinsurance percentage for Additional Intensive Cardiac Rehabilitation Services:	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>
Indicate Coinsurance percentage for Additional Pulmonary Rehabilitation Services:	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>

CY 2016 PBP Data Entry System Screens

#3 Cardiac and Pulmonary Rehabilitation Services – Base 3

PBP Data Entry System - Section B-3, Contract X0001, Plan 001, Segment 000
File Help

◀ Previous
Next ▶
✔ Exit (Validate)
✘ Exit (No Validate)

Go To: #3 Cardiac and Pulmonary Rehabilitation Services - Base 3

<p>Is there an enrollee Deductible?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p>Indicate Deductible Amount:</p> <input style="width: 100%;" type="text"/> <p>Is there an enrollee Copayment?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p>Select which Cardiac and Pulmonary Rehabilitation Services have a Copayment (Select all that apply):</p> <p><input type="checkbox"/> Medicare-covered Cardiac Rehabilitation Services</p> <p><input type="checkbox"/> Medicare-covered Intensive Cardiac Rehabilitation Services</p> <p><input type="checkbox"/> Medicare-covered Pulmonary Rehabilitation Services</p> <p><input type="checkbox"/> Additional Cardiac Rehabilitation Services</p> <p><input type="checkbox"/> Additional Intensive Cardiac Rehabilitation Services</p> <p><input type="checkbox"/> Additional Pulmonary Rehabilitation Services</p>	<p>Indicate Copayment amount for Medicare-covered Cardiac Rehabilitation Services:</p> <p>Indicate Copayment amount for Medicare-covered Intensive Cardiac Rehabilitation Services:</p> <p>Indicate Copayment amount for Medicare-covered Pulmonary Rehabilitation Services:</p> <p>Indicate Copayment amount for Additional Cardiac Rehabilitation Services:</p> <p>Indicate Copayment amount for Additional Intensive Cardiac Rehabilitation Services:</p> <p>Indicate Copayment amount for Additional Pulmonary Rehabilitation Services:</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; border-bottom: 1px solid black;">Minimum Copayment</th> <th style="text-align: center; border-bottom: 1px solid black;">Maximum Copayment</th> </tr> </thead> <tbody> <tr><td style="border: 1px solid black; height: 20px;"></td><td style="border: 1px solid black; height: 20px;"></td></tr> <tr><td style="border: 1px solid black; height: 20px;"></td><td style="border: 1px solid black; height: 20px;"></td></tr> <tr><td style="border: 1px solid black; height: 20px;"></td><td style="border: 1px solid black; height: 20px;"></td></tr> <tr><td style="border: 1px solid black; height: 20px;"></td><td style="border: 1px solid black; height: 20px;"></td></tr> <tr><td style="border: 1px solid black; height: 20px;"></td><td style="border: 1px solid black; height: 20px;"></td></tr> </tbody> </table>	Minimum Copayment	Maximum Copayment										
Minimum Copayment	Maximum Copayment													

CY 2016 PBP Data Entry System Screens

#3 Cardiac and Pulmonary Rehabilitation Services – Base 4

The screenshot shows a web-based data entry application window titled "PBP Data Entry System - Section B-3, Contract X0001, Plan 001, Segment 000". The interface includes a menu bar with "File" and "Help", and a toolbar with navigation buttons: "Previous", "Next", "Exit (Validate)", and "Exit (No Validate)". A "Go To:" dropdown menu is set to "#3 Cardiac and Pulmonary Rehabilitation Services - Base 4".

Below the toolbar, there is a section for authorization requirements:

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

Below the checkboxes is a text area for "Cardiac and Pulmonary Rehabilitation Programs Notes". A note below this area states: "Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry." Below this is a large, empty text box labeled "Notes:" for user input.

CY 2016 PBP Data Entry System Screens

#4a Emergency Care – Base 1

PBP Data Entry System - Section B-4, Contract X0001, Plan 001, Segment 000

File Help

Go To: #4a Emergency Care - Base 1

Previous Next Exit (Validate) Exit (No Validate)

CLICK FOR DESCRIPTION OF BENEFIT

Enhanced Benefits are 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:

Indicate 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:

CY 2016 PBP Data Entry System Screens

#4a Emergency Care – Base 2

PBP Data Entry System - Section B-4, Contract X0001, Plan 001, Segment 000

File Help

Go To: #4a Emergency Care - Base 2

Previous Next Exit (Validate) Exit (No Validate)

Is there an enrollee Copayment?

Yes
 No

Cost sharing cannot be greater than \$65 for Medicare-covered Emergency Care.

Indicate Minimum Copayment amount for Medicare-covered Benefits:

Indicate Maximum Copayment amount for Medicare-covered Benefits:

Is the Copayment 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:

Authorization is not applicable for this Service Category.

Referral is not applicable for this Service Category.

Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry.

Notes:

CY 2016 PBP Data Entry System Screens

#4b Urgently Needed Services – Base 1

PBP Data Entry System - Section B-4, Contract X0001, Plan 001, Segment 000

File Help

Go To: #4b Urgently Needed Services - Base 1

Previous Next Exit (Validate) Exit (No Validate)

CLICK FOR DESCRIPTION OF BENEFIT

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

Is there a service-specific Maximum Enrollee Out-of-Pocket C

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 Benefit

Indicate Maximum Coinsurance percentage for Medicare-covered Benefit

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:

CY 2016 PBP Data Entry System Screens

#4b Urgently Needed Services – Base 2

PBP Data Entry System - Section B-4, Contract X0001, Plan 001, Segment 000

File Help

Go To: #4b Urgently Needed Services - Base 2

Previous Next Exit (Validate) Exit (No Validate)

Is there an enrollee Copayment?
 Yes
 No

Is the Copayment for Medicare-covered Benefits waived if admitted to hospital?
 Yes
 No

Cost sharing cannot be greater than \$65 for Medicare-covered Urgently Needed Services.
Indicate Minimum Copayment amount for Medicare-covered Benefits:

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

Indicate Maximum Copayment amount for Medicare-covered Benefits:

CY 2016 PBP Data Entry System Screens

#4b Urgently Needed Services – Base 3

PBP Data Entry System - Section B-4, Contract X0001, Plan 001, Segment 000

File Help

Go To: #4b Urgently Needed Services - Base 3

Previous Next Exit (Validate) Exit (No Validate)

Authorization is not applicable for this Service Category.

Referral is not applicable for this Service Category.

Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry.

If you have entered a range of cost sharing, you must describe the reason for this range.

Notes:

[Empty text box for notes]

CY 2016 PBP Data Entry System Screens

#4c Worldwide Emergency/Urgent Coverage – Base 1

PBP Data Entry System - Section B-4, Contract X0001, Plan 001, Segment 000

File Help

Go To: #4c Worldwide Emergency/Urgent Coverage - Base 1

Previous Next Exit (Validate) Exit (No Validate)

CLICK FOR DESCRIPTION OF BENEFIT

Does the plan provide Worldwide Emergency/Urgent Coverage as a supplemental benefit under Part C?

Yes
 No

Select type of benefit for Worldwide Emergency/Urgent Coverage:

Mandatory
 Optional

Is there a Maximum Plan Benefit Coverage amount for Worldwide Emergency/Urgent Coverage?

Yes
 No

Is the service-specific Maximum Plan Benefit Coverage amount unlimited?

Yes
 No

Indicate Maximum Plan Benefit Coverage amount:

Indicate 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

CY 2016 PBP Data Entry System Screens

#4c Worldwide Emergency/Urgent Coverage – Base 2

PBP Data Entry System - Section B-4, Contract X0001, Plan 001, Segment 000

File Help

Go To: #4c Worldwide Emergency/Urgent Coverage - Base 2

Previous Next Exit (Validate) Exit (No Validate)

Is there an enrollee Coinsurance?

Yes
 No

Indicate Minimum Coinsurance percentage for Worldwide Emergency/Urgent Coverage:

Indicate Maximum Coinsurance percentage for Worldwide Emergency/Urgent Coverage:

Is this Coinsurance waived for Worldwide Emergency/Urgent Coverage if admitted to hospital?

Yes
 No

Is there an enrollee Copayment?

Yes
 No

Indicate Minimum Copayment amount for Worldwide Emergency/Urgent Coverage:

Indicate Maximum Copayment amount for Worldwide Emergency/Urgent Coverage:

Is this Copayment waived for Worldwide Emergency/Urgent Coverage if admitted to hospital?

Yes
 No

Is there an enrollee Deductible?

Yes
 No

Indicate Deductible Amount:

CY 2016 PBP Data Entry System Screens

#4c worldwide Emergency/Urgent Coverage – Base 3

PBP Data Entry System - Section B-4, Contract X0001, Plan 001, Segment 000

File Help

Go To: #4c Worldwide Emergency/Urgent Coverage - Base 3

Previous Next Exit (Validate) Exit (No Validate)

Authorization is not applicable for this Service Category.

Referral is not applicable for this Service Category.

Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry.

Notes:

CY 2016 PBP Data Entry System Screens

#5 Partial Hospitalization – Base 1

PBP Data Entry System - Section B-5, Contract X0001, Plan 001, Segment 000

File Help

Go To: #5 Partial Hospitalization - Base 1

Previous Next Exit (Validate) Exit (No Validate)

CLICK 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 an enrollee Coinsurance?

Yes
 No

Indicate Minimum Coinsurance percentage for Medicare-covered Benefits:

Indicate Maximum Coinsurance percentage for Medicare-covered Benefits:

Is there an enrollee Deductible?

Yes
 No

Indicate Deductible Amount:

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

CY 2016 PBP Data Entry System Screens

#5 Partial Hospitalization – Base 2

PBP Data Entry System - Section B-5, Contract X0001, Plan 001, Segment 000

File Help

Go To: #5 Partial Hospitalization - Base 2

Previous Next Exit (Validate) Exit (No Validate)

Is there an enrollee Copayment?
 Yes
 No

Indicate Minimum Copayment amount for Medicare-covered Benefits per

Indicate Maximum 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

Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry.

Notes:

CY 2016 PBP Data Entry System Screens

#6 Home Health Services – Base 1

PBP Data Entry System - Section B-6, Contract X0001, Plan 001, Segment 000

File Help

Go To: #6 Home Health Services - Base 1

Previous Next Exit (Validate) Exit (No Validate)

[CLICK FOR DESCRIPTION OF BENEFIT](#)

Enhanced Benefits are not applicable for this Service Category, except for MMPs.

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

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

Yes No

Is there an enrollee Coinsurance?

Yes No

Indicate Maximum Enrollee Out-of-Pocket Cost amount:

Indicate Minimum Coinsurance percentage for Medicare-covered Benefits:

Select Maximum Enrollee Out-of-Pocket Cost periodicity:

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

Indicate Maximum Coinsurance percentage for Medicare-covered Benefits:

CY 2016 PBP Data Entry System Screens

#6 Home Health Services – Base 2

PBP Data Entry System - Section B-6, Contract X0001, Plan 001, Segment 000

File Help

Go To: #6 Home Health Services - Base 2

Previous Next Exit (Validate) Exit (No Validate)

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:

CY 2016 PBP Data Entry System Screens

#6 Home Health Services – Base 3

The screenshot shows a web-based data entry application window titled "PBP Data Entry System - Section B-6, Contract X0001, Plan 001, Segment 000". The interface includes a menu bar with "File" and "Help", and a navigation bar with "Previous", "Next", "Exit (Validate)", and "Exit (No Validate)" buttons. A "Go To:" dropdown menu is set to "#6 Home Health Services - Base 3".

The main content area contains the following text and form elements:

- 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 Home Health Services?
 - Yes
 - No
- Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry.
- Notes:

CY 2016 PBP Data Entry System Screens

#6 Home Health Services – MMP – Base 1

PBP Data Entry System - Section B-6, Contract X0001, Plan 001, Segment 000

File Help

Go To: #6 Home Health Services - MMP - Base 1

Previous
Next
Exit (Validate)
Exit (No Validate)

CLICK FOR DESCRIPTION OF BENEFIT

Does this plan provide Non-Medicare Home Health Services?

Yes
 No

Select Non-Medicare Home Health Services:

Additional Hours of Care
 Personal Care Services
 Other 1
 Other 2

Enter name of Other 1 Service:

Enter name of Other 2 Service:

Is there a service-specific Maximum Plan Benefit Coverage Amount?

Yes
 No

Indicate Maximum Plan Benefit Coverage amount:

Select Maximum Plan Benefit Coverage periodicity:

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

Is there a limit on the services provided?

Yes
 No

Select Non-Medicare Home Health Services where limit applies:

Additional Hours of Care
 Personal Care Services
 Other 1
 Other 2

Indicate units a limit will be provided in for Additional Hours of Care:

Sessions
 Visits
 Hours
 Points
 Meals

Indicate numerical limit on the services provided for Additional Hours of Care:

Select limit on services periodicity for Additional Hours of Care:

Every day
 Every week
 Every month
 Every year
 Other, Describe

Indicate units a limit will be provided in for Personal Care Services:

Sessions
 Visits
 Hours
 Points
 Meals

Indicate numerical limit on the services provided for Personal Care Services:

Select limit on services periodicity for Personal Care Services:

Every day
 Every week
 Every month
 Every year
 Other, Describe

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CMS SENSITIVE INFORMATION - REQUIRES SPECIAL HANDLING

CY 2016 PBP Data Entry System Screens

#6 Home Health Services – MMP – Base 2

PBP Data Entry System - Section B-6, Contract X0001, Plan 001, Segment 000

File Help

◀ Previous
Next ▶
✔ Exit (Validate)
✘ Exit (No Validate)

Go To: #6 Home Health Services - MMP - Base 2

Indicate units a limit will be provided in for Other 1:

Sessions
 Visits
 Hours
 Points
 Meals

Indicate numerical limit on the services provided for Other 1:

Indicate units a limit will be provided in for Other 2:

Sessions
 Visits
 Hours
 Points
 Meals

Indicate numerical limit on the services provided for Other 2:

Is there an enrollee Coinsurance?

Yes
 No

Select which Non-Medicare Home Health Services have a Coinsurance (select all that apply):

 Additional Hours of Care
 Personal Care Services
 Other 1
 Other 2

Indicate coinsurance percentage for one or more of the following services:	Minimum Coinsurance	Maximum Coinsurance
Additional Hours of Care	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>
Personal Care Services	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>
Other 1:	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>
Other 2:	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>

Select limit on services periodicity for Other 1:

Every day
 Every week
 Every month
 Every year
 Other, Describe

Select limit on services periodicity for Other 2:

Every day
 Every week
 Every month
 Every year
 Other, Describe

CY 2016 PBP Data Entry System Screens

#6 Home Health Services – MMP – Base 3

PBP Data Entry System - Section B-6, Contract X0001, Plan 001, Segment 000

File Help

Go To: #6 Home Health Services - MMP - Base 3

Previous Next Exit (Validate) Exit (No Validate)

Is there an enrollee Copayment?

Yes
 No

Select which Non-Medicare Home Health Services have a Copayment (select all that apply):

Additional Hours of Care
 Personal Care Services
 Other 1
 Other 2

Indicate copayment percentage for one or more of the following services:

	Minimum Copayment	Maximum Copayment
Additional Hours of Care:	<input type="text"/>	<input type="text"/>
Personal Care Services:	<input type="text"/>	<input type="text"/>
Other 1:	<input type="text"/>	<input type="text"/>
Other 2:	<input type="text"/>	<input type="text"/>

Does any service require qualification for and enrollment in a state-operated waiver program?

Yes
 No

Select which service requires qualification for and enrollment in a state-operated waiver program:

Additional Hours of Care
 Personal Care Services
 Other 1
 Other 2

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 Services?

Yes
 No

Notes:

CY 2016 PBP Data Entry System Screens

#7a Primary Care Physician Services – Base 1

PBP Data Entry System - Section B-7, Contract X0001, Plan 001, Segment 000

File Help

Go To: #7a Primary Care Physician Services - Base 1

Previous Next Exit (Validate) Exit (No Validate)

CLICK FOR DESCRIPTION OF BENEFIT

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 the 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 there an enrollee Deductible?

Yes
 No

Indicate Deductible Amount:

Is there an enrollee Copayment?

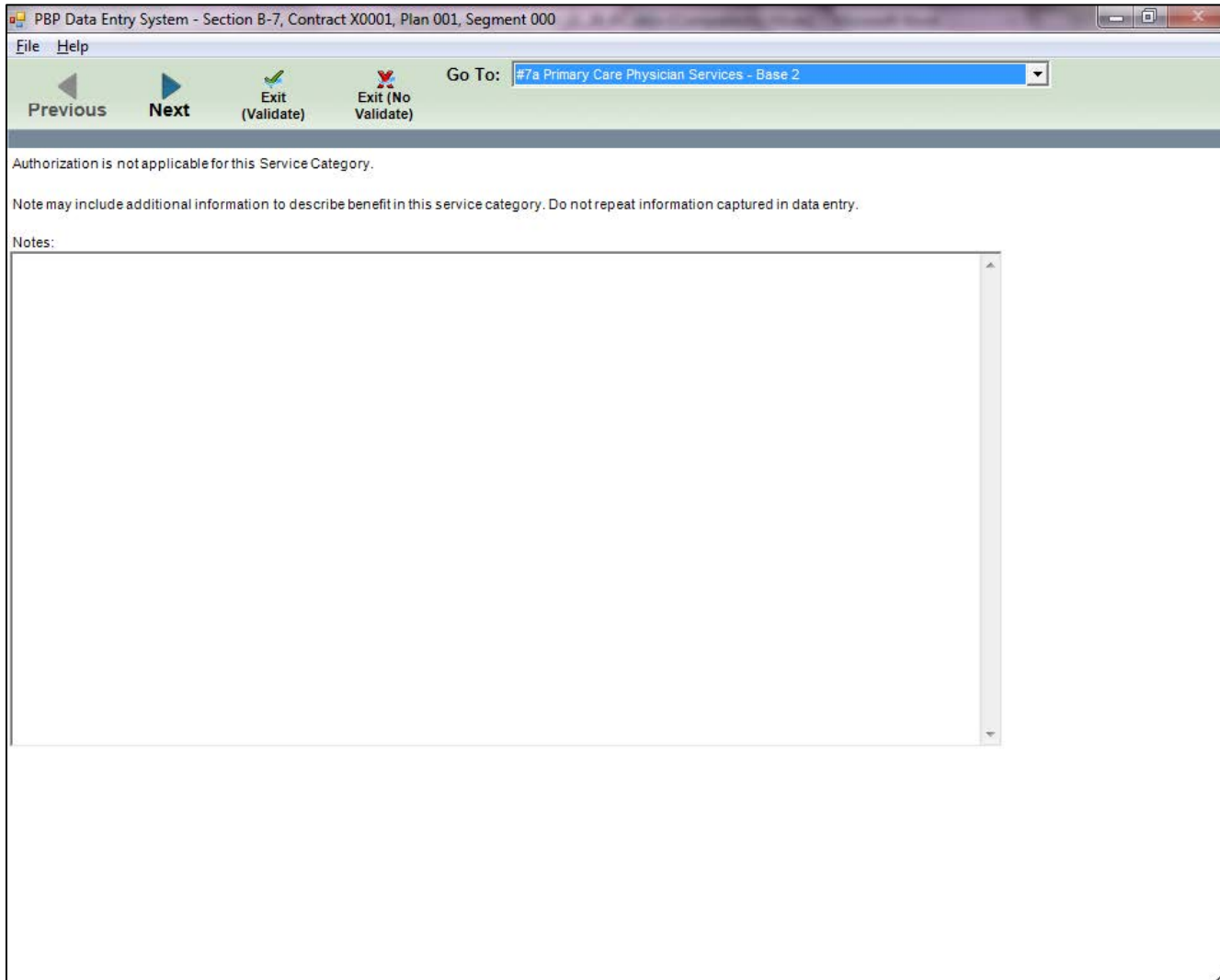
Yes
 No

Indicate Minimum Copayment amount per visit for Medicare-covered Benefits:

Indicate Maximum Copayment amount per visit for Medicare-covered Benefits:

CY 2016 PBP Data Entry System Screens

#7a Primary Care Physician Services – Base 2



CY 2016 PBP Data Entry System Screens

#7b Chiropractic Services – Base 1

PBP Data Entry System - Section B-7, Contract H5505, Plan 003, Segment 0

File Help

Go To: #7b Chiropractic Services - Base 1

Previous Next Exit (Validate) Exit (No Validate)

CLICK FOR DESCRIPTION OF BENEFIT

Does the plan provide Chiropractic Services as a supplemental benefit under Part C?

Yes
 No

Select enhanced benefit:

Routine Care/Other

Select type of benefit for Routine Care/Other:

Mandatory
 Optional

Is this benefit unlimited for Routine Care/Other?

Yes
 No, indicate number

Indicate number of visits for Routine Care/Other:

Do you offer a combined Acupuncture and Chiropractor Services benefit?

Yes
 No

Select Routine Care/Other periodicity:

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

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
 Other, Describe

Is there a service-specific Maximum Plan Benefit Coverage amount?

Yes
 No

Indicate Maximum Plan Benefit Coverage amount:

Select Maximum Plan Benefit Coverage periodicity:

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

CY 2016 PBP Data Entry System Screens

#7b Chiropractic Services – Base 2

PBP Data Entry System - Section B-7, Contract X0001, Plan 001, Segment 000

File Help

Go To: #7b Chiropractic Services - Base 2

Previous Next Exit (Validate) Exit (No Validate)

Is there an enrollee Coinsurance?

Yes
 No

Select which Chiropractic Services have a Coinsurance (Select all that apply):

Medicare-covered Chiropractic Services
 Routine Care/Other

Indicate Minimum Coinsurance percentage per visit for Medicare-covered Benefits:

Indicate Maximum Coinsurance percentage per visit for Medicare-covered Benefits:

Indicate the Minimum Coinsurance percentage per visit for Routine Care/Other:

Indicate the Maximum Coinsurance percentage per visit for Routine Care/Other:

CY 2016 PBP Data Entry System Screens

#7b Chiropractic Services – Base 3

PBP Data Entry System - Section B-7, Contract X0001, Plan 001, Segment 000

File Help

Go To: #7b Chiropractic Services - Base 3

Previous Next Exit (Validate) Exit (No Validate)

Is there an enrollee Deductible?
 Yes
 No

Indicate Deductible Amount:

Is there an enrollee Copayment?
 Yes
 No

Select which Chiropractic Services have a Copayment (Select all that apply):
 Medicare-covered Chiropractic Services
 Routine Care/Other

Indicate Minimum Copayment amount for Medicare-covered Benefits:

Indicate Maximum Copayment amount for Medicare-covered Benefits:

Indicate Minimum Copayment amount per visit for Routine Care/Other:

Indicate Maximum Copayment amount per visit for Routine Care/Other:

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 Chiropractic Services?
 Yes
 No

CY 2016 PBP Data Entry System Screens

#7b Chiropractic Services – Base 4

The screenshot shows a software window titled "PBP Data Entry System - Section B-7, Contract X0001, Plan 001, Segment 000". The interface includes a menu bar with "File" and "Help". Below the menu bar is a navigation toolbar with four buttons: "Previous" (left arrow), "Next" (right arrow), "Exit (Validate)" (green checkmark), and "Exit (No Validate)" (red X). To the right of these buttons is a "Go To:" dropdown menu currently displaying "#7b Chiropractic Services - Base 4".

The main content area is titled "Chiropractic Services Notes" and contains the following text: "Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry." Below this text is a large, empty text box labeled "Notes:" with a vertical scrollbar on the right side.

CY 2016 PBP Data Entry System Screens

#7c Occupational Therapy Services – Base 1

PBP Data Entry System - Section B-7, Contract X0001, Plan 001, Segment 000

File Help

Go To: #7c Occupational Therapy Services - Base 1

Previous Next Exit (Validate) Exit (No Validate)

CLICK FOR DESCRIPTION OF BENEFIT

Enhanced Benefits are not applicable for this Service Category, except for MMPs.

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 the Maximum Enrollee Out-of-Pocket Cost periodicity:

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

You must include total cost sharing to the beneficiary, including any facility cost sharing.

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 an enrollee Coinsurance?

Yes
 No

Indicate Minimum Coinsurance percentage per visit for Medicare-covered Benefits:

Indicate Maximum Coinsurance percentage per visit for Medicare-covered Benefits:

CY 2016 PBP Data Entry System Screens

#7c Occupational Therapy Services – Base 2

The screenshot shows a web-based data entry application window titled "PBP Data Entry System - Section B-7, Contract X0001, Plan 001, Segment 000". The interface includes a menu bar with "File" and "Help", and a toolbar with navigation buttons: "Previous" (left arrow), "Next" (right arrow), "Exit (Validate)" (green checkmark), and "Exit (No Validate)" (red X). A "Go To:" dropdown menu is set to "#7c Occupational Therapy Services - Base 2".

The main content area contains the following text and form elements:

- 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 Occupational Therapy Services?
 - Yes
 - No
- Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry.
- Notes: [Large empty text area with a vertical scrollbar]

CY 2016 PBP Data Entry System Screens

#7c Occupational Therapy Services – MMP – Base 1

PBP Data Entry System - Section B-7, Contract X0001, Plan 001, Segment 000

File Help

Go To: #7c Occupational Therapy Services - MMP - Base 1

Previous Next Exit (Validate) Exit (No Validate)

CLICK FOR DESCRIPTION OF BENEFIT

Does this plan provide Non-Medicare Occupational Therapy Services?

Yes
 No

Enter name of Non-Medicare Occupational Therapy Service:

Is there a service-specific Maximum Plan Benefit Coverage amount?

Yes
 No

Indicate Maximum Plan Benefit Coverage amount:

Select Maximum Plan Benefit Coverage 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:

Indicate Maximum Coinsurance percentage:

Is there an enrollee Copayment?

Yes
 No

Indicate Minimum Copayment amount:

Indicate Maximum Copayment amount:

CY 2016 PBP Data Entry System Screens

#7c Occupational Therapy Services – MMP – Base 2

PBP Data Entry System - Section B-7, Contract X0001, Plan 001, Segment 000

File Help

Go To: #7c Occupational Therapy Services - MMP - Base 2

Previous Next Exit (Validate) Exit (No Validate)

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 Services?

Yes

No

Notes:

CY 2016 PBP Data Entry System Screens

#7d Physician Specialist Services – Base 1

PBP Data Entry System - Section B-7, Contract X0001, Plan 001, Segment 000

File Help

Go To: #7d Physician Specialist Services - Base 1

Previous Next Exit (Validate) Exit (No Validate)

CLICK 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 the 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 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 an enrollee Coinsurance?

Yes
 No

Indicate Minimum Coinsurance percentage for Medicare-covered Benefits:

Indicate Maximum Coinsurance percentage for Medicare-covered Benefits:

CY 2016 PBP Data Entry System Screens

#7d Physician Specialist Services – Base 2

PBP Data Entry System - Section B-7, Contract X0001, Plan 001, Segment 000

File Help

Go To: #7d Physician Specialist Services - Base 2

Previous Next Exit (Validate) Exit (No Validate)

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 Physician Specialist Services?

Yes

No

Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry.

Notes:

CY 2016 PBP Data Entry System Screens

#7e Mental Health Specialty Services – Base 1

PBP Data Entry System - Section B-7, Contract X0001, Plan 001, Segment 000

File Help

Go To: #7e Mental Health Specialty Services - Base 1

Previous Next Exit (Validate) Exit (No Validate)

CLICK 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

CY 2016 PBP Data Entry System Screens

#7e Mental Health Specialty Services – Base 2

PBP Data Entry System - Section B-7, Contract X0001, Plan 001, Segment 000

File Help

Go To: #7e Mental Health Specialty Services - Base 2

Previous Next Exit (Validate) Exit (No Validate)

Is there an enrollee Coinsurance?

Yes
 No

Select which Mental Health Specialty Services have a Coinsurance (Select all that apply):

Medicare-covered Individual Sessions
 Medicare-covered Group Sessions

Indicate minimum Coinsurance percentage for Medicare-covered Individual Sessions:
[]

Indicate maximum Coinsurance percentage for Medicare-covered Individual Sessions:
[]

Indicate minimum Coinsurance percentage for Medicare-covered Group Sessions:
[]

Indicate maximum Coinsurance percentage for Medicare-covered Group Sessions:
[]

Is there an enrollee Copayment?

Yes
 No

Select which Mental Health Specialty Services have a Copayment (Select all that apply):

Medicare-covered Individual Sessions
 Medicare-covered Group Sessions

Indicate minimum Copayment amount for Medicare-covered Individual Sessions:
[]

Indicate maximum Copayment Amount for Medicare-covered Individual Sessions:
[]

Indicate minimum Copayment amount for Medicare-covered Group Sessions:
[]

Indicate maximum Copayment amount for Medicare-covered Group Sessions:
[]

Is there an enrollee Deductible?

Yes
 No

Indicate Deductible Amount:
[]

CY 2016 PBP Data Entry System Screens

#7e Mental Health Specialty Services – Base 3

PBP Data Entry System - Section B-7, Contract X0001, Plan 001, Segment 000

File Help

Go To: #7e Mental Health Specialty Services - Base 3

Previous Next Exit (Validate) Exit (No Validate)

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 Mental Health Specialty Services - Non-Physician?

Yes

No

Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry.

Notes:

CY 2016 PBP Data Entry System Screens

#7f Podiatry Services – Base 1

PBP Data Entry System - Section B-7, Contract X0001, Plan 001, Segment 000

File Help

Go To: #7f Podiatry Services - Base 1

Previous Next Exit (Validate) Exit (No Validate)

CLICK FOR DESCRIPTION OF BENEFIT

Does the plan provide Podiatry Services as a supplemental benefit under Part C?

Yes
 No

Select enhanced benefits:

Routine Footcare

Select type of benefit for Routine Footcare:

Mandatory
 Optional

Is this benefit unlimited for Routine Footcare?

Yes
 No

Indicate number of Routine Footcare visits:

Select the Routine Footcare periodicity:

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

Is there a service-specific Maximum Plan Benefit Coverage amount?

Yes
 No

Indicate Maximum Plan Benefit Coverage amount:

Select Maximum Plan Benefit Coverage periodicity:

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

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
 Other, Describe

CY 2016 PBP Data Entry System Screens

#7f Podiatry Services – Base 2

PBP Data Entry System - Section B-7, Contract X0001, Plan 001, Segment 000

File Help

Go To: #7f Podiatry Services - Base 2

Previous Next Exit (Validate) Exit (No Validate)

Is there an enrollee Coinsurance?
 Yes
 No

Is there an enrollee Copayment?
 Yes
 No

Select which Podiatry Services have a Coinsurance (Select all that apply):
 Medicare-covered Podiatry Services
 Routine Footcare

Select which Podiatry Services have a Copayment (Select all that apply):
 Medicare-covered Podiatry Services
 Routine Footcare

Indicate Minimum Coinsurance percentage for Medicare-covered Benefits:

Indicate Minimum Copayment amount per visit for Medicare-covered Benefits:

Indicate Maximum Coinsurance percentage for Medicare-covered Benefits:

Indicate Maximum Copayment amount per visit for Medicare-covered Benefits:

Indicate Minimum Coinsurance percentage for Routine Footcare:

Indicate Minimum Copayment amount per visit for Routine Footcare:

Indicate Maximum Coinsurance percentage for Routine Footcare:

Indicate Maximum Copayment amount per visit for Routine Footcare:

Is there an enrollee Deductible?
 Yes
 No

Indicate Deductible Amount:

CY 2016 PBP Data Entry System Screens

#7f Podiatry Services – Base 3

The screenshot shows a web-based data entry application window titled "PBP Data Entry System - Section B-7, Contract X0001, Plan 001, Segment 000". The interface includes a menu bar with "File" and "Help", and a navigation toolbar with "Previous", "Next", "Exit (Validate)", and "Exit (No Validate)" buttons. A "Go To:" dropdown menu is set to "#7f Podiatry Services - Base 3".

The main content area contains the following text and form elements:

- 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 Podiatrist Services?
 - Yes
 - No
- Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry.
- Notes:

CY 2016 PBP Data Entry System Screens

#7g Other Health Care Professional – Base 1

PBP Data Entry System - Section B-7, Contract X0001, Plan 001, Segment 000

File Help

Go To: #7g Other Health Care Professional - Base 1

Previous Next Exit (Validate) Exit (No Validate)

CLICK 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 the 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 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:

CY 2016 PBP Data Entry System Screens

#7g Other Health Care Professional – Base 2

PBP Data Entry System - Section B-7, Contract X0001, Plan 001, Segment 000

File Help

Go To: #7g Other Health Care Professional - Base 2

Previous Next Exit (Validate) Exit (No Validate)

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 Other Health Care Professional Services?

Yes

No

Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry.

Notes:

CY 2016 PBP Data Entry System Screens

#7h Psychiatric Services – Base 1

PBP Data Entry System - Section B-7, Contract X0001, Plan 001, Segment 000

File Help

Go To: #7h Psychiatric Services - Base 1

Previous Next Exit (Validate) Exit (No Validate)

CLICK 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 the Maximum Enrollee Out-of-Pocket Cost periodicity:

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

CY 2016 PBP Data Entry System Screens

#7h Psychiatric Services – Base 2

PBP Data Entry System - Section B-7, Contract X0001, Plan 001, Segment 000

File Help

Go To: #7h Psychiatric Services - Base 2

Previous Next Exit (Validate) Exit (No Validate)

Is there an enrollee Coinsurance?

Yes
 No

Select which Psychiatric Services have a Coinsurance (Select all that apply):

Medicare-covered Individual Sessions
 Medicare-covered Group Sessions

Indicate minimum Coinsurance percentage for Medicare-covered Individual Sessions:
[]

Indicate maximum Coinsurance percentage for Medicare-covered Individual Sessions:
[]

Indicate minimum Coinsurance percentage for Medicare-covered Group Sessions:
[]

Indicate maximum Coinsurance percentage for Medicare-covered Group Sessions:
[]

Is there an enrollee Deductible?

Yes
 No

Indicate Deductible Amount:
[]

Is there an enrollee Copayment?

Yes
 No

Select which Psychiatric Services have a Copayment (Select all that apply):

Medicare-covered Individual Sessions
 Medicare-covered Group Sessions

Indicate minimum Copayment amount for Medicare-covered Individual Sessions:
[]

Indicate maximum Copayment amount for Medicare-covered Individual Sessions:
[]

Indicate minimum Copayment amount for Medicare-covered Group Sessions:
[]

Indicate maximum Copayment amount for Medicare-covered Group Sessions:
[]

CY 2016 PBP Data Entry System Screens

#7h Psychiatric Services – Base 3

PBP Data Entry System - Section B-7, Contract X0001, Plan 001, Segment 000

File Help

Previous Next Exit (Validate) Exit (No Validate) Go To: #7h Psychiatric Services - Base 3

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 Psychiatric Services?

Yes

No

Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry.

Notes:

CY 2016 PBP Data Entry System Screens

#7i PT and SP Services – Base 1

PBP Data Entry System - Section B-7, Contract X0001, Plan 001, Segment 000

File Help

Go To: #7i PT and SP Services - Base 1

Previous Next Exit (Validate) Exit (No Validate)

CLICK FOR DESCRIPTION OF BENEFIT

Enhanced Benefits are not applicable for this Service Category, except for MMPs.

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 the Maximum Enrollee Out-of-Pocket Cost periodicity:

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

You must include total cost sharing to the beneficiary, including any facility cost sharing.

Is there an enrollee Coinsurance?

Yes
 No

Indicate Minimum Coinsurance percentage per visit for Medicare-covered Benefits:

Indicate Maximum Coinsurance percentage per visit for Medicare-covered Benefits:

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:

CY 2016 PBP Data Entry System Screens

#7i PT and SP Services – Base 2

PBP Data Entry System - Section B-7, Contract X0001, Plan 001, Segment 000

File Help

Go To: #7i PT and SP Services - Base 2

Previous Next Exit (Validate) Exit (No Validate)

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 Physical Therapy and Speech-Language Pathology Services?

Yes

No

Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry.

Notes:

[Empty text area for notes]

CY 2016 PBP Data Entry System Screens

#7i PT and ST – MMP – Base 1

PBP Data Entry System - Section B-7, Contract X0001, Plan 001, Segment 000

File Help

Go To: #7i PT and ST - MMP - Base 1

Previous Next Exit (Validate) Exit (No Validate)

CLICK FOR DESCRIPTION OF BENEFIT

Does this plan provide Non-Medicare Physical and/or Speech Therapy services?

Yes
 No

Select Non-Medicare Physical and/or Speech Therapy Service

Other 1
 Other 2

Enter name of Other 1 Service:

Enter name of Other 2 Service:

Is there an enrollee Coinsurance?

Yes
 No

Select which Non-Medicare Physical and/or Speech Therapy services have a Coinsurance (select all that apply):

Other 1
 Other 2

Indicate coinsurance percentage for one or more of the following services:

	Minimum Coinsurance	Maximum Coinsurance
Other 1:	<input type="text"/>	<input type="text"/>
Other 2:	<input type="text"/>	<input type="text"/>

Is there a service-specific Maximum Plan Benefit Coverage amount?

Yes
 No

Indicate Maximum Plan Benefit Coverage amount:

Select Maximum Plan Benefit Coverage periodicity:

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

CY 2016 PBP Data Entry System Screens

#7i PT and ST – MMP – Base 2

PBP Data Entry System - Section B-7, Contract X0001, Plan 001, Segment 000

File Help

Go To: #7i PT and ST - MMP - Base 2

Previous Next Exit (Validate) Exit (No Validate)

Is there an enrollee Copayment?

Yes
 No

Select which Non-Medicare Physical and/or Speech Therapy services have a Copayment (select all that apply):

Other 1
 Other 2

Indicate copayment percentage for one or more of the following services:	Minimum Copayment	Maximum Copayment
Other 1:	<input type="text"/>	<input type="text"/>
Other 2:	<input type="text"/>	<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

Is a referral required for Services?

Yes
 No

Notes:

CY 2016 PBP Data Entry System Screens

#8a Outpatient Diag Procs/Tests/Lab Services – Base 1

PBP Data Entry System - Section B-8, Contract X0001, Plan 001, Segment 000

File Help

Go To: #8a Outpatient Diag Procs/Tests/Lab Services - Base 1

Previous Next Exit (Validate) Exit (No Validate)

CLICK 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

CY 2016 PBP Data Entry System Screens

#8a Outpatient Diag Procs/Tests/Lab Services – Base 2

PBP Data Entry System - Section B-8, Contract X0001, Plan 001, Segment 000

File Help

Go To: #8a Outpatient Diag Procs/Tests/Lab Services - Base 2

Previous Next Exit (Validate) Exit (No Validate)

You must include total cost sharing to the beneficiary, including any facility cost sharing. If you have a variety of cost sharing, please utilize the minimum and maximum fields to reflect the lowest and highest cost sharing that a beneficiary may pay.

Indicate Minimum Coinsurance percentage for Medicare-covered Lab Servic

Is there an enrollee Coinsurance?

Yes No

Indicate Maximum Coinsurance percentage for Medicare-covered Lab Servic

Select which Outpatient Diag Procs/Tests/Lab Services have a Coinsurance (Select all that apply):

Medicare-covered Diagnostic Procedures/Tests

Medicare-covered Lab Services

Indicate Minimum Coinsurance percentage for Medicare-covered Diagnostic Procedures/Tests:

Indicate Maximum Coinsurance percentage for Medicare-covered Diagnostic Procedures/Tests:

CY 2016 PBP Data Entry System Screens

#8a Outpatient Diag Procs/Tests/Lab Services – Base 3

PBP Data Entry System - Section B-8, Contract X0001, Plan 001, Segment 000

File Help

Go To: #8a Outpatient Diag Procs/Tests/Lab Services - Base 3

Previous Next Exit (Validate) Exit (No Validate)

Is there an enrollee Deductible?

Yes
 No

Indicate Deductible Amount:

Is there an enrollee Copayment?

Yes
 No

Select which Outpatient Diag Procs/Tests/Lab Services have a Copayment (Select all that apply):

Medicare-covered Diagnostic Procedures/Tests
 Medicare-covered Lab Services

Indicate Minimum Copayment amount for Medicare-covered Diagnostic Procedures/Tests:

Indicate Maximum Copayment amount for Medicare-covered Diagnostic Procedures/Tests:

Indicate Minimum Copayment amount for Medicare-covered Lab Services:

Indicate Maximum Copayment amount for Medicare-covered Lab Services:

CY 2016 PBP Data Entry System Screens

#8a Outpatient Diag Procs/Tests/Lab Services – Base 4

PBP Data Entry System - Section B-8, Contract X0001, Plan 001, Segment 000

File Help

Go To: #8a Outpatient Diag Procs/Tests/Lab Services - Base 4

Previous Next Exit (Validate) Exit (No Validate)

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 Diagnostic Procedures/Test/Lab Services?

Yes

No

Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry.

Enter Notes for Medicare-covered Lab Services:

Enter Notes for Medicare-covered Diagnostic Procedures/Tests:

CY 2016 PBP Data Entry System Screens

#8b Outpatient Diag/Therapeutic Rad Services – Base 1

PBP Data Entry System - Section B-8, Contract X0001, Plan 001, Segment 000

File Help

Go To: #8b Outpatient Diag/Therapeutic Rad Services - Base 1

Previous Next Exit (Validate) Exit (No Validate)

[CLICK 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

You must include total cost sharing to the beneficiary, including any facility cost sharing. If you have a variety of cost sharing, please utilize the minimum and maximum fields to reflect the lowest and highest cost sharing that a beneficiary may pay.

Is there an enrollee Coinsurance?

Yes
 No

Select which Outpatient Diag/Therapeutic Rad Services have a Coinsurance (Select all that apply):

Medicare-covered Diagnostic Radiological Services
 Medicare-covered Therapeutic Radiological Services
 Medicare-covered X-Ray Services

Indicate Minimum Coinsurance percentage for Medicare-covered Diagnostic Radiological Services (e.g., CT, MRI, etc):

Indicate Maximum Coinsurance percentage for Medicare-covered Diagnostic Radiological Services (e.g., CT, MRI, etc):

Indicate Minimum Coinsurance percentage for other Medicare-covered Therapeutic Radiological Services:

Indicate Maximum Coinsurance percentage for other Medicare-covered Therapeutic Radiological Services:

Indicate Minimum Coinsurance percentage for Medicare-covered X-Ray Services:

Indicate Maximum Coinsurance percentage for Medicare-covered X-Ray Services:

CY 2016 PBP Data Entry System Screens

#8b Outpatient Diag/Therapeutic Rad Services – Base 2

PBP Data Entry System - Section B-8, Contract X0001, Plan 001, Segment 000

File Help

Go To: #8b Outpatient Diag/Therapeutic Rad Services - Base 2

Previous Next Exit (Validate) Exit (No Validate)

Is there an enrollee Deductible?

Yes
 No

Indicate Deductible Amount:

Is there an enrollee Copayment?

Yes
 No

Select which Outpatient Diag/Therapeutic Rad Services have a Copayment (Select all that apply):

Medicare-covered Diagnostic Radiological Services
 Medicare-covered Therapeutic Radiological Services
 Medicare-covered X-Ray Services

Indicate Minimum Copayment amount for other Medicare-covered Diagnostic Radiological Services (e.g., CT, MRI, etc):

Indicate Maximum Copayment amount for other Medicare-covered Diagnostic Radiological Services (e.g., CT, MRI, etc):

Indicate Minimum Copayment amount for Medicare-covered Therapeutic Radiological Services:

Indicate Maximum Copayment amount for Medicare-covered Therapeutic Radiological Services:

Indicate Minimum Copayment amount for Medicare-covered X-Ray Service

Indicate Maximum Copayment amount for Medicare-covered X-Ray Service

CY 2016 PBP Data Entry System Screens

#8b Outpatient Diag/Therapeutic Rad Services – Base 3

PBP Data Entry System - Section B-8, Contract X0001, Plan 001, Segment 000

File Help

Go To: #8b Outpatient Diag/Therapeutic Rad Services - Base 3

Previous Next Exit (Validate) Exit (No Validate)

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 Diagnostic/Therapeutic Radiological, and X-Ray Services?

Yes

No

Outpatient Diagnostic and Therapeutic Radiological Services Notes

Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry.

Enter Notes for Medicare-covered Diagnostic Radiological Services (e.g., CT, MRI, etc.):

Enter Notes for Medicare-covered Therapeutic Radiological Services:

Enter Notes for Medicare-covered X-Ray Services:

CY 2016 PBP Data Entry System Screens

#9a Outpatient Hospital Services – Base 1

PBP Data Entry System - Section B-9, Contract X0001, Plan 001, Segment 000

File Help

Go To: #9a Outpatient Hospital Services - Base 1

Previous Next Exit (Validate) Exit (No Validate)

CLICK 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

You must include total cost sharing to the beneficiary, including any facility cost sharing. If you have a variety of cost sharing, please utilize the minimum and maximum fields to reflect the lowest and highest cost sharing that a beneficiary may pay.

Is there an enrollee Coinsurance?

Yes
 No

Indicate Minimum Coinsurance percentage for Medicare-covered Benefits

Indicate Maximum Coinsurance percentage for Medicare-covered Benefit

CY 2016 PBP Data Entry System Screens

#9a Outpatient Hospital Services – Base 2

PBP Data Entry System - Section B-9, Contract X0001, Plan 001, Segment 000

File Help

Go To: #9a Outpatient Hospital Services - Base 2

Previous Next Exit (Validate) Exit (No Validate)

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:

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

CY 2016 PBP Data Entry System Screens

#9a Outpatient Hospital Services – Base 3

PBP Data Entry System - Section B-9, Contract X0001, Plan 001, Segment 000

File Help

Go To: #9a Outpatient Hospital Services - Base 3

Previous Next Exit (Validate) Exit (No Validate)

Outpatient Hospital Services Notes

Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry.

Notes:

CY 2016 PBP Data Entry System Screens

#9b ASC Services – Base 1

PBP Data Entry System - Section B-9, Contract X0001, Plan 001, Segment 000

File Help

Go To: #9b ASC Services - Base 1

Previous Next Exit (Validate) Exit (No Validate)

[CLICK 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

You must include total cost sharing to the beneficiary, including any facility cost sharing. If you have a variety of cost sharing, please utilize the minimum and maximum fields to reflect the lowest and highest cost sharing that a beneficiary may pay.

Is there an enrollee Coinsurance?

Yes
 No

Indicate Minimum Coinsurance percentage for Medicare-covered Benefits:

Indicate Maximum Coinsurance percentage for Medicare-covered Benefits:

CY 2016 PBP Data Entry System Screens

#9b ASC Services – Base 2

PBP Data Entry System - Section B-9, Contract X0001, Plan 001, Segment 000

File Help

Go To: #9b ASC Services - Base 2

Previous Next Exit (Validate) Exit (No Validate)

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:

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 Ambulatory Surgical Center Services?

Yes
 No

CY 2016 PBP Data Entry System Screens

#9b ASC Services – Base 3

PBP Data Entry System - Section B-9, Contract X0001, Plan 001, Segment 000

File Help

Previous Next Exit (Validate) Exit (No Validate) Go To: #9b ASC Services - Base 3

ASC Services Notes

Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry.

Notes:

CY 2016 PBP Data Entry System Screens

#9c Outpatient Substance Abuse – Base 1

PBP Data Entry System - Section B-9, Contract X0001, Plan 001, Segment 000

File Help

Previous Next Exit (Validate) Exit (No Validate) Go To: #9c Outpatient Substance Abuse - Base 1

CLICK 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

CY 2016 PBP Data Entry System Screens

#9c Outpatient Substance Abuse – Base 2

PBP Data Entry System - Section B-9, Contract X0001, Plan 001, Segment 000

File Help

Go To: #9c Outpatient Substance Abuse - Base 2

Previous Next Exit (Validate) Exit (No Validate)

You must include total cost sharing to the beneficiary, including any facility cost sharing. If you have a variety of cost sharing, please utilize the minimum and maximum fields to reflect the lowest and highest cost sharing that a beneficiary may pay.

Is there an enrollee Coinsurance?

Yes
 No

Select which Outpatient Substance Abuse Services have a Coinsurance (Select all that apply):

Medicare-covered Individual Sessions
 Medicare-covered Group Sessions

Indicate minimum Coinsurance percentage for Medicare-covered Individual Sessions:

Indicate maximum Coinsurance percentage for Medicare-covered Individual Sessions:

Indicate minimum Coinsurance percentage for Medicare-covered Group Sessions:

Indicate maximum Coinsurance percentage for Medicare-covered Group Sessions:

Is there an enrollee Deductible?

Yes
 No

Indicate Deductible Amount:

Is there an enrollee Copayment?

Yes
 No

Select which Outpatient Substance Abuse Services have a Copayment (Select all that apply):

Medicare-covered Individual Sessions
 Medicare-covered Group Sessions

Indicate minimum Copayment amount for Medicare-covered Individual Sessions:

Indicate maximum Copayment amount for Medicare-covered Individual Sessions:

Indicate minimum Copayment amount for Medicare-covered Group Sessions:

Indicate maximum Copayment amount for Medicare-covered Group Sessions:

CY 2016 PBP Data Entry System Screens

#9c Outpatient Substance Abuse – Base 3

PBP Data Entry System - Section B-9, Contract X0001, Plan 001, Segment 000

File Help

Go To: #9c Outpatient Substance Abuse - Base 3

Previous Next Exit (Validate) Exit (No Validate)

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

Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry.

Notes:

CY 2016 PBP Data Entry System Screens

#9d Outpatient Blood Services – Base 1

PBP Data Entry System - Section B-9, Contract X0001, Plan 001, Segment 000

File Help

Go To: #9d Outpatient Blood Services - Base 1

Previous Next Exit (Validate) Exit (No Validate)

CLICK FOR DESCRIPTION OF BENEFIT

If blood is given as a part of an inpatient hospital stay, the cost sharing for the blood should be included in the inpatient hospital costsharing.

Does the plan provide Outpatient Blood Services as a supplemental benefit under Part C?

Yes
 No

Select enhanced benefit:
 Three (3) pint deductible waived

Select type of benefit for Three (3) Pint Deductible Waived:
 Mandatory
 Optional

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 per unit for Medicare-covered Benefits:

Indicate Maximum Coinsurance percentage per unit for Medicare-covered Benefits:

CY 2016 PBP Data Entry System Screens

#9d Outpatient Blood Services – Base 2

PBP Data Entry System - Section B-9, Contract X0001, Plan 001, Segment 000

File Help

Go To: #9d Outpatient Blood Services - Base 2

Previous Next Exit (Validate) Exit (No Validate)

Is there an enrollee Deductible?

Yes
 No

Indicate Deductible Amount:

Is there an enrollee Copayment?

Yes
 No

Indicate Minimum Copayment amount per unit for Medicare-covered Bene

Indicate Maximum Copayment amount per unit for Medicare-covered Ben

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 Blood Services?

Yes
 No

Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry.

Notes:

CY 2016 PBP Data Entry System Screens

#10a Ambulance Services – Base 1

PBP Data Entry System - Section B-10, Contract X0001, Plan 001, Segment 000

File Help

Go To: #10a Ambulance Services - Base 1

Previous Next Exit (Validate) Exit (No Validate)

CLICK 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 an enrollee Coinsurance?

Yes No

Is there an enrollee Copayment?

Yes No

Indicate the Minimum Coinsurance percentage for Medicare-covered Benefits:

Indicate the Minimum Copayment amount for Medicare-covered Benefits:

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

Yes No

Indicate Maximum Enrollee Out-of-Pocket Cost amount:

Indicate the Maximum Coinsurance percentage for Medicare-covered Benefits:

Indicate the Maximum Copayment amount for Medicare-covered Benefits:

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 this Coinsurance waived if admitted to hospital?

Yes No

Is this Copayment waived if admitted to hospital?

Yes No

Is there an enrollee Deductible?

Yes No

Indicate Deductible Amount:

CY 2016 PBP Data Entry System Screens

#10a Ambulance Services – Base 2

PBP Data Entry System - Section B-10, Contract X0001, Plan 001, Segment 000

File Help

Go To: #10a Ambulance Services - Base 2

Previous Next Exit (Validate) Exit (No Validate)

Enrollee must receive Authorization for non-emergency Medicare services 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

Referral is not applicable for this Service Category.

Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry.

Notes:

CY 2016 PBP Data Entry System Screens

#10b Transportation Services – Base 1

PBP Data Entry System - Section B-10, Contract X0001, Plan 001, Segment 000

File Help

Go To: #10b Transportation Services - Base 1

Previous Next Exit (Validate) Exit (No Validate)

CLICK FOR DESCRIPTION OF BENEFIT

Does the plan provide Transportation Services as a supplemental benefit under Part C?

Yes
 No

Select enhanced benefit:

Plan-approved Location
 Any Location

Select type of benefit for Plan-approved Location:

Mandatory
 Optional

Is this benefit unlimited for number of trips for Plan-approved Location?

Yes
 No

Indicate number of trips for Plan-approved Location:

Select Plan-approved Location Trips periodicity:

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

Select Type of Transportation for Plan-approved Location:

One-way
 Round Trip
 Days
 Other, describe

Indicate number of days for Plan-approved Location:

Select Mode of Transportation for Plan-approved Location:

Taxi
 Bus/Subway
 Van
 Medical Transport
 Other, describe

Select type of benefit for Any Location:

Mandatory
 Optional

Is this benefit unlimited for number of trips for Any Location?

Yes
 No

Indicate number of days for Any Location:

Select Mode of Transportation for Any Location:

Taxi
 Bus/Subway
 Van
 Medical Transport
 Other, describe

Select Any Location Trips periodicity:

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

Select Type of Transportation for Any Location:

One-way
 Round Trip
 Days
 Other, describe

Indicate number of trips for Any Location:

CY 2016 PBP Data Entry System Screens

#10b Transportation Services – Base 2

PBP Data Entry System - Section B-10, Contract X0001, Plan 001, Segment 000

File Help

Go To: #10b Transportation Services - Base 2

Previous Next Exit (Validate) Exit (No Validate)

<p>Is there a service-specific Maximum Plan Benefit Coverage amount?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Indicate Maximum Plan Benefit Coverage amount:</p> <input type="text"/>	<p>Is there a service-specific Maximum Enrollee Out-of-Pocket Cost?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Indicate Maximum Enrollee Out-of-Pocket Cost amount:</p> <input type="text"/>	<p>Is there an enrollee Coinsurance?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Indicate Minimum Coinsurance percentage:</p> <input type="text"/>
<p>Select Maximum Plan Benefit Coverage periodicity:</p> <p><input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe</p>	<p>Select Maximum Enrollee Out-of-Pocket Cost periodicity:</p> <p><input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe</p>	<p>Indicate Maximum Coinsurance percentage:</p> <input type="text"/>
		<p>Is there an enrollee Deductible?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Indicate Deductible Amount:</p> <input type="text"/>

CY 2016 PBP Data Entry System Screens

#10b Transportation Services – Base 3

PBP Data Entry System - Section B-10, Contract X0001, Plan 001, Segment 000

File Help

Go To: #10b Transportation Services - Base 3

Previous Next Exit (Validate) Exit (No Validate)

Is there an enrollee Copayment?
 Yes
 No

Indicate Minimum Copayment amount per trip:

Indicate Maximum Copayment amount per trip:

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 Transportation Services?
 Yes
 No

Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry.

Notes:

CY 2016 PBP Data Entry System Screens

#11a DME – Base 1

PBP Data Entry System - Section B-11, Contract X0001, Plan 001, Segment 000

File Help

Go To: #11a DME - Base 1

Previous Next Exit (Validate) Exit (No Validate)

CLICK FOR DESCRIPTION OF BENEFIT

Enhanced Benefits are not applicable for this Service Category, except for MMPs.

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 periodict

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 there an enrollee Copayment?

Yes
 No

Indicate Minimum Copayment amount per item for Medicare-covered Benefits:

Indicate Maximum Copayment amount per item for Medicare-covered Benefits:

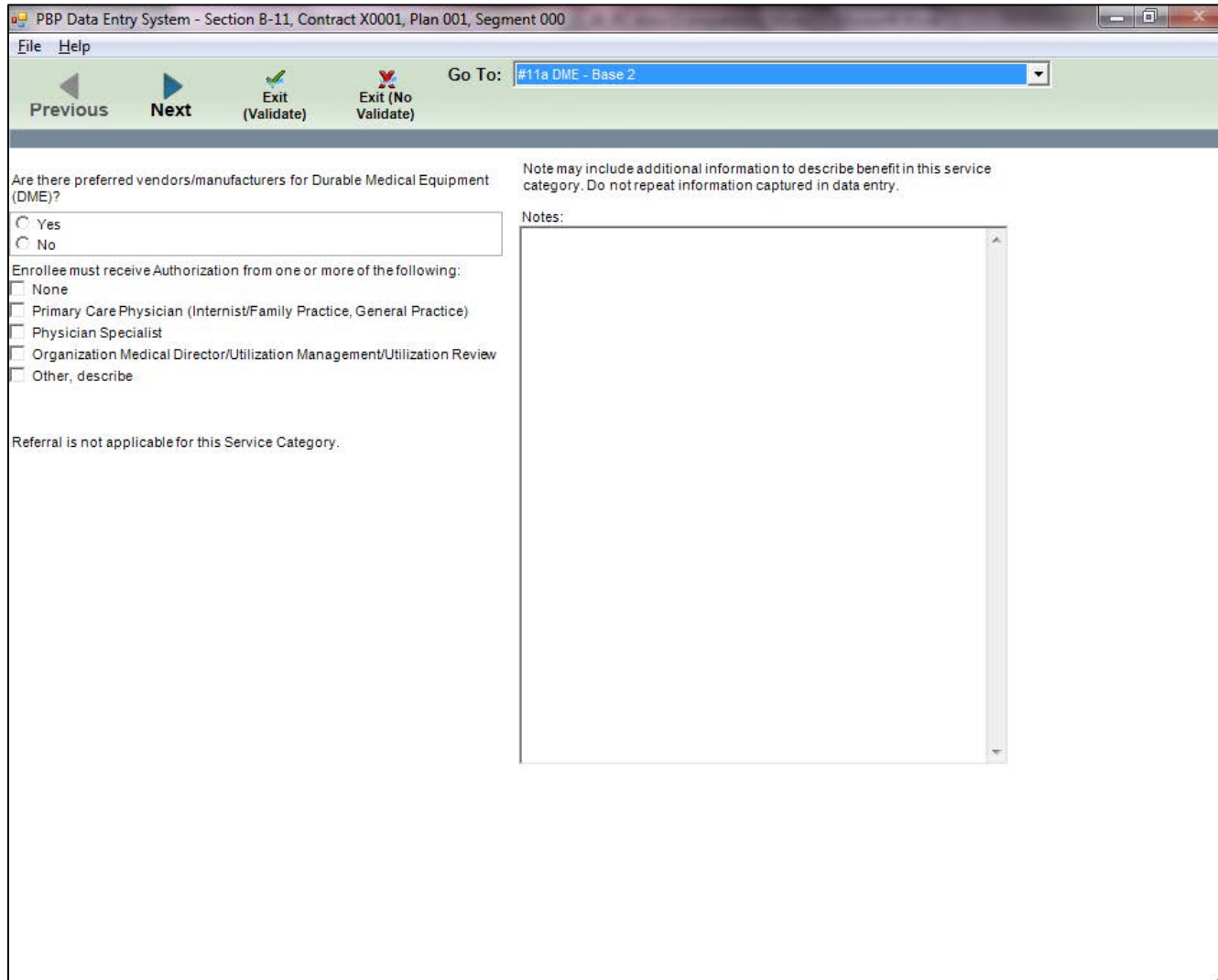
Is there an enrollee Deductible?

Yes
 No

Indicate Deductible Amount:

CY 2016 PBP Data Entry System Screens

#11a DME – Base 2



PBP Data Entry System - Section B-11, Contract X0001, Plan 001, Segment 000

File Help

Go To: #11a DME - Base 2

Previous Next Exit (Validate) Exit (No Validate)

Are there preferred vendors/manufacturers for Durable Medical Equipment (DME)?

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

Referral is not applicable for this Service Category.

Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry.

Notes:

CY 2016 PBP Data Entry System Screens

#11a DME – MMP – Base 1

PBP Data Entry System - Section B-11, Contract X0001, Plan 001, Segment 000

File Help

Go To: #11a DME - MMP - Base 1

Previous Next Exit (Validate) Exit (No Validate)

CLICK FOR DESCRIPTION OF BENEFIT

Does this plan provide Non-Medicare Durable Medical Equipment?

Yes
 No

Select Non-Medicare Durable Medical Equipment:

Durable Medical Equipment for use outside the home
 Other 1
 Other 2

Enter name of Other 1 Service:

Enter name of Other 2 Service:

Is there a service-specific Maximum Plan Benefit Coverage amount?

Yes
 No

Indicate Maximum Plan Benefit Coverage amount:

Select Maximum Plan Benefit Coverage periodicity:

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

Is there an enrollee Coinsurance?

Yes
 No

Select which Non-Medicare Durable Medical Equipment(s) (select all that apply):

Durable Medical Equipment for use outside the home
 Other 1
 Other 2

Indicate coinsurance percentage for one or more of the following services:

	Minimum Coinsurance	Maximum Coinsurance
Durable Medical Equipment for use outside the home:	<input type="text"/>	<input type="text"/>
Other 1:	<input type="text"/>	<input type="text"/>
Other 2:	<input type="text"/>	<input type="text"/>

CY 2016 PBP Data Entry System Screens

#11a DME – MMP – Base 2

PBP Data Entry System - Section B-11, Contract X0001, Plan 001, Segment 000

File Help

Go To: #11a DME - MMP - Base 2

Previous Next Exit (Validate) Exit (No Validate)

Is there an enrollee Copayment?

Yes
 No

Select which Non-Medicare Durable Medical Equipment(s) have a Copayment (select all that apply):

Durable Medical Equipment for use outside the home
 Other 1
 Other 2

Indicate copayment amount for one or more of the following services:	Minimum Copayment	Maximum Copayment
Durable Medical Equipment for use outside the home:	<input type="text"/>	<input type="text"/>
Other 1:	<input type="text"/>	<input type="text"/>
Other 2:	<input type="text"/>	<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

Is a referral required for Services?

Yes
 No

Notes:

CY 2016 PBP Data Entry System Screens

#11b Prosthetics/Medical Supplies – Base 1

PBP Data Entry System - Section B-11, Contract X0001, Plan 001, Segment 000

File Help

Go To: #11b Prosthetics/Medical Supplies - Base 1

Previous Next Exit (Validate) Exit (No Validate)

CLICK FOR DESCRIPTION OF BENEFIT

Enhanced Benefits are not applicable for this Service Category, except for MMPs.
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 Maximum Enrollee Out-of-Pocket Cost type:

Covered under DME Category 11a
 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

Select which Prosthetics/Medical Supplies have a Coinsurance (Select all that apply):

Medicare-covered Prosthetic Devices
 Medicare-covered Medical Supplies

Indicate Minimum Coinsurance percentage for Medicare-covered Prosthetic Devices:

Indicate Maximum Coinsurance percentage for Medicare-covered Prosthetic Devices:

Indicate Minimum Coinsurance percentage for Medicare-covered Medical Supplies:

Indicate Maximum Coinsurance percentage for Medicare-covered Medical Supplies:

CY 2016 PBP Data Entry System Screens

#11b Prosthetics/Medical Supplies – Base 2

PBP Data Entry System - Section B-11, Contract X0001, Plan 001, Segment 000

File Help

Go To: #11b Prosthetics/Medical Supplies - Base 2

Previous Next Exit (Validate) Exit (No Validate)

Is there an enrollee Deductible?

Yes
 No

Indicate Deductible Amount:

Indicate Minimum Copayment amount per item for Medicare-covered Prosthetic Devices:

Indicate Maximum Copayment amount per item for Medicare-covered Prosthetic Devices:

Is there an enrollee Copayment?

Yes
 No

Select which Prosthetics/Medical Supplies have a Copayment (Select all that apply):

Medicare-covered Prosthetic Devices
 Medicare-covered Medical Supplies

Indicate Minimum Copayment amount per item for Medicare-covered Medical Supplies:

Indicate Maximum Copayment amount per item for Medicare-covered Medical Supplies:

CY 2016 PBP Data Entry System Screens

#11b Prosthetics/Medical Supplies – Base 3

PBP Data Entry System - Section B-11, Contract X0001, Plan 001, Segment 000

File Help

Go To: #11b Prosthetics/Medical Supplies - Base 3

Previous Next Exit (Validate) Exit (No Validate)

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

Referral is not applicable for this Service Category.

Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry.

Notes:

CY 2016 PBP Data Entry System Screens

#11b Prosthetics/Medical Supplies – MMP – Base 1

PBP Data Entry System - Section B-11, Contract X0001, Plan 001, Segment 000

File Help

Go To: #11b Prosthetics/Medical Supplies - MMP - Base 1

Previous Next Exit (Validate) Exit (No Validate)

CLICK FOR DESCRIPTION OF BENEFIT

Does this plan provide Non-Medicare Prosthetics/Medical Supplies?

Yes
 No

Enter name of Non-Medicare Service:

Is there a service-specific Maximum Plan Benefit Coverage amount?

Yes
 No

Indicate Maximum Plan Benefit Coverage amount:

Select Maximum Plan Benefit Coverage 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:

Is there an enrollee Copayment?

Yes
 No

Indicate Copayment Amount:

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 Revi
 Other, describe

Is a referral required for Services?

Yes
 No

Notes:

CY 2016 PBP Data Entry System Screens

#11c Diabetic Supplies and Services – Base 1

PBP Data Entry System - Section B-11, Contract X0001, Plan 001, Segment 000

File Help

Go To: #11c Diabetic Supplies and Services - Base 1

Previous Next Exit (Validate) Exit (No Validate)

CLICK 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 Maximum Enrollee Out-of-Pocket Cost type:

Covered under DME Category 11a
 Plan-specified amount per period

Indicate Maximum Enrollee Out-of-Pocket Cost amount:

Indicate 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

Select which Diabetic Supplies and Services have a Coinsurance (Select all that apply):

Medicare-covered Diabetic Supplies
 Medicare-covered Diabetic Therapeutic Shoes or Inserts

Indicate Minimum Coinsurance percentage for Medicare-covered Diabetic Supplies:

Indicate Maximum Coinsurance percentage for Medicare-covered Diabetic Supplies:

Indicate Minimum Coinsurance percentage for Medicare-covered Diabetic Therapeutic Shoes or Inserts:

Indicate Maximum Coinsurance percentage for Medicare-covered Diabetic Therapeutic Shoes or Inserts:

Is there an enrollee Deductible?

Yes
 No

Indicate Deductible Amount:

CY 2016 PBP Data Entry System Screens

#11c Diabetic Supplies and Services – Base 2

PBP Data Entry System - Section B-11, Contract X0001, Plan 001, Segment 000

File Help

Go To: #11c Diabetic Supplies and Services - Base 2

Previous Next Exit (Validate) Exit (No Validate)

Is there an enrollee Copayment?

Yes
 No

Select which Diabetic Supplies and Services have a Copayment (Select all that apply):

Medicare-covered Diabetes Supplies
 Medicare-covered Diabetic Therapeutic Shoes or Inserts

Indicate Minimum Copayment amount per item for Medicare-covered Diabetes Supplies:

Indicate Maximum Copayment amount per item for Medicare-covered Diabetes Supplies:

Indicate Minimum Copayment amount per item for Medicare-covered Diabetic Therapeutic Shoes or Inserts:

Indicate Maximum Copayment amount per item for Medicare-covered Diabetic Therapeutic Shoes or Inserts:

Do you limit Diabetic Supplies and Services to those from specified manufacturer?

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

Referral is not applicable for this Service Category.

Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry.

Notes:

CY 2016 PBP Data Entry System Screens

#12 End-Stage Renal Disease – Base 1

PBP Data Entry System - Section B-12, Contract X0001, Plan 001, Segment 000

File Help

Go To: #12 End-Stage Renal Disease - Base 1

Previous Next Exit (Validate) Exit (No Validate)

CLICK 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

You must include total cost sharing to the beneficiary, including any facility cost sharing. If you have a variety of cost sharing, please utilize the minimum and maximum fields to reflect the lowest and highest cost sharing that a beneficiary

Is there an enrollee Coinsurance?

Yes
 No

Indicate Minimum Coinsurance percentage for Medicare-covered Benefits:

Indicate Maximum Coinsurance percentage for Medicare-covered Benefits:

Is there an enrollee Deductible?

Yes
 No

Indicate Deductible Amount:

Is there an enrollee Copayment?

Yes
 No

Indicate Minimum Copayment amount per session for Medicare-covered Benefits:

Indicate Maximum Copayment amount per session for Medicare-covered Benefits:

CY 2016 PBP Data Entry System Screens

#12 End-Stage Renal Disease – Base 2

PBP Data Entry System - Section B-12, Contract X0001, Plan 001, Segment 000

File Help

Go To: #12 End-Stage Renal Disease - Base 2

Previous Next Exit (Validate) Exit (No Validate)

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 End-Stage Renal Disease services?

Yes

No

Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry.

Notes:

CY 2016 PBP Data Entry System Screens

#13a Acupuncture – Base 1

PBP Data Entry System - Section B-13, Contract H5505, Plan 003, Segment 0

File Help

Go To: #13a Acupuncture - Base 1

Previous Next Exit (Validate) Exit (No Validate)

CLICK FOR DESCRIPTION OF BENEFIT

Does the plan provide Acupuncture as a supplemental benefit under Part C?
 Yes
 No

Select enhanced benefit:
 Number of Treatments

Select type of benefit for Number of Treatments:
 Mandatory
 Optional

Is this benefit unlimited for Number of Treatments?
 Yes
 No

Indicate limit for Number of Treatments:
[]

Do you offer a combined Acupuncture and Chiropractor Services benefit?
 Yes
 No

Indicate Number of Treatments periodicity:
 Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

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

Indicate Maximum Enrollee Out-of-Pocket Cost amount:
[]

Is there a service-specific Maximum Plan Benefit Coverage amount?
 Yes
 No

Indicate Maximum Plan Benefit Coverage amount:
[]

Indicate Maximum Plan Benefit Coverage periodicity:
 Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

Indicate Maximum Enrollee Out-of-Pocket Cost periodicity:
 Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

CY 2016 PBP Data Entry System Screens

#13a Acupuncture – Base 2

PBP Data Entry System - Section B-13, Contract X0001, Plan 001, Segment 000

File Help

Go To: #13a Acupuncture - Base 2

Previous Next Exit (Validate) Exit (No Validate)

Is there an enrollee Coinsurance?
 Yes
 No

Indicate Minimum Coinsurance percentage:

Indicate Maximum Coinsurance percentage:

Is there an enrollee Deductible?
 Yes
 No

Indicate Deductible Amount:

Is there an enrollee Copayment?
 Yes
 No

Indicate Minimum Copayment amount per treatment:

Indicate Maximum Copayment amount per treatment:

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 Acupuncture?
 Yes
 No

CY 2016 PBP Data Entry System Screens

#13a Acupuncture – Base 3

PBP Data Entry System - Section B-13, Contract X0001, Plan 001, Segment 000

File Help

Previous Next Exit (Validate) Exit (No Validate) Go To: #13a Acupuncture - Base 3

Acupuncture Notes

Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry.

Notes:

CY 2016 PBP Data Entry System Screens

#13b OTC Items – Base 1

PBP Data Entry System - Section B-13, Contract X0001, Plan 001, Segment 000

File Help

Go To: #13b OTC Items - Base 1

Previous Next Exit (Validate) Exit (No Validate)

CLICK FOR DESCRIPTION OF BENEFIT

Medicare-Medicaid plans may not use this section to provide benefit information about any OTC items that are submitted under the integrated formulary. Information about those benefits will be entered in the Rx section of the PBP. This section should only be used to provide benefit information about OTC items that are covered as a supplemental benefit.

Does the plan provide Over-The-Counter (OTC) Items as a supplemental benefit under Part C?

Yes
 No

Select type of benefit for OTC Items:

Mandatory
 Optional

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

Yes
 No

Indicate Maximum Enrollee Out-of-Pocket Cost amount:

Indicate Maximum Enrollee Out-of-Pocket Cost periodicity:

Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Every month

Is there a service-specific Maximum Plan Benefit Coverage amount?

Yes
 No

Indicate Maximum Plan Benefit Coverage amount:

Indicate Maximum Plan Benefit Coverage periodicity:

Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Every month

CY 2016 PBP Data Entry System Screens

#13b OTC Items – Base 2

CY 2016 PBP Data Entry System Screens

#13b OTC Items – Base 3

PBP Data Entry System - Section B-13, Contract X0001, Plan 001, Segment 000

File Help

Go To: #13b OTC Items - Base 3

Previous Next Exit (Validate) Exit (No Validate)

OTC Items Notes

Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry.

Notes:

[Large empty text area with a vertical scroll bar]

CY 2016 PBP Data Entry System Screens

#13c Meal Benefit – Base 1

PBP Data Entry System - Section B-13, Contract X0001, Plan 001, Segment 000

File Help

Go To: #13c Meal Benefit - Base 1

Previous Next Exit (Validate) Exit (No Validate)

CLICK FOR DESCRIPTION OF BENEFIT

Does the plan provide a Meal Benefit as a supplemental benefit under Part C?

Yes
 No

Select type of benefit:

Mandatory
 Optional

How many days does your Meal Benefit last?

What is the maximum number of meals the benefit provides?

Is there a service-specific Maximum Plan Benefit Coverage amount?

Yes
 No

Indicate Maximum Plan Benefit Coverage amount:

Indicate Maximum Plan Benefit Coverage periodicity:

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

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

Yes
 No

Indicate Maximum Enrollee Out-of-Pocket Cost amount:

Indicate Maximum Enrollee Out-of-Pocket Cost periodicity:

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

CY 2016 PBP Data Entry System Screens

#13c Meal Benefit – Base 2

PBP Data Entry System - Section B-13, Contract X0001, Plan 001, Segment 000

File Help

Go To: #13c Meal Benefit - Base 2

Previous Next Exit (Validate) Exit (No Validate)

Is there an enrollee Coinsurance?
 Yes
 No

Indicate Minimum Coinsurance percentage:
[]

Indicate Maximum Coinsurance percentage:
[]

Is there an enrollee Deductible?
 Yes
 No

Indicate Deductible Amount:
[]

Is there an enrollee Copayment?
 Yes
 No

Indicate Minimum Copayment amount:
[]

Indicate Maximum Copayment amount:
[]

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 the Meal Benefit?
 Yes
 No

CY 2016 PBP Data Entry System Screens

#13c Meal Benefit – Base 3

PBP Data Entry System - Section B-13, Contract X0001, Plan 001, Segment 000

File Help

Go To: #13c Meal Benefit - Base 3

Previous Next Exit (Validate) Exit (No Validate)

Meal Benefit Notes

Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry.

Notes:

[Empty text area for notes]

CY 2016 PBP Data Entry System Screens

#13d Other 1 – Base 1

PBP Data Entry System - Section B-13, Contract X0001, Plan 001, Segment 000

File Help

Go To: #13d Other 1 - Base 1

Previous Next Exit (Validate) Exit (No Validate)

CLICK FOR DESCRIPTION OF BENEFIT

Note: After completing your data entry in this category, if you delete ALL text in the "Enter name of Service (Optional):" field you will lose all previously entered data.

You may edit the name of the service text partially without losing all previously entered data.

Do not put Medicare-covered benefits in this service category (e.g., do not include homehealth, nutritional support, transportation, medical devices etc).

Over-the-Counter (e.g., adult diapers, band-aids, etc) benefits should only be entered in B-13C.

If providing a supplemental benefit, enter a descriptive title. "Other" is not an acceptable title.

Enter name of Service (Optional):

Select type of benefit:

Mandatory
 Optional

Is there a service-specific Maximum Plan Benefit Coverage amount

Yes
 No

Indicate Maximum Plan Benefit Coverage amount:

Indicate Maximum Plan Benefit Coverage periodicity:

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

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

Yes
 No

Indicate Maximum Enrollee Out-of-Pocket Cost amount:

Indicate Maximum Enrollee Out-of-Pocket Cost periodicity:

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

CY 2016 PBP Data Entry System Screens

#13d Other 1 – Base 2

PBP Data Entry System - Section B-13, Contract X0001, Plan 001, Segment 000

File Help

Go To: #13d Other 1 - Base 2

Previous Next Exit (Validate) Exit (No Validate)

Is there an enrollee Coinsurance?
 Yes
 No

Indicate Minimum Coinsurance percentage:

Indicate Maximum Coinsurance percentage:

Is there an enrollee Deductible?
 Yes
 No

Indicate Deductible Amount:

Is there an enrollee Copayment?
 Yes
 No

Indicate Minimum Copayment amount:

Indicate Maximum Copayment amount:

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 Other Services?
 Yes
 No

CY 2016 PBP Data Entry System Screens

#13d Other 1 – Base 3

PBP Data Entry System - Section B-13, Contract X0001, Plan 001, Segment 000

File Help

Previous Next Exit (Validate) Exit (No Validate) Go To: #13d Other 1 - Base 3

Other Services Notes

Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry.

Notes:

CY 2016 PBP Data Entry System Screens

#13e Other 2 – Base 1

PBP Data Entry System - Section B-13, Contract X0001, Plan 001, Segment 000

File Help

Go To: #13e Other 2 - Base 1

Previous Next Exit (Validate) Exit (No Validate)

CLICK FOR DESCRIPTION OF BENEFIT

Note: After completing your data entry in this category, if you delete ALL text in the "Enter name of Service (Optional):" field you will lose all previously entered data.

You may edit the name of the service text partially without losing all previously entered data.

Do not put Medicare-covered benefits in this service category (e.g., do not include homehealth, nutritional support, transportation, medical devices etc).

Over-the-Counter (e.g., adult diapers, band-aids, etc) benefits should only be entered in B-13B.

If providing a supplemental benefit, enter a descriptive title. "Other" is not an acceptable title.

Enter name of Service (Optional):

Select type of benefit:

Is there a service-specific Maximum Plan Benefit Coverage amount

Indicate Maximum Plan Benefit Coverage amount:

Indicate Maximum Plan Benefit Coverage periodicity:

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

Indicate Maximum Enrollee Out-of-Pocket Cost amount:

Indicate Maximum Enrollee Out-of-Pocket Cost periodicity:

CY 2016 PBP Data Entry System Screens

#13e Other 2 – Base 2

PBP Data Entry System - Section B-13, Contract X0001, Plan 001, Segment 000

File Help

Go To: #13e Other 2 - Base 2

Previous Next Exit (Validate) Exit (No Validate)

Is there an enrollee Coinsurance?
 Yes
 No

Indicate Minimum Coinsurance percentage:

Indicate Maximum Coinsurance percentage:

Is there an enrollee Copayment?
 Yes
 No

Indicate Minimum Copayment amount:

Indicate Maximum Copayment amount:

Is there an enrollee Deductible?
 Yes
 No

Indicate Deductible Amount:

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 Other Services?
 Yes
 No

CY 2016 PBP Data Entry System Screens

#13e Other 2 – Base 3

PBP Data Entry System - Section B-13, Contract X0001, Plan 001, Segment 000

File Help

Previous Next Exit (Validate) Exit (No Validate) Go To: #13e Other 2 - Base 3

Other Services Notes

Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry.

Notes:

CY 2016 PBP Data Entry System Screens

#13f Other 3 – Base 1

PBP Data Entry System - Section B-13, Contract X0001, Plan 001, Segment 000

File Help

Go To: #13f Other 3 - Base 1

Previous Next Exit (Validate) Exit (No Validate)

CLICK FOR DESCRIPTION OF BENEFIT

Note: After completing your data entry in this category, if you delete ALL text in the "Enter name of Service (Optional):" field you will lose all previously entered data.

You may edit the name of the service text partially without losing all previously entered data.

Do not put Medicare-covered benefits in this service category (e.g., do not include homehealth, nutritional support, transportation, medical devices etc).

Over-the-Counter (e.g., adult diapers, band-aids, etc) benefits should only be entered in B-13B.

If providing a supplemental benefit, enter a descriptive title. "Other" is not an acceptable title.

Enter name of Service (Optional):

Select type of benefit:

Mandatory

Optional

Indicate Maximum Plan Benefit Coverage amount:

Indicate Maximum Plan Benefit Coverage periodicity:

Every three years

Every two years

Every year

Every six months

Every three months

Other, Describe

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

Yes

No

Indicate Maximum Enrollee Out-of-Pocket Cost amount:

Indicate 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 a service-specific Maximum Plan Benefit Coverage amount?

Yes

No

CY 2016 PBP Data Entry System Screens

#13f Other 3 – Base 2

PBP Data Entry System - Section B-13, Contract X0001, Plan 001, Segment 000

File Help

Go To: #13f Other 3 - Base 2

Previous Next Exit (Validate) Exit (No Validate)

Is there an enrollee Coinsurance?
 Yes
 No

Indicate Minimum Coinsurance percentage:

Indicate Maximum Coinsurance percentage:

Is there an enrollee Copayment?
 Yes
 No

Indicate Minimum Copayment amount:

Indicate Maximum Copayment amount:

Is there an enrollee Deductible?
 Yes
 No

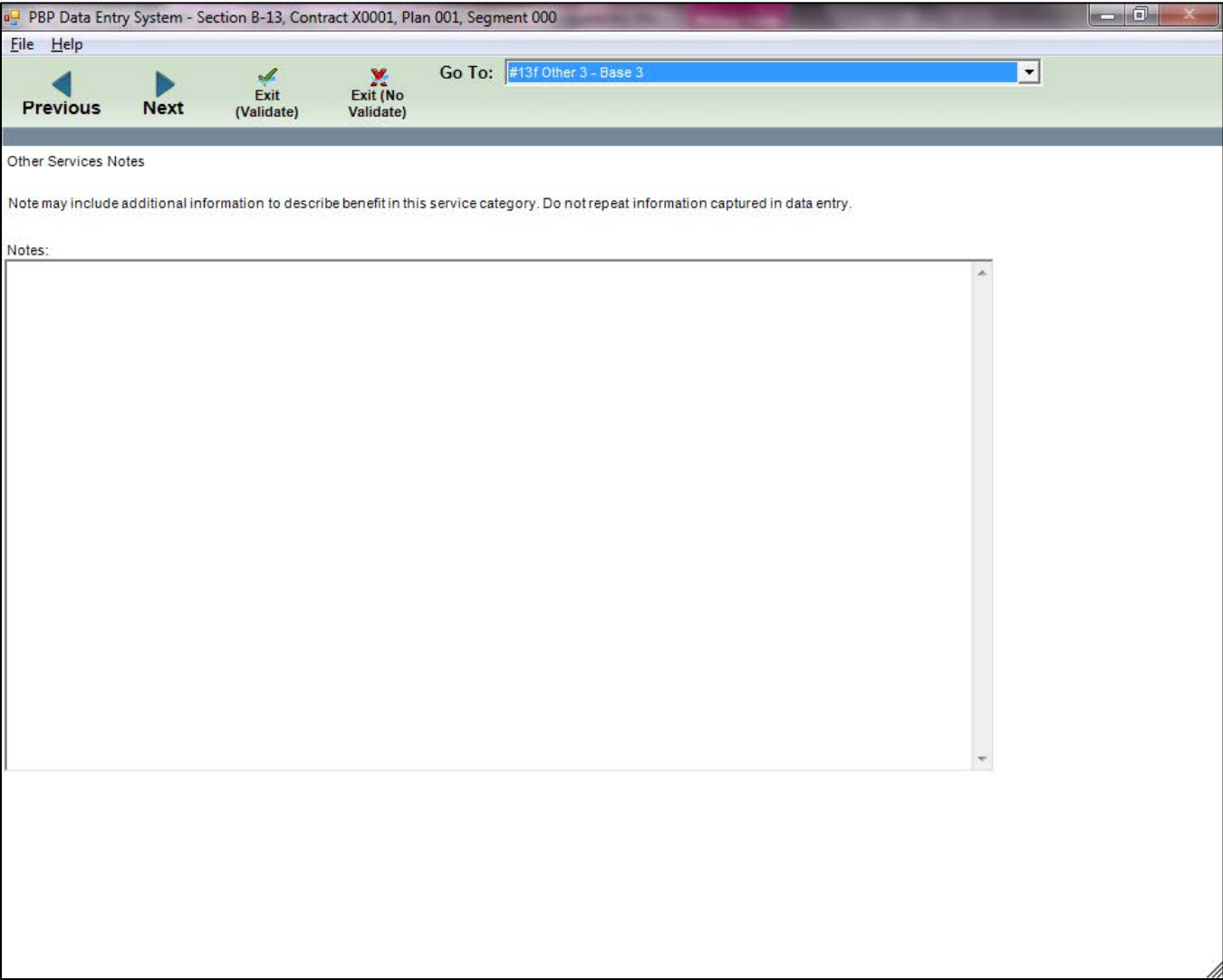
Indicate Deductible Amount:

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 Other Services?
 Yes
 No

CY 2016 PBP Data Entry System Screens

#13f Other 3 – Base 3



CY 2016 PBP Data Entry System Screens

#13g Dual Eligible SNPs with Highly Integrated Services – Base 1

PBP Data Entry System - Section B-13, Contract X0001, Plan 001, Segment 000

File Help

Go To: #13g Dual Eligible SNPs with Highly Integrated Services - Base 1

Previous Next Exit (Validate) Exit (No Validate)

CLICK FOR DESCRIPTION OF BENEFIT

Plans only fill out this section if they have received written notification from CMS that they qualify for the new supplemental benefit flexibility for certain Dual Eligible SNPs with Highly Integrated Services.

Dual Eligible SNPs with Highly Integrated Services Benefit Attestation

I attest that I have received written notification from CMS that this individual SNP plan qualifies for the new supplemental benefit flexibility for certain Dual Eligible SNPs with Highly Integrated Services for CY 2016. I further attest that the additional supplemental benefit(s) that the SNP describes in this section of the PBP do not inappropriately duplicate an existing service(s) that enrollees are eligible to receive under a waiver, the State Medicaid plan, Medicare Part A or B, or through the local jurisdiction in which they reside.

You may edit the name of the service text partially without losing all previously entered data.

If providing a supplemental benefit, enter a descriptive title. "Other" is not an acceptable title.

Enter name of Service (Optional):

Select type of benefit:

Is there a service-specific Maximum Plan Benefit Coverage amount?

Indicate Maximum Plan Benefit Coverage amount:

Indicate Maximum Plan Benefit Coverage periodicity:

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

Indicate Maximum Enrollee Out-of-Pocket Cost amount:

Indicate Maximum Enrollee Out-of-Pocket Cost periodicity:

CY 2016 PBP Data Entry System Screens

#13g Dual Eligible SNPs with Highly Integrated Services – Base 2

PBP Data Entry System - Section B-13, Contract X0001, Plan 001, Segment 000

File Help

Go To: #13g Dual Eligible SNPs with Highly Integrated Services - Base 2

Previous Next Exit (Validate) Exit (No Validate)

Is there an enrollee Coinsurance?
 Yes
 No

Indicate Minimum Coinsurance percentage:
[]

Indicate Maximum Coinsurance percentage:
[]

Is there an enrollee Copayment?
 Yes
 No

Indicate Minimum Copayment amount:
[]

Indicate Maximum Copayment amount:
[]

Is there an enrollee Deductible?
 Yes
 No

Indicate Deductible Amount:
[]

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 Other Services?
 Yes
 No

CY 2016 PBP Data Entry System Screens

#13g Dual Eligible SNPs with Highly Integrated Services – Base 3

PBP Data Entry System - Section B-13, Contract X0001, Plan 001, Segment 000

File Help

Go To: #13g Dual Eligible SNPs with Highly Integrated Services - Base 3

Previous Next Exit (Validate) Exit (No Validate)

Dual Eligible SNPs with Highly Integrated Services Notes

Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry.

Notes:

[Empty text area for notes]

CY 2016 PBP Data Entry System Screens

#13h Additional Services – Base 1

PBP Data Entry System - Section B-13, Contract X0001, Plan 001, Segment 000

File Help

Go To: #13h Additional Services - Base 1

Previous Next Exit (Validate) Exit (No Validate)

CLICK FOR DESCRIPTION OF BENEFIT

Does the plan provide Additional Services?

Yes
 No

Select Additional Services (select all that apply):

- Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services
- Tobacco Cessation Counseling for Pregnant Women
- Freestanding Birth Center Services
- Respiratory Care Services
- Family Planning Services
- Nursing Home Services
- Home and Community Based Services
- Personal Care Services
- Self-Directed Personal Assistance Services
- Private Duty Nursing Services
- Case Management (Long Term Care)
- Institution for Mental Disease Services for Individuals 65 or Older
- Services in an Intermediate Care Facility for Individuals with Intellectual Disabilities
- Case Management
- Other 1
- Other 2
- Other 3
- Other 4
- Other 5
- Other 6
- Other 7
- Other 8
- Other 9
- Other 10
- Other 11
- Other 12
- Other 13
- Other 14
- Other 15
- Other 16
- Other 17
- Other 18
- Other 19
- Other 20
- Other 21
- Other 22
- Other 23

Enter name of Other 1 Service:
Enter name of Other 2 Service:
Enter name of Other 3 Service:
Enter name of Other 4 Service:
Enter name of Other 5 Service:
Enter name of Other 6 Service:
Enter name of Other 7 Service:
Enter name of Other 8 Service:
Enter name of Other 9 Service:
Enter name of Other 10 Service:
Enter name of Other 11 Service:
Enter name of Other 12 Service:
Enter name of Other 13 Service:

CY 2016 PBP Data Entry System Screens

#13h Additional Services – Base 2

PBP Data Entry System - Section B-13, Contract X0001, Plan 001, Segment 000

File Help

Go To: #13h Additional Services - Base 2

Previous Next Exit (Validate) Exit (No Validate)

Enter name of Other 14 Service:
Enter name of Other 15 Service:
Enter name of Other 16 Service:
Enter name of Other 17 Service:
Enter name of Other 18 Service:
Enter name of Other 19 Service:
Enter name of Other 20 Service:
Enter name of Other 21 Service:
Enter name of Other 22 Service:
Enter name of Other 23 Service:

Is there a limit on the Additional Services provided?
 Yes
 No

Select Additional Services where limit applies:

- Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services
- Tobacco Cessation Counseling for Pregnant Women
- Freestanding Birth Center Services
- Respiratory Care Services
- Family Planning Services
- Nursing Home Services
- Home and Community Based Services
- Personal Care Services
- Self-Directed Personal Assistance Services
- Private Duty Nursing Services
- Case Management (Long Term Care)
- Institution for Mental Disease Services for Individuals 65 or Older
- Services in an Intermediate Care Facility for Individuals with Intellectual Disabilities
- Case Management
- Other 1
- Other 2
- Other 3
- Other 4
- Other 5
- Other 6
- Other 7
- Other 8
- Other 9
- Other 10
- Other 11
- Other 12
- Other 13
- Other 14
- Other 15
- Other 16
- Other 17
- Other 18
- Other 19
- Other 20
- Other 21
- Other 22
- Other 23

CY 2016 PBP Data Entry System Screens

#13h Additional Services – Base 3

PBP Data Entry System - Section B-13, Contract X0001, Plan 001, Segment 000

File Help

Go To: #13h Additional Services - Base 3

Previous Next Exit (Validate) Exit (No Validate)

<p>Indicate units a limit will be provided in for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services:</p> <p><input type="radio"/> Sessions <input type="radio"/> Visits <input type="radio"/> Hours <input type="radio"/> Points <input type="radio"/> Meals <input type="radio"/> Other, Describe</p>	<p>Indicate units a limit will be provided in for Freestanding Birth Center Services:</p> <p><input type="radio"/> Sessions <input type="radio"/> Visits <input type="radio"/> Hours <input type="radio"/> Points <input type="radio"/> Meals <input type="radio"/> Other, Describe</p>
<p>Indicate numerical limit on the services provided for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services:</p> <input type="text"/>	<p>Indicate numerical limit on the services provided for Freestanding Birth Center Services:</p> <input type="text"/>
<p>Select limit on services periodicity for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services:</p> <p><input type="radio"/> Every day <input type="radio"/> Every week <input type="radio"/> Every month <input type="radio"/> Every year <input type="radio"/> Every Session/Visit <input type="radio"/> Every Pregnancy <input type="radio"/> Every Lifetime <input type="radio"/> Other, Describe</p>	<p>Select limit on services periodicity for Freestanding Birth Center Services:</p> <p><input type="radio"/> Every day <input type="radio"/> Every week <input type="radio"/> Every month <input type="radio"/> Every year <input type="radio"/> Every Session/Visit <input type="radio"/> Every Pregnancy <input type="radio"/> Every Lifetime <input type="radio"/> Other, Describe</p>
<p>Indicate units a limit will be provided in for Tobacco Cessation Counseling for Pregnant Women:</p> <p><input type="radio"/> Sessions <input type="radio"/> Visits <input type="radio"/> Hours <input type="radio"/> Points <input type="radio"/> Meals <input type="radio"/> Other, Describe</p>	<p>Indicate units a limit will be provided in for Respiratory Care Services:</p> <p><input type="radio"/> Sessions <input type="radio"/> Visits <input type="radio"/> Hours <input type="radio"/> Points <input type="radio"/> Meals <input type="radio"/> Other, Describe</p>
<p>Indicate numerical limit on the services provided for Tobacco Cessation Counseling for Pregnant Women:</p> <input type="text"/>	<p>Indicate numerical limit on the services provided for Respiratory Care Services:</p> <input type="text"/>
<p>Select limit on services periodicity for Tobacco Cessation Counseling for Pregnant Women:</p> <p><input type="radio"/> Every day <input type="radio"/> Every week <input type="radio"/> Every month <input type="radio"/> Every year <input type="radio"/> Every Session/Visit <input type="radio"/> Every Pregnancy <input type="radio"/> Every Lifetime <input type="radio"/> Other, Describe</p>	<p>Select limit on services periodicity for Respiratory Care Services:</p> <p><input type="radio"/> Every day <input type="radio"/> Every week <input type="radio"/> Every month <input type="radio"/> Every year <input type="radio"/> Every Session/Visit <input type="radio"/> Every Pregnancy <input type="radio"/> Every Lifetime <input type="radio"/> Other, Describe</p>

CY 2016 PBP Data Entry System Screens

#13h Additional Services – Base 4

PBP Data Entry System - Section B-13, Contract X0001, Plan 001, Segment 000

File Help

Go To: #13h Additional Services - Base 4

Previous Next Exit (Validate) Exit (No Validate)

<p>Indicate units a limit will be provided in for Family Planning Services:</p> <p><input type="radio"/> Sessions <input type="radio"/> Visits <input type="radio"/> Hours <input type="radio"/> Points <input type="radio"/> Meals <input type="radio"/> Other, Describe</p> <p>Indicate numerical limit on the services provided for Family Planning Services: <input type="text"/></p> <p>Select limit on services periodicity for Family Planning Services:</p> <p><input type="radio"/> Every day <input type="radio"/> Every week <input type="radio"/> Every month <input type="radio"/> Every year <input type="radio"/> Every Session/Visit <input type="radio"/> Every Pregnancy <input type="radio"/> Every Lifetime <input type="radio"/> Other, Describe</p>	<p>Indicate units a limit will be provided in for Home and Community Based Services:</p> <p><input type="radio"/> Sessions <input type="radio"/> Visits <input type="radio"/> Hours <input type="radio"/> Points <input type="radio"/> Meals <input type="radio"/> Other, Describe</p> <p>Indicate numerical limit on the services provided for Home and Community Based Services: <input type="text"/></p> <p>Select limit on services periodicity for Home and Community Based Services:</p> <p><input type="radio"/> Every day <input type="radio"/> Every week <input type="radio"/> Every month <input type="radio"/> Every year <input type="radio"/> Every Session/Visit <input type="radio"/> Every Pregnancy <input type="radio"/> Every Lifetime <input type="radio"/> Other, Describe</p>
<p>Indicate units a limit will be provided in for Nursing Home Services:</p> <p><input type="radio"/> Sessions <input type="radio"/> Visits <input type="radio"/> Hours <input type="radio"/> Points <input type="radio"/> Meals <input type="radio"/> Other, Describe</p> <p>Indicate numerical limit on the services provided for Nursing Home Services: <input type="text"/></p> <p>Select limit on services periodicity for Nursing Home Services:</p> <p><input type="radio"/> Every day <input type="radio"/> Every week <input type="radio"/> Every month <input type="radio"/> Every year <input type="radio"/> Every Session/Visit <input type="radio"/> Every Pregnancy <input type="radio"/> Every Lifetime <input type="radio"/> Other, Describe</p>	<p>Indicate units a limit will be provided in for Personal Care Services:</p> <p><input type="radio"/> Sessions <input type="radio"/> Visits <input type="radio"/> Hours <input type="radio"/> Points <input type="radio"/> Meals <input type="radio"/> Other, Describe</p> <p>Indicate numerical limit on the services provided for Personal Care Services: <input type="text"/></p> <p>Select limit on services periodicity for Personal Care Services:</p> <p><input type="radio"/> Every day <input type="radio"/> Every week <input type="radio"/> Every month <input type="radio"/> Every year <input type="radio"/> Every Session/Visit <input type="radio"/> Every Pregnancy <input type="radio"/> Every Lifetime <input type="radio"/> Other, Describe</p>

CY 2016 PBP Data Entry System Screens

#13h Additional Services – Base 5

PBP Data Entry System - Section B-13, Contract X0001, Plan 001, Segment 000

File Help

Go To: #13h Additional Services - Base 5

Previous Next Exit (Validate) Exit (No Validate)

<p>Indicate units a limit will be provided in for Self-Directed Personal Assistance Services:</p> <p><input type="radio"/> Sessions <input type="radio"/> Visits <input type="radio"/> Hours <input type="radio"/> Points <input type="radio"/> Meals <input type="radio"/> Other, Describe</p> <p>Indicate numerical limit on the services provided for Self-Directed Personal Assistance Services:</p> <input type="text"/>	<p>Indicate units a limit will be provided in for Case Management (Long Term Care):</p> <p><input type="radio"/> Sessions <input type="radio"/> Visits <input type="radio"/> Hours <input type="radio"/> Points <input type="radio"/> Meals <input type="radio"/> Other, Describe</p> <p>Indicate numerical limit on the services provided for Case Management (Long Term Care):</p> <input type="text"/>
<p>Select limit on services periodicity for Self-Directed Personal Assistance Services:</p> <p><input type="radio"/> Every day <input type="radio"/> Every week <input type="radio"/> Every month <input type="radio"/> Every year <input type="radio"/> Every Session/Visit <input type="radio"/> Every Pregnancy <input type="radio"/> Every Lifetime <input type="radio"/> Other, Describe</p>	<p>Select limit on services periodicity for Case Management (Long Term Care):</p> <p><input type="radio"/> Every day <input type="radio"/> Every week <input type="radio"/> Every month <input type="radio"/> Every year <input type="radio"/> Every Session/Visit <input type="radio"/> Every Pregnancy <input type="radio"/> Every Lifetime <input type="radio"/> Other, Describe</p>
<p>Indicate units a limit will be provided in for Private Duty Nursing Services:</p> <p><input type="radio"/> Sessions <input type="radio"/> Visits <input type="radio"/> Hours <input type="radio"/> Points <input type="radio"/> Meals <input type="radio"/> Other, Describe</p> <p>Indicate numerical limit on the services provided for Private Duty Nursing Services:</p> <input type="text"/>	<p>Indicate units a limit will be provided in for Institution for Mental Disease Services for Individuals 65 or Older:</p> <p><input type="radio"/> Sessions <input type="radio"/> Visits <input type="radio"/> Hours <input type="radio"/> Points <input type="radio"/> Meals <input type="radio"/> Other, Describe</p> <p>Indicate numerical limit on the services provided for Institution for Mental Disease Services for Individuals 65 or Older:</p> <input type="text"/>
<p>Select limit on services periodicity for Private Duty Nursing Services:</p> <p><input type="radio"/> Every day <input type="radio"/> Every week <input type="radio"/> Every month <input type="radio"/> Every year <input type="radio"/> Every Session/Visit <input type="radio"/> Every Pregnancy <input type="radio"/> Every Lifetime <input type="radio"/> Other, Describe</p>	<p>Select limit on services periodicity for Institution for Mental Disease Services for Individuals 65 or Older:</p> <p><input type="radio"/> Every day <input type="radio"/> Every week <input type="radio"/> Every month <input type="radio"/> Every year <input type="radio"/> Every Session/Visit <input type="radio"/> Every Pregnancy <input type="radio"/> Every Lifetime <input type="radio"/> Other, Describe</p>

CY 2016 PBP Data Entry System Screens

#13h Additional Services – Base 6

PBP Data Entry System - Section B-13, Contract X0001, Plan 001, Segment 000

File Help

Go To: #13h Additional Services - Base 6

Previous Next Exit (Validate) Exit (No Validate)

<p>Indicate units a limit will be provided in for Services in an Intermediate Care Facility for Individuals with Intellectual Disabilities:</p> <p><input type="radio"/> Sessions <input type="radio"/> Visits <input type="radio"/> Hours <input type="radio"/> Points <input type="radio"/> Meals <input type="radio"/> Other, Describe</p>	<p>Indicate units a limit will be provided in for Other 1:</p> <p><input type="radio"/> Sessions <input type="radio"/> Visits <input type="radio"/> Hours <input type="radio"/> Points <input type="radio"/> Meals <input type="radio"/> Other, Describe</p>
<p>Indicate numerical limit on the services provided for Services in an Intermediate Care Facility for Individuals with Intellectual Disabilities:</p> <input type="text"/>	<p>Indicate numerical limit on the services provided for Other 1:</p> <input type="text"/>
<p>Select limit on services periodicity for Services in an Intermediate Care Facility for Individuals with Intellectual Disabilities:</p> <p><input type="radio"/> Every day <input type="radio"/> Every week <input type="radio"/> Every month <input type="radio"/> Every year <input type="radio"/> Every Session/Visit <input type="radio"/> Every Pregnancy <input type="radio"/> Every Lifetime <input type="radio"/> Other, Describe</p>	<p>Select limit on services periodicity for Other 1:</p> <p><input type="radio"/> Every day <input type="radio"/> Every week <input type="radio"/> Every month <input type="radio"/> Every year <input type="radio"/> Every Session/Visit <input type="radio"/> Every Pregnancy <input type="radio"/> Every Lifetime <input type="radio"/> Other, Describe</p>
<p>Indicate units a limit will be provided in for Case Management:</p> <p><input type="radio"/> Sessions <input type="radio"/> Visits <input type="radio"/> Hours <input type="radio"/> Points <input type="radio"/> Meals <input type="radio"/> Other, Describe</p>	<p>Indicate units a limit will be provided in for Other 2:</p> <p><input type="radio"/> Sessions <input type="radio"/> Visits <input type="radio"/> Hours <input type="radio"/> Points <input type="radio"/> Meals <input type="radio"/> Other, Describe</p>
<p>Indicate numerical limit on the services provided for Case Management:</p> <input type="text"/>	<p>Indicate numerical limit on the services provided for Other 2:</p> <input type="text"/>
<p>Select limit on services periodicity for Case Management:</p> <p><input type="radio"/> Every day <input type="radio"/> Every week <input type="radio"/> Every month <input type="radio"/> Every year <input type="radio"/> Every Session/Visit <input type="radio"/> Every Pregnancy <input type="radio"/> Every Lifetime <input type="radio"/> Other, Describe</p>	<p>Select limit on services periodicity for Other 2:</p> <p><input type="radio"/> Every day <input type="radio"/> Every week <input type="radio"/> Every month <input type="radio"/> Every year <input type="radio"/> Every Session/Visit <input type="radio"/> Every Pregnancy <input type="radio"/> Every Lifetime <input type="radio"/> Other, Describe</p>

CY 2016 PBP Data Entry System Screens

#13h Additional Services – Base 7

PBP Data Entry System - Section B-13, Contract X0001, Plan 001, Segment 000

File Help

Go To: #13h Additional Services - Base 7

Previous Next Exit (Validate) Exit (No Validate)

Indicate units a limit will be provided in for Other 3:

- Sessions
- Visits
- Hours
- Points
- Meals
- Other, Describe

Indicate numerical limit on the services provided for Other 3:

Select limit on services periodicity for Other 3:

- Every day
- Every week
- Every month
- Every year
- Every Session/Visit
- Every Pregnancy
- Every Lifetime
- Other, Describe

Indicate units a limit will be provided in for Other 5:

- Sessions
- Visits
- Hours
- Points
- Meals
- Other, Describe

Indicate numerical limit on the services provided for Other 5:

Select limit on services periodicity for Other 5:

- Every day
- Every week
- Every month
- Every year
- Every Session/Visit
- Every Pregnancy
- Every Lifetime
- Other, Describe

Indicate units a limit will be provided in for Other 4:

- Sessions
- Visits
- Hours
- Points
- Meals
- Other, Describe

Indicate numerical limit on the services provided for Other 4:

Select limit on services periodicity for Other 4:

- Every day
- Every week
- Every month
- Every year
- Every Session/Visit
- Every Pregnancy
- Every Lifetime
- Other, Describe

Indicate units a limit will be provided in for Other 6:

- Sessions
- Visits
- Hours
- Points
- Meals
- Other, Describe

Indicate numerical limit on the services provided for Other 6:

Select limit on services periodicity for Other 6:

- Every day
- Every week
- Every month
- Every year
- Every Session/Visit
- Every Pregnancy
- Every Lifetime
- Other, Describe

CY 2016 PBP Data Entry System Screens

#13h Additional Services – Base 8

PBP Data Entry System - Section B-13, Contract X0001, Plan 001, Segment 000

File Help

Go To: #13h Additional Services - Base 8

Previous Next Exit (Validate) Exit (No Validate)

Indicate units a limit will be provided in for Other 7: <input type="radio"/> Sessions <input type="radio"/> Visits <input type="radio"/> Hours <input type="radio"/> Points <input type="radio"/> Meals <input type="radio"/> Other, Describe	Indicate units a limit will be provided in for Other 9: <input type="radio"/> Sessions <input type="radio"/> Visits <input type="radio"/> Hours <input type="radio"/> Points <input type="radio"/> Meals <input type="radio"/> Other, Describe
Indicate numerical limit on the services provided for Other 7: <input type="text"/>	Indicate numerical limit on the services provided for Other 9: <input type="text"/>
Select limit on services periodicity for Other 7: <input type="radio"/> Every day <input type="radio"/> Every week <input type="radio"/> Every month <input type="radio"/> Every year <input type="radio"/> Every Session/Visit <input type="radio"/> Every Pregnancy <input type="radio"/> Every Lifetime <input type="radio"/> Other, Describe	Select limit on services periodicity for Other 9: <input type="radio"/> Every day <input type="radio"/> Every week <input type="radio"/> Every month <input type="radio"/> Every year <input type="radio"/> Every Session/Visit <input type="radio"/> Every Pregnancy <input type="radio"/> Every Lifetime <input type="radio"/> Other, Describe
Indicate units a limit will be provided in for Other 8: <input type="radio"/> Sessions <input type="radio"/> Visits <input type="radio"/> Hours <input type="radio"/> Points <input type="radio"/> Meals <input type="radio"/> Other, Describe	Indicate units a limit will be provided in for Other 10: <input type="radio"/> Sessions <input type="radio"/> Visits <input type="radio"/> Hours <input type="radio"/> Points <input type="radio"/> Meals <input type="radio"/> Other, Describe
Indicate numerical limit on the services provided for Other 8: <input type="text"/>	Indicate numerical limit on the services provided for Other 10: <input type="text"/>
Select limit on services periodicity for Other 8: <input type="radio"/> Every day <input type="radio"/> Every week <input type="radio"/> Every month <input type="radio"/> Every year <input type="radio"/> Every Session/Visit <input type="radio"/> Every Pregnancy <input type="radio"/> Every Lifetime <input type="radio"/> Other, Describe	Select limit on services periodicity for Other 10: <input type="radio"/> Every day <input type="radio"/> Every week <input type="radio"/> Every month <input type="radio"/> Every year <input type="radio"/> Every Session/Visit <input type="radio"/> Every Pregnancy <input type="radio"/> Every Lifetime <input type="radio"/> Other, Describe

CY 2016 PBP Data Entry System Screens

#13h Additional Services – Base 9

PBP Data Entry System - Section B-13, Contract X0001, Plan 001, Segment 000

File Help

Go To: #13h Additional Services - Base 9

Previous Next Exit (Validate) Exit (No Validate)

Indicate units a limit will be provided in for Other 11: <input type="radio"/> Sessions <input type="radio"/> Visits <input type="radio"/> Hours <input type="radio"/> Points <input type="radio"/> Meals <input type="radio"/> Other, Describe	Indicate units a limit will be provided in for Other 13: <input type="radio"/> Sessions <input type="radio"/> Visits <input type="radio"/> Hours <input type="radio"/> Points <input type="radio"/> Meals <input type="radio"/> Other, Describe
Indicate numerical limit on the services provided for Other 11: <input type="text"/>	Indicate numerical limit on the services provided for Other 13: <input type="text"/>
Select limit on services periodicity for Other 11: <input type="radio"/> Every day <input type="radio"/> Every week <input type="radio"/> Every month <input type="radio"/> Every year <input type="radio"/> Every Session/Visit <input type="radio"/> Every Pregnancy <input type="radio"/> Every Lifetime <input type="radio"/> Other, Describe	Select limit on services periodicity for Other 13: <input type="radio"/> Every day <input type="radio"/> Every week <input type="radio"/> Every month <input type="radio"/> Every year <input type="radio"/> Every Session/Visit <input type="radio"/> Every Pregnancy <input type="radio"/> Every Lifetime <input type="radio"/> Other, Describe
Indicate units a limit will be provided in for Other 12: <input type="radio"/> Sessions <input type="radio"/> Visits <input type="radio"/> Hours <input type="radio"/> Points <input type="radio"/> Meals <input type="radio"/> Other, Describe	Indicate units a limit will be provided in for Other 14: <input type="radio"/> Sessions <input type="radio"/> Visits <input type="radio"/> Hours <input type="radio"/> Points <input type="radio"/> Meals <input type="radio"/> Other, Describe
Indicate numerical limit on the services provided for Other 12: <input type="text"/>	Indicate numerical limit on the services provided for Other 14: <input type="text"/>
Select limit on services periodicity for Other 12: <input type="radio"/> Every day <input type="radio"/> Every week <input type="radio"/> Every month <input type="radio"/> Every year <input type="radio"/> Every Session/Visit <input type="radio"/> Every Pregnancy <input type="radio"/> Every Lifetime <input type="radio"/> Other, Describe	Select limit on services periodicity for Other 14: <input type="radio"/> Every day <input type="radio"/> Every week <input type="radio"/> Every month <input type="radio"/> Every year <input type="radio"/> Every Session/Visit <input type="radio"/> Every Pregnancy <input type="radio"/> Every Lifetime <input type="radio"/> Other, Describe

CY 2016 PBP Data Entry System Screens

#13h Additional Services – Base 10

PBP Data Entry System - Section B-13, Contract X0001, Plan 001, Segment 000

File Help

Go To: #13h Additional Services - Base 10

Previous Next Exit (Validate) Exit (No Validate)

<p>Indicate units a limit will be provided in for Other 15:</p> <p><input type="radio"/> Sessions <input type="radio"/> Visits <input type="radio"/> Hours <input type="radio"/> Points <input type="radio"/> Meals <input type="radio"/> Other, Describe</p> <p>Indicate numerical limit on the services provided for Other 15: <input type="text"/></p> <p>Select limit on services periodicity for Other 15:</p> <p><input type="radio"/> Every day <input type="radio"/> Every week <input type="radio"/> Every month <input type="radio"/> Every year <input type="radio"/> Every Session/Visit <input type="radio"/> Every Pregnancy <input type="radio"/> Every Lifetime <input type="radio"/> Other, Describe</p>	<p>Indicate units a limit will be provided in for Other 17:</p> <p><input type="radio"/> Sessions <input type="radio"/> Visits <input type="radio"/> Hours <input type="radio"/> Points <input type="radio"/> Meals <input type="radio"/> Other, Describe</p> <p>Indicate numerical limit on the services provided for Other 17: <input type="text"/></p> <p>Select limit on services periodicity for Other 17:</p> <p><input type="radio"/> Every day <input type="radio"/> Every week <input type="radio"/> Every month <input type="radio"/> Every year <input type="radio"/> Every Session/Visit <input type="radio"/> Every Pregnancy <input type="radio"/> Every Lifetime <input type="radio"/> Other, Describe</p>
<p>Indicate units a limit will be provided in for Other 16:</p> <p><input type="radio"/> Sessions <input type="radio"/> Visits <input type="radio"/> Hours <input type="radio"/> Points <input type="radio"/> Meals <input type="radio"/> Other, Describe</p> <p>Indicate numerical limit on the services provided for Other 16: <input type="text"/></p> <p>Select limit on services periodicity for Other 16:</p> <p><input type="radio"/> Every day <input type="radio"/> Every week <input type="radio"/> Every month <input type="radio"/> Every year <input type="radio"/> Every Session/Visit <input type="radio"/> Every Pregnancy <input type="radio"/> Every Lifetime <input type="radio"/> Other, Describe</p>	<p>Indicate units a limit will be provided in for Other 18:</p> <p><input type="radio"/> Sessions <input type="radio"/> Visits <input type="radio"/> Hours <input type="radio"/> Points <input type="radio"/> Meals <input type="radio"/> Other, Describe</p> <p>Indicate numerical limit on the services provided for Other 18: <input type="text"/></p> <p>Select limit on services periodicity for Other 18:</p> <p><input type="radio"/> Every day <input type="radio"/> Every week <input type="radio"/> Every month <input type="radio"/> Every year <input type="radio"/> Every Session/Visit <input type="radio"/> Every Pregnancy <input type="radio"/> Every Lifetime <input type="radio"/> Other, Describe</p>

CY 2016 PBP Data Entry System Screens

#13h Additional Services – Base 11

PBP Data Entry System - Section B-13, Contract X0001, Plan 001, Segment 000

File Help

Go To: #13h Additional Services - Base 11

Previous Next Exit (Validate) Exit (No Validate)

<p>Indicate units a limit will be provided in for Other 19:</p> <p><input type="radio"/> Sessions <input type="radio"/> Visits <input type="radio"/> Hours <input type="radio"/> Points <input type="radio"/> Meals <input type="radio"/> Other, Describe</p> <p>Indicate numerical limit on the services provided for Other 19: <input type="text"/></p> <p>Select limit on services periodicity for Other 19:</p> <p><input type="radio"/> Every day <input type="radio"/> Every week <input type="radio"/> Every month <input type="radio"/> Every year <input type="radio"/> Every Session/Visit <input type="radio"/> Every Pregnancy <input type="radio"/> Every Lifetime <input type="radio"/> Other, Describe</p>	<p>Indicate units a limit will be provided in for Other 21:</p> <p><input type="radio"/> Sessions <input type="radio"/> Visits <input type="radio"/> Hours <input type="radio"/> Points <input type="radio"/> Meals <input type="radio"/> Other, Describe</p> <p>Indicate numerical limit on the services provided for Other 21: <input type="text"/></p> <p>Select limit on services periodicity for Other 21:</p> <p><input type="radio"/> Every day <input type="radio"/> Every week <input type="radio"/> Every month <input type="radio"/> Every year <input type="radio"/> Every Session/Visit <input type="radio"/> Every Pregnancy <input type="radio"/> Every Lifetime <input type="radio"/> Other, Describe</p>	<p>Indicate units a limit will be provided in for Other 23:</p> <p><input type="radio"/> Sessions <input type="radio"/> Visits <input type="radio"/> Hours <input type="radio"/> Points <input type="radio"/> Meals <input type="radio"/> Other, Describe</p> <p>Indicate numerical limit on the services provided for Other 23: <input type="text"/></p> <p>Select limit on services periodicity for Other 23:</p> <p><input type="radio"/> Every day <input type="radio"/> Every week <input type="radio"/> Every month <input type="radio"/> Every year <input type="radio"/> Every Session/Visit <input type="radio"/> Every Pregnancy <input type="radio"/> Every Lifetime <input type="radio"/> Other, Describe</p>
<p>Indicate units a limit will be provided in for Other 20:</p> <p><input type="radio"/> Sessions <input type="radio"/> Visits <input type="radio"/> Hours <input type="radio"/> Points <input type="radio"/> Meals <input type="radio"/> Other, Describe</p> <p>Indicate numerical limit on the services provided for Other 20: <input type="text"/></p> <p>Select limit on services periodicity for Other 20:</p> <p><input type="radio"/> Every day <input type="radio"/> Every week <input type="radio"/> Every month <input type="radio"/> Every year <input type="radio"/> Every Session/Visit <input type="radio"/> Every Pregnancy <input type="radio"/> Every Lifetime <input type="radio"/> Other, Describe</p>	<p>Indicate units a limit will be provided in for Other 22:</p> <p><input type="radio"/> Sessions <input type="radio"/> Visits <input type="radio"/> Hours <input type="radio"/> Points <input type="radio"/> Meals <input type="radio"/> Other, Describe</p> <p>Indicate numerical limit on the services provided for Other 22: <input type="text"/></p> <p>Select limit on services periodicity for Other 22:</p> <p><input type="radio"/> Every day <input type="radio"/> Every week <input type="radio"/> Every month <input type="radio"/> Every year <input type="radio"/> Every Session/Visit <input type="radio"/> Every Pregnancy <input type="radio"/> Every Lifetime <input type="radio"/> Other, Describe</p>	

CY 2016 PBP Data Entry System Screens

#13h Additional Services – Base 12

PBP Data Entry System - Section B-13, Contract X0001, Plan 001, Segment 000

File Help

Go To: #13h Additional Services - Base 12

Is there a Maximum Plan Benefit Amount for Additional Services?
 Yes
 No

Select which Additional Services have a Maximum Plan Benefit Coverage Amount (Select all that apply):

Indicate Maximum Plan Benefit Amount for EPSDT:

Indicate Maximum Plan Benefit Amount for RCS:

Indicate Maximum Plan Benefit Coverage Periodicity EPSDT

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

Indicate Maximum Plan Benefit Coverage Periodicity RCS

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

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services
 Tobacco Cessation Counseling for Pregnant Women
 Freestanding Birth Center Services
 Respiratory Care Services
 Family Planning Services
 Nursing Home Services
 Home and Community Based Services
 Personal Care Services
 Self-Directed Personal Assistance Services
 Private Duty Nursing Services
 Case Management (Long Term Care)
 Institution for Mental Disease Services for Individuals 65 or Older
 Services in an Intermediate Care Facility for Individuals with Intellectual Disabilities
 Case Management
 Other 1
 Other 2
 Other 3
 Other 4
 Other 5
 Other 6
 Other 7
 Other 8
 Other 9
 Other 10
 Other 11
 Other 12
 Other 13
 Other 14
 Other 15
 Other 16
 Other 17
 Other 18
 Other 19
 Other 20
 Other 21
 Other 22
 Other 23

Indicate Maximum Plan Benefit Amount for TCCPW:

Indicate Maximum Plan Benefit Coverage Periodicity TCCPW

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

Indicate Maximum Plan Benefit Amount for FPS:

Indicate Maximum Plan Benefit Coverage Periodicity FPS

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

Indicate Maximum Plan Benefit Amount for FBGS:

Indicate Maximum Plan Benefit Coverage Periodicity FBGS

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

Indicate Maximum Plan Benefit Amount for NHS:

Indicate Maximum Plan Benefit Coverage Periodicity NHS

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

CY 2016 PBP Data Entry System Screens

#13h Additional Services – Base 13

The screenshot shows a software window titled "PBP Data Entry System - Section B-13, Contract X0001, Plan 001, Segment 000". The interface includes a menu bar (File, Help), navigation buttons (Previous, Next, Exit (Validate), Exit (No Validate)), and a "Go To:" dropdown menu set to "#13h Additional Services - Base 13".

The main content area is a grid of 12 data entry sections, each with a text input field for the "Indicate Maximum Plan Benefit Amount" and a radio button selection for the "Indicate Maximum Plan Benefit Coverage Periodicity". The sections are:

- HCBS:** Indicate Maximum Plan Benefit Amount for HCBS; Coverage Periodicity: Every three years, Every two years, Every year, Every six months, Every three months, Other, Describe.
- PDNS:** Indicate Maximum Plan Benefit Amount for PDNS; Coverage Periodicity: Every three years, Every two years, Every year, Every six months, Every three months, Other, Describe.
- SICFID:** Indicate Maximum Plan Benefit Amount for SICFID; Coverage Periodicity: Every three years, Every two years, Every year, Every six months, Every three months, Other, Describe.
- OTHER2:** Indicate Maximum Plan Benefit Amount for OTHER2; Coverage Periodicity: Every three years, Every two years, Every year, Every six months, Every three months, Other, Describe.
- PCS:** Indicate Maximum Plan Benefit Amount for PCS; Coverage Periodicity: Every three years, Every two years, Every year, Every six months, Every three months, Other, Describe.
- CM_LTC:** Indicate Maximum Plan Benefit Amount for CM_LTC; Coverage Periodicity: Every three years, Every two years, Every year, Every six months, Every three months, Other, Describe.
- CM:** Indicate Maximum Plan Benefit Amount for CM; Coverage Periodicity: Every three years, Every two years, Every year, Every six months, Every three months, Other, Describe.
- OTHER3:** Indicate Maximum Plan Benefit Amount for OTHER3; Coverage Periodicity: Every three years, Every two years, Every year, Every six months, Every three months, Other, Describe.
- SDPAS:** Indicate Maximum Plan Benefit Amount for SDPAS; Coverage Periodicity: Every three years, Every two years, Every year, Every six months, Every three months, Other, Describe.
- IMDS:** Indicate Maximum Plan Benefit Amount for IMDS; Coverage Periodicity: Every three years, Every two years, Every year, Every six months, Every three months, Other, Describe.
- OTHER1:** Indicate Maximum Plan Benefit Amount for OTHER1; Coverage Periodicity: Every three years, Every two years, Every year, Every six months, Every three months, Other, Describe.
- OTHER4:** Indicate Maximum Plan Benefit Amount for OTHER4; Coverage Periodicity: Every three years, Every two years, Every year, Every six months, Every three months, Other, Describe.

CY 2016 PBP Data Entry System Screens

#13h Additional Services – Base 14

PBP Data Entry System - Section B-13, Contract X0001, Plan 001, Segment 000

File Help

Go To: #13h Additional Services - Base 14

Previous Next Exit (Validate) Exit (No Validate)

Indicate Maximum Plan Benefit Amount for OTHER5: <input type="text"/>	Indicate Maximum Plan Benefit Amount for OTHER8: <input type="text"/>	Indicate Maximum Plan Benefit Amount for OTHER11: <input type="text"/>
Indicate Maximum Plan Benefit Coverage Periodicity OTHER5 <input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe	Indicate Maximum Plan Benefit Coverage Periodicity OTHER8 <input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe	Indicate Maximum Plan Benefit Coverage Periodicity OTHER11 <input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe
Indicate Maximum Plan Benefit Amount for OTHER6: <input type="text"/>	Indicate Maximum Plan Benefit Amount for OTHER9: <input type="text"/>	Indicate Maximum Plan Benefit Amount for OTHER12: <input type="text"/>
Indicate Maximum Plan Benefit Coverage Periodicity OTHER6 <input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe	Indicate Maximum Plan Benefit Coverage Periodicity OTHER9 <input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe	Indicate Maximum Plan Benefit Coverage Periodicity OTHER12 <input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe
Indicate Maximum Plan Benefit Amount for OTHER7: <input type="text"/>	Indicate Maximum Plan Benefit Amount for OTHER10: <input type="text"/>	Indicate Maximum Plan Benefit Amount for OTHER13: <input type="text"/>
Indicate Maximum Plan Benefit Coverage Periodicity OTHER7 <input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe	Indicate Maximum Plan Benefit Coverage Periodicity OTHER10 <input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe	Indicate Maximum Plan Benefit Coverage Periodicity OTHER13 <input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe

CY 2016 PBP Data Entry System Screens

#13h Additional Services – Base 15

PBP Data Entry System - Section B-13, Contract X0001, Plan 001, Segment 000

File Help

Go To: #13h Additional Services - Base 15

Previous Next Exit (Validate) Exit (No Validate)

Indicate Maximum Plan Benefit Amount for OTHER14: <input type="text"/> Indicate Maximum Plan Benefit Coverage Periodicity OTHER14 <input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe	Indicate Maximum Plan Benefit Amount for OTHER17: <input type="text"/> Indicate Maximum Plan Benefit Coverage Periodicity OTHER17 <input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe	Indicate Maximum Plan Benefit Amount for OTHER20: <input type="text"/> Indicate Maximum Plan Benefit Coverage Periodicity OTHER20 <input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe	Indicate Maximum Plan Benefit Amount for OTHER23: <input type="text"/> Indicate Maximum Plan Benefit Coverage Periodicity OTHER23 <input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe
Indicate Maximum Plan Benefit Amount for OTHER15: <input type="text"/> Indicate Maximum Plan Benefit Coverage Periodicity OTHER15 <input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe	Indicate Maximum Plan Benefit Amount for OTHER18: <input type="text"/> Indicate Maximum Plan Benefit Coverage Periodicity OTHER18 <input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe	Indicate Maximum Plan Benefit Amount for OTHER21: <input type="text"/> Indicate Maximum Plan Benefit Coverage Periodicity OTHER21 <input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe	
Indicate Maximum Plan Benefit Amount for OTHER16: <input type="text"/> Indicate Maximum Plan Benefit Coverage Periodicity OTHER16 <input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe	Indicate Maximum Plan Benefit Amount for OTHER19: <input type="text"/> Indicate Maximum Plan Benefit Coverage Periodicity OTHER19 <input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe	Indicate Maximum Plan Benefit Amount for OTHER22: <input type="text"/> Indicate Maximum Plan Benefit Coverage Periodicity OTHER22 <input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe	

CY 2016 PBP Data Entry System Screens

#13h Additional Services – Base 16

PBP Data Entry System - Section B-13, Contract X0001, Plan 001, Segment 000

File Help

Go To: #13h Additional Services - Base 16

Previous Next Exit (Validate) Exit (No Validate)

Does any service require qualification for and enrollment in a state-operated waiver program?

Yes
 No

Select services that require qualification for and enrollment in a state-operated waiver program:

- Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services
- Tobacco Cessation Counseling for Pregnant Women
- Freestanding Birth Center Services
- Respiratory Care Services
- Family Planning Services
- Nursing Home Services
- Home and Community Based Services
- Personal Care Services
- Self-Directed Personal Assistance Services
- Private Duty Nursing Services
- Case Management (Long Term Care)
- Institution for Mental Disease Services for Individuals 65 or Older
- Services in an Intermediate Care Facility for Individuals with Intellectual Disabilities
- Case Management
- Other 1
- Other 2
- Other 3
- Other 4
- Other 5
- Other 6
- Other 7
- Other 8
- Other 9
- Other 10
- Other 11
- Other 12
- Other 13
- Other 14
- Other 15
- Other 16
- Other 17
- Other 18
- Other 19
- Other 20
- Other 21
- Other 22
- Other 23

Is a beneficiary receiving any benefit subject to a state-required monthly payment amount that is based on his or her financial resources (for example: a "patient pay amount")?

Yes
 No

Select benefits subject to a state-required monthly payment amount that is based on his or her financial resources (for example: a "patient pay amount"):

- Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services
- Tobacco Cessation Counseling for Pregnant Women
- Freestanding Birth Center Services
- Respiratory Care Services
- Family Planning Services
- Nursing Home Services
- Home and Community Based Services
- Personal Care Services
- Self-Directed Personal Assistance Services
- Private Duty Nursing Services
- Case Management (Long Term Care)
- Institution for Mental Disease Services for Individuals 65 or Older
- Services in an Intermediate Care Facility for Individuals with Intellectual Disabilities
- Case Management
- Other 1
- Other 2
- Other 3
- Other 4
- Other 5
- Other 6
- Other 7
- Other 8
- Other 9
- Other 10
- Other 11
- Other 12
- Other 13
- Other 14
- Other 15
- Other 16
- Other 17
- Other 18
- Other 19
- Other 20
- Other 21
- Other 22
- Other 23

CY 2016 PBP Data Entry System Screens

#13h Additional Services – Base 17

PBP Data Entry System - Section B-13, Contract X0001, Plan 001, Segment 000

File Help

Go To: #13h Additional Services - Base 17

Previous Next Exit (Validate) Exit (No Validate)

	Minimum Patient Pay Amount	Maximum Patient Pay Amount		Minimum Patient Pay Amount	Maximum Patient Pay Amount		Minimum Patient Pay Amount	Maximum Patient Pay Amount
Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services	<input type="text"/>	<input type="text"/>	Other 3	<input type="text"/>	<input type="text"/>	Other 19	<input type="text"/>	<input type="text"/>
Tobacco Cessation Counseling for Pregnant Women	<input type="text"/>	<input type="text"/>	Other 4	<input type="text"/>	<input type="text"/>	Other 20	<input type="text"/>	<input type="text"/>
Freestanding Birth Center Services	<input type="text"/>	<input type="text"/>	Other 5	<input type="text"/>	<input type="text"/>	Other 21	<input type="text"/>	<input type="text"/>
Respiratory Care Services	<input type="text"/>	<input type="text"/>	Other 6	<input type="text"/>	<input type="text"/>	Other 22	<input type="text"/>	<input type="text"/>
Family Planning Services	<input type="text"/>	<input type="text"/>	Other 7	<input type="text"/>	<input type="text"/>	Other 23	<input type="text"/>	<input type="text"/>
Nursing Home Services	<input type="text"/>	<input type="text"/>	Other 8	<input type="text"/>	<input type="text"/>			
Home and Community Based Services	<input type="text"/>	<input type="text"/>	Other 9	<input type="text"/>	<input type="text"/>			
Personal Care Services	<input type="text"/>	<input type="text"/>	Other 10	<input type="text"/>	<input type="text"/>			
Self-Directed Personal Assistance Services	<input type="text"/>	<input type="text"/>	Other 11	<input type="text"/>	<input type="text"/>			
Private Duty Nursing Services	<input type="text"/>	<input type="text"/>	Other 12	<input type="text"/>	<input type="text"/>			
Case Management (Long Term Care)	<input type="text"/>	<input type="text"/>	Other 13	<input type="text"/>	<input type="text"/>			
Institution for Mental Disease Services for Individuals 65 or Older	<input type="text"/>	<input type="text"/>	Other 14	<input type="text"/>	<input type="text"/>			
Services in an Intermediate Care Facility for Individuals with Intellectual Disabilities	<input type="text"/>	<input type="text"/>	Other 15	<input type="text"/>	<input type="text"/>			
Case Management	<input type="text"/>	<input type="text"/>	Other 16	<input type="text"/>	<input type="text"/>			
Other 1	<input type="text"/>	<input type="text"/>	Other 17	<input type="text"/>	<input type="text"/>			
Other 2	<input type="text"/>	<input type="text"/>	Other 18	<input type="text"/>	<input type="text"/>			

CY 2016 PBP Data Entry System Screens

#13h Additional Services – Base 18

PBP Data Entry System - Section B-13, Contract X0001, Plan 001, Segment 000

File Help

Go To: #13h Additional Services - Base 18

You must include total cost sharing to the beneficiary, including any facility cost sharing. If you have a variety of cost sharing, please utilize the minimum and maximum fields to reflect the lowest and highest cost sharing that a beneficiary may pay.

Indicate Coinsurance for one or more of the following services.

Minimum Coinsurance Maximum Coinsurance

Is there an enrollee Coinsurance?

Yes
 No

Select which Additional Services have a Coinsurance (Select all that apply):

Service	Minimum Coinsurance	Maximum Coinsurance
Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services	<input type="text"/>	<input type="text"/>
Tobacco Cessation Counseling for Pregnant Women	<input type="text"/>	<input type="text"/>
Freestanding Birth Center Services	<input type="text"/>	<input type="text"/>
Respiratory Care Services	<input type="text"/>	<input type="text"/>
Family Planning Services	<input type="text"/>	<input type="text"/>
Nursing Home Services	<input type="text"/>	<input type="text"/>
Home and Community Based Services	<input type="text"/>	<input type="text"/>
Personal Care Services	<input type="text"/>	<input type="text"/>
Self-Directed Personal Assistance Services	<input type="text"/>	<input type="text"/>
Private Duty Nursing Services	<input type="text"/>	<input type="text"/>
Case Management (Long Term Care)	<input type="text"/>	<input type="text"/>
Institution for Mental Disease Services for Individuals 65 or Older	<input type="text"/>	<input type="text"/>
Services in an Intermediate Care Facility for Individuals with Intellectual Disabilities	<input type="text"/>	<input type="text"/>
Case Management	<input type="text"/>	<input type="text"/>
Other 1	<input type="text"/>	<input type="text"/>
Other 2	<input type="text"/>	<input type="text"/>
Other 3	<input type="text"/>	<input type="text"/>
Other 4	<input type="text"/>	<input type="text"/>
Other 5	<input type="text"/>	<input type="text"/>
Other 6	<input type="text"/>	<input type="text"/>
Other 7	<input type="text"/>	<input type="text"/>
Other 8	<input type="text"/>	<input type="text"/>
Other 9	<input type="text"/>	<input type="text"/>
Other 10	<input type="text"/>	<input type="text"/>
Other 11	<input type="text"/>	<input type="text"/>
Other 12	<input type="text"/>	<input type="text"/>
Other 13	<input type="text"/>	<input type="text"/>
Other 14	<input type="text"/>	<input type="text"/>
Other 15	<input type="text"/>	<input type="text"/>
Other 16	<input type="text"/>	<input type="text"/>
Other 17	<input type="text"/>	<input type="text"/>
Other 18	<input type="text"/>	<input type="text"/>
Other 19	<input type="text"/>	<input type="text"/>
Other 20	<input type="text"/>	<input type="text"/>
Other 21	<input type="text"/>	<input type="text"/>
Other 22	<input type="text"/>	<input type="text"/>
Other 23	<input type="text"/>	<input type="text"/>

CY 2016 PBP Data Entry System Screens

#13h Additional Services – Base 19

PBP Data Entry System - Section B-13, Contract X0001, Plan 001, Segment 000

File Help

Go To: #13h Additional Services - Base 19

Previous Next Exit (Validate) Exit (No Validate)

Indicate Coinsurance for one or more of the following services.

	Minimum Coinsurance	Maximum Coinsurance		Minimum Coinsurance	Maximum Coinsurance
Other 4	<input type="text"/>	<input type="text"/>	Other 19	<input type="text"/>	<input type="text"/>
Other 5	<input type="text"/>	<input type="text"/>	Other 20	<input type="text"/>	<input type="text"/>
Other 6	<input type="text"/>	<input type="text"/>	Other 21	<input type="text"/>	<input type="text"/>
Other 7	<input type="text"/>	<input type="text"/>	Other 22	<input type="text"/>	<input type="text"/>
Other 8	<input type="text"/>	<input type="text"/>	Other 23	<input type="text"/>	<input type="text"/>
Other 9	<input type="text"/>	<input type="text"/>			
Other 10	<input type="text"/>	<input type="text"/>			
Other 11	<input type="text"/>	<input type="text"/>			
Other 12	<input type="text"/>	<input type="text"/>			
Other 13	<input type="text"/>	<input type="text"/>			
Other 14	<input type="text"/>	<input type="text"/>			
Other 15	<input type="text"/>	<input type="text"/>			
Other 16	<input type="text"/>	<input type="text"/>			
Other 17	<input type="text"/>	<input type="text"/>			
Other 18	<input type="text"/>	<input type="text"/>			

CY 2016 PBP Data Entry System Screens

#13h Additional Services – Base 20

PBP Data Entry System - Section B-13, Contract X0001, Plan 001, Segment 000

File Help

Go To: #13h Additional Services - Base 20

Previous
Next
Exit (Validate)
Exit (No Validate)

Is there an enrollee Copayment?	Indicate Copayment for one or more of the following services.	Minimum Copayment	Maximum Copayment
<input type="radio"/> Yes <input type="radio"/> No	Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services	[]	[]
Select which Additional Services have a Copayment (Select all that apply): Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services Tobacco Cessation Counseling for Pregnant Women Freestanding Birth Center Services Respiratory Care Services Family Planning Services Nursing Home Services Home and Community Based Services Personal Care Services Self-Directed Personal Assistance Services Private Duty Nursing Services Case Management (Long Term Care) Institution for Mental Disease Services for Individuals 65 or Older Services in an Intermediate Care Facility for Individuals with Intellectual Disabilities Case Management Other 1 Other 2 Other 3 Other 4 Other 5 Other 6 Other 7 Other 8 Other 9 Other 10 Other 11 Other 12 Other 13 Other 14 Other 15 Other 16 Other 17 Other 18 Other 19 Other 20 Other 21 Other 22 Other 23	Tobacco Cessation Counseling for Pregnant Women	[]	[]
	Freestanding Birth Center Services	[]	[]
	Respiratory Care Services	[]	[]
	Family Planning Services	[]	[]
	Nursing Home Services	[]	[]
	Home and Community Based Services	[]	[]
	Personal Care Services	[]	[]
	Self-Directed Personal Assistance Services	[]	[]
	Private Duty Nursing Services	[]	[]
	Case Management (Long Term Care)	[]	[]
	Institution for Mental Disease Services for Individuals 65 or Older	[]	[]
	Services in an Intermediate Care Facility for Individuals with Intellectual Disabilities	[]	[]
	Case Management	[]	[]
	Other 1	[]	[]
	Other 2	[]	[]
	Other 3	[]	[]

CY 2016 PBP Data Entry System Screens

#13h Additional Services – Base 21

Indicate Copayment for one or more of the following services:

	Minimum Copayment	Maximum Copayment		Minimum Copayment	Maximum Copayment
Other 4	<input type="text"/>	<input type="text"/>	Other 19	<input type="text"/>	<input type="text"/>
Other 5	<input type="text"/>	<input type="text"/>	Other 20	<input type="text"/>	<input type="text"/>
Other 6	<input type="text"/>	<input type="text"/>	Other 21	<input type="text"/>	<input type="text"/>
Other 7	<input type="text"/>	<input type="text"/>	Other 22	<input type="text"/>	<input type="text"/>
Other 8	<input type="text"/>	<input type="text"/>	Other 23	<input type="text"/>	<input type="text"/>
Other 9	<input type="text"/>	<input type="text"/>			
Other 10	<input type="text"/>	<input type="text"/>			
Other 11	<input type="text"/>	<input type="text"/>			
Other 12	<input type="text"/>	<input type="text"/>			
Other 13	<input type="text"/>	<input type="text"/>			
Other 14	<input type="text"/>	<input type="text"/>			
Other 15	<input type="text"/>	<input type="text"/>			
Other 16	<input type="text"/>	<input type="text"/>			
Other 17	<input type="text"/>	<input type="text"/>			
Other 18	<input type="text"/>	<input type="text"/>			

CY 2016 PBP Data Entry System Screens

#13h Additional Services – Base 22

PBP Data Entry System - Section B-13, Contract X0001, Plan 001, Segment 000

File Help

Go To: #13h Additional Services - Base 22

Previous Next Exit (Validate) Exit (No Validate)

Is Authorization required for any Additional Services:

Yes
 No

Enrollee must receive Authorization from one or more of the following for EPSDT:

- None
- Primary Care Physician (Internist/Family Practice, General Practice)
- Physician Specialist
- Organization Medical Director/Utilization Management/Utilization Review
- Other, describe

Enrollee must receive Authorization from one or more of the following for RCS:

- None
- Primary Care Physician (Internist/Family Practice, General Practice)
- Physician Specialist
- Organization Medical Director/Utilization Management/Utilization Review
- Other, describe

Enrollee must receive Authorization from one or more of the following for TCCPW:

- None
- Primary Care Physician (Internist/Family Practice, General Practice)
- Physician Specialist
- Organization Medical Director/Utilization Management/Utilization Review
- Other, describe

Enrollee must receive Authorization from one or more of the following for FPS:

- None
- Primary Care Physician (Internist/Family Practice, General Practice)
- Physician Specialist
- Organization Medical Director/Utilization Management/Utilization Review
- Other, describe

Enrollee must receive Authorization from one or more of the following for FBCS:

- None
- Primary Care Physician (Internist/Family Practice, General Practice)
- Physician Specialist
- Organization Medical Director/Utilization Management/Utilization Review
- Other, describe

Enrollee must receive Authorization from one or more of the following for NHS:

- None
- Primary Care Physician (Internist/Family Practice, General Practice)
- Physician Specialist
- Organization Medical Director/Utilization Management/Utilization Review
- Other, describe

CY 2016 PBP Data Entry System Screens

#13h Additional Services – Base 23

PBP Data Entry System - Section B-13, Contract X0001, Plan 001, Segment 000

File Help

Go To: #13h Additional Services - Base 23

Previous Next Exit (Validate) Exit (No Validate)

Enrollee must receive Authorization from one or more of the following for HCBS:

- None
- Primary Care Physician (Internist/Family Practice, General Practice)
- Physician Specialist
- Organization Medical Director/Utilization Management/Utilization Review
- Other, describe

Enrollee must receive Authorization from one or more of the following for CM_LTC:

- None
- Primary Care Physician (Internist/Family Practice, General Practice)
- Physician Specialist
- Organization Medical Director/Utilization Management/Utilization Review
- Other, describe

Enrollee must receive Authorization from one or more of the following for PCS:

- None
- Primary Care Physician (Internist/Family Practice, General Practice)
- Physician Specialist
- Organization Medical Director/Utilization Management/Utilization Review
- Other, describe

Enrollee must receive Authorization from one or more of the following for IMDS:

- None
- Primary Care Physician (Internist/Family Practice, General Practice)
- Physician Specialist
- Organization Medical Director/Utilization Management/Utilization Review
- Other, describe

Enrollee must receive Authorization from one or more of the following for SDPAS:

- None
- Primary Care Physician (Internist/Family Practice, General Practice)
- Physician Specialist
- Organization Medical Director/Utilization Management/Utilization Review
- Other, describe

Enrollee must receive Authorization from one or more of the following for SICFID:

- None
- Primary Care Physician (Internist/Family Practice, General Practice)
- Physician Specialist
- Organization Medical Director/Utilization Management/Utilization Review
- Other, describe

Enrollee must receive Authorization from one or more of the following for PDNS:

- None
- Primary Care Physician (Internist/Family Practice, General Practice)
- Physician Specialist
- Organization Medical Director/Utilization Management/Utilization Review
- Other, describe

Enrollee must receive Authorization from one or more of the following for CM:

- None
- Primary Care Physician (Internist/Family Practice, General Practice)
- Physician Specialist
- Organization Medical Director/Utilization Management/Utilization Review
- Other, describe

CY 2016 PBP Data Entry System Screens

#13h Additional Services – Base 24

PBP Data Entry System - Section B-13, Contract X0001, Plan 001, Segment 000

File Help

Go To: #13h Additional Services - Base 24

Previous Next Exit (Validate) Exit (No Validate)

Enrollee must receive Authorization from one or more of the following for OTHER1:

- None
- Primary Care Physician (Internist/Family Practice, General Practice)
- Physician Specialist
- Organization Medical Director/Utilization Management/Utilization Review
- Other, describe

Enrollee must receive Authorization from one or more of the following for OTHER2:

- None
- Primary Care Physician (Internist/Family Practice, General Practice)
- Physician Specialist
- Organization Medical Director/Utilization Management/Utilization Review
- Other, describe

Enrollee must receive Authorization from one or more of the following for OTHER3:

- None
- Primary Care Physician (Internist/Family Practice, General Practice)
- Physician Specialist
- Organization Medical Director/Utilization Management/Utilization Review
- Other, describe

Enrollee must receive Authorization from one or more of the following for OTHER4:

- None
- Primary Care Physician (Internist/Family Practice, General Practice)
- Physician Specialist
- Organization Medical Director/Utilization Management/Utilization Review
- Other, describe

Enrollee must receive Authorization from one or more of the following for OTHER5:

- None
- Primary Care Physician (Internist/Family Practice, General Practice)
- Physician Specialist
- Organization Medical Director/Utilization Management/Utilization Review
- Other, describe

Enrollee must receive Authorization from one or more of the following for OTHER6:

- None
- Primary Care Physician (Internist/Family Practice, General Practice)
- Physician Specialist
- Organization Medical Director/Utilization Management/Utilization Review
- Other, describe

Enrollee must receive Authorization from one or more of the following for OTHER7:

- None
- Primary Care Physician (Internist/Family Practice, General Practice)
- Physician Specialist
- Organization Medical Director/Utilization Management/Utilization Review
- Other, describe

Enrollee must receive Authorization from one or more of the following for OTHER8:

- None
- Primary Care Physician (Internist/Family Practice, General Practice)
- Physician Specialist
- Organization Medical Director/Utilization Management/Utilization Review
- Other, describe

CY 2016 PBP Data Entry System Screens

#13h Additional Services – Base 25

PBP Data Entry System - Section B-13, Contract X0001, Plan 001, Segment 000

File Help

Go To: #13h Additional Services - Base 25

Previous Next Exit (Validate) Exit (No Validate)

Enrollee must receive Authorization from one or more of the following for OTHER9:

- None
- Primary Care Physician (Internist/Family Practice, General Practice)
- Physician Specialist
- Organization Medical Director/Utilization Management/Utilization Review
- Other, describe

Enrollee must receive Authorization from one or more of the following for OTHER10:

- None
- Primary Care Physician (Internist/Family Practice, General Practice)
- Physician Specialist
- Organization Medical Director/Utilization Management/Utilization Review
- Other, describe

Enrollee must receive Authorization from one or more of the following for OTHER11:

- None
- Primary Care Physician (Internist/Family Practice, General Practice)
- Physician Specialist
- Organization Medical Director/Utilization Management/Utilization Review
- Other, describe

Enrollee must receive Authorization from one or more of the following for OTHER12:

- None
- Primary Care Physician (Internist/Family Practice, General Practice)
- Physician Specialist
- Organization Medical Director/Utilization Management/Utilization Review
- Other, describe

Enrollee must receive Authorization from one or more of the following for OTHER13:

- None
- Primary Care Physician (Internist/Family Practice, General Practice)
- Physician Specialist
- Organization Medical Director/Utilization Management/Utilization Review
- Other, describe

Enrollee must receive Authorization from one or more of the following for OTHER14:

- None
- Primary Care Physician (Internist/Family Practice, General Practice)
- Physician Specialist
- Organization Medical Director/Utilization Management/Utilization Review
- Other, describe

Enrollee must receive Authorization from one or more of the following for OTHER15:

- None
- Primary Care Physician (Internist/Family Practice, General Practice)
- Physician Specialist
- Organization Medical Director/Utilization Management/Utilization Review
- Other, describe

Enrollee must receive Authorization from one or more of the following for OTHER16:

- None
- Primary Care Physician (Internist/Family Practice, General Practice)
- Physician Specialist
- Organization Medical Director/Utilization Management/Utilization Review
- Other, describe

CY 2016 PBP Data Entry System Screens

#13h Additional Services – Base 26

The screenshot displays a software window titled "PBP Data Entry System - Section B-13, Contract X0001, Plan 001, Segment 000". The interface includes a menu bar with "File" and "Help", and a toolbar with navigation buttons: "Previous", "Next", "Exit (Validate)", and "Exit (No Validate)". A "Go To:" dropdown menu is set to "#13h Additional Services - Base 26".

The main content area contains seven sections, each with a heading and a list of checkboxes:

- OTHER17:** Enrollee must receive Authorization from one or more of the following for OTHER17:
 - None
 - Primary Care Physician (Internist/Family Practice, General Practice)
 - Physician Specialist
 - Organization Medical Director/Utilization Management/Utilization Review
 - Other, describe
- OTHER18:** Enrollee must receive Authorization from one or more of the following for OTHER18:
 - None
 - Primary Care Physician (Internist/Family Practice, General Practice)
 - Physician Specialist
 - Organization Medical Director/Utilization Management/Utilization Review
 - Other, describe
- OTHER19:** Enrollee must receive Authorization from one or more of the following for OTHER19:
 - None
 - Primary Care Physician (Internist/Family Practice, General Practice)
 - Physician Specialist
 - Organization Medical Director/Utilization Management/Utilization Review
 - Other, describe
- OTHER20:** Enrollee must receive Authorization from one or more of the following for OTHER20:
 - None
 - Primary Care Physician (Internist/Family Practice, General Practice)
 - Physician Specialist
 - Organization Medical Director/Utilization Management/Utilization Review
 - Other, describe
- OTHER21:** Enrollee must receive Authorization from one or more of the following for OTHER21:
 - None
 - Primary Care Physician (Internist/Family Practice, General Practice)
 - Physician Specialist
 - Organization Medical Director/Utilization Management/Utilization Review
 - Other, describe
- OTHER22:** Enrollee must receive Authorization from one or more of the following for OTHER22:
 - None
 - Primary Care Physician (Internist/Family Practice, General Practice)
 - Physician Specialist
 - Organization Medical Director/Utilization Management/Utilization Review
 - Other, describe
- OTHER23:** Enrollee must receive Authorization from one or more of the following for OTHER23:
 - None
 - Primary Care Physician (Internist/Family Practice, General Practice)
 - Physician Specialist
 - Organization Medical Director/Utilization Management/Utilization Review
 - Other, describe

CY 2016 PBP Data Entry System Screens

#13h Additional Services – Base 27

PBP Data Entry System - Section B-13, Contract X0001, Plan 001, Segment 000

File Help

Go To: #13h Additional Services - Base 27

Previous Next Exit (Validate) Exit (No Validate)

Is a referral required for one or more Additional Services?

Yes
 No

Select which Additional Services need a Referral (Select all that apply):

- Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Services
- Tobacco Cessation Counseling for Pregnant Women
- Freestanding Birth Center Services
- Respiratory Care Services
- Family Planning Services
- Nursing Home Services
- Home and Community Based Services
- Personal Care Services
- Self-Directed Personal Assistance Services
- Private Duty Nursing Services
- Case Management (Long Term Care)
- Institution for Mental Disease Services for Individuals 65 or Older
- Services in an Intermediate Care Facility for Individuals with Intellectual Disabilities
- Case Management
- Other 1
- Other 2
- Other 3
- Other 4
- Other 5
- Other 6
- Other 7
- Other 8
- Other 9
- Other 10
- Other 11
- Other 12
- Other 13
- Other 14
- Other 15
- Other 16
- Other 17
- Other 18
- Other 19
- Other 20
- Other 21
- Other 22
- Other 23

Additional Services Notes

Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry.

Notes:

Additional Notes:

CY 2016 PBP Data Entry System Screens

#14a Medicare-covered Preventive Services

The screenshot shows a web-based data entry application window titled "PBP Data Entry System - Section B-14, Contract X0001, Plan 001, Segment 000". The interface includes a menu bar with "File" and "Help", and a navigation bar with "Previous", "Next", "Exit (Validate)", and "Exit (No Validate)" buttons. A "Go To:" dropdown menu is set to "#14a Medicare-covered Preventive Services".

The main content area is divided into two columns. The left column contains the following elements:

- A link: "CLICK FOR DESCRIPTION OF BENEFIT"
- Section header: "Medicare-covered Preventive Services Attestation"
- Attestation checkbox: I attest that there is no coinsurance, copayment, or deductible for all Original Medicare preventive services that are offered at zero dollar cost sharing.
- Note: "Note: Plan may not require an authorization or referral for certain \$0 cost sharing preventive services, for example, screening mammograms."
- Enrollment requirement: "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
- Referral requirement: "Is a referral required?"
 - Yes
 - No

The right column contains:

- Instruction: "Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry."
- Section header: "Notes:"
- A large, empty text area for entering notes.

CY 2016 PBP Data Entry System Screens

#14b Annual Physical Exam – Base 1

PBP Data Entry System - Section B-14, Contract X0001, Plan 001, Segment 000

File Help

Go To: #14b Annual Physical Exam - Base 1

Previous Next Exit (Validate) Exit (No Validate)

CLICK FOR DESCRIPTION OF BENEFIT

Enter Medicare-covered preventive services at \$0 cost sharing in PBP service category 14a.

You should only use these supplemental benefits for Annual Physical Exams not covered by Original Medicare. You may charge copays for these Annual Physical Exams. NOTE: Medicare-covered preventive services are always plan covered, and consequently they are not appropriate as a supplemental benefit.

Does the plan provide the Annual Physical Exam as a supplemental benefit under Part C?

Yes
 No

Select type of benefit for the Annual Physical Exam:

Mandatory
 Optional

Is there a service-specific Maximum Plan Benefit Coverage amount?

Yes
 No

Indicate Maximum Plan Benefit Coverage amount:

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

Yes
 No

Indicate Maximum Enrollee Out-of-Pocket Cost amount:

CY 2016 PBP Data Entry System Screens

#14b Annual Physical Exam – Base 2

PBP Data Entry System - Section B-14, Contract X0001, Plan 001, Segment 000

File Help

Go To: #14b Annual Physical Exam - Base 2

Previous Next Exit (Validate) Exit (No Validate)

Is there an enrollee Coinsurance?

Yes
 No

Indicate Minimum Coinsurance percentage for each Annual Physical Exam:

Indicate Maximum Coinsurance percentage for each Annual Physical Exam:

Is there an enrollee Copayment?

Yes
 No

Indicate Minimum Copayment amount for each Annual Physical Exam:

Indicate Maximum Copayment amount for each Annual Physical Exam:

Is there an enrollee Deductible?

Yes
 No

Indicate Deductible Amount:

CY 2016 PBP Data Entry System Screens

#14b Annual Physical Exam – Base 3

PBP Data Entry System - Section B-14, Contract X0001, Plan 001, Segment 000

File Help

Go To: #14b Annual Physical Exam - Base 3

Previous Next Exit (Validate) Exit (No Validate)

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 the Annual Physical Exam?

Yes

No

Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry.

Notes:

CY 2016 PBP Data Entry System Screens

#14c Eligible Supplemental Benefits as Defined in Chapter 4 – Base 1

PBP Data Entry System - Section B-14, Contract X0001, Plan 001, Segment 000

File Help

Go To: #14c Eligible Supplemental Benefits as Defined in Chapter 4 - Base 1

Previous Next Exit (Validate) Exit (No Validate)

CLICK FOR DESCRIPTION OF BENEFIT

Does the plan provide Eligible Supplemental Benefits as Defined in Chapter 4 as a benefit under Part C?

Yes
 No

Select enhanced benefit (Select all that apply):

Health Education

Nutritional/Dietary Benefit*

Additional sessions of Smoking and Tobacco Cessation Counseling

Fitness Benefit*

Enhanced Disease Management

Telemonitoring Services*

Remote Access Technologies (including Web/Phone based technology)

Bathroom Safety Devices*

Counseling Services

In-Home Safety Assessment

Personal Emergency Response System (PERS)

Medical Nutrition Therapy (MNT)

Post discharge In-home Medication Reconciliation

Re-admission Prevention

Wigs for Hair Loss Related to Chemotherapy

Weight Management Programs

Alternative Therapies*

Select type of benefit for Health Education:

 Mandatory
 Optional

Select type of benefit for Nutritional/Dietary Benefit:

 Mandatory
 Optional

Is this benefit unlimited for Nutritional/Dietary Benefit?

 Yes
 No, indicate number

Indicate number of visits for Nutritional/Dietary Benefit:

Indicate Duration for Nutritional/Dietary Benefit

 Group Sessions
 1-1 sessions

Select type of benefit for Additional sessions of Smoking and Tobacco Cessation Counseling:

 Mandatory
 Optional

Indicate number of visits offered in addition to Medicare:

Select type of benefit for Fitness Benefit:

 Mandatory
 Optional

Select type of benefit for Enhanced Disease Management:

 Mandatory
 Optional

Select type of benefit for Telemonitoring Services:

 Mandatory
 Optional

Select type of benefit for Remote Access Technology:

 Mandatory
 Optional

Select type of benefit for Bathroom Safety Devices:

 Mandatory
 Optional

Select type of benefit for Counseling Services:

 Mandatory
 Optional

Select type of benefit for In-Home Safety Assessment:

 Mandatory
 Optional

Select type of benefit for Personal Emergency Response System (PERS):

 Mandatory
 Optional

CY 2016 PBP Data Entry System Screens

#14c Eligible Supplemental Benefits as Defined in Chapter 4 – Base 2

PBP Data Entry System - Section B-14, Contract X0001, Plan 001, Segment 000

File Help

Go To: #14c Eligible Supplemental Benefits as Defined in Chapter 4 - Base 2

Previous Next Exit (Validate) Exit (No Validate)

Select type of benefit for Medical Nutrition Therapy (MNT):

Mandatory
 Optional

Do you offer Additional Sessions for Medicare-covered diseases?

Yes
 No

Indicate units a limit will be provided in for Additional Sessions:

Visits
 Hours

Indicate numerical limit on the services provided for Additional Sessions:

Do you offer Coverage for non-Medicare-covered diseases? Describe that Coverage in the Notes field.

Yes
 No

Indicate units a limit will be provided in for Coverage for non-Medicare covered diseases:

Visits
 Hours

Indicate numerical limit on the services provided for Coverage for non-Medicare covered diseases:

Select type of benefit for Post discharge In-home Medication Reconciliation:

Mandatory
 Optional

Select type of benefit for Re-admission Prevention:

Mandatory
 Optional

The Re-admission Prevention benefit includes:

Meals
Medication Reconciliation
In-Home Safety Assessment

Does your Re-admission Prevention benefit include any other services? If yes, please define the benefit below and describe the benefit in the notes field.

Yes
 No

Enter name of Service:

Please describe the Meal benefit included in Re-admission Prevention:

How many days does your Meal Benefit last?

What is the maximum number of meals the benefit provides

Select type of benefit for Wigs for Hair Loss Related to Chemotherapy:

Mandatory
 Optional

Select type of benefit for Weight Management Programs:

Mandatory
 Optional

Select type of benefit for Alternative Therapies:

Mandatory
 Optional

CY 2016 PBP Data Entry System Screens

#14c Eligible Supplemental Benefits as Defined in Chapter 4 – Base 3

PBP Data Entry System - Section B-14, Contract X0001, Plan 001, Segment 000

File Help

Go To: #14c Eligible Supplemental Benefits as Defined in Chapter 4 - Base 3

Previous Next Exit (Validate) Exit (No Validate)

Is there a service-specific Maximum Plan Benefit Coverage amount for Eligible Supplemental Benefits as Defined in Chapter 4?
 Yes
 No

Select which Eligible Supplemental Benefits as Defined in Chapter 4 have a Maximum Plan Benefit Coverage amount (Select all that apply):

- Health Education
- Nutritional/Dietary Benefit*
- Additional sessions of Smoking and Tobacco Cessation Counseling*
- Fitness Benefit*
- Enhanced Disease Management
- Telemonitoring Services*
- Remote Access Technologies (including Web/Phone based tech)
- Bathroom Safety Devices*
- Counseling Services
- In-Home Safety Assessment
- Personal Emergency Response System (PERS)
- Medical Nutrition Therapy (MNT)
- Post discharge In-home Medication Reconciliation
- Re-admission Prevention
- Wigs for Hair Loss Related to Chemotherapy
- Weight Management Programs

Indicate Maximum Plan Benefit Coverage amount for Health Education:

Select Maximum Plan Benefit Coverage periodicity for Health Education:
 Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

Indicate Maximum Plan Benefit Coverage amount for Nutritional/Dietary Benefit:

Select Maximum Plan Benefit Coverage periodicity for Nutritional/Dietary Benefit:
 Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

Indicate Maximum Plan Benefit Coverage amount for Additional sessions of Smoking and Tobacco Cessation Counseling:

Select Maximum Plan Benefit Coverage periodicity for Additional sessions of Smoking and Tobacco Cessation Counseling:
 Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

Indicate Maximum Plan Benefit Coverage amount for Fitness Benefit:

Select Maximum Plan Benefit Coverage periodicity for Fitness Benefit:
 Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

Indicate Maximum Plan Benefit Coverage amount for Enhanced Disease Management:

Select Maximum Plan Benefit Coverage periodicity for Enhanced Disease Management:
 Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

Indicate Maximum Plan Benefit Coverage amount for Remote Access Technologies:

Select Maximum Plan Benefit Coverage periodicity for Remote Access Technologies:
 Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

Indicate Maximum Plan Benefit Coverage amount for Bathroom Safety Devices:

Select Maximum Plan Benefit Coverage periodicity for Bathroom Safety Devices:
 Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

Indicate Maximum Plan Benefit Coverage amount for Counseling Services:

Select Maximum Plan Benefit Coverage periodicity for Counseling Services:
 Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

Indicate Maximum Plan Benefit Coverage amount for In-Home Safety Assessment:

Select Maximum Plan Benefit Coverage periodicity for In-Home Safety Assessment:
 Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

Indicate Maximum Plan Benefit Coverage amount for Telemonitoring Services:

Select Maximum Plan Benefit Coverage periodicity for Telemonitoring Services:
 Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

CY 2016 PBP Data Entry System Screens

#14c Eligible Supplemental Benefits as Defined in Chapter 4 – Base 4

PBP Data Entry System - Section B-14, Contract X0001, Plan 001, Segment 000

File Help

Go To: #14c Eligible Supplemental Benefits as Defined in Chapter 4 - Base 4

Previous Next Exit (Validate) Exit (No Validate)

Indicate Maximum Plan Benefit Coverage amount for Personal Emergency Response System (PERS): <input type="text"/>	Indicate Maximum Plan Benefit Coverage amount for Re-admission Prevention: <input type="text"/>	Indicate Maximum Plan Benefit Coverage amount for Alternative Therapies: <input type="text"/>
Select Maximum Plan Benefit Coverage periodicity for Personal Emergency Response System (PERS): <input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe	Select Maximum Plan Benefit Coverage periodicity for Re-admission Prevention: <input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe	Select Maximum Plan Benefit Coverage periodicity for Alternative Therapies: <input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe
Indicate Maximum Plan Benefit Coverage amount for Additional sessions of Medical Nutrition Therapy (MNT): <input type="text"/>	Indicate Maximum Plan Benefit Coverage amount for Wigs for Hair Loss Related to Chemotherapy: <input type="text"/>	Is there a service-specific Maximum Enrollee Out-of-Pocket Cost for Eligible Supplemental Benefits as Defined in Chapter 4? <input type="radio"/> Yes <input type="radio"/> No
Select Maximum Plan Benefit Coverage periodicity for Additional sessions of Medical Nutrition Therapy (MNT): <input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe	Select Maximum Plan Benefit Coverage periodicity for Wigs for Hair Loss Related to Chemotherapy: <input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe	Indicate Maximum Enrollee Out-of-Pocket Cost amount: <input type="text"/>
Indicate Maximum Plan Benefit Coverage amount for Post discharge In-home Medication Reconciliation: <input type="text"/>	Indicate Maximum Plan Benefit Coverage amount for Weight Management Programs: <input type="text"/>	Select the Maximum Enrollee Out-of-Pocket Cost periodicity: <input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe
Select Maximum Plan Benefit Coverage periodicity for Post discharge In-home Medication Reconciliation: <input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe	Select Maximum Plan Benefit Coverage periodicity for Weight Management Programs: <input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe	

CY 2016 PBP Data Entry System Screens

#14c Eligible Supplemental Benefits as Defined in Chapter 4 – Base 5

PBP Data Entry System - Section B-14, Contract X0001, Plan 001, Segment 000

File Help

Go To: #14c Eligible Supplemental Benefits as Defined in Chapter 4 - Base 5

Is there an enrollee Coinsurance?
 Yes
 No

Select which Eligible Supplemental Benefits as Defined in Chapter 4 have a Coinsurance (Select all that apply):

- Health Education
- Nutritional/Dietary Benefit*
- Additional sessions of Smoking and Tobacco Cessation Counseling
- Fitness Benefit*
- Enhanced Disease Management
- Telemonitoring Services*
- Remote Access Technologies (including Web/Phone based technology)
- Bathroom Safety Devices*
- Counseling Services
- In-Home Safety Assessment
- Personal Emergency Response System (PERS)
- Medical Nutrition Therapy (MNT)
- Post discharge In-home Medication Reconciliation
- Re-admission Prevention
- Wigs for Hair Loss Related to Chemotherapy

Indicate Minimum Coinsurance percentage for Health Education: <input type="text"/>	Indicate Minimum Coinsurance percentage for Fitness Benefit: <input type="text"/>	Indicate Minimum Coinsurance percentage for In-Home Safety Assessment: <input type="text"/>	Indicate Minimum Coinsurance percentage for Wigs for Hair Loss Related to Chemotherapy: <input type="text"/>
Indicate Maximum Coinsurance percentage for Health Education: <input type="text"/>	Indicate Maximum Coinsurance percentage for Fitness Benefit: <input type="text"/>	Indicate Maximum Coinsurance percentage for In-Home Safety Assessment: <input type="text"/>	Indicate Maximum Coinsurance percentage for Wigs for Hair Loss Related to Chemotherapy: <input type="text"/>
Indicate Minimum Coinsurance percentage for Nutritional/Dietary Benefit: <input type="text"/>	Indicate Minimum Coinsurance percentage for Enhanced Disease Management: <input type="text"/>	Indicate Minimum Coinsurance percentage for Personal Emergency Response System (PERS): <input type="text"/>	Indicate Minimum Coinsurance percentage for Weight Management Programs: <input type="text"/>
Indicate Maximum Coinsurance percentage for Nutritional/Dietary Benefit: <input type="text"/>	Indicate Maximum Coinsurance percentage for Enhanced Disease Management: <input type="text"/>	Indicate Maximum Coinsurance percentage for Personal Emergency Response System (PERS): <input type="text"/>	Indicate Maximum Coinsurance percentage for Weight Management Programs: <input type="text"/>
Indicate Minimum Coinsurance percentage for Additional sessions of Smoking and Tobacco Cessation Counseling: <input type="text"/>	Indicate Minimum Coinsurance percentage for Telemonitoring Services: <input type="text"/>	Indicate Minimum Coinsurance percentage for Medical Nutrition Therapy (MNT): <input type="text"/>	Indicate Minimum Coinsurance percentage for Alternative Therapies: <input type="text"/>
Indicate Maximum Coinsurance percentage for Additional sessions of Smoking and Tobacco Cessation Counseling: <input type="text"/>	Indicate Maximum Coinsurance percentage for Telemonitoring Services: <input type="text"/>	Indicate Maximum Coinsurance percentage for Medical Nutrition Therapy (MNT): <input type="text"/>	Indicate Maximum Coinsurance percentage for Alternative Therapies: <input type="text"/>
	Indicate Minimum Coinsurance percentage for Remote Access Technologies: <input type="text"/>	Indicate Minimum Coinsurance percentage for Post discharge In-home Medication Reconciliation: <input type="text"/>	<p>You must include total cost sharing to the beneficiary, including any facility cost sharing. If you have a variety of cost sharing, please utilize the minimum and maximum fields to reflect the lowest and highest cost sharing that a beneficiary may pay.</p>
	Indicate Maximum Coinsurance percentage for Remote Access Technologies: <input type="text"/>	Indicate Maximum Coinsurance percentage for Post discharge In-home Medication Reconciliation: <input type="text"/>	
	Indicate Minimum Coinsurance percentage for Bathroom Safety Devices: <input type="text"/>	Indicate Minimum Coinsurance percentage for Re-admission Prevention: <input type="text"/>	
	Indicate Maximum Coinsurance percentage for Bathroom Safety Devices: <input type="text"/>	Indicate Maximum Coinsurance percentage for Re-admission Prevention: <input type="text"/>	
	Indicate Minimum Coinsurance percentage for Counseling Services: <input type="text"/>		
	Indicate Maximum Coinsurance percentage for Counseling Service: <input type="text"/>		

CY 2016 PBP Data Entry System Screens

#14c Eligible Supplemental Benefits as Defined in Chapter 4 – Base 6

PBP Data Entry System - Section B-14, Contract X0001, Plan 001, Segment 000

File Help

Go To: #14c Eligible Supplemental Benefits as Defined in Chapter 4 - Base 6

<p>Is there an enrollee Deductible?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Indicate Deductible Amount: <input style="width: 100%;" type="text"/></p> <p>Is there an enrollee Copayment?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Select which Eligible Supplemental Benefits as Defined in Chapter 4 have a Copayment (Select all that apply):</p> <div style="border: 1px solid black; padding: 2px;"> <p>Health Education</p> <p>Nutritional/Dietary Benefit*</p> <p>Additional sessions of Smoking and Tobacco Cessation Counseling</p> <p>Fitness Benefit*</p> <p>Enhanced Disease Management</p> <p>Telemonitoring Services*</p> <p>Remote Access Technologies (including Web/Phone based technology)</p> <p>Bathroom Safety Devices*</p> <p>Counseling Services</p> <p>In-Home Safety Assessment</p> <p>Personal Emergency Response System (PERS)</p> <p>Medical Nutrition Therapy (MNT)</p> <p>Post discharge In-home Medication Reconciliation</p> <p>Re-admission Prevention</p> <p>Wigs for Hair Loss Related to Chemotherapy</p> <p>Weight Management Programs</p> <p>Alternative Therapies*</p> </div> <p>Indicate Minimum Copayment amount for Health Education: <input style="width: 100%;" type="text"/></p> <p>Indicate Maximum Copayment amount for Health Education: <input style="width: 100%;" type="text"/></p> <p>Indicate Minimum Copayment percentage for Nutritional/Dietary Benefit: <input style="width: 100%;" type="text"/></p> <p>Indicate Maximum Copayment percentage for Nutritional/Dietary Benefit: <input style="width: 100%;" type="text"/></p>	<p>Indicate Minimum Copayment percentage for Additional sessions of Smoking and Tobacco Cessation Counseling: <input style="width: 100%;" type="text"/></p> <p>Indicate Maximum Copayment percentage for Additional sessions of Smoking and Tobacco Cessation Counseling: <input style="width: 100%;" type="text"/></p> <p>Indicate Minimum Copayment percentage for Fitness Benefit: <input style="width: 100%;" type="text"/></p> <p>Indicate Maximum Copayment percentage for Fitness Benefit: <input style="width: 100%;" type="text"/></p> <p>Indicate Minimum Copayment amount for Enhanced Disease Management: <input style="width: 100%;" type="text"/></p> <p>Indicate Maximum Copayment amount for Enhanced Disease Management: <input style="width: 100%;" type="text"/></p> <p>Indicate Minimum Copayment percentage for Telemonitoring Services: <input style="width: 100%;" type="text"/></p> <p>Indicate Maximum Copayment percentage for Telemonitoring Services: <input style="width: 100%;" type="text"/></p> <p>Indicate Minimum Copayment percentage for Remote Access Technologies: <input style="width: 100%;" type="text"/></p> <p>Indicate Maximum Copayment percentage for Remote Access Technologies: <input style="width: 100%;" type="text"/></p> <p>Indicate Minimum Copayment percentage for Remote Access Technologies: <input style="width: 100%;" type="text"/></p> <p>Indicate Maximum Copayment percentage for Remote Access Technologies: <input style="width: 100%;" type="text"/></p> <p>Indicate Minimum Copayment amount for Bathroom Safety Devices: <input style="width: 100%;" type="text"/></p> <p>Indicate Maximum Copayment amount for Bathroom Safety Devices: <input style="width: 100%;" type="text"/></p>	<p>Indicate Minimum Copayment amount for Counseling Services: <input style="width: 100%;" type="text"/></p> <p>Indicate Maximum Copayment amount for Counseling Services: <input style="width: 100%;" type="text"/></p> <p>Indicate Minimum Copayment amount for In-Home Safety Assessment: <input style="width: 100%;" type="text"/></p> <p>Indicate Maximum Copayment amount for In-Home Safety Assessment: <input style="width: 100%;" type="text"/></p> <p>Indicate Minimum Copayment amount for Personal Emergency Response System (PERS): <input style="width: 100%;" type="text"/></p> <p>Indicate Maximum Copayment amount for Personal Emergency Response System (PERS): <input style="width: 100%;" type="text"/></p> <p>Indicate Minimum Copayment amount for Medical Nutrition Therapy (MNT): <input style="width: 100%;" type="text"/></p> <p>Indicate Maximum Copayment amount for Medical Nutrition Therapy (MNT): <input style="width: 100%;" type="text"/></p> <p>Indicate Minimum Copayment amount for Post discharge In-home Medication Reconciliation: <input style="width: 100%;" type="text"/></p> <p>Indicate Maximum Copayment amount for Post discharge In-home Medication Reconciliation: <input style="width: 100%;" type="text"/></p>	<p>Indicate Minimum Copayment amount for Re-admission Prevention: <input style="width: 100%;" type="text"/></p> <p>Indicate Maximum Copayment amount for Re-admission Prevention: <input style="width: 100%;" type="text"/></p> <p>Indicate Minimum Copayment amount for Wigs for Hair Loss Related to Chemotherapy: <input style="width: 100%;" type="text"/></p> <p>Indicate Maximum Copayment amount for Wigs for Hair Loss Related to Chemotherapy: <input style="width: 100%;" type="text"/></p> <p>Indicate Minimum Copayment amount for Weight Management Programs: <input style="width: 100%;" type="text"/></p> <p>Indicate Maximum Copayment amount for Weight Management Programs: <input style="width: 100%;" type="text"/></p> <p>Indicate Minimum Copayment amount for Alternative Therapies: <input style="width: 100%;" type="text"/></p> <p>Indicate Maximum Copayment amount for Alternative Therapies: <input style="width: 100%;" type="text"/></p>
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CY 2016 PBP Data Entry System Screens

#14c Eligible Supplemental Benefits as Defined in Chapter 4 – Base 7

PBP Data Entry System - Section B-14, Contract X0001, Plan 001, Segment 000

File Help

Go To: #14c Eligible Supplemental Benefits as Defined in Chapter 4 - Base 7

Previous Next Exit (Validate) Exit (No Validate)

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 Eligible Supplemental Benefits as Defined in Chapter 4?

Yes

No

Eligible Supplemental Benefits as Defined in Chapter 4 Notes:

Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry.

Health Education Notes:

Nutritional/Dietary Benefit Notes:

Additional sessions of Smoking and Tobacco Cessation Counseling Notes:

Fitness Benefit Notes:

Enhanced Disease Management Notes:

Telemonitoring Services Notes:

CY 2016 PBP Data Entry System Screens

#14c Eligible Supplemental Benefits as Defined in Chapter 4 – Base 8

PBP Data Entry System - Section B-14, Contract X0001, Plan 001, Segment 000

File Help

Go To: #14c Eligible Supplemental Benefits as Defined in Chapter 4 - Base 8

Previous Next Exit (Validate) Exit (No Validate)

Remote Access Technology Notes:

Personal Emergency Response System (PERS) Notes:

Bathroom Safety Devices Notes:

Medical Nutrition Therapy (MNT) Notes:

Counseling Services Notes:

Post discharge In-home Medication Reconciliation Notes:

In-Home Safety Assessment Notes:

Re-admission Prevention Notes:

CY 2016 PBP Data Entry System Screens

#14c Eligible Supplemental Benefits as Defined in Chapter 4 – Base 9

PBP Data Entry System - Section B-14, Contract X0001, Plan 001, Segment 000

File Help

Go To: #14c Eligible Supplemental Benefits as Defined in Chapter 4 - Base 9

Previous Next Exit (Validate) Exit (No Validate)

Wigs for Hair Loss Related to Chemotherapy Notes:

Weight Management Notes:

Alternative Therapies Notes:

CY 2016 PBP Data Entry System Screens

#14d Kidney Disease Education Services – Base 1

PBP Data Entry System - Section B-14, Contract X0001, Plan 001, Segment 000

File Help

Go To: #14d - Kidney Disease Education Services Base 1

Previous Next Exit (Validate) Exit (No Validate)

[CLICK 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 the Maximum Enrollee Out-of-Pocket Cost periodicity:

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

You must include total cost sharing to the beneficiary, including any facility cost sharing. If you have a variety of cost sharing, please utilize the minimum and maximum fields to reflect the lowest and highest cost sharing that a beneficiary may pay.

Is there an enrollee Coinsurance?

Yes
 No

Indicate Minimum Coinsurance percentage for Medicare-covered Benefits

Indicate Maximum Coinsurance percentage for Medicare-covered Benefit

CY 2016 PBP Data Entry System Screens

#14d Kidney Disease Education Services – Base 2

PBP Data Entry System - Section B-14, Contract X0001, Plan 001, Segment 000

File Help

Go To: #14d - Kidney Disease Education Services Base 2

Previous Next Exit (Validate) Exit (No Validate)

Is there an enrollee Deductible?
 Yes
 No

Indicate Deductible Amount:

Is there an enrollee Copayment?
 Yes
 No

Indicate Minimum Copayment amount for Medicare-covered Benefit

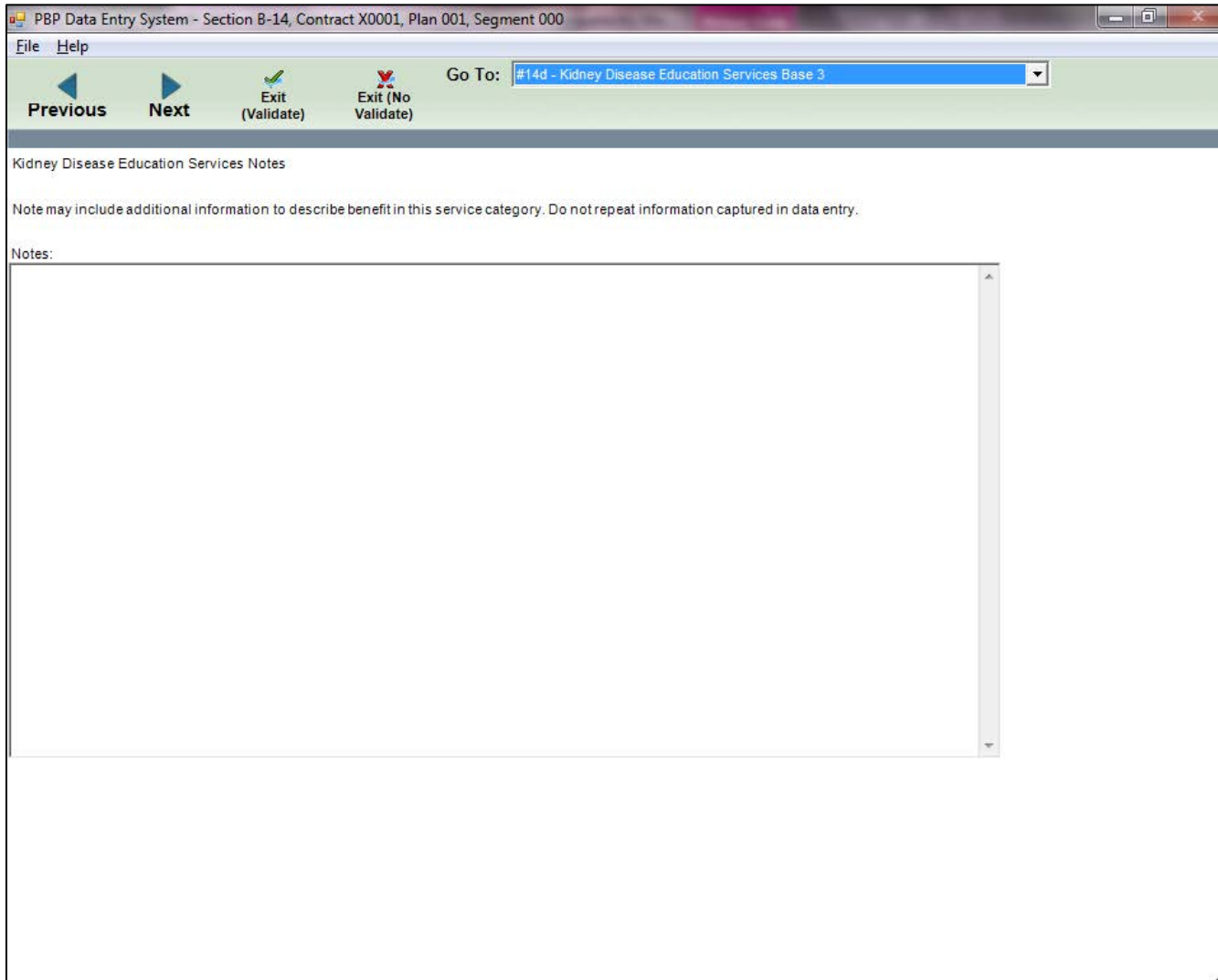
Indicate Maximum Copayment amount for Medicare-covered Benefit

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 Kidney Disease Education Services?
 Yes
 No

CY 2016 PBP Data Entry System Screens

#14d Kidney Disease Education Services – Base 3



CY 2016 PBP Data Entry System Screens

#14e Diabetes Self-management Training – Base 1

PBP Data Entry System - Section B-14, Contract X0001, Plan 001, Segment 000

File Help

Go To: #14e Diabetes Self-Management Training - Base 1

Previous Next Exit (Validate) Exit (No Validate)

CLICK 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 the 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 Benefit

Is there an enrollee Deductible?

Yes
 No

Indicate Deductible Amount:

CY 2016 PBP Data Entry System Screens

#14e Diabetes Self-management Training – Base 2

PBP Data Entry System - Section B-14, Contract X0001, Plan 001, Segment 000

File Help

Go To: #14e Diabetes Self-Management Training - Base 2

Previous Next Exit (Validate) Exit (No Validate)

Is there an enrollee Copayment?
 Yes
 No

Indicate Minimum Copayment amount for Medicare-covered Benefit

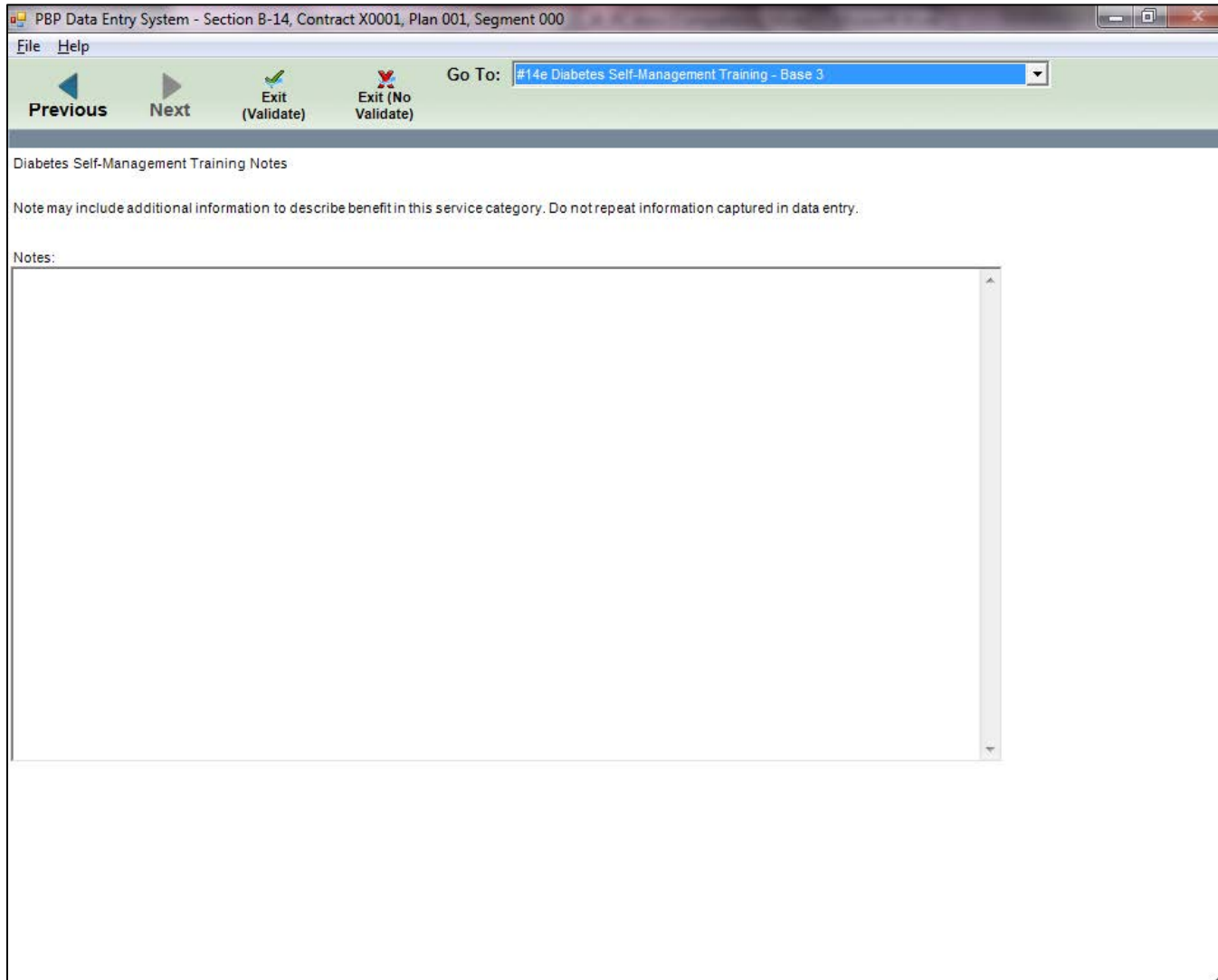
Indicate Maximum Copayment amount for Medicare-covered Benefit

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 Diabetes Self-Management Training?
 Yes
 No

CY 2016 PBP Data Entry System Screens

#14e Diabetes Self-management Training – Base 3



CY 2016 PBP Data Entry System Screens

#15 Medicare Part B Rx Drugs – Base 1

PBP Data Entry System - Section B-15, Contract X0001, Plan 001, Segment 000

File Help

Go To: #15 Medicare Part B Rx Drugs - Base 1

Previous Next Exit (Validate) Exit (No Validate)

CLICK FOR DESCRIPTION OF BENEFIT

Is there an enrollee Coinsurance?

Yes
 No

Is there a 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 month
 Other, Describe

Select which Medicare Part B Rx Drugs have a Coinsurance (Select all that apply):

Medicare Part B Chemotherapy Drugs
 Other Medicare Part B Drugs

Indicate the Minimum Coinsurance percentage for Medicare Part B Chemotherapy Drugs:

Indicate the Maximum Coinsurance percentage for Medicare Part B Chemotherapy Drugs:

Indicate Minimum Coinsurance percentage for other Medicare Part B Drugs:

Indicate Maximum Coinsurance percentage for other Medicare Part B Drugs:

CY 2016 PBP Data Entry System Screens

#15 Medicare Part B Rx Drugs – Base 2

PBP Data Entry System - Section B-15, Contract X0001, Plan 001, Segment 000

File Help

Go To: #15 Medicare Part B Rx Drugs - Base 2

Previous Next Exit (Validate) Exit (No Validate)

Is there an enrollee Deductible?
 Yes
 No

Indicate Deductible Amount:

Is there an enrollee Copayment?
 Yes
 No

Select which Medicare Part B Rx Drugs have a Copayment (Select all that apply):
 Medicare Part B Chemotherapy Drugs
 Other Medicare Part B Drugs

Indicate Minimum Copayment Amount for Medicare Part B Chemotherapy Drugs:

Indicate Maximum Copayment Amount for Medicare Part B Chemotherapy Drugs:

Indicate Minimum Copayment Amount for other Medicare Part B Drugs:

Indicate Maximum Copayment Amount for other Medicare Part B Drugs:

Is Authorization Required?
 Yes
 No

CY 2016 PBP Data Entry System Screens

#15 Medicare Part B Rx Drugs – Notes

PBP Data Entry System - Section B-15, Contract X0001, Plan 001, Segment 000

File Help

Go To: #15 Medicare Part B Rx Drugs - Notes

Previous Next Exit (Validate) Exit (No Validate)

Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry.

Notes:

[Empty text area for notes]

CY 2016 PBP Data Entry System Screens

#15 Home Infusion Bundled Services

PBP Data Entry System - Section B-15, Contract X0001, Plan 001, Segment 000

File Help

Go To: #15 Home Infusion Bundled Services

Previous Next Exit (Validate) Exit (No Validate)

Does the plan provide Part D home infusion drugs as part of a bundled service as a mandatory supplemental benefit?

Yes
 No

Does the plan pay for Part D drug home infusion services and supplies as a Medicaid benefit?

Yes
 No

If you select 'Yes' to 'Does the plan provide Part D home infusion drugs as part of a bundled service as a supplemental benefit?', you must indicate these specific medications in a flat file which must be uploaded through the Formulary Submission Module by Friday, June 6, 2014 at 12:00pm Eastern TI

You must also ensure that your benefit includes not only the home infusion drug, but any services and supplies associated with the home infusion drug's administration.

If your organization elects to provide Part D home infusion drugs as part of a supplemental bundled service then those services must be provided at \$0 cost sharing. As described in the CY 2010 Call Letter this waiver is conditioned on the application of zero cost sharing for the bundle of home infusion services provided under a supplemental benefit.

CY 2016 PBP Data Entry System Screens

#16a Preventive Dental – Base 1

PBP Data Entry System - Section B-16, Contract X0001, Plan 001, Segment 000

File Help

Go To: #16a Preventive Dental - Base 1

Previous Next Exit (Validate) Exit (No Validate)

CLICK FOR DESCRIPTION OF BENEFIT

Does the plan provide Preventive Dental Items as a supplemental benefit under Part C?

Yes
 No

Select enhanced benefits:

Oral Exams
 Prophylaxis (Cleaning)
 Fluoride Treatment
 Dental X-Rays

Select type of benefit for Oral Exams:

Mandatory
 Optional

Is this benefit unlimited for Oral Exams?

Yes
 No, indicate number

Indicate number of visits for Oral Exams:

Select the Oral Exams periodicity:

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

Select type of benefit for Prophylaxis (Cleaning):

Mandatory
 Optional

Is this benefit unlimited for Prophylaxis (Cleaning)

Yes
 No, indicate number

Indicate number of visits for Prophylaxis (Cleaning)

Select the Prophylaxis (Cleaning) periodicity:

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

Select type of benefit for Fluoride Treatment:

Mandatory
 Optional

Is this benefit unlimited for Fluoride Treatment?

Yes
 No, indicate number

Indicate number of visits for Fluoride Treatment:

Select the Fluoride Treatment periodicity:

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

CY 2016 PBP Data Entry System Screens

#16a Preventive Dental – Base 2

PBP Data Entry System - Section B-16, Contract X0001, Plan 001, Segment 000

File Help

Go To: #16a Preventive Dental - Base 2

Previous Next Exit (Validate) Exit (No Validate)

Select type of benefit for Dental X-Rays:

- Mandatory
- Optional

Is this benefit unlimited for Dental X-Rays?

- Yes
- No, indicate number

Indicate number of visits for Dental X-Rays:

Select the Dental X-Rays periodicity:

- Every three years
- Every two years
- Every year
- Every six months
- Every three months
- Other, Describe

Is there a service-specific Maximum Plan Benefit Coverage amount?

- Yes
- No

Does the Maximum Plan Benefit Coverage amount apply to In-network services only OR does it apply to both In-network and Out-of-network services?

- In-network services only
- Both In-network and Out-of-network services

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

CY 2016 PBP Data Entry System Screens

#16a Preventive Dental – Base 3

PBP Data Entry System - Section B-16, Contract X0001, Plan 001, Segment 000

File Help

Go To: #16a Preventive Dental - Base 3

Previous Next Exit (Validate) Exit (No Validate)

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
 Other, Describe

Is there an enrollee Coinsurance?

Yes
 No

Select which Preventive Dental Services have a Coinsurance (Select all that apply):

Oral Exams
 Prophylaxis (Cleaning)
 Fluoride Treatment
 Dental X-Rays

Is there a combination of services included in a single cost per Office Visit?

Yes
 No

Select which combination of services are included in a single cost per Office Visit:

Oral Exams
 Prophylaxis (Cleaning)
 Fluoride Treatment
 Dental X-Rays

Indicate Coinsurance percentage for Office Visit:

Indicate Minimum Coinsurance percentage for Oral Exams:

Indicate Maximum Coinsurance percentage for Oral Exams:

Indicate Minimum Coinsurance percentage for Prophylaxis (Cleaning):

Indicate Maximum Coinsurance percentage for Prophylaxis (Cleaning):

Indicate Minimum Coinsurance percentage for Fluoride Treatment:

Indicate Maximum Coinsurance percentage for Fluoride Treatment:

Indicate Minimum Coinsurance percentage for Dental X-Rays:

Indicate Maximum Coinsurance percentage for Dental X-Rays:

CY 2016 PBP Data Entry System Screens

#16a Preventive Dental – Base 4

PBP Data Entry System - Section B-16, Contract X0001, Plan 001, Segment 000

File Help

Go To: #16a Preventive Dental - Base 4

Previous Next Exit (Validate) Exit (No Validate)

Is there an enrollee Deductible?

Yes
 No

Indicate Deductible Amount:

Is there an enrollee Copayment?

Yes
 No

Select which Preventive Dental Services have a Copayment (Select all that apply):

Oral Exams
 Prophylaxis (Cleaning)
 Fluoride Treatment
 Dental X-Rays

Is there a combination of services included in a single cost per Office Visit?

Yes
 No

Select which combination of services are included in a single cost per Office Visit:

Oral Exams
 Prophylaxis (Cleaning)
 Fluoride Treatment
 Dental X-Rays

Indicate Copayment amount for Office Visit:

Indicate Minimum Copayment amount for Oral Exams:

Indicate Maximum Copayment amount for Oral Exams:

Indicate Minimum Copayment amount for Prophylaxis (Cleaning):

Indicate Maximum Copayment amount for Prophylaxis (Cleaning):

Indicate Minimum Copayment amount for Fluoride Treatment:

Indicate Maximum Copayment amount for Fluoride Treatment:

Indicate Minimum Copayment amount for Dental X-Rays:

Indicate Maximum Copayment amount for Dental X-Rays:

CY 2016 PBP Data Entry System Screens

#16a Preventive Dental – Base 5

PBP Data Entry System - Section B-16, Contract X0001, Plan 001, Segment 000

File Help

Go To: #16a Preventive Dental - Base 5

Previous Next Exit (Validate) Exit (No Validate)

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 Preventive Dental Services?

Yes

No

Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry.

Notes:

CY 2016 PBP Data Entry System Screens

#16b Comprehensive Dental – Base 1

PBP Data Entry System - Section B-16, Contract X0001, Plan 001, Segment 000

File Help

Go To: #16b Comprehensive Dental - Base 1

Previous Next Exit (Validate) Exit (No Validate)

CLICK FOR DESCRIPTION OF BENEFIT

Even if you do not offer enhanced benefits, you must complete this section for your Medicare-covered Benefits.

Select type of benefit for Non-routine Services:
 Mandatory
 Optional

Select type of benefit for Diagnostic Services:
 Mandatory
 Optional

Does the plan provide Comprehensive Dental Items as a supplemental benefit under Part C?
 Yes
 No

Is this benefit unlimited for Non-routine Services?
 Yes
 No, indicate number

Is this benefit unlimited for Diagnostic Services?
 Yes
 No, indicate number

Select enhanced benefits:
 Non-routine Services
 Diagnostic Services
 Restorative Services
 Endodontics/Periodontics/Extractions
 Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services

Indicate number of visits for Non-routine Services:
[]

Indicate number of visits for Diagnostic Services:
[]

Select the Non-routine Services periodicity:
 Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

Select the Diagnostic Services periodicity:
 Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

CY 2016 PBP Data Entry System Screens

#16b comprehensive Dental – Base 2

PBP Data Entry System - Section B-16, Contract X0001, Plan 001, Segment 000

File Help

Go To: #16b Comprehensive Dental - Base 2

Previous Next Exit (Validate) Exit (No Validate)

Select type of benefit for Restorative Services:
 Mandatory
 Optional

Select type of benefit for Endodontics/Periodontics/Extractions:
 Mandatory
 Optional

Select type of benefit for Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services:
 Mandatory
 Optional

Is this benefit unlimited for Restorative Services
 Yes
 No, indicate number

Is this benefit unlimited for Endodontics/Periodontics/Extractions?
 Yes
 No, indicate number

Is this benefit unlimited for Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services?
 Yes
 No, indicate number

Indicate number of visits for Restorative Services:

Indicate number of visits for Endodontics/Periodontics/Extractions:

Indicate number of visits for Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services:

Select the Restorative Services periodicity:
 Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

Select the Endodontics/Periodontics/Extractions periodicity:
 Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

Select the Prosthodontics/Other Oral/Maxillofacial Surgery/Other Services periodicity:
 Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

CY 2016 PBP Data Entry System Screens

#16b Comprehensive Dental – Base 3

PBP Data Entry System - Section B-16, Contract X0001, Plan 001, Segment 000

File Help

Go To: #16b Comprehensive Dental - Base 3

Previous Next Exit (Validate) Exit (No Validate)

Is there a service-specific Maximum Plan Benefit Coverage amount?

Yes
 No

Select the Maximum Plan Benefit Coverage type:

Covered under Preventive Dental Category 16a
 Plan-specified amount per period

Does the Maximum Plan Benefit Coverage amount apply to In-network services only OR does it apply to both In-network and Out-of-network services?

In-network services only
 Both In-network and Out-of-network services

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

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

Yes
 No

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

Covered under Preventive Dental Category 16a
 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

CY 2016 PBP Data Entry System Screens

#16b Comprehensive Dental – Base 4

PBP Data Entry System - Section B-16, Contract X0001, Plan 001, Segment 000

File Help

Go To: #16b Comprehensive Dental - Base 4

Previous Next Exit (Validate) Exit (No Validate)

Is there an enrollee Coinsurance?

Yes
 No

Select which Comprehensive Dental Services have a Coinsurance (Select all that apply):

Medicare-covered Benefits
 Non-routine Services
 Diagnostic Services
 Restorative Services
 Endodontics/Periodontics/Extractions
 Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services

Indicate the Minimum Coinsurance percentage for Medicare-covered Benefits

Indicate the Maximum Coinsurance percentage for Medicare-covered Benefit

Indicate Minimum Coinsurance percentage for Non-routine Services:

Indicate Maximum Coinsurance percentage for Non-routine Services:

Indicate Minimum Coinsurance percentage for Diagnostic Services:

Indicate Maximum Coinsurance percentage for Diagnostic Services:

Indicate Minimum Coinsurance percentage for Restorative Services:

Indicate Maximum Coinsurance percentage for Restorative Services:

Indicate Minimum Coinsurance percentage for Endodontics/Periodontics/Extractions:

Indicate Maximum Coinsurance percentage for Endodontics/Periodontics/Extractions:

Indicate Minimum Coinsurance percentage for Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services:

Indicate Maximum Coinsurance percentage for Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services:

Is there an enrollee Deductible?

Yes
 No

Indicate Deductible Amount:

CY 2016 PBP Data Entry System Screens

#16b Comprehensive Dental – Base 5

PBP Data Entry System - Section B-16, Contract X0001, Plan 001, Segment 000

File Help

Go To: #16b Comprehensive Dental - Base 5

Previous Next Exit (Validate) Exit (No Validate)

Is there an enrollee Copayment?

Yes
 No

Select which Comprehensive Dental Services have a Copayment (Select all that apply):

Medicare-covered Benefits
 Non-routine Services
 Diagnostic Services
 Restorative Services
 Endodontics/Periodontics/Extractions
 Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services

Indicate Minimum Copayment amount for Medicare-covered Benefits:

Indicate Maximum Copayment amount for Medicare-covered Benefits:

Indicate Minimum Copayment amount for Non-routine Services:

Indicate Maximum Copayment amount for Non-routine Services:

Indicate Minimum Copayment amount for Diagnostic Services:

Indicate Maximum Copayment amount for Diagnostic Services:

Indicate Minimum Copayment amount for Restorative Services:

Indicate Maximum Copayment amount for Restorative Services:

Indicate Minimum Copayment amount for Endodontics/Periodontics/Extractions:

Indicate Maximum Copayment amount for Endodontics/Periodontics/Extractions:

Indicate Minimum Copayment amount for Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services:

Indicate Maximum Copayment amount for Prosthodontics, Other Oral/Maxillofacial Surgery, Other S:

CY 2016 PBP Data Entry System Screens

#16b Comprehensive Dental – Base 6

PBP Data Entry System - Section B-16, Contract X0001, Plan 001, Segment 000

File Help

Go To: #16b Comprehensive Dental - Base 6

Previous Next Exit (Validate) Exit (No Validate)

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 Comprehensive Dental Services?

Yes

No

Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry.

Notes:

CY 2016 PBP Data Entry System Screens

#17a Eye Exams – Base 1

PBP Data Entry System - Section B-17, Contract X0001, Plan 001, Segment 000

File Help

Go To: #17a Eye Exams - Base 1

Previous Next Exit (Validate) Exit (No Validate)

CLICK FOR DESCRIPTION OF BENEFIT

Does the plan provide Eye Exams as a supplemental benefit under Part C?

Yes
 No

Select enhanced benefit:

Routine Eye Exams/Other

Select type of benefit for Routine Eye Exams/Other:

Mandatory
 Optional

Is this benefit unlimited for Routine Eye Exams/Other?

Yes
 No, indicate number

Indicate number of exams for Routine Eye Exams/Other:

Select the Routine Eye Exams/Other periodicity:

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

Is there a service-specific Maximum Plan Benefit Coverage amount?

Yes
 No

Does the Maximum Plan Benefit Coverage amount apply to In-network services only OR does it apply to both In-network and Out-of-network services?

In-network services only
 Both In-network and Out-of-network services

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

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
 Other, Describe

CY 2016 PBP Data Entry System Screens

#17a Eye Exams – Base 2

PBP Data Entry System - Section B-17, Contract X0001, Plan 001, Segment 000

File Help

Go To: #17a Eye Exams - Base 2

Previous Next Exit (Validate) Exit (No Validate)

Is there an enrollee Coinsurance?
 Yes
 No

Select which Eye Exams have a Coinsurance (Select all that apply)
 Medicare-covered Benefits
 Routine Eye Exams/Other

Indicate Minimum Coinsurance percentage for Medicare-covered Benefits:

Indicate Maximum Coinsurance percentage for Medicare-covered Benefits:

Indicate Minimum Coinsurance percentage for Routine Eye Exams/Other:

Indicate Maximum Coinsurance percentage for Routine Eye Exams/Other:

Is there an enrollee Copayment?
 Yes
 No

Select which Eye Exams have a Copayment (Select all that apply):
 Medicare-covered Benefits
 Routine Eye Exams/Other

Indicate Minimum Copayment amount for Medicare-covered Benefits:

Indicate Maximum Copayment amount for Medicare-covered Benefits:

Indicate Minimum Copayment amount per Routine Eye Exam/Other:

Indicate Maximum Copayment amount per Routine Eye Exam/Other:

Is there an enrollee Deductible?
 Yes
 No

Indicate Deductible Amount:

CY 2016 PBP Data Entry System Screens

#17a Eye Exams – Base 3

PBP Data Entry System - Section B-17, Contract X0001, Plan 001, Segment 000

File Help

Go To: #17a Eye Exams - Base 3

Previous Next Exit (Validate) Exit (No Validate)

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 Eye Exams?

Yes

No

Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry.

Notes:

CY 2016 PBP Data Entry System Screens

#17b Eyewear – Base 1

PBP Data Entry System - Section B-17, Contract X0001, Plan 001, Segment 000

File Help

Go To: #17b Eyewear - Base 1

Previous Next Exit (Validate) Exit (No Validate)

[CLICK FOR DESCRIPTION OF BENEFIT](#)

Even if you do not offer enhanced benefits, you must complete this section for your Medicare-covered Benefits.

Does the plan provide Eyewear as a supplemental benefit under Part C?

Yes
 No

Select enhanced benefits:

Contact lenses
 Eyeglasses (lenses and frames)
 Eyeglass lenses
 Eyeglass frames
 Upgrades

Select type of benefit for Contact lenses:

Mandatory
 Optional

Is this benefit unlimited for Contact lenses?

Yes
 No, indicate number

Indicate quantity (number of pairs) for Contact lenses:

Select Contact lenses periodicity:

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

Select type of benefit for Eyeglasses (lenses and frames):

Mandatory
 Optional

Is this benefit unlimited for Eyeglasses (lenses and frames)?

Yes
 No, indicate number

Indicate quantity for Eyeglasses (lenses and frames):

Select Eyeglasses (lenses and frames) periodicity:

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

CY 2016 PBP Data Entry System Screens

#17b Eyewear – Base 2

PBP Data Entry System - Section B-17, Contract X0001, Plan 001, Segment 000

File Help

Go To: #17b Eyewear - Base 2

Previous Next Exit (Validate) Exit (No Validate)

Select type of benefit for Eyeglass lenses:
 Mandatory
 Optional

Select type of benefit for Eyeglass frames:
 Mandatory
 Optional

Is this benefit unlimited for Eyeglass lenses?
 Yes
 No, indicate number

Is this benefit unlimited for Eyeglass frames?
 Yes
 No, indicate number

Indicate quantity (number of pairs) for Eyeglass lenses:
[]

Indicate quantity for Eyeglass frames:
[]

Select Eyeglass lenses periodicity:
 Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

Select Eyeglass frames periodicity:
 Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

Select type of benefit for Upgrades:
 Mandatory
 Optional

CY 2016 PBP Data Entry System Screens

#17b Eyewear – Base 3

CY 2016 PBP Data Entry System Screens

#17b Eyewear – Base 4

PBP Data Entry System - Section B-17, Contract X0001, Plan 001, Segment 000

File Help

Go To: #17b Eyewear - Base 4

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

Indicate Minimum Coinsurance percentage for Medicare-covered Benef

Indicate Minimum Coinsurance percentage for Eyeglass frames:

Select the Maximum Enrollee Out-of-Pocket Cost type:
 Covered under Eye Exams Category 17a
 Plan-specified amount per period

Indicate Maximum Coinsurance percentage for Medicare-covered Bene

Indicate Maximum Coinsurance percentage for Eyeglass frames:

Indicate Maximum Enrollee Out-of-Pocket Cost amount:

Indicate Minimum Coinsurance percentage for Contact lenses:

Indicate Minimum Coinsurance percentage for Upgrades:

Select Maximum Enrollee Out-of-Pocket Cost periodicity:
 Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

Indicate Maximum Coinsurance percentage for Contact lenses:

Indicate Maximum Coinsurance percentage for Upgrades:

Indicate Minimum Coinsurance percentage for Eyeglasses (lenses and frames):

Is there an enrollee Coinsurance? Yes No

Indicate Maximum Coinsurance percentage for Eyeglasses (lenses and frames):

Select which Eyewear Benefits have a Coinsurance (Select all that apply):

Medicare-covered Benefits
 Contact lenses
 Eyeglasses (lenses and frames)
 Eyeglass lenses
 Eyeglass frames
 Upgrades

Indicate Minimum Coinsurance percentage for Eyeglass lenses:

Indicate Maximum Coinsurance percentage for Eyeglass lenses:

CY 2016 PBP Data Entry System Screens

#17b Eyewear – Base 5

PBP Data Entry System - Section B-17, Contract X0001, Plan 001, Segment 000

File Help

Go To: #17b Eyewear - Base 5

Previous Next Exit (Validate) Exit (No Validate)

Is there an enrollee Deductible?
 Yes
 No

Indicate Deductible Amount:

Is there an enrollee Copayment?
 Yes
 No

Select which Eyewear Benefits have a Copayment (Select all that apply):
 Medicare-covered Benefits
 Contact lenses
 Eyeglasses (lenses and frames)
 Eyeglass lenses
 Eyeglass frames
 Upgrades

Indicate Minimum Copayment amount for Medicare-covered Ben:

Indicate Maximum Copayment amount for Medicare-covered Benefits:

Indicate Minimum Copayment amount for Contact lenses:

Indicate Maximum Copayment amount for Contact lenses:

Indicate Minimum Copayment amount for Eyeglass frames:

Indicate Maximum Copayment amount for Eyeglass frames:

Indicate Minimum Copayment amount for Eyeglasses (lenses and frames):

Indicate Maximum Copayment amount for Eyeglasses (lenses and frames):

Indicate Minimum Copayment amount for Upgrades:

Indicate Maximum Copayment amount for Upgrades:

Indicate Minimum Copayment amount for Eyeglass lenses:

Indicate Maximum Copayment amount for Eyeglass lenses:

CY 2016 PBP Data Entry System Screens

#17b Eyewear – Base 6

PBP Data Entry System - Section B-17, Contract X0001, Plan 001, Segment 000

File Help

Go To: #17b Eyewear - Base 6

Previous Next Exit (Validate) Exit (No Validate)

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 Eyewear?

Yes

No

Eyewear Notes

Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry.

Notes:

CY 2016 PBP Data Entry System Screens

#18a Hearing Exams – Base 1

PBP Data Entry System - Section B-18, Contract X0001, Plan 001, Segment 000

File Help

Go To: #18a Hearing Exams - Base 1

Previous Next Exit (Validate) Exit (No Validate)

CLICK FOR DESCRIPTION OF BENEFIT

Even if you do not offer enhanced benefits, you must complete this section for your Medicare-covered Benefits.

Does the plan provide Hearing Exams as a supplemental benefit under Part C?

Yes
 No

Select enhanced benefits:

Routine Hearing Exams
 Fitting/Evaluation for Hearing Aid

Select type of benefit for Routine Hearing Exams:

Mandatory
 Optional

Is this benefit unlimited for Routine Hearing Exams?

Yes
 No, indicate number

Indicate number for Routine Hearing Exams:

Select Routine Hearing Exams periodicity:

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

Select type of benefit for Fitting/Evaluation for Hearing Aid:

Mandatory
 Optional

Is this benefit unlimited for Fitting/Evaluation for Hearing Aid?

Yes
 No, indicate number

Indicate number for Fitting/Evaluation for Hearing Ai:

Select Fitting/Evaluation for Hearing Aid periodicity:

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

CY 2016 PBP Data Entry System Screens

#18a Hearing Exams – Base 2

PBP Data Entry System - Section B-18, Contract X0001, Plan 001, Segment 000

File Help

Go To: #18a Hearing Exams - Base 2

Previous Next Exit (Validate) Exit (No Validate)

Is there a service-specific Maximum Plan Benefit Coverage amount? <input type="radio"/> Yes <input type="radio"/> No	Is there a service-specific Maximum Enrollee Out-of-Pocket Cost? <input type="radio"/> Yes <input type="radio"/> No	Indicate the Minimum Coinsurance percentage for Medicare-covered Benefits: <input type="text"/>
Does the Maximum Plan Benefit Coverage amount apply to In-network services only OR does it apply to both In-network and Out-of-network services? <input type="radio"/> In-network services only <input type="radio"/> Both In-network and Out-of-network services	Indicate Maximum Enrollee Out-of-Pocket Cost amount: <input type="text"/>	Indicate the Maximum Coinsurance percentage for Medicare-covered Benefits: <input type="text"/>
Indicate Maximum Plan Benefit Coverage amount: <input type="text"/>	Select Maximum Enrollee Out-of-Pocket Cost periodicity: <input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe	Indicate Minimum Coinsurance percentage for Routine Hearing Exams: <input type="text"/>
Select the Maximum Plan Benefit Coverage periodicity: <input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe	Is there an enrollee Coinsurance? <input type="radio"/> Yes <input type="radio"/> No	Indicate Maximum Coinsurance percentage for Routine Hearing Exams: <input type="text"/>
Is there an enrollee Deductible? <input type="radio"/> Yes <input type="radio"/> No	Select which Hearing Exam Benefits have a Coinsurance (Select all that apply): <input type="checkbox"/> Medicare-covered Benefits <input type="checkbox"/> Routine Hearing Exams <input type="checkbox"/> Fitting/Evaluation for Hearing Aid	Indicate Minimum Coinsurance percentage for Fitting/Evaluation for Hearing Aid: <input type="text"/>
Indicate Deductible Amount: <input type="text"/>		Indicate Maximum Coinsurance percentage for Fitting/Evaluation for Hearing Aid: <input type="text"/>

CY 2016 PBP Data Entry System Screens

#18a Hearing Exams – Base 3

PBP Data Entry System - Section B-18, Contract X0001, Plan 001, Segment 000

File Help

Go To: #18a Hearing Exams - Base 3

Previous Next Exit (Validate) Exit (No Validate)

Is there an enrollee Copayment?

Yes
 No

Indicate Minimum Copayment amount for Fitting/Evaluation for Hearing Aid:

Indicate Maximum Copayment amount for Fitting/Evaluation for Hearing Aid:

Select which Hearing Exam Benefits have a Copayment (Select all that apply):

Medicare-covered Benefits
 Routine Hearing Exams
 Fitting/Evaluation for Hearing Aid

Indicate Minimum Copayment amount for Medicare-covered Benefits:

Indicate Maximum Copayment amount for Medicare-covered Benefits:

Indicate Minimum Copayment amount for Routine Hearing Exa

Indicate Maximum Copayment amount for Routine Hearing Exa

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 Hearing Exams?

Yes
 No

CY 2016 PBP Data Entry System Screens

#18a Hearing Exams – Base 4

PBP Data Entry System - Section B-18, Contract X0001, Plan 001, Segment 000

File Help

Previous Next Exit (Validate) Exit (No Validate) Go To: #18a Hearing Exams - Base 4

Hearing Exams Notes

Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry.

Notes:

CY 2016 PBP Data Entry System Screens

#18b Hearing Aids – Base 1

PBP Data Entry System - Section B-18, Contract X0001, Plan 001, Segment 000

File Help

Go To: #18b Hearing Aids - Base 1

Previous Next Exit (Validate) Exit (No Validate)

CLICK FOR DESCRIPTION OF BENEFIT

Does the plan provide Hearing Aids as a supplemental benefit under Part C?

Yes
 No

Select enhanced benefits:

Hearing Aids (all types)
 Hearing Aids - Inner Ear
 Hearing Aids - Outer Ear
 Hearing Aids - Over the Ear

Select type of benefit for Hearing Aids (all types)

Mandatory
 Optional

Is this benefit unlimited for Hearing Aids (all types)?

Yes
 No, indicate number

Indicate quantity for Hearing Aids (all types):

Select Hearing Aids (all types) periodicity:

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

Select type of benefit for Hearing Aids - Inner Ear:

Mandatory
 Optional

Is this benefit unlimited for Hearing Aids - Inner Ear?

Yes
 No, indicate number

Indicate quantity for Hearing Aids - Inner Ear:

Select Hearing Aids - Inner Ear periodicity:

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

Select type of benefit for Hearing Aids - Outer Ear:

Mandatory
 Optional

Is this benefit unlimited for Hearing Aids - Outer Ear?

Yes
 No, indicate number

Indicate quantity for Hearing Aids - Outer Ear:

Select Hearing Aids - Outer Ear periodicity:

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

CY 2016 PBP Data Entry System Screens

#18b Hearing Aids – Base 2

PBP Data Entry System - Section B-18, Contract X0001, Plan 001, Segment 000

File Help

Go To: #18b Hearing Aids - Base 2

Previous Next Exit (Validate) Exit (No Validate)

Select type of benefit for Hearing Aids - Over the Ear:

Mandatory
 Optional

Select the Maximum Plan Benefit Coverage type:

Covered under Hearing Exams Category - 18a
 Plan-specified amount per period

Is this benefit unlimited for Hearing Aids - Over the Ear?

Yes
 No, indicate number

Does the Maximum Plan Benefit Coverage amount apply to In-network services only OR does it apply to both In-network and Out-of-network services?

In-network services only
 Both In-network and Out-of-network services

Indicate quantity for Hearing Aids - Over the Ear:

Indicate Maximum Plan Benefit Coverage amount:

Select Hearing Aids - Over the Ear periodicity:

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

Indicate Maximum Plan Benefit Coverage periodict

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

Is there a service-specific Maximum Plan Benefit Coverage amount?

Yes
 No

CY 2016 PBP Data Entry System Screens

#18b Hearing Aids – Base 3

PBP Data Entry System - Section B-18, Contract X0001, Plan 001, Segment 000

File Help

Go To: #18b Hearing Aids - Base 3

Previous Next Exit (Validate) Exit (No Validate)

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

Indicate Minimum Coinsurance percentage for Hearing Aids (all types):

Indicate Minimum Coinsurance percentage for Hearing Aids - Over the Ear:

Select the Maximum Enrollee Out-of-Pocket Cost type:
 Covered under Hearing Exams Category - 18a
 Plan-specified amount per period

Indicate Maximum Enrollee Out-of-Pocket Cost amount:

Indicate Maximum Coinsurance percentage for Hearing Aids (all types):

Indicate Maximum Coinsurance percentage for Hearing Aids - Over the Ear:

Indicate Maximum Enrollee Out-of-Pocket Cost period:
 Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

Indicate Minimum Coinsurance percentage for Hearing Aids - Inner Ear:

Indicate Maximum Coinsurance percentage for Hearing Aids - Inner Ear:

Indicate Minimum Coinsurance percentage for Hearing Aids - Outer Ear:

Is there an enrollee Coinsurance?
 Yes
 No

Indicate Maximum Coinsurance percentage for Hearing Aids - Outer Ear:

Select which Hearing Aids Benefits have a Coinsurance (Select all that apply):
 Hearing Aids - Inner Ear
 Hearing Aids - Outer Ear
 Hearing Aids - Over the Ear

CY 2016 PBP Data Entry System Screens

#18b Hearing Aids – Base 4

PBP Data Entry System - Section B-18, Contract X0001, Plan 001, Segment 000

File Help

Go To: #18b Hearing Aids - Base 4

Previous Next Exit (Validate) Exit (No Validate)

Is there an enrollee Copayment?
 Yes
 No

Indicate Minimum Copayment amount per Hearing Aid - Outer E

Is there an enrollee Deductible?
 Yes
 No

Select which Hearing Aids Benefits have a Copayment (Select all that apply):
 Hearing Aid - Inner Ear
 Hearing Aid - Outer Ear
 Hearing Aids - Over the Ear

Indicate Maximum Copayment amount per Hearing Aid - Outer E

Indicate Deductible Amount:

Indicate Minimum Copayment amount per two Hearing Aids - Outer Ear:

Indicate Minimum Copayment amount per Hearing Aid (all types)

Indicate Maximum Copayment amount per two Hearing Aids - Outer Ear:

Indicate Maximum Copayment amount per Hearing Aid (all types)

Indicate Minimum Copayment amount per Hearing Aid - Over the Ear:

Indicate Minimum Copayment amount per Hearing Aid - Inner E

Indicate Maximum Copayment amount per Hearing Aid - Over the Ear:

Indicate Maximum Copayment amount per Hearing Aid - Inner E

Indicate Minimum Copayment amount per two Hearing Aids - Over the Ear:

Indicate Minimum Copayment amount per two Hearing Aids - Inner Ear:

Indicate Maximum Copayment amount per two Hearing Aids - Over the Ear:

Indicate Maximum Copayment amount per two Hearing Aids - Inner Ear:

CY 2016 PBP Data Entry System Screens

#18b Hearing Aids – Base 5

PBP Data Entry System - Section B-18, Contract X0001, Plan 001, Segment 000

File Help

Previous Next Exit (Validate) Exit (No Validate) Go To: #18b Hearing Aids - Base 5

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 Hearing Aids?

Yes

No

Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry.

Notes:

CY 2016 PBP Data Entry System Screens

#20 Outpatient Drugs – Base 1

PBP Data Entry System - Section B-20, Contract X0001, Plan 001, Segment 000

File Help

Go To: #20 Outpatient Drugs - Base 1

Previous Next Exit (Validate) Exit (No Validate)

CLICK FOR DESCRIPTION OF BENEFIT

Does the plan provide Outpatient Drugs as a supplemental benefit under Part C?

Yes
 No

Select type of benefit:

Mandatory
 Optional

Indicate the number of drug groupings that are offered:

1
 2
 3
 4
 5

Is there a Maximum Plan Benefit Coverage amount for drugs?

Yes
 No

Indicate type of Maximum Plan Benefit Coverage:

All drug groups covered by plan
 Combination of drug groups
 Individual drug groups

Is the Maximum Plan Benefit Coverage net of the enrollee copay?

Yes
 No

Indicate Maximum Plan Benefit Coverage periodicity for drugs:

Annually
 Semi-annually
 Quarterly
 Monthly
 Other, describe

Indicate Max Plan Benefit Coverage amount annually for drug

Indicate Max Plan Benefit Coverage amount semi-annually for drugs:

Indicate Max Plan Benefit Coverage amount quarterly for drug

Indicate Max Plan Benefit Coverage amount monthly for drug

Indicate Max Plan Benefit Coverage amount for Other for drug

CY 2016 PBP Data Entry System Screens

#20 Outpatient Drugs – Base 2

PBP Data Entry System - Section B-20, Contract X0001, Plan 001, Segment 000

File Help

Go To: #20 Outpatient Drugs - Base 2

Previous Next Exit (Validate) Exit (No Validate)

Can any unused amounts be carried forward to the next period within the contract period?

Yes
 No

Select what combination of drug groups are included in the Maximum Plan Benefit:

Group 1
 Group 2
 Group 3
 Group 4
 Group 5

Indicate Maximum Plan Benefit Coverage periodicity for combination of drug groups:

Annually
 Semi-annually
 Quarterly
 Monthly
 Other, describe

Indicate Max Plan Benefit Coverage amount annually for combination of drug groups:
[]

Indicate Max Plan Benefit Coverage amount semi-annually for combination of drug groups:
[]

Indicate Max Plan Benefit Coverage amount quarterly for combination of drug groups:
[]

Indicate Max Plan Benefit Coverage amount monthly for combination of drug groups:
[]

Indicate Max Plan Benefit Coverage amount for Other for combination of drug groups:
[]

CY 2016 PBP Data Entry System Screens

#20 Outpatient Drugs – Base 3

PBP Data Entry System - Section B-20, Contract X0001, Plan 001, Segment 000

File Help

Go To: #20 Outpatient Drugs - Base 3

Previous Next Exit (Validate) Exit (No Validate)

Is a selected group unlimited after the combination Maximum Plan Benefit Coverage amount has been reached?

Yes
 No

Indicate the selected group(s) for which the Maximum Plan Benefit Coverage is waived:

Group 1
 Group 2
 Group 3
 Group 4
 Group 5

Does the enrollee incur a cost in addition to the Coinsurance or Copay for selecting a higher priced drug when a less expensive drug is available?

Yes
 No

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

Yes
 No

Select what combination of drug groups applies for Maximum Enrollee Out-of-Pocket Cost:

Group 1
 Group 2
 Group 3
 Group 4
 Group 5
 Medicare Covered Benefits

Indicate Maximum Enrollee Out-of-Pocket Cost amount:

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

Every year
 Every six months
 Every three months

Is there an enrollee Coinsurance for Medicare-covered Benefits?

Yes
 No

Select which Medicare-covered Outpatient Drugs have a Coinsurance (Select all that apply):

Medicare Part B Chemotherapy Drugs
 Other Medicare Part B Drugs

Indicate Minimum Coinsurance percentage for Medicare Part B Chemotherapy Drugs:

Indicate Maximum Coinsurance percentage for Medicare Part B Chemotherapy Drugs:

Indicate Minimum Coinsurance percentage for other Medicare Part B Drugs:

Indicate Maximum Coinsurance percentage for other Medicare Part B Drugs:

CY 2016 PBP Data Entry System Screens

#20 Outpatient Drugs – Base 4

PBP Data Entry System - Section B-20, Contract X0001, Plan 001, Segment 000

File Help

Go To: #20 Outpatient Drugs - Base 4

Previous Next Exit (Validate) Exit (No Validate)

Is there an enrollee Deductible?
 Yes
 No

Select what combination of drug groups applies for Deductible:
 Group 1
 Group 2
 Group 3
 Group 4
 Group 5
 Medicare Covered Benefits

Indicate Deductible amount:

Indicate Minimum Copayment amount for Medicare Part B
Chemotherapy Drugs:

Indicate Maximum Copayment amount for Medicare Part B
Chemotherapy Drugs:

Indicate Minimum Copayment for other Medicare Part B Drugs:

Indicate Maximum Copayment for other Medicare Part B Drugs:

Is there an enrollee Copayment for Medicare-covered Benefits?
 Yes
 No

Select which Medicare-covered Outpatient Drugs have a Copayment
(Select all that apply):
 Medicare Part B Chemotherapy Drugs
 Other Medicare Part B Drugs

Enrollee must receive Authorization for drugs from one or more of the following:
 None
 Primary Care Physician (Internist/Family Practice, General Practitioner)
 Physician Specialist/Dentist
 Organization Medical Director/Utilization Management/Utilization Review
 Other, describe

CY 2016 PBP Data Entry System Screens

#20 Outpatient Drugs – Notes (Optional)

The screenshot shows a software window titled "PBP Data Entry System - Section B-20, Contract X0001, Plan 001, Segment 000". The interface includes a menu bar with "File" and "Help". Below the menu bar is a navigation bar with four buttons: "Previous" (left arrow), "Next" (right arrow), "Exit (Validate)" (checkmark), and "Exit (No Validate)" (red X). To the right of these buttons is a "Go To:" dropdown menu currently set to "#20 Outpatient Drugs - Notes (Optional)".

The main content area is titled "Outpatient Drugs Notes" and contains the instruction: "Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry." Below this instruction is a large, empty text area labeled "Notes:" with a vertical scrollbar on the right side.

CY 2016 PBP Data Entry System Screens

#20 Outpatient Drugs – Group 1 – Base 1

PBP Data Entry System - Section B-20, Contract X0001, Plan 001, Segment 000

File Help

Go To: #20 Outpatient Drugs - Group 1 - Base 1

Previous Next Exit (Validate) Exit (No Validate)

Select a label for Group 1:

Select the drug type(s) covered for Group 1:
 Generic
 Preferred Brand
 Brand

Is there a Maximum Plan Benefit Coverage amount for Group 1
 Yes
 No

Indicate Maximum Plan Benefit Coverage for Group 1 periodict
 Annually
 Semi-annually
 Quarterly
 Monthly
 Per Prescription
 Other, describe

Indicate Maximum Plan Benefit Coverage annual amount for Group 1:

Indicate Maximum Plan Benefit Coverage semi-annual amount for Group 1:

Indicate Maximum Plan Benefit Coverage quarterly amount for Group 1:

Indicate Maximum Plan Benefit Coverage monthly amount for Group 1:

Indicate Maximum Plan Benefit Coverage amount per prescription for Group 1:

Indicate Maximum Plan Benefit Coverage amount for Other for Group 1:

CY 2016 PBP Data Entry System Screens

#20 Outpatient Drugs – Group 1 – Base 2

PBP Data Entry System - Section B-20, Contract X0001, Plan 001, Segment 000

File Help

Go To: #20 Outpatient Drugs - Group 1 - Base 2

Previous Next Exit (Validate) Exit (No Validate)

Select from where Group 1 Drugs can be acquired:

- Designated Retail Pharmacy
- HMO-Owned Pharmacy
- Mail Order
- Other, describe

Is there an enrollee Coinsurance for Group 1? Yes No

Is there an enrollee Copayment for Group 1? Yes No

Indicate Coinsurance percentage for Group 1 Designated Retail Pharmacy: <input type="text"/>	Indicate Copayment amount for Group 1 Designated Retail Pharmacy: <input type="text"/>	Up to a ____ day supply covered for Group 1 Designated Retail Pharmacy: <input type="text"/>
Indicate Coinsurance percentage for Group 1 HMO-Owned Pharmacy: <input type="text"/>	Indicate Copayment amount for Group 1 HMO-Owned Pharmacy: <input type="text"/>	Up to a ____ day supply covered for Group 1 HMO-Owned Pharmacy: <input type="text"/>
Indicate Coinsurance percentage for Group 1 Mail Order: <input type="text"/>	Indicate Copayment amount for Group 1 Mail Order: <input type="text"/>	Up to a ____ day supply covered for Group 1 Mail Order: <input type="text"/>
Indicate Coinsurance percentage for Group 1 Other: <input type="text"/>	Indicate Copayment amount for Group 1 Other: <input type="text"/>	Up to a ____ day supply covered for Group 1 Other: <input type="text"/>

CY 2016 PBP Data Entry System Screens

#20 Outpatient Drugs – Group 2 – Base 1

The screenshot shows a software window titled "PBP Data Entry System - Section B-20, Contract X0001, Plan 001, Segment 000". The interface includes a menu bar with "File" and "Help", and a toolbar with "Previous", "Next", "Exit (Validate)", and "Exit (No Validate)" buttons. A "Go To:" dropdown menu is set to "#20 Outpatient Drugs - Group 2 - Base 1".

The main form area contains the following fields and options:

- Select a label for Group 2:** A dropdown menu.
- Indicate Maximum Plan Benefit Coverage annual amount for Group 2:** A text input field.
- Select the drug type(s) covered for Group 2:** Radio buttons for "Generic", "Preferred Brand", and "Brand".
- Indicate Maximum Plan Benefit Coverage semi-annual amount for Group 2:** A text input field.
- Is there a Maximum Plan Benefit Coverage amount for Group 2:** Radio buttons for "Yes" and "No".
- Indicate Maximum Plan Benefit Coverage quarterly amount for Group 2:** A text input field.
- Indicate Maximum Plan Benefit Coverage for Group 2 periodicity:** Radio buttons for "Annually", "Semi-annually", "Quarterly", "Monthly", "Per Prescription", and "Other, describe".
- Indicate Maximum Plan Benefit Coverage monthly amount for Group 2:** A text input field.
- Indicate Maximum Plan Benefit Coverage amount per prescription for Group 2:** A text input field.
- Indicate Maximum Plan Benefit Coverage amount for Other for Group 2:** A text input field.

CY 2016 PBP Data Entry System Screens

#20 Outpatient Drugs – Group 2 – Base 2

PBP Data Entry System - Section B-20, Contract X0001, Plan 001, Segment 000

File Help

Go To: #20 Outpatient Drugs - Group 2 - Base 2

Previous Next Exit (Validate) Exit (No Validate)

Select from where Group 2 Drugs can be acquired

- Designated Retail Pharmacy
- HMO-Owned Pharmacy
- Mail Order
- Other, describe

Is there an enrollee Coinsurance for Group 2?

Yes
 No

Is there an enrollee Copayment for Group 2?

Yes
 No

Category	Indicate Coinsurance percentage for Group 2	Indicate Copayment amount for Group 2	Up to a ___ day supply covered for Group 2
Designated Retail Pharmacy:	<input type="text"/>	<input type="text"/>	<input type="text"/>
HMO-Owned Pharmacy:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mail Order:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other:	<input type="text"/>	<input type="text"/>	<input type="text"/>

CY 2016 PBP Data Entry System Screens

#20 Outpatient Drugs – Group 3 – Base 1

The screenshot shows a web-based data entry application window titled "PBP Data Entry System - Section B-20, Contract X0001, Plan 001, Segment 000". The interface includes a menu bar with "File" and "Help", and a toolbar with navigation buttons: "Previous", "Next", "Exit (Validate)", and "Exit (No Validate)". A "Go To:" dropdown menu is set to "#20 Outpatient Drugs - Group 3 - Base 1".

The main content area contains several data entry fields:

- Select a label for Group 3:** A dropdown menu.
- Indicate Maximum Plan Benefit Coverage annual amount for Group 3:** A text input field.
- Select the drug type(s) covered for Group 3:** A group of checkboxes for "Generic", "Preferred Brand", and "Brand".
- Indicate Maximum Plan Benefit Coverage semi-annual amount for Group 3:** A text input field.
- Is there a Maximum Plan Benefit Coverage amount for Group 3:** Radio buttons for "Yes" and "No".
- Indicate Maximum Plan Benefit Coverage quarterly amount for Group 3:** A text input field.
- Indicate Maximum Plan Benefit Coverage Group 3 periodicity:** A group of checkboxes for "Annually", "Semi-annually", "Quarterly", "Monthly", "Per Prescription", and "Other, describe".
- Indicate Maximum Plan Benefit Coverage monthly amount for Group 3:** A text input field.
- Indicate Maximum Plan Benefit Coverage amount per prescription for Group 3:** A text input field.
- Indicate Maximum Plan Benefit Coverage amount for Other for Group 3:** A text input field.

CY 2016 PBP Data Entry System Screens

#20 Outpatient Drugs – Group 3 – Base 2

PBP Data Entry System - Section B-20, Contract X0001, Plan 001, Segment 000

File Help

Go To: #20 Outpatient Drugs - Group 3 - Base 2

Previous Next Exit (Validate) Exit (No Validate)

Select from where Group 3 Drugs can be acquired:

- Designated Retail Pharmacy
- HMO-Owned Pharmacy
- Mail Order
- Other, describe

Is there an enrollee Coinsurance for Group 3? Yes No

Is there an enrollee Copayment for Group 3? Yes No

Indicate Coinsurance percentage for Group 3 Designated Retail Pharmacy: <input type="text"/>	Indicate Copayment amount for Group 3 Designated Retail Pharmacy: <input type="text"/>	Up to a ____ day supply covered for Group 3 Designated Retail Pharmacy: <input type="text"/>
Indicate Coinsurance percentage for Group 3 HMO-Owned Pharmacy: <input type="text"/>	Indicate Copayment amount for Group 3 HMO-Owned Pharmacy: <input type="text"/>	Up to a ____ day supply covered for Group 3 HMO-Owned Pharmacy: <input type="text"/>
Indicate Coinsurance percentage for Group 3 Mail Order: <input type="text"/>	Indicate Copayment amount for Group 3 Mail Order: <input type="text"/>	Up to a ____ day supply covered for Group 3 Mail Order: <input type="text"/>
Indicate Coinsurance percentage for Group 3 Other: <input type="text"/>	Indicate Copayment amount for Group 3 Other: <input type="text"/>	Up to a ____ day supply covered for Group 3 Other: <input type="text"/>

CY 2016 PBP Data Entry System Screens

#20 Outpatient Drugs – Group 4 – Base 1

PBP Data Entry System - Section B-20, Contract X0001, Plan 001, Segment 000

File Help

Go To: #20 Outpatient Drugs - Group 4 - Base 1

Previous Next Exit (Validate) Exit (No Validate)

Select a label for Group 4:

Select the drug type(s) covered for Group 4:
 Generic
 Preferred Brand
 Brand

Is there a Maximum Plan Benefit Coverage amount for Group 4:
 Yes
 No

Indicate Maximum Plan Benefit Coverage Group 4:
 Annually
 Semi-annually
 Quarterly
 Monthly
 Per Prescription
 Other, describe

Indicate Maximum Plan Benefit Coverage annual amount for Group 4:

Indicate Maximum Plan Benefit Coverage semi-annual amount for Group 4:

Indicate Maximum Plan Benefit Coverage quarterly amount for Group 4:

Indicate Maximum Plan Benefit Coverage monthly amount for Group 4:

Indicate Maximum Plan Benefit Coverage amount per prescription for Group 4:

Indicate Maximum Plan Benefit Coverage amount for Other for Group 4:

CY 2016 PBP Data Entry System Screens

#20 Outpatient Drugs – Group 4 – Base 2

PBP Data Entry System - Section B-20, Contract X0001, Plan 001, Segment 000

File Help

Go To: #20 Outpatient Drugs - Group 4 - Base 2

Previous Next Exit (Validate) Exit (No Validate)

Select from where Group 4 Drugs can be acquired:

- Designated Retail Pharmacy
- HMO-Owned Pharmacy
- Mail Order
- Other, describe

Is there an enrollee Coinsurance for Group 4?

Yes No

Is there an enrollee Copayment for Group 4?

Yes No

Indicate Coinsurance percentage for Group 4 Designated Retail Pharmacy: <input type="text"/>	Indicate Copayment amount for Group 4 Designated Retail Pharmacy: <input type="text"/>	Up to a ____ day supply covered for Group 4 Designated Retail Pharmacy: <input type="text"/>
Indicate Coinsurance percentage for Group 4 HMO-Owned Pharmacy: <input type="text"/>	Indicate Copayment amount for Group 4 HMO-Owned Pharmacy: <input type="text"/>	Up to a ____ day supply covered for Group 4 HMO-Owned Pharmacy: <input type="text"/>
Indicate Coinsurance percentage for Group 4 Mail Order: <input type="text"/>	Indicate Copayment amount for Group 4 Mail Order: <input type="text"/>	Up to a ____ day supply covered for Group 4 Mail Order: <input type="text"/>
Indicate Coinsurance percentage for Group 4 Other: <input type="text"/>	Indicate Copayment amount for Group 4 Other: <input type="text"/>	Up to a ____ day supply covered for Group 4 Other: <input type="text"/>

CY 2016 PBP Data Entry System Screens

#20 Outpatient Drugs – Group 5 – Base 1

PBP Data Entry System - Section B-20, Contract X0001, Plan 001, Segment 000

File Help

Go To: #20 Outpatient Drugs - Group 5 - Base 1

Previous Next Exit (Validate) Exit (No Validate)

Select a label for Group 5: [dropdown]

Indicate Maximum Plan Benefit Coverage annual amount for Group 5: [input]

Select the drug type(s) covered for Group 5:

Generic

Preferred Brand

Brand

Indicate Maximum Plan Benefit Coverage semi-annual amount for Group 5: [input]

Is there a Maximum Plan Benefit Coverage amount for Group 5:

Yes

No

Indicate Maximum Plan Benefit Coverage quarterly amount for Group 5: [input]

Indicate Maximum Plan Benefit Coverage for Group 5 periodict:

Annually

Semi-annually

Quarterly

Monthly

Per Prescription

Other, describe

Indicate Maximum Plan Benefit Coverage monthly amount for Group 5: [input]

Indicate Maximum Plan Benefit Coverage amount per prescription for Group 5: [input]

Indicate Maximum Plan Benefit Coverage amount for Other for Group 5: [input]

CY 2016 PBP Data Entry System Screens

#20 Outpatient Drugs – Group 5 – Base 2

PBP Data Entry System - Section B-20, Contract X0001, Plan 001, Segment 000

File Help

Go To: #20 Outpatient Drugs - Group 5 - Base 2

Previous Next Exit (Validate) Exit (No Validate)

Select from where Group 5 Drugs can be acquired:

- Designated Retail Pharmacy
- HMO-Owned Pharmacy
- Mail Order
- Other, describe

Is there an enrollee Coinsurance for Group 5? Yes No

Is there an enrollee Copayment for Group 5? Yes No

Indicate Coinsurance percentage for Group 5 Designated Retail Pharmacy: <input type="text"/>	Indicate Copayment amount for Group 5 Designated Retail Pharmacy: <input type="text"/>	Up to a ____ day supply covered for Group 5 Designated Retail Pharmacy: <input type="text"/>
Indicate Coinsurance percentage for Group 5 HMO-Owned Pharmacy: <input type="text"/>	Indicate Copayment amount for Group 5 HMO-Owned Pharmacy: <input type="text"/>	Up to a ____ day supply covered for Group 5 HMO-Owned Pharmacy: <input type="text"/>
Indicate Coinsurance percentage for Group 5 Mail Order: <input type="text"/>	Indicate Copayment amount for Group 5 Mail Order: <input type="text"/>	Up to a ____ day supply covered for Group 5 Mail Order: <input type="text"/>
Indicate Coinsurance percentage for Group 5 Other: <input type="text"/>	Indicate Copayment amount for Group 5 Other: <input type="text"/>	Up to a ____ day supply covered for Group 5 Other: <input type="text"/>

CY 2016 PBP Data Entry System Screens

#20 Home Infusion Bundled Services

PBP Data Entry System - Section B-20, Contract X0001, Plan 001, Segment 000

File Help

Go To: #20 Home Infusion Bundled Services

Previous Next Exit (Validate) Exit (No Validate)

Does the plan provide Part D home infusion drugs as part of a bundled service as a supplemental benefit?

Yes

No

If you select 'Yes' to 'Does the plan provide Part D home infusion drugs as part of a bundled service as a supplemental benefit?', you must indicate these specific medications in a flat file which must be uploaded through the Formulary Submission Module by Friday, June 7, 2013 at 12:00pm Eastern Ti

You must also ensure that your benefit includes not only the home infusion drug, but any services and supplies associated with the home infusion drug's administration.

If your organization elects to provide Part D home infusion drugs as part of a bundled service then those services must be provided at \$0 cost sharing. As described in the CY 2010 Call Letter this waiver is conditioned on the application of zero cost sharing for the bundle of home infusion services provided under a supplemental benefit.