

CY 2017 PBP Data Entry System Screens

#19a Reduced Cost Sharing for VBIDS

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: #19a Reduced Cost Sharing for VBIDS

Previous Next Exit (Validate) Exit (No Validate)

CLICK FOR DESCRIPTION OF BENEFIT

This section documents benefits offered under authority of the Medicare Advantage Value-Based Insurance Design model test. Plans only fill out this section if they are authorized to do so by written notification from CMS.

Value Based Insurance Design Attestation

I attest that

- 1) the benefits entered comply with CMS requirements for benefits offered in the MA-VBID model test,
- 2) the benefits entered are consistent with the benefit proposals and the actuarial or financial information provided to CMS when applying to participate in the MA-VBID model test, unless otherwise approved by CMS in writing, and
- 3) the benefit package, formulary or other features of this plan are not structured to discriminate against any Medicare beneficiary.

Does your VBID benefit offer Part C reductions in cost or additional benefits?

Yes
 No

Does your VBID benefit offer Part C reductions in cost?

Yes
 No

How many packages does your 19a Reduction in Cost Sharing VBID benefit contain? (1-15)

CY 2017 PBP Data Entry System Screens

#19a Reduced Cost Sharing for VBIDS – Base 1

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000
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Go To: #19a Reduced Cost Sharing for VBIDS - Base 1

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

<p>Which disease states does this benefit apply? (Select all that apply):</p> <p><input type="checkbox"/> Diabetes</p> <p><input type="checkbox"/> Chronic Obstructive Pulmonary Disease (COPD)</p> <p><input type="checkbox"/> Congestive Heart Failure (CHF)</p> <p><input type="checkbox"/> Patient with Past Stroke</p> <p><input type="checkbox"/> Hypertension</p> <p><input type="checkbox"/> Coronary Heart Disease</p> <p><input type="checkbox"/> Mood Disorders</p> <p>Is there a prerequisite for reduction of cost sharing for this package?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p>Which prerequisites are required for this package?</p> <p><input type="checkbox"/> High value provider</p> <p><input type="checkbox"/> Participation in a Wellness Program</p> <p><input type="checkbox"/> Other, Describe</p>	<p>Select the Medicare-covered benefits that will receive reduced cost sharing:</p> <ul style="list-style-type: none"> 1a: Inpatient Hospital Acute 1b: Inpatient Hospital Psychiatric 2: Skilled Nursing Facility (SNF) 3-1: Cardiac Rehabilitation Services 3-2: Intensive Cardiac Rehabilitation Services 3-3: Pulmonary Rehabilitation Services 4b: Urgently Needed Services 5: Partial Hospitalization 6: Home Health Services 7a: Primary Care Physician Services 7b: Chiropractic Services 7c: Occupational Therapy Services 7d: Physician Specialist Services 7e1: Individual Sessions for Mental Health Specialty Services 7e2: Group Sessions for Mental Health Specialty Services 7f: Podiatry Services 7g: Other Health Care Professional 7h1: Individual Sessions for Psychiatric Services 7h2: Group Sessions for Psychiatric Services 7i: Physical Therapy and Speech-Language Pathology Services 8a1: Diagnostic Procedures/Tests 8a2: Lab Services 8b1: Diagnostic Radiological Services 8b2: Therapeutic Radiological Services 8b3: Outpatient X-Ray Services 9a: Outpatient Hospital Services 9b: Ambulatory Surgical Center (ASC) Services 9c: Outpatient Substance Abuse 9d: Outpatient Blood Services 11a: Durable Medical Equipment (DME) 11b1: Prosthetic Devices 11b2: Medical Supplies 11c1: Diabetic Supplies 	<p>Select the Non-Medicare-covered benefits that will receive reduced cost sharing:</p> <ul style="list-style-type: none"> 1a: Inpatient Hospital Acute 1b: Inpatient Hospital Psychiatric 2: Skilled Nursing Facility (SNF) 3-1: Cardiac Rehabilitation Services 3-2: Intensive Cardiac Rehabilitation Services 3-3: Pulmonary Rehabilitation Services 7b: Chiropractic Services 7f: Podiatry Services 10b1: Transportation Services - Plan Approved Location 10b2: Transportation Services - Any Location 13a: Acupuncture 13b: Over-the-Counter (OTC) Items 13c: Meal Benefit 13d: Other 1 13e: Other 2 13f: Other 3 13g: Dual Eligible SNP with Highly Integrated Services 14b: Annual Physical Exam 14c1: Health Education 14c2: Nutritional/Dietary Benefit 14c3: Additional sessions of Smoking and Tobacco Cessation Coun 14c4: Fitness Benefit 14c5: Enhanced Disease Management 14c6: Telemonitoring Services 14c7: Remote Access Technologies (including Web/Phone based te 14c8: Bathroom Safety Devices 14c9: Counseling Services 14c10: In-Home Safety Assessment 14c11: Personal Emergency Response System (PERS) 14c12: Medical Nutrition Therapy (MNT) 14c13: Post discharge In-home Medication Reconciliation 14c14: Re-admission Prevention 14c15: Wigs for Hair Loss Related to Chemotherapy
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CY 2017 PBP Data Entry System Screens

#19a Reduced Cost Sharing for VBIDS – Base 2

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

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Go To: #19a Reduced Cost Sharing for VBIDS - Base 2

Previous Next Exit (Validate) Exit (No Validate)

Do the benefits in this package apply to OON/POS?
 Yes
 No

Are any benefits exempt from the plan level deductible?
 Yes
 No

Select the Medicare-covered benefits that are exempt from the plan level deductible:

- 3-1: Cardiac Rehabilitation Services
- 3-2: Intensive Cardiac Rehabilitation Services
- 3-3: Pulmonary Rehabilitation Services
- 4b: Urgently Needed Services
- 5: Partial Hospitalization
- 6: Home Health Services
- 7a: Primary Care Physician Services
- 7b: Chiropractic Services
- 7c: Occupational Therapy Services
- 7d: Physician Specialist Services
- 7e1: Individual Sessions for Mental Health Specialty Services
- 7e2: Group Sessions for Mental Health Specialty Services
- 7f: Podiatry Services
- 7g: Other Health Care Professional
- 7h1: Individual Sessions for Psychiatric Services
- 7h2: Group Sessions for Psychiatric Services
- 7i: Physical Therapy and Speech-Language Pathology Services
- 8a1: Diagnostic Procedures/Tests
- 8a2: Lab Services
- 8b1: Diagnostic Radiological Services
- 8b2: Therapeutic Radiological Services
- 8b3: Outpatient X-Ray Services
- 9a: Outpatient Hospital Services
- 9b: Ambulatory Surgical Center (ASC) Services
- 9c: Outpatient Substance Abuse
- 9d: Outpatient Blood Services
- 11a: Durable Medical Equipment (DME)
- 11b1: Prosthetic Devices
- 11b2: Medical Supplies
- 11c1: Diabetic Supplies
- 11c2: Diabetic Therapeutic Shoes/Inserts
- 12: Dialysis Services
- 14d: Kidney Disease Education Services

Select the Non-Medicare-covered benefits that are exempt from the plan level deductible:

- 3-1: Cardiac Rehabilitation Services
- 3-2: Intensive Cardiac Rehabilitation Services
- 3-3: Pulmonary Rehabilitation Services
- 7b: Chiropractic Services
- 7f: Podiatry Services
- 10b1: Transportation Services - Plan Approved Location
- 10b2: Transportation Services - Any Location
- 13a: Acupuncture
- 13b: Over-the-Counter (OTC) Items
- 13c: Meal Benefit
- 13d: Other 1
- 13e: Other 2
- 13f: Other 3
- 13g: Dual Eligible SNP with Highly Integrated Services
- 14b: Annual Physical Exam
- 14c1: Health Education
- 14c2: Nutritional/Dietary Benefit
- 14c3: Additional sessions of Smoking and Tobacco Cessation Coun
- 14c4: Fitness Benefit
- 14c5: Enhanced Disease Management
- 14c6: Telemonitoring Services
- 14c7: Remote Access Technologies (including Web/Phone based te
- 14c8: Bathroom Safety Devices
- 14c9: Counseling Services
- 14c10: In-Home Safety Assessment
- 14c11: Personal Emergency Response System (PERS)
- 14c12: Medical Nutrition Therapy (MNT)
- 14c13: Post discharge In-home Medication Reconciliation
- 14c14: Re-admission Prevention
- 14c15: Wigs for Hair Loss Related to Chemotherapy
- 14c16: Weight Management Programs
- 14c17: Alternative Therapies
- 16a1: Oral Exams

CY 2017 PBP Data Entry System Screens

#19a Reduced Cost Sharing for VBIDS – Base 3

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

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Go To: #19a Reduced Cost Sharing for VBIDS - Base 3

Previous Next Exit (Validate) Exit (No Validate)

Do you offer reduced Coinsurance?

Yes
 No

Select the Medicare-covered benefits that will receive reduced coinsurance:

- 3-1: Cardiac Rehabilitation Services
- 3-2: Intensive Cardiac Rehabilitation Services
- 3-3: Pulmonary Rehabilitation Services
- 4b: Urgently Needed Services
- 5: Partial Hospitalization
- 6: Home Health Services
- 7a: Primary Care Physician Services
- 7b: Chiropractic Services
- 7c: Occupational Therapy Services
- 7d: Physician Specialist Services
- 7e1: Individual Sessions for Mental Health Specialty Services
- 7e2: Group Sessions for Mental Health Specialty Services
- 7f: Podiatry Services
- 7g: Other Health Care Professional
- 7h1: Individual Sessions for Psychiatric Services
- 7h2: Group Sessions for Psychiatric Services
- 7i: Physical Therapy and Speech-Language Pathology Services
- 8a1: Diagnostic Procedures/Tests
- 8a2: Lab Services
- 8b1: Diagnostic Radiological Services
- 8b2: Therapeutic Radiological Services
- 8b3: Outpatient X-Ray Services
- 9a: Outpatient Hospital Services
- 9b: Ambulatory Surgical Center (ASC) Services
- 9c: Outpatient Substance Abuse
- 9d: Outpatient Blood Services
- 11a: Durable Medical Equipment (DME)
- 11b1: Prosthetic Devices
- 11b2: Medical Supplies
- 11c1: Diabetic Supplies
- 11c2: Diabetic Therapeutic Shoes/Inserts
- 12: Dialysis Services
- 14d: Kidney Disease Education Services

Select the Non-Medicare-covered benefits that will receive reduced coinsurance:

- 3-1: Cardiac Rehabilitation Services
- 3-2: Intensive Cardiac Rehabilitation Services
- 3-3: Pulmonary Rehabilitation Services
- 7b: Chiropractic Services
- 7f: Podiatry Services
- 10b1: Transportation Services - Plan Approved Location
- 10b2: Transportation Services - Any Location
- 13a: Acupuncture
- 13b: Over-the-Counter (OTC) Items
- 13c: Meal Benefit
- 13d: Other 1
- 13e: Other 2
- 13f: Other 3
- 13g: Dual Eligible SNP with Highly Integrated Services
- 14b: Annual Physical Exam
- 14c1: Health Education
- 14c2: Nutritional/Dietary Benefit
- 14c3: Additional sessions of Smoking and Tobacco Cessation Coun
- 14c4: Fitness Benefit
- 14c5: Enhanced Disease Management
- 14c6: Telemonitoring Services
- 14c7: Remote Access Technologies (including Web/Phone based te
- 14c8: Bathroom Safety Devices
- 14c9: Counseling Services
- 14c10: In-Home Safety Assessment
- 14c11: Personal Emergency Response System (PERS)
- 14c12: Medical Nutrition Therapy (MNT)
- 14c13: Post discharge In-home Medication Reconciliation
- 14c14: Re-admission Prevention
- 14c15: Wigs for Hair Loss Related to Chemotherapy
- 14c16: Weight Management Programs
- 14c17: Alternative Therapies
- 16a1: Oral Exams

CY 2017 PBP Data Entry System Screens

#19a Reduced Cost Sharing for VBIDS – Base 4

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

◀ Previous
Next ▶
✔ Exit (Validate)
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Go To: #19a Reduced Cost Sharing for VBIDS - Base 4

Indicate Coinsurance for one or more of the following services:

	Minimum Coinsurance	Maximum Coinsurance		Minimum Coinsurance	Maximum Coinsurance
Cardiac Rehabilitation Services	<input type="text"/>	<input type="text"/>	Group Sessions for Mental Health Specialty Services	<input type="text"/>	<input type="text"/>
Intensive Cardiac Rehabilitation Services	<input type="text"/>	<input type="text"/>	Podiatry Services	<input type="text"/>	<input type="text"/>
Pulmonary Rehabilitation Services	<input type="text"/>	<input type="text"/>	Other Health Care Professional	<input type="text"/>	<input type="text"/>
Urgently Needed Services	<input type="text"/>	<input type="text"/>	Individual Sessions for Psychiatric Services	<input type="text"/>	<input type="text"/>
Partial Hospitalization	<input type="text"/>	<input type="text"/>	Group Sessions for Psychiatric Services	<input type="text"/>	<input type="text"/>
Home Health Services	<input type="text"/>	<input type="text"/>	Physical Therapy and Speech-Language Pathology Services	<input type="text"/>	<input type="text"/>
Primary Care Physician Services	<input type="text"/>	<input type="text"/>	Diagnostic Procedures/Tests	<input type="text"/>	<input type="text"/>
Chiropractic Services	<input type="text"/>	<input type="text"/>	Lab Services	<input type="text"/>	<input type="text"/>
Occupational Therapy Services	<input type="text"/>	<input type="text"/>	Diagnostic Radiological Services	<input type="text"/>	<input type="text"/>
Physician Specialist Services	<input type="text"/>	<input type="text"/>	Therapeutic Radiological Services	<input type="text"/>	<input type="text"/>
Individual Sessions for Mental Health Specialty Services	<input type="text"/>	<input type="text"/>	Outpatient X-Ray Services	<input type="text"/>	<input type="text"/>

CY 2017 PBP Data Entry System Screens

#19a Reduced Cost Sharing for VBIDS – Base 5

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: #19a Reduced Cost Sharing for VBIDS - Base 5

Indicate Coinsurance for one or more of the following services:

	Minimum Coinsurance	Maximum Coinsurance		Minimum Coinsurance	Maximum Coinsurance
Outpatient Hospital Services	<input type="text"/>	<input type="text"/>	Glaucoma Screening	<input type="text"/>	<input type="text"/>
Ambulatory Surgical Center (ASC) Services	<input type="text"/>	<input type="text"/>	Diabetes Self-Management Training	<input type="text"/>	<input type="text"/>
Outpatient Substance Abuse	<input type="text"/>	<input type="text"/>	Other 1	<input type="text"/>	<input type="text"/>
Outpatient Blood Abuse	<input type="text"/>	<input type="text"/>	Other 2	<input type="text"/>	<input type="text"/>
Durable Medical Equipment (DME)	<input type="text"/>	<input type="text"/>	Other 3	<input type="text"/>	<input type="text"/>
Prosthetic Devices	<input type="text"/>	<input type="text"/>	Other 4	<input type="text"/>	<input type="text"/>
Medical Supplies	<input type="text"/>	<input type="text"/>	Other 5	<input type="text"/>	<input type="text"/>
Diabetic Supplies	<input type="text"/>	<input type="text"/>	Comprehensive Dental	<input type="text"/>	<input type="text"/>
Diabetic Therapeutic Shoes/Inserts	<input type="text"/>	<input type="text"/>	Eye Exams	<input type="text"/>	<input type="text"/>
Dialysis Services	<input type="text"/>	<input type="text"/>	Eyewear	<input type="text"/>	<input type="text"/>
Kidney Disease Education Services	<input type="text"/>	<input type="text"/>	Hearing Exams	<input type="text"/>	<input type="text"/>

CY 2017 PBP Data Entry System Screens

#19a Reduced Cost Sharing for VBIDS – Base 6

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

◀ Previous
Next ▶
✓ Exit (Validate)
✗ Exit (No Validate)
Go To: #19a Reduced Cost Sharing for VBIDS - Base 6

Indicate Coinsurance for one or more of the following services.

	Minimum Coinsurance	Maximum Coinsurance		Minimum Coinsurance	Maximum Coinsurance
Additional Cardiac Rehabilitation Services	<input type="text"/>	<input type="text"/>	Dual Eligible SNP with Highly Integrated Services	<input type="text"/>	<input type="text"/>
Additional Intensive Cardiac Rehabilitation Services	<input type="text"/>	<input type="text"/>	Annual Physical Exam	<input type="text"/>	<input type="text"/>
Additional Pulmonary Rehabilitation Services	<input type="text"/>	<input type="text"/>	Health Education	<input type="text"/>	<input type="text"/>
Chiropractic Services - Routine Care/Other	<input type="text"/>	<input type="text"/>	Nutritional/Dietary Benefit	<input type="text"/>	<input type="text"/>
Podiatry Services - Routine Foot Care	<input type="text"/>	<input type="text"/>	Additional sessions of Smoking and Tobacco Cessation Counseling	<input type="text"/>	<input type="text"/>
Transportation Services - Plan Approved Location	<input type="text"/>	<input type="text"/>	Fitness Benefit	<input type="text"/>	<input type="text"/>
Transportation Services - Any Location	<input type="text"/>	<input type="text"/>	Enhanced Disease Management	<input type="text"/>	<input type="text"/>
Acupuncture	<input type="text"/>	<input type="text"/>	Telemonitoring Services	<input type="text"/>	<input type="text"/>
Over-the-Counter (OTC) Items	<input type="text"/>	<input type="text"/>	Remote Access Technologies (including Web/Phone based technologies and Nursing Hotline)	<input type="text"/>	<input type="text"/>
Meal Benefit	<input type="text"/>	<input type="text"/>	Bathroom Safety Devices	<input type="text"/>	<input type="text"/>
Other 1	<input type="text"/>	<input type="text"/>	Counseling Services	<input type="text"/>	<input type="text"/>
Other 2	<input type="text"/>	<input type="text"/>	In-Home Safety Assessment	<input type="text"/>	<input type="text"/>
Other 3	<input type="text"/>	<input type="text"/>	Personal Emergency Response System (PERS)	<input type="text"/>	<input type="text"/>

CY 2017 PBP Data Entry System Screens

#19a Reduced Cost Sharing for VBIDS – Base 7

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

◀ Previous
Next ▶
✔ Exit (Validate)
✘ Exit (No Validate)
Go To: #19a Reduced Cost Sharing for VBIDS - Base 7

Indicate Coinsurance for one or more of the following services.

	Minimum Coinsurance	Maximum Coinsurance		Minimum Coinsurance	Maximum Coinsurance
Medical Nutrition Therapy (MNT)	<input type="text"/>	<input type="text"/>	Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services	<input type="text"/>	<input type="text"/>
Post discharge In-home Medication Reconciliation	<input type="text"/>	<input type="text"/>	Routine Eye Exams/Other	<input type="text"/>	<input type="text"/>
Re-admission Prevention	<input type="text"/>	<input type="text"/>	Contact Lenses	<input type="text"/>	<input type="text"/>
Wigs for Hair Loss Related to Chemotherapy	<input type="text"/>	<input type="text"/>	Eyeglasses (lenses and frames)	<input type="text"/>	<input type="text"/>
Weight Management Programs	<input type="text"/>	<input type="text"/>	Eyeglass lenses	<input type="text"/>	<input type="text"/>
Alternative Therapies	<input type="text"/>	<input type="text"/>	Eyeglass frames	<input type="text"/>	<input type="text"/>
Oral Exams	<input type="text"/>	<input type="text"/>	Upgrades	<input type="text"/>	<input type="text"/>
Prophylaxis (Cleaning)	<input type="text"/>	<input type="text"/>	Routine Hearing Exams	<input type="text"/>	<input type="text"/>
Fluoride Treatment	<input type="text"/>	<input type="text"/>	Fitting/Evaluation for Hearing Aid	<input type="text"/>	<input type="text"/>
Dental X-Rays	<input type="text"/>	<input type="text"/>	Hearing Aids (all types)	<input type="text"/>	<input type="text"/>
Non-routine Services	<input type="text"/>	<input type="text"/>	Hearing Aids - Inner Ear	<input type="text"/>	<input type="text"/>
Diagnostic Services	<input type="text"/>	<input type="text"/>	Hearing Aids - Outer Ear	<input type="text"/>	<input type="text"/>
Restorative Services	<input type="text"/>	<input type="text"/>	Hearing Aids - Over the Ear	<input type="text"/>	<input type="text"/>
Endodontics/Periodontics/Extractions	<input type="text"/>	<input type="text"/>			

CY 2017 PBP Data Entry System Screens

#19a Reduced Cost Sharing for VBIDS – Base 8

File Help Add Variable
Go To: #19a Reduced Cost Sharing for VBIDS - Base 8

◀ Previous
Next ▶

✔ Exit (Validate)
✘ Exit (No Validate)

Do you offer a reduced deductible amount?

Yes

No

Indicate deductible for one or more of the following services

	Deductible Amount
Inpatient Hospital Acute	<input type="text"/>
Inpatient Hospital Psychiatric	<input type="text"/>
Skilled Nursing Facility (SNF)	<input type="text"/>
Cardiac and Pulmonary Rehabilitation Services	<input type="text"/>
Worldwide Emergency/Urgent Coverage	<input type="text"/>
Partial Hospitalization	<input type="text"/>
Home Health Services	<input type="text"/>
Primary Care Physician Services	<input type="text"/>
Chiropractic Services	<input type="text"/>
Occupational Therapy Services	<input type="text"/>
Physician Specialist Services	<input type="text"/>
Mental Health Specialty Services	<input type="text"/>
Podiatry Services	<input type="text"/>

Select the Medicare-covered benefits that will receive reduced deductible amounts:

- 1a: Inpatient Hospital Acute
- 1b: Inpatient Hospital Psychiatric
- 2: Skilled Nursing Facility (SNF)
- 3: Cardiac and Pulmonary Rehabilitation Services
- 4c: Worldwide Emergency/Urgent Coverage
- 5: Partial Hospitalization
- 6: Home Health Services
- 7a: Primary Care Physician Services
- 7b: Chiropractic Services
- 7c: Occupational Therapy Services
- 7d: Physician Specialist Services
- 7e: Mental Health Specialty Services
- 7f: Podiatry Services
- 7g: Other Health Care Professional
- 7h: Psychiatric Services
- 7i: Physical Therapy and Speech-Language Pathology Services
- 8a: Diagnostic Procedures/Tests/Lab Services
- 8b: Outpatient Diagnostic/Therapeutic Radiological Services
- 9a: Outpatient Hospital Services
- 9b: Ambulatory Surgical Center (ASC) Services
- 9c: Outpatient Substance Abuse
- 9d: Outpatient Blood Services
- 10a: Ambulance Services
- 10b: Transportation Services
- 11a: Durable Medical Equipment (DME)
- 11b: Prosthetics/Medical Supplies
- 11c: Diabetic Supplies and Services
- 12: Dialysis Services
- 13a: Acupuncture
- 13b: Over-the-Counter (OTC) Items
- 13c: Meal Benefit
- 13d: Other 1
- 13e: Other 2

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CY2017 PBP – Section B
12/4/2015

Page 9 of 166

CMS SENSITIVE INFORMATION - REQUIRES SPECIAL HANDLING

CY 2017 PBP Data Entry System Screens

#19a Reduced Cost Sharing for VBIDS – Base 9

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: #19a Reduced Cost Sharing for VBIDS - Base 9

Indicate deductible for one or more of the following services

	Deductible Amount		Deductible Amount		Deductible Amount		Deductible Amount
Other Health Care Professional	<input type="text"/>	Dialysis Services	<input type="text"/>	Telemonitoring Services	<input type="text"/>	Diabetes Self-Management Training	<input type="text"/>
Psychiatric Services	<input type="text"/>	Acupuncture	<input type="text"/>	Remote Access Technologies (including Web/Phone based technologies and Nursing Hotline)	<input type="text"/>	Other 1	<input type="text"/>
Physical Therapy and Speech-Language Pathology Services	<input type="text"/>	Over-the-Counter (OTC) Items	<input type="text"/>	Bathroom Safety Devices	<input type="text"/>	Other 2	<input type="text"/>
Diagnostic Procedures/Tests/Lab Services	<input type="text"/>	Meal Benefit	<input type="text"/>	Counseling Services	<input type="text"/>	Other 3	<input type="text"/>
Outpatient Diagnostic/Therapeutic Radiological Services	<input type="text"/>	Other 1	<input type="text"/>	In-Home Safety Assessment	<input type="text"/>	Other 4	<input type="text"/>
Outpatient Hospital Services	<input type="text"/>	Other 2	<input type="text"/>	Personal Emergency Response System (PERS)	<input type="text"/>	Other 5	<input type="text"/>
Ambulatory Surgical Center (ASC) Services	<input type="text"/>	Other 3	<input type="text"/>	Medical Nutrition Therapy (MNT)	<input type="text"/>	Medicare Part B Rx Drugs	<input type="text"/>
Outpatient Substance Abuse	<input type="text"/>	Dual Eligible SNP with Highly Integrated Services	<input type="text"/>	Post discharge In-home Medication Reconciliation	<input type="text"/>	Preventive Dental	<input type="text"/>
Outpatient Blood Services	<input type="text"/>	Annual Physical Exam	<input type="text"/>	Re-admission Prevention	<input type="text"/>	Comprehensive Dental	<input type="text"/>
Ambulance Services	<input type="text"/>	Health Education	<input type="text"/>	Wigs for Hair Loss Related to Chemotherapy	<input type="text"/>	Eye Exams	<input type="text"/>
Transportation Services	<input type="text"/>	Nutritional/Dietary Benefit	<input type="text"/>	Weight Management Programs	<input type="text"/>	Eyewear	<input type="text"/>
Durable Medical Equipment (DME)	<input type="text"/>	Additional sessions of Smoking and Tobacco Cessation Counseling	<input type="text"/>	Alternative Therapies	<input type="text"/>	Hearing Exams	<input type="text"/>
Prosthetics/Medical Supplies	<input type="text"/>	Fitness Benefit	<input type="text"/>	Kidney Disease Education Services	<input type="text"/>	Hearing Aids	<input type="text"/>
Diabetic Supplies and Services	<input type="text"/>	Enhanced Disease Management	<input type="text"/>	Glaucoma Screening	<input type="text"/>		

CY 2017 PBP Data Entry System Screens

#19a Reduced Cost Sharing for VBIDS – Base 10

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: #19a Reduced Cost Sharing for VBIDS - Base 10

Previous Next Exit (Validate) Exit (No Validate)

Do you offer reduced Copay?

Yes

No

Select all the Medicare-covered benefits that will receive reduced copay:

- 3-1: Cardiac Rehabilitation Services
- 3-2: Intensive Cardiac Rehabilitation Services
- 3-3: Pulmonary Rehabilitation Services
- 4b: Urgently Needed Services
- 5: Partial Hospitalization
- 6: Home Health Services
- 7a: Primary Care Physician Services
- 7b: Chiropractic Services
- 7c: Occupational Therapy Services
- 7d: Physician Specialist Services
- 7e1: Individual Sessions for Mental Health Specialty Services
- 7e2: Group Sessions for Mental Health Specialty Services
- 7f: Podiatry Services
- 7g: Other Health Care Professional
- 7h1: Individual Sessions for Psychiatric Services
- 7h2: Group Sessions for Psychiatric Services
- 7i: Physical Therapy and Speech-Language Pathology Services
- 8a1: Diagnostic Procedures/Tests
- 8a2: Lab Services
- 8b1: Diagnostic Radiological Services
- 8b2: Therapeutic Radiological Services
- 8b3: Outpatient X-Ray Services
- 9a: Outpatient Hospital Services
- 9b: Ambulatory Surgical Center (ASC) Services
- 9c: Outpatient Substance Abuse
- 9d: Outpatient Blood Services
- 11a: Durable Medical Equipment (DME)
- 11b1: Prosthetic Devices
- 11b2: Medical Supplies
- 11c1: Diabetic Supplies
- 11c2: Diabetic Therapeutic Shoes/Inserts
- 12: Dialysis Services
- 14d: Kidney Disease Education Services

Select all the Non-Medicare-covered benefits that will receive reduced copay:

- 3-1: Cardiac Rehabilitation Services
- 3-2: Intensive Cardiac Rehabilitation Services
- 3-3: Pulmonary Rehabilitation Services
- 7b: Chiropractic Services
- 7f: Podiatry Services
- 10b1: Transportation Services - Plan Approved Location
- 10b2: Transportation Services - Any Location
- 13a: Acupuncture
- 13b: Over-the-Counter (OTC) Items
- 13c: Meal Benefit
- 13d: Other 1
- 13e: Other 2
- 13f: Other 3
- 13g: Dual Eligible SNP with Highly Integrated Services
- 14b: Annual Physical Exam
- 14c1: Health Education
- 14c2: Nutritional/Dietary Benefit
- 14c3: Additional sessions of Smoking and Tobacco Cessation Coun
- 14c4: Fitness Benefit
- 14c5: Enhanced Disease Management
- 14c6: Telemonitoring Services
- 14c7: Remote Access Technologies (including Web/Phone based te
- 14c8: Bathroom Safety Devices
- 14c9: Counseling Services
- 14c10: In-Home Safety Assessment
- 14c11: Personal Emergency Response System (PERS)
- 14c12: Medical Nutrition Therapy (MNT)
- 14c13: Post discharge In-home Medication Reconciliation
- 14c14: Re-admission Prevention
- 14c15: Wigs for Hair Loss Related to Chemotherapy
- 14c16: Weight Management Programs
- 14c17: Alternative Therapies
- 16a1: Oral Exams

CY 2017 PBP Data Entry System Screens

#19a Reduced Cost Sharing for VBIDS – Base 11

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

◀ Previous
Next ▶
✔ Exit (Validate)
✘ Exit (No Validate)
Go To: #19a Reduced Cost Sharing for VBIDS - Base 11

Indicate Copayment for one or more of the following services:

	Minimum Copay	Maximum Copay		Minimum Copay	Maximum Copay
Cardiac Rehabilitation Services	<input type="text"/>	<input type="text"/>	Group Sessions for Mental Health Specialty Services	<input type="text"/>	<input type="text"/>
Intensive Cardiac Rehabilitation Services	<input type="text"/>	<input type="text"/>	Podiatry Services	<input type="text"/>	<input type="text"/>
Pulmonary Rehabilitation Services	<input type="text"/>	<input type="text"/>	Other Health Care Professional	<input type="text"/>	<input type="text"/>
Urgently Needed Services	<input type="text"/>	<input type="text"/>	Individual Sessions for Psychiatric Services	<input type="text"/>	<input type="text"/>
Partial Hospitalization	<input type="text"/>	<input type="text"/>	Group Sessions for Psychiatric Services	<input type="text"/>	<input type="text"/>
Home Health Services	<input type="text"/>	<input type="text"/>	Physical Therapy and Speech-Language Pathology Services	<input type="text"/>	<input type="text"/>
Primary Care Physician Services	<input type="text"/>	<input type="text"/>	Diagnostic Procedures/Tests	<input type="text"/>	<input type="text"/>
Chiropractic Services	<input type="text"/>	<input type="text"/>	Lab Services	<input type="text"/>	<input type="text"/>
Occupational Therapy Services	<input type="text"/>	<input type="text"/>	Diagnostic Radiological Services	<input type="text"/>	<input type="text"/>
Physician Specialist Services	<input type="text"/>	<input type="text"/>	Therapeutic Radiological Services	<input type="text"/>	<input type="text"/>
Individual Sessions for Mental Health Specialty Services	<input type="text"/>	<input type="text"/>	Outpatient X-Ray Services	<input type="text"/>	<input type="text"/>

CY 2017 PBP Data Entry System Screens

#19a Reduced Cost Sharing for VBIDS – Base 12

File Help Add Variable
Go To: #19a Reduced Cost Sharing for VBIDS – Base 12

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

Indicate Copayment for one or more of the following services:

	Minimum Copay	Maximum Copay		Maximum Copay	Minimum Copay
Outpatient Hospital Services	<input type="text"/>	<input type="text"/>	Glaucoma Screening	<input type="text"/>	<input type="text"/>
Ambulatory Surgical Center (ASC) Services	<input type="text"/>	<input type="text"/>	Diabetes Self-Management Training	<input type="text"/>	<input type="text"/>
Outpatient Substance Abuse	<input type="text"/>	<input type="text"/>	Other 1	<input type="text"/>	<input type="text"/>
Outpatient Blood Abuse	<input type="text"/>	<input type="text"/>	Other 2	<input type="text"/>	<input type="text"/>
Durable Medical Equipment (DME)	<input type="text"/>	<input type="text"/>	Other 3	<input type="text"/>	<input type="text"/>
Prosthetic Devices	<input type="text"/>	<input type="text"/>	Other 4	<input type="text"/>	<input type="text"/>
Medical Supplies	<input type="text"/>	<input type="text"/>	Other 5	<input type="text"/>	<input type="text"/>
Diabetic Supplies	<input type="text"/>	<input type="text"/>	Comprehensive Dental	<input type="text"/>	<input type="text"/>
Diabetic Therapeutic Shoes/Inserts	<input type="text"/>	<input type="text"/>	Eye Exams	<input type="text"/>	<input type="text"/>
Dialysis Services	<input type="text"/>	<input type="text"/>	Eyewear	<input type="text"/>	<input type="text"/>
Kidney Disease Education Services	<input type="text"/>	<input type="text"/>	Hearing Exams	<input type="text"/>	<input type="text"/>

CY 2017 PBP Data Entry System Screens

#19a Reduced Cost Sharing for VBIDS – Base 13

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000
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File Help Add Variable
Go To: #19a Reduced Cost Sharing for VBIDS - Base 13

Previous Next Exit (Validate) Exit (No Validate)

Indicate Copay for one or more of the following services.

	Minimum Copay	Maximum Copay		Minimum Copay	Maximum Copay
Additional Cardiac Rehabilitation Services	<input type="text"/>	<input type="text"/>	Dual Eligible SNP with Highly Integrated Services	<input type="text"/>	<input type="text"/>
Additional Intensive Cardiac Rehabilitation Services	<input type="text"/>	<input type="text"/>	Annual Physical Exam	<input type="text"/>	<input type="text"/>
Additional Pulmonary Rehabilitation Services	<input type="text"/>	<input type="text"/>	Health Education	<input type="text"/>	<input type="text"/>
Chiropractic Services - Routine Care/Other	<input type="text"/>	<input type="text"/>	Nutritional/Dietary Benefit	<input type="text"/>	<input type="text"/>
Podiatry Services - Routine Foot Care	<input type="text"/>	<input type="text"/>	Additional sessions of Smoking and Tobacco Cessation Counseling	<input type="text"/>	<input type="text"/>
Transportation Services - Plan Approved Location	<input type="text"/>	<input type="text"/>	Fitness Benefit	<input type="text"/>	<input type="text"/>
Transportation Services - Any Location	<input type="text"/>	<input type="text"/>	Enhanced Disease Management	<input type="text"/>	<input type="text"/>
Acupuncture	<input type="text"/>	<input type="text"/>	Telemonitoring Services	<input type="text"/>	<input type="text"/>
Over-the-Counter (OTC) Items	<input type="text"/>	<input type="text"/>	Remote Access Technologies (including Web/Phone based technologies and Nursing Hotline)	<input type="text"/>	<input type="text"/>
Meal Benefit	<input type="text"/>	<input type="text"/>	Bathroom Safety Devices	<input type="text"/>	<input type="text"/>
Other 1	<input type="text"/>	<input type="text"/>	Counseling Services	<input type="text"/>	<input type="text"/>
Other 2	<input type="text"/>	<input type="text"/>	In-Home Safety Assessment	<input type="text"/>	<input type="text"/>
Other 3	<input type="text"/>	<input type="text"/>	Personal Emergency Response System (PERS)	<input type="text"/>	<input type="text"/>

CY 2017 PBP Data Entry System Screens

#19a Reduced Cost Sharing for VBIDS – Base 14

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

◀ Previous
Next ▶
✓ Exit (Validate)
✗ Exit (No Validate)
Go To: #19a Reduced Cost Sharing for VBIDS - Base 14

Indicate Copay for one or more of the following services.

	Minimum Copay	Maximum Copay		Minimum Copay	Maximum Copay
Medical Nutrition Therapy (MNT)	<input type="text"/>	<input type="text"/>	Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services	<input type="text"/>	<input type="text"/>
Post discharge In-home Medication Reconciliation	<input type="text"/>	<input type="text"/>	Routine Eye Exams/Other	<input type="text"/>	<input type="text"/>
Re-admission Prevention	<input type="text"/>	<input type="text"/>	Contact Lenses	<input type="text"/>	<input type="text"/>
Wigs for Hair Loss Related to Chemotherapy	<input type="text"/>	<input type="text"/>	Eyeglasses (lenses and frames)	<input type="text"/>	<input type="text"/>
Weight Management Programs	<input type="text"/>	<input type="text"/>	Eyeglass lenses	<input type="text"/>	<input type="text"/>
Alternative Therapies	<input type="text"/>	<input type="text"/>	Eyeglass frames	<input type="text"/>	<input type="text"/>
Oral Exams	<input type="text"/>	<input type="text"/>	Upgrades	<input type="text"/>	<input type="text"/>
Prophylaxis (Cleaning)	<input type="text"/>	<input type="text"/>	Routine Hearing Exams	<input type="text"/>	<input type="text"/>
Fluoride Treatment	<input type="text"/>	<input type="text"/>	Fitting/Evaluation for Hearing Aid	<input type="text"/>	<input type="text"/>
Dental X-Rays	<input type="text"/>	<input type="text"/>	Hearing Aids (all types)	<input type="text"/>	<input type="text"/>
Non-routine Services	<input type="text"/>	<input type="text"/>	Hearing Aids - Inner Ear	<input type="text"/>	<input type="text"/>
Diagnostic Services	<input type="text"/>	<input type="text"/>	Hearing Aids - Outer Ear	<input type="text"/>	<input type="text"/>
Restorative Services	<input type="text"/>	<input type="text"/>	Hearing Aids - Over the Ear	<input type="text"/>	<input type="text"/>
Endodontics/Periodontics/Extractions	<input type="text"/>	<input type="text"/>			

CY 2017 PBP Data Entry System Screens

#19a Reduced Cost Sharing for VBIDS – Notes

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: #19a Reduced Cost Sharing for VBIDS - Notes

Previous Next Exit (Validate) Exit (No Validate)

Please describe any additional measures taken to reduce cost sharing, and/or other pertinent information regarding how the VBID program is administered to Beneficiaries

Notes:

CY 2017 PBP Data Entry System Screens

VBID #19A #1a Inpatient Hospital-Acute – Base 1

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: VBID 19A #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 Non-Medicare-covered stay:

Mandatory
 Optional

Select type of benefit for Upgrades:

Mandatory
 Optional

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:

CY 2017 PBP Data Entry System Screens

VBID #19A #1a Inpatient Hospital-Acute – Base 2

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: VBID 19A #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 Medicare-covered benefit 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
 Per Admission
 Other, describe

If "Other, Describe" is selected enter description below:

Do you charge cost sharing on the day of discharge?

Yes
 No

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 2017 PBP Data Entry System Screens

VBID #19A #1a Inpatient Hospital-Acute – Base 3

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: **VBID 19A #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 2017 PBP Data Entry System Screens

VBID #19A #1a Inpatient Hospital-Acute – Base 4

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000
_ | 5 | X

File Help Add Variable
Go To: VBID 19A #1a Inpatient Hospital-Acute - Base 4

◀ Previous
Next ▶

✔ Exit (Validate)
✘ Exit (No Validate)

Medicare-covered Lifetime Reserve Days Tier 1	Medicare-covered Lifetime Reserve Days Tier 2	Medicare-covered Lifetime Reserve Days Tier 3																																																																																										
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CY 2017 PBP Data Entry System Screens

VBID #19A #1a Inpatient Hospital-Acute – Base 5

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: VBID 19A #1a Inpatient Hospital-Acute - Base 5

Previous Next Exit (Validate) Exit (No Validate)

Does this plan's Additional Days cost sharing 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

Additional Days Coinsurance Cost Sharing for Tier 1:
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:
[] [] []

Additional Days Coinsurance Cost Sharing for Tier 2:
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 2017 PBP Data Entry System Screens

VBID #19A #1a Inpatient Hospital-Acute – Base 6

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: VBID 19A #1a Inpatient Hospital-Acute - Base 6

Previous Next Exit (Validate) Exit (No Validate)

Additional Days Coinsurance Cost Sharing for Tier 3:

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

Is the Coinsurance structure for the Non-Medicare-covered stay the same as the Coinsurance structure for the Medicare-covered stay?

Yes
 No

Indicate Coinsurance percentage for the Non-Medicare-covered stay:

Indicate the number of day intervals for the Non-Medicare-covered stay:

Zero (No Coinsurance per Day)
 One
 Two
 Three

Indicate the coinsurance percentage and day interval(s) for the Non-Medicare-covered stay (enter "999" if unlimited days are offered; e.g., 1 to 999):

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

Indicate Coinsurance percentage for Upgrades:

CY 2017 PBP Data Entry System Screens

VBID #19A #1a Inpatient Hospital-Acute – Base 7

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000
- [] X

File Help Add Variable
Go To: VBID 19A #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.

MA Organizations are not permitted to tier deductibles.

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 2017 PBP Data Entry System Screens

VBID #19A #1a Inpatient Hospital-Acute – Base 8

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: VBID 19A #1a Inpatient Hospital-Acute - Base 8

◀
Previous

▶
Next

✓
Exit (Validate)

✗
Exit (No Validate)

<p style="font-size: x-small;">Medicare-covered Copayment Cost Sharing for Tier 2:</p> <p style="font-size: x-small;">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 style="font-size: x-small;">Indicate Copayment amount for the Medicare-covered stay:</p> <input style="width: 100px;" 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 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 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"/> | | 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 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"/> | |

CY 2017 PBP Data Entry System Screens

VBID #19A #1a Inpatient Hospital-Acute – Base 9

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000
_ | 5 | X

File Help Add Variable
Go To: VBID 19A #1a Inpatient Hospital-Acute - Base 9

◀ Previous
Next ▶

✔ Exit (Validate)
✘ Exit (No Validate)

Medicare-covered Lifetime 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):

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"/>

Medicare-covered Lifetime 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):

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"/>

Medicare-covered Lifetime 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 2017 PBP Data Entry System Screens

VBID #19A #1a Inpatient Hospital-Acute – Base 10

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: VBID 19A #1a Inpatient Hospital-Acute - Base 10

Previous Next Exit (Validate) Exit (No Validate)

Additional Days Copayment Cost Sharing for Tier 1:

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"/>

Additional Days Copayment Cost Sharing for Tier 2:

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 2017 PBP Data Entry System Screens

VBID #19A #1a Inpatient Hospital-Acute – Base 11

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: VBID 19A #1a Inpatient Hospital-Acute - Base 11

Previous

Next

Exit (Validate)

Exit (No Validate)

Additional Days Copayment Cost Sharing for Tier 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., 91 to 999):

Copayment Amt Interval 1	Begin Day Interval 1:	End Day Interval 1:
<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>
Copayment Amt Interval 2	Begin Day Interval 2:	End Day Interval 2:
<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>
Copayment Amt Interval 3	Begin Day Interval 3:	End Day Interval 3:
<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>

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:
<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>
Copayment Amt Interval 2	Begin Day Interval 2:	End Day Interval 2:
<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>
Copayment Amt Interval 3	Begin Day Interval 3:	End Day Interval 3:
<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>

CY 2017 PBP Data Entry System Screens

VBID #19A #1a Inpatient Hospital-Acute – Base 12

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: VBID 19A #1a Inpatient Hospital-Acute - Base 12

Previous Next Exit (Validate) Exit (No Validate)

Indicate Copayment amount for Upgrades per stay:

Indicate Copayment amount for Upgrades 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 Inpatient Hospital - Acute Services

Yes
 No

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 2017 PBP Data Entry System Screens

VBID #19A #1b Inpatient Hospital Psychiatric – Base 1

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: VBID 19A #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 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 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 2017 PBP Data Entry System Screens

VBID #19A #1b Inpatient Hospital Psychiatric – Base 2

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000
_ | [] | X

File Help Add Variable
Go To: VBID 19A #1b Inpatient Hospital Psychiatric - Base 2

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

 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

How many cost sharing tiers do you offer?

Indicate Coinsurance percentage for the Medicare-covered stay:

What is your lowest cost tier?

 Tier 1
 Tier 2
 Tier 3

Indicate the number of day intervals for the Medicare-covered stay:

 Zero (No Coinsurance per Day)
 One
 Two
 Three

What is your inpatient hospital benefit period?

 Original Medicare
 Annual
 Per Admission
 Other, describe

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 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"/>

If "Other, Describe" is selected enter description below:

Do you charge cost sharing on the day of discharge?

 Yes
 No

Is there an enrollee Coinsurance?

 Yes
 No

CY 2017 PBP Data Entry System Screens

VBID #19A #1b Inpatient Hospital Psychiatric – Base 3

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: VBID 19A #1b Inpatient Hospital Psychiatric - 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	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"/>

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	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 2017 PBP Data Entry System Screens

VBID #19A #1b Inpatient Hospital Psychiatric – Base 4

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: VBID 19A #1b Inpatient Hospital Psychiatric - Base 4

Medicare-covered Lifetime 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):

	Interval Days		
	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 Lifetime 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):

	Interval Days		
	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 Lifetime 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):

	Interval Days		
	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 2017 PBP Data Entry System Screens

VBID #19A #1b Inpatient Hospital Psychiatric – Base 5

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: VBID 19A #1b Inpatient Hospital Psychiatric - Base 5

Previous Next Exit (Validate) Exit (No Validate)

Does this plan's Additional Days cost sharing 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

Additional Days Coinsurance Cost Sharing for Tier 1:
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
[]	[]	[]

Additional Days Coinsurance Cost Sharing for Tier 2:
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 2017 PBP Data Entry System Screens

VBID #19A #1b Inpatient Hospital Psychiatric – Base 6

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: VBID 19A #1b Inpatient Hospital Psychiatric - Base 6

Previous Next Exit (Validate) Exit (No Validate)

Additional Days Coinsurance Cost Sharing for Tier 3:

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:

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 2017 PBP Data Entry System Screens

VBID #19A #1b Inpatient Hospital Psychiatric – Base 7

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: VBID 19A #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.
MA Organizations are not permitted to tier deductibles.

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:
[]	[]	[]
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 2017 PBP Data Entry System Screens

VBID #19A #1b Inpatient Hospital Psychiatric – Base 8

File Help Add Variable
Go To: VBID 19A #1b Inpatient Hospital Psychiatric - 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:
Copayment Amt Interval 2	Begin Day Interval 2:	End Day Interval 2:
Copayment Amt Interval 3	Begin Day Interval 3:	End Day Interval 3:

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:
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 2017 PBP Data Entry System Screens

VBID #19A #1b Inpatient Hospital Psychiatric – Base 9

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000
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File Help Add Variable
Go To: VBID 19A #1b Inpatient Hospital Psychiatric - Base 9

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

<p>Medicare-covered Lifetime Reserve Days Tier 1</p> <p>Indicate the number of day intervals for the Medicare-covered Lifetime Reserve Days:</p> <p><input type="radio"/> Zero (No Copayment per Day)</p> <p><input type="radio"/> One</p> <p><input type="radio"/> Two</p> <p><input type="radio"/> Three</p> <p>Indicate the copayment amount and day interval(s) for the 60 Medicare-covered Lifetime Reserve Days (i.e., 1 - 60):</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: center;">Interval Days</th> </tr> <tr> <th style="text-align: center;">Copay Amount</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> </tr> <tr> <td>Interval 2:</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> </tr> </tbody> </table>	Interval Days			Copay Amount	Begin Day	End Day	Interval 1:	<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"/>	Interval 3:	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<p>Medicare-covered Lifetime Reserve Days Tier 2</p> <p>Indicate the number of day intervals for the Medicare-covered Lifetime Reserve Days:</p> <p><input type="radio"/> Zero (No Copayment per Day)</p> <p><input type="radio"/> One</p> <p><input type="radio"/> Two</p> <p><input type="radio"/> Three</p> <p>Indicate the copayment amount and day interval(s) for the 60 Medicare-covered Lifetime Reserve Days (i.e., 1 - 60):</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: center;">Interval Days</th> </tr> <tr> <th style="text-align: center;">Copay Amount</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> </tr> <tr> <td>Interval 2:</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> </tr> </tbody> </table>	Interval Days			Copay Amount	Begin Day	End Day	Interval 1:	<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"/>	Interval 3:	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<p>Medicare-covered Lifetime Reserve Days Tier 3</p> <p>Indicate the number of day intervals for the Medicare-covered Lifetime Reserve Days:</p> <p><input type="radio"/> Zero (No Copayment per Day)</p> <p><input type="radio"/> One</p> <p><input type="radio"/> Two</p> <p><input type="radio"/> Three</p> <p>Indicate the copayment amount and day interval(s) for the 60 Medicare-covered Lifetime Reserve Days (i.e., 1 - 60):</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: center;">Interval Days</th> </tr> <tr> <th style="text-align: center;">Copay Amount</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> </tr> <tr> <td>Interval 2:</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> </tr> </tbody> </table>	Interval Days			Copay Amount	Begin Day	End Day	Interval 1:	<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"/>	Interval 3:	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>
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CY 2017 PBP Data Entry System Screens

VBID #19A #1b Inpatient Hospital Psychiatric – Base 10

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: VBID 19A #1b Inpatient Hospital Psychiatric - Base 10

Previous Next Exit (Validate) Exit (No Validate)

Additional Days Copayment Cost Sharing for Tier 1:

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"/>

Additional Days Copayment Cost Sharing for Tier 2:

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 2017 PBP Data Entry System Screens

VBID #19A #1b Inpatient Hospital Psychiatric – Base 11

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: VBID 19A #1b Inpatient Hospital Psychiatric - Base 11

Previous Next Exit (Validate) Exit (No Validate)

Additional Days Copayment Cost Sharing for Tier 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., 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"/>

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:
<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 2017 PBP Data Entry System Screens

VBID #19A #1b Inpatient Hospital Psychiatric – Base 12

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: VBID 19A #1b Inpatient Hospital Psychiatric - Base 12

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 Inpatient Psychiatric Hospital Services?

Yes

No

Inpatient Hospital Psychiatric Notes

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

Notes:

CY 2017 PBP Data Entry System Screens

VBID 19A #2 SNF – Base 1

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: VBID 19A #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 (MMP Only)

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 2017 PBP Data Entry System Screens

VBID 19A #2 SNF – Base 2

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000
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File Help Add Variable
Go To: VBID 19A #2 SNF - Base 2

<p>Does this plan's Medicare-covered benefit cost sharing vary by the Skilled Nursing Facility in which an enrollee obtains care?</p> <input type="radio"/> Yes <input type="radio"/> No	<p>Is there an enrollee Coinsurance?</p> <input type="radio"/> Yes <input type="radio"/> No																		
<p>How many cost sharing tiers do you offer?</p> <input type="text"/>	<p>Medicare-covered Coinsurance Cost Sharing for Tier 1:</p>																		
<p>What is your lowest cost tier?</p> <input type="radio"/> Tier 1 <input type="radio"/> Tier 2 <input type="radio"/> Tier 3	<p>Do you charge the Medicare-defined cost shares? (These are the total charges for all services provided to the enrollee in the SNF.)</p> <input type="radio"/> Yes <input type="radio"/> No																		
<p>What is your SNF benefit period?</p> <input type="radio"/> Original Medicare <input type="radio"/> Annual <input type="radio"/> Per Admission <input type="radio"/> Other, describe If "Other, Describe" is selected enter description below: <input type="text"/>	<p>Indicate Coinsurance percentage for the Medicare-covered stay:</p> <input type="text"/>																		
<p>Do you charge cost sharing on the day of discharge?</p> <input type="radio"/> Yes <input type="radio"/> No	<p>Indicate the number of day intervals for the Medicare-covered stay:</p> <input type="radio"/> Zero (No Coinsurance per Day) <input type="radio"/> One <input type="radio"/> Two <input type="radio"/> Three																		
	<p>Indicate the coinsurance percentage and day interval(s) for Medicare-covered stay (e.g., 1 to 20, 21 to 100):</p> <table border="0" style="width: 100%;"> <tr> <td>Coinsurance % Interval 1:</td> <td>Begin Day Interval 1:</td> <td>End Day Interval 1:</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Coinsurance % Interval 2:</td> <td>Begin Day Interval 2:</td> <td>End Day Interval 2:</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Coinsurance % Interval 3:</td> <td>Begin Day Interval 3:</td> <td>End Day Interval 3:</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	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"/>
Coinsurance % Interval 1:	Begin Day Interval 1:	End Day Interval 1:																	
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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 2017 PBP Data Entry System Screens

VBID 19A #2 SNF – Base 3

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: VBID 19A #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	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"/>

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	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 2017 PBP Data Entry System Screens

VBID 19A #2 SNF – Base 4

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000
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File Help Add Variable

Go To: VBID 19A #2 SNF - Base 4

◀ Previous
Next ▶

✔ Exit (Validate)
✘ Exit (No Validate)

Does this plan's Additional Days cost sharing 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

Additional Days Coinsurance Cost Sharing for Tier 2:

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:

Additional Days Coinsurance Cost Sharing for Tier 1:

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 2017 PBP Data Entry System Screens

VBID 19A #2 SNF – Base 5

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: VBID 19A #2 SNF - Base 5

Previous Next Exit (Validate) Exit (No Validate)

Additional Days Coinsurance Cost Sharing for Tier 3:
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:

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 2017 PBP Data Entry System Screens

VBID 19A #2 SNF – Base 6

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: VBID 19A #2 SNF - Base 6

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.
MA Organizations are not permitted to tier deductibles.

Is there an enrollee Deductible?
 Yes
 No

Indicate Deductible Amount Tier 1:
[]

Indicate Deductible Amount Tier 2:
[]

Indicate Deductible Amount 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 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:
[]	[]	[]

CY 2017 PBP Data Entry System Screens

VBID 19A #2 SNF – Base 7

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: VBID 19A #2 SNF - Base 7

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 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 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:
<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 2017 PBP Data Entry System Screens

VBID 19A #2 SNF – Base 8

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: VBID 19A #2 SNF - Base 8

Previous Next Exit (Validate) Exit (No Validate)

Additional Days Copayment Cost Sharing for Tier 1:

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:
[] [] []

Additional Days Copayment Cost Sharing for Tier 2:

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 2017 PBP Data Entry System Screens

VBID 19A #2 SNF – Base 9

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: VBID 19A #2 SNF - Base 9

Previous Next Exit (Validate) Exit (No Validate)

Additional Days Copayment/Cost Sharing for Tier 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:
[] [] []

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:
[] [] []

CY 2017 PBP Data Entry System Screens

VBID 19A #2 SNF – Base 10

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: VBID 19A #2 SNF - Base 10

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

SNF Notes

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

Notes:

CY 2017 PBP Data Entry System Screens

#19b Additional Benefits for VBIDS

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: #19b Additional Benefits for VBIDS

Previous Next Exit (Validate) Exit (No Validate)

CLICK FOR DESCRIPTION OF BENEFIT

Does your VBID benefit offer additional Part C benefits?

Yes

No

How many packages do your Additional Benefits contain? (1-15)

CY 2017 PBP Data Entry System Screens

#19b Additional Benefits for VBIDS – Base 1

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: #19b Additional Benefits for VBIDS - Base 1

Previous Next Exit (Validate) Exit (No Validate)

Which disease states does this benefit apply? (Select all that apply):

- Diabetes
- Chronic Obstructive Pulmonary Disease (COPD)
- Congestive Heart Failure (CHF)
- Patient with Past Stroke
- Hypertension
- Coronary Heart Disease
- Mood Disorders

Is there a prerequisite for any additional benefits for this package?

Yes

No

Which prerequisites are required for this package?

- High value provider
- Participation in a Wellness Program
- Other, Describe

Select all the Non-Medicare-covered additional benefits offered in this package:

- 1a: Inpatient Hospital Acute
- 1b: Inpatient Hospital Psychiatric
- 2: Skilled Nursing Facility (SNF)
- 3: Cardiac and Pulmonary Rehabilitation Services
- 7b: Chiropractic Services
- 7f: Podiatry Services
- 10b: Transportation Services
- 13a: Acupuncture
- 13b: Over-the-Counter (OTC) Items
- 13c: Meal Benefit
- 13d: Other 1
- 13e: Other 2
- 13f: Other 3
- 13g: Dual Eligible SNP with Highly Integrated Services
- 14b: Annual Physical Exam
- 14c: Eligible Supplemental Benefits as Defined in Chapter 4
- 16a: Preventive Dental
- 16b: Comprehensive Dental
- 17a: Eye Exams
- 17b: Eyewear
- 18a: Hearing Exams
- 18b: Hearing Aids

CY 2017 PBP Data Entry System Screens

#19b Additional Benefits for VBIDS – Base 2

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: #19b Additional Benefits for VBIDS - Base 2

Previous Next Exit (Validate) Exit (No Validate)

Do the benefits in this package apply to OON/POS?

Yes
 No

Are any benefits exempt from the plan level deductible?

Yes
 No

Select all the Non-Medicare-covered additional benefits offered in this package:

- 1a: Inpatient Hospital Acute
- 1b: Inpatient Hospital Psychiatric
- 2: Skilled Nursing Facility (SNF)
- 3: Cardiac and Pulmonary Rehabilitation Services
- 7b: Chiropractic Services
- 7f: Podiatry Services
- 10b: Transportation Services
- 13a: Acupuncture
- 13b: Over-the-Counter (OTC) Items
- 13c: Meal Benefit
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- 13e: Other 2
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CY 2017 PBP Data Entry System Screens

#19b Additional Benefits for VBIDS – Notes

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: #19b Additional Benefits for VBIDS - Notes

Previous Next Exit (Validate) Exit (No Validate)

Please describe any additional measures taken to reduce costsharing, and/or other pertinent information regarding how the VBID program is administered to Beneficiaries

Notes:

CY 2017 PBP Data Entry System Screens

VBID 19B #1a Inpatient Hospital-Acute – Base 1

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: VBID 19B #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 Non-Medicare-covered stay:

Mandatory
 Optional

Select type of benefit for Upgrades:

Mandatory
 Optional

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:

CY 2017 PBP Data Entry System Screens

VBID 19B #1a Inpatient Hospital-Acute – Base 2

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000
Go To: VBID 19B #1a Inpatient Hospital-Acute - Base 2

File Help Add Variable

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 Medicare-covered benefit 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
 Per Admission
 Other, describe

If "Other, Describe" is selected enter description below:

Do you charge cost sharing on the day of discharge?

Yes
 No

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: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Coinsurance % 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"/>
Coinsurance % 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"/>

Fu Associates, Ltd.

CY2017 PBP – Section B
12/4/2015

Page 56 of 166

CMS SENSITIVE INFORMATION - REQUIRES SPECIAL HANDLING

CY 2017 PBP Data Entry System Screens

VBID 19B #1a Inpatient Hospital-Acute – Base 3

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: VBID 19B #1a Inpatient Hospital-Acute - 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 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 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 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 2017 PBP Data Entry System Screens

VBID 19B #1a Inpatient Hospital-Acute – Base 4

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000
- [] X

File Help Add Variable
Go To: VBID 19B #1a Inpatient Hospital-Acute - Base 4

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

<p>Medicare-covered Lifetime Reserve Days Tier 1</p> <p>Indicate the number of day intervals for the Medicare-covered Lifetime Reserve Days:</p> <p><input type="radio"/> Zero (No Coinsurance per Day)</p> <p><input type="radio"/> One</p> <p><input type="radio"/> Two</p> <p><input type="radio"/> Three</p> <p>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%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 15%; text-align: center;">Interval Days</th> <th style="width: 15%;"></th> <th style="width: 15%;"></th> <th style="width: 15%;"></th> <th style="width: 15%;"></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> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>Interval 1:</td> <td style="text-align: center;">[]</td> <td style="text-align: center;">[]</td> <td style="text-align: center;">[]</td> <td></td> <td></td> </tr> <tr> <td>Interval 2:</td> <td style="text-align: center;">[]</td> <td style="text-align: center;">[]</td> <td style="text-align: center;">[]</td> <td></td> <td></td> </tr> <tr> <td>Interval 3:</td> <td style="text-align: center;">[]</td> <td style="text-align: center;">[]</td> <td style="text-align: center;">[]</td> <td></td> <td></td> </tr> </tbody> </table>		Interval Days						Coinsurance %	Begin Day	End Day			Interval 1:	[]	[]	[]			Interval 2:	[]	[]	[]			Interval 3:	[]	[]	[]			<p>Medicare-covered Lifetime Reserve Days Tier 2</p> <p>Indicate the number of day intervals for the Medicare-covered Lifetime Reserve Days:</p> <p><input type="radio"/> Zero (No Coinsurance per Day)</p> <p><input type="radio"/> One</p> <p><input type="radio"/> Two</p> <p><input type="radio"/> Three</p> <p>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%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 15%; text-align: center;">Interval Days</th> <th style="width: 15%;"></th> <th style="width: 15%;"></th> <th style="width: 15%;"></th> <th style="width: 15%;"></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> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>Interval 1:</td> <td style="text-align: center;">[]</td> <td style="text-align: center;">[]</td> <td style="text-align: center;">[]</td> <td></td> <td></td> </tr> <tr> <td>Interval 2:</td> <td style="text-align: center;">[]</td> <td style="text-align: center;">[]</td> <td style="text-align: center;">[]</td> <td></td> <td></td> </tr> <tr> <td>Interval 3:</td> <td style="text-align: center;">[]</td> <td style="text-align: center;">[]</td> <td style="text-align: center;">[]</td> <td></td> <td></td> </tr> </tbody> </table>		Interval Days						Coinsurance %	Begin Day	End Day			Interval 1:	[]	[]	[]			Interval 2:	[]	[]	[]			Interval 3:	[]	[]	[]			<p>Medicare-covered Lifetime Reserve Days Tier 3</p> <p>Indicate the number of day intervals for the Medicare-covered Lifetime Reserve Days:</p> <p><input type="radio"/> Zero (No Coinsurance per Day)</p> <p><input type="radio"/> One</p> <p><input type="radio"/> Two</p> <p><input type="radio"/> Three</p> <p>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%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 15%; text-align: center;">Interval Days</th> <th style="width: 15%;"></th> <th style="width: 15%;"></th> <th style="width: 15%;"></th> <th style="width: 15%;"></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> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>Interval 1:</td> <td style="text-align: center;">[]</td> <td style="text-align: center;">[]</td> <td style="text-align: center;">[]</td> <td></td> <td></td> </tr> <tr> <td>Interval 2:</td> <td style="text-align: center;">[]</td> <td style="text-align: center;">[]</td> <td style="text-align: center;">[]</td> <td></td> <td></td> </tr> <tr> <td>Interval 3:</td> <td style="text-align: center;">[]</td> <td style="text-align: center;">[]</td> <td style="text-align: center;">[]</td> <td></td> <td></td> </tr> </tbody> </table>		Interval Days						Coinsurance %	Begin Day	End Day			Interval 1:	[]	[]	[]			Interval 2:	[]	[]	[]			Interval 3:	[]	[]	[]		
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CY 2017 PBP Data Entry System Screens

VBID 19B #1a Inpatient Hospital-Acute – Base 5

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000
- [] X

File Help Add Variable
Go To: VBID 19B #1a Inpatient Hospital-Acute - Base 5

Previous
Next
Exit (Validate)
Exit (No Validate)

Does this plan's Additional Days cost sharing 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

Additional Days Coinsurance Cost Sharing for Tier 2:

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:

Additional Days Coinsurance Cost Sharing for Tier 1:

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 2017 PBP Data Entry System Screens

VBID 19B #1a Inpatient Hospital-Acute – Base 6

File Help Add Variable
Go To: VBID 19B #1a Inpatient Hospital-Acute - Base 6

Additional Days Coinsurance Cost Sharing for Tier 3:

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:
<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"/>

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:
<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"/>

Indicate Coinsurance percentage for Upgrades:

CY 2017 PBP Data Entry System Screens

VBID 19B #1a Inpatient Hospital-Acute – Base 7

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: VBID 19B #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.
MA Organizations are not permitted to tier deductibles.

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 2017 PBP Data Entry System Screens

VBID 19B #1a Inpatient Hospital-Acute – Base 8

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000
- [] x

File Help Add Variable
Go To: VBID 19B #1a Inpatient Hospital-Acute - Base 8

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 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 border="0" style="width: 100%;"> <tr> <td>Copayment Amt Interval 1</td> <td>Begin Day Interval 1:</td> <td>End Day Interval 1:</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input 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 type="text"/></td> <td><input type="text"/></td> <td><input 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 type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	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"/>	<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 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 border="0" style="width: 100%;"> <tr> <td>Copayment Amt Interval 1</td> <td>Begin Day Interval 1:</td> <td>End Day Interval 1:</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input 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 type="text"/></td> <td><input type="text"/></td> <td><input 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 type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	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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CY 2017 PBP Data Entry System Screens

VBID 19B #1a Inpatient Hospital-Acute – Base 9

PB Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000
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File Help Add Variable
Go To: VBID 19B #1a Inpatient Hospital-Acute – Base 9

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

<p style="font-size: x-small;">Medicare-covered Lifetime Reserve Days Tier 1</p> <p style="font-size: x-small;">Indicate the number of day intervals for the Medicare-covered Lifetime Reserve Days:</p> <p style="font-size: x-small;"><input type="radio"/> Zero (No Copayment per Day)</p> <p style="font-size: x-small;"><input type="radio"/> One</p> <p style="font-size: x-small;"><input type="radio"/> Two</p> <p style="font-size: x-small;"><input type="radio"/> Three</p>	<p style="font-size: x-small;">Medicare-covered Lifetime Reserve Days Tier 2</p> <p style="font-size: x-small;">Indicate the number of day intervals for the Medicare-covered Lifetime Reserve Days:</p> <p style="font-size: x-small;"><input type="radio"/> Zero (No Copayment per Day)</p> <p style="font-size: x-small;"><input type="radio"/> One</p> <p style="font-size: x-small;"><input type="radio"/> Two</p> <p style="font-size: x-small;"><input type="radio"/> Three</p>	<p style="font-size: x-small;">Medicare-covered Lifetime Reserve Days Tier 3</p> <p style="font-size: x-small;">Indicate the number of day intervals for the Medicare-covered Lifetime Reserve Days:</p> <p style="font-size: x-small;"><input type="radio"/> Zero (No Copayment per Day)</p> <p style="font-size: x-small;"><input type="radio"/> One</p> <p style="font-size: x-small;"><input type="radio"/> Two</p> <p style="font-size: x-small;"><input type="radio"/> Three</p>																																																
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CY 2017 PBP Data Entry System Screens

VBID 19B #1a Inpatient Hospital-Acute – Base 10

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: VBID 19B #1a Inpatient Hospital-Acute - Base 10

Previous Next Exit (Validate) Exit (No Validate)

Additional Days Copayment Cost Sharing for Tier 1:

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"/>

Additional Days Copayment Cost Sharing for Tier 2:

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 2017 PBP Data Entry System Screens

VBID 19B #1a Inpatient Hospital-Acute – Base 11

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: VBID 19B #1a Inpatient Hospital-Acute - Base 11

Previous Next Exit (Validate) Exit (No Validate)

Additional Days Copayment Cost Sharing for Tier 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., 91 to 999):

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

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

CY 2017 PBP Data Entry System Screens

VBID 19B #1a Inpatient Hospital-Acute – Base 12

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: VBID 19B #1a Inpatient Hospital-Acute - Base 12

Previous Next Exit (Validate) Exit (No Validate)

Indicate Copayment amount for Upgrades per stay:

Indicate Copayment amount for Upgrades 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 Inpatient Hospital - Acute Services

Yes
 No

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 2017 PBP Data Entry System Screens

VBID 19B #1b Inpatient Hospital Psychiatric – Base 1

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: VBID 19B #1b Inpatient Hospital Psychiatric - 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.

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

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 2017 PBP Data Entry System Screens

VBID 19B #1b Inpatient Hospital Psychiatric – Base 2

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000
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File Help Add Variable
Go To: VBID 19B #1b Inpatient Hospital Psychiatric - Base 2

◀ Previous
Next ▶

✔ Exit (Validate)
✘ Exit (No Validate)

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

 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

How many cost sharing tiers do you offer?

Indicate Coinsurance percentage for the Medicare-covered stay:

What is your lowest cost tier?

 Tier 1
 Tier 2
 Tier 3

Indicate the number of day intervals for the Medicare-covered stay:

 Zero (No Coinsurance per Day)
 One
 Two
 Three

What is your inpatient hospital benefit period?

 Original Medicare
 Annual
 Per Admission
 Other, describe

Indicate the coinsurance percentage and day interval(s) for the Medicare-covered stay (e.g., 1 to 30; 31 to 90):

If "Other, Describe" is selected enter description below:

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"/>

Do you charge cost sharing on the day of discharge?

 Yes
 No

Is there an enrollee Coinsurance?

 Yes
 No

CY 2017 PBP Data Entry System Screens

VBID 19B #1b Inpatient Hospital Psychiatric – Base 3

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: VBID 19B #1b Inpatient Hospital Psychiatric - 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 2017 PBP Data Entry System Screens

VBID 19B #1b Inpatient Hospital Psychiatric – Base 4

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000
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File Help Add Variable
Go To: VBID 19B #1b Inpatient Hospital Psychiatric - Base 4

Previous
Next

Exit (Validate)
Exit (No Validate)

Medicare-covered Lifetime 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 Lifetime 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 Lifetime 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 2017 PBP Data Entry System Screens

VBID 19B #1b Inpatient Hospital Psychiatric – Base 5

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: VBID 19B #1b Inpatient Hospital Psychiatric – Base 5

Previous Next Exit (Validate) Exit (No Validate)

Does this plan's Additional Days cost sharing 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

Additional Days Coinsurance Cost Sharing for Tier 1:

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:

Additional Days Coinsurance Cost Sharing for Tier 2:

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 2017 PBP Data Entry System Screens

VBID 19B #1b Inpatient Hospital Psychiatric – Base 6

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: VBID 19B #1b Inpatient Hospital Psychiatric - Base 6

Previous Next Exit (Validate) Exit (No Validate)

Additional Days Coinsurance Cost Sharing for Tier 3:

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:
[] [] []

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 2017 PBP Data Entry System Screens

VBID 19B #1b Inpatient Hospital Psychiatric – Base 7

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: VBID 19B #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.
MA Organizations are not permitted to tier deductibles.

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:
[]	[]	[]
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 2017 PBP Data Entry System Screens

VBID 19B #1b Inpatient Hospital Psychiatric – Base 8

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000
_ | | X

File Help Add Variable

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

Go To: VBID 19B #1b Inpatient Hospital Psychiatric - Base 8

<p style="font-size: x-small;">Medicare-covered Copayment Cost Sharing for Tier 2:</p> <p style="font-size: x-small;">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 style="font-size: x-small;">Indicate Copayment amount for the Medicare-covered stay:</p> <input style="width: 100px;" type="text"/> <p style="font-size: x-small;">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 style="font-size: x-small;">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%; font-size: x-small;"> <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 style="font-size: x-small;">Medicare-covered Copayment Cost Sharing for Tier 3:</p> <p style="font-size: x-small;">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 style="font-size: x-small;">Indicate Copayment amount for the Medicare-covered stay:</p> <input style="width: 100px;" type="text"/> <p style="font-size: x-small;">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 style="font-size: x-small;">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%; font-size: x-small;"> <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"/>
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CY 2017 PBP Data Entry System Screens

VBID 19B #1b Inpatient Hospital Psychiatric – Base 9

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000
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File Help Add Variable

Go To: VBID 19B #1b Inpatient Hospital Psychiatric - Base 9

Previous
Next
Exit (Validate)
Exit (No Validate)

<p style="font-size: x-small;">Medicare-covered Lifetime Reserve Days Tier 1</p> <p style="font-size: x-small;">Indicate the number of day intervals for the Medicare-covered Lifetime Reserve Days:</p> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> <input type="radio"/> Zero (No Copayment per Day) <input type="radio"/> One <input type="radio"/> Two <input type="radio"/> Three </div> <p style="font-size: x-small;">Indicate the copayment amount and day interval(s) for the 60 Medicare-covered Lifetime Reserve Days (i.e., 1 - 60):</p> <table style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th style="width: 15%;"></th> <th colspan="3" style="text-align: center;">Interval Days</th> </tr> <tr> <th style="text-align: center;">Copay Amount</th> <th style="text-align: center;">Begin Day</th> <th style="text-align: center;">End Day</th> <th></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			Copay Amount	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: x-small;">Medicare-covered Lifetime Reserve Days Tier 2</p> <p style="font-size: x-small;">Indicate the number of day intervals for the Medicare-covered Lifetime Reserve Days:</p> <div style="border: 1px solid black; 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CY 2017 PBP Data Entry System Screens

VBID 19B #1b Inpatient Hospital Psychiatric – Base 10

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: VBID 19B #1b Inpatient Hospital Psychiatric - Base 10

Previous Next Exit (Validate) Exit (No Validate)

Additional Days Copayment Cost Sharing for Tier 1:

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"/>

Additional Days Copayment Cost Sharing for Tier 2:

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 2017 PBP Data Entry System Screens

VBID 19B #1b Inpatient Hospital Psychiatric – Base 11

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: VBID 19B #1b Inpatient Hospital Psychiatric - Base 11

Previous Next Exit (Validate) Exit (No Validate)

Additional Days Copayment Cost Sharing for Tier 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., 91 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:
[] [] []

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:
[] [] []

CY 2017 PBP Data Entry System Screens

VBID 19B #1b Inpatient Hospital Psychiatric – Base 12

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: VBID 19B #1b Inpatient Hospital Psychiatric - Base 12

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 Inpatient Psychiatric Hospital Services?

Yes

No

Inpatient Hospital Psychiatric Notes

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

Notes:

CY 2017 PBP Data Entry System Screens

VBID 19B #2 SNF – Base 1

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: VBID 19B #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 (MMP Only)

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 2017 PBP Data Entry System Screens

VBID 19B #2 SNF – Base 2

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: VBID 19B #2 SNF - Base 2

Previous Next Exit (Validate) Exit (No Validate)

Does this plan's Medicare-covered benefit cost sharing vary by the Skilled Nursing Facility 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 SNF benefit period?
 Original Medicare
 Annual
 Per Admission
 Other, describe
If "Other, Describe" is selected enter description below:
[]

Do you charge cost sharing on the day of discharge?
 Yes
 No

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	Begin Day Interval	End Day Interval
[]	[]	[]
Coinsurance % Interval 2:	Begin Day Interval 2:	End Day Interval 2:
[]	[]	[]
Coinsurance % Interval 3:	Begin Day Interval 3:	End Day Interval 3:
[]	[]	[]

CY 2017 PBP Data Entry System Screens

VBID 19B #2 SNF – Base 3

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000
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File Help Add Variable
Go To: VBID 19B #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
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Indicate the coinsurance percentage and day interval(s) for Medicare-covered stay (e.g., 1 to 20; 21 to 100):

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<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>
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<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>
Coinsurance % Interval 3:	Begin Day Interval 3:	End Day Interval 3:
<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" 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 style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>
Coinsurance % Interval 2:	Begin Day Interval 2:	End Day Interval 2:
<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>
Coinsurance % Interval 3:	Begin Day Interval 3:	End Day Interval 3:
<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>

Fu Associates, Ltd.

CY2017 PBP – Section B
12/4/2015

Page 81 of 166

CMS SENSITIVE INFORMATION - REQUIRES SPECIAL HANDLING

CY 2017 PBP Data Entry System Screens

VBID 19B #2 SNF – Base 4

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: VBID 19B #2 SNF - Base 4

Previous Next Exit (Validate) Exit (No Validate)

Does this plan's Additional Days cost sharing 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

Additional Days Coinsurance Cost Sharing for Tier 1:
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: []

Additional Days Coinsurance Cost Sharing for Tier 2:
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 2017 PBP Data Entry System Screens

VBID 19B #2 SNF – Base 5

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: VBID 19B #2 SNF - Base 5

Previous Next Exit (Validate) Exit (No Validate)

Additional Days Coinsurance Cost Sharing for Tier 3:
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:
[] [] []

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 2017 PBP Data Entry System Screens

VBID 19B #2 SNF – Base 6

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: VBID 19B #2 SNF - Base 6

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.
MA Organizations are not permitted to tier deductibles.

Is there an enrollee Deductible?
 Yes
 No

Indicate Deductible Amount Tier 1:

Indicate Deductible Amount Tier 2:

Indicate Deductible Amount 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 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 2017 PBP Data Entry System Screens

VBID 19B #2 SNF – Base 7

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: VBID 19B #2 SNF - Base 7

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 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 costshare 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:

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 costshare 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:

CY 2017 PBP Data Entry System Screens

VBID 19B #2 SNF – Base 8

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: VBID 19B #2 SNF - Base 8

Previous Next Exit (Validate) Exit (No Validate)

Additional Days Copayment Cost Sharing for Tier 1:

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:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Additional Days Copayment Cost Sharing for Tier 2:

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:
<input type="text"/>	<input type="text"/>	<input type="text"/>

CY 2017 PBP Data Entry System Screens

VBID 19B #2 SNF – Base 9

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: VBID 19B #2 SNF - Base 9

Previous Next Exit (Validate) Exit (No Validate)

Additional Days Copayment Cost Sharing for Tier 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:

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:

CY 2017 PBP Data Entry System Screens

VBID 19B #2 SNF – Base 10

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: VBID 19B #2 SNF - Base 10

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

SNF Notes

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

Notes:

CY 2017 PBP Data Entry System Screens

VBID 19B #3 Cardiac and Pulmonary Rehabilitation Services – Base 1

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: VBID 19B #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 Services:

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 2017 PBP Data Entry System Screens

VBID 19B #3 Cardiac and Pulmonary Rehabilitation Services – Base 2

File Help Add Variable
Go To: VBID 19B #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 2017 PBP Data Entry System Screens

VBID 19B #3 Cardiac and Pulmonary Rehabilitation Services – Base 3

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000
- [] X

File Help Add Variable
Go To: VBID 19B #3 Cardiac and Pulmonary Rehabilitation Services - Base 3

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

<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="text-align: center; border: 1px solid black;"><input style="width: 100%;" type="text"/></td> <td style="text-align: center; border: 1px solid black;"><input style="width: 100%;" type="text"/></td> </tr> <tr> <td style="text-align: center; border: 1px solid black;"><input style="width: 100%;" type="text"/></td> <td style="text-align: center; border: 1px solid black;"><input style="width: 100%;" type="text"/></td> </tr> <tr> <td style="text-align: center; border: 1px solid black;"><input style="width: 100%;" type="text"/></td> <td style="text-align: center; border: 1px solid black;"><input style="width: 100%;" type="text"/></td> </tr> <tr> <td style="text-align: center; border: 1px solid black;"><input style="width: 100%;" type="text"/></td> <td style="text-align: center; border: 1px solid black;"><input style="width: 100%;" type="text"/></td> </tr> <tr> <td style="text-align: center; border: 1px solid black;"><input style="width: 100%;" type="text"/></td> <td style="text-align: center; border: 1px solid black;"><input style="width: 100%;" type="text"/></td> </tr> </tbody> </table>	Minimum Copayment	Maximum Copayment	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
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CY 2017 PBP Data Entry System Screens

VBID 19B #3 Cardiac and Pulmonary Rehabilitation Services – Base 4

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: VBID 19B #3 Cardiac and Pulmonary Rehabilitation 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

Cardiac and Pulmonary Rehabilitation Services Notes

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

Notes:

CY 2017 PBP Data Entry System Screens

VBID 19B #4c Worldwide Emergency/Urgent Coverage – Base 1

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: VBID 19B #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

Does this benefit include emergency transportation? If yes, describe the benefit in the notes.

Yes
 No

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 2017 PBP Data Entry System Screens

VBID 19B #4c Worldwide Emergency/Urgent Coverage – Base 2

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: VBID 19B #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 Deductible?
 Yes
 No

Indicate Deductible Amount:
[]

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

CY 2017 PBP Data Entry System Screens

VBID 19B #4c Worldwide Emergency/Urgent Coverage – Base 3

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: VBID 19B #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.
Worldwide Emergency/Urgent Coverage Notes
Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry.

Notes:

CY 2017 PBP Data Entry System Screens

VBID 19B #7b Chiropractic Services – Base 1

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: VBID 19B #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:

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

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 2017 PBP Data Entry System Screens

VBID 19B #7b Chiropractic Services – Base 2

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: VBID 19B #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 2017 PBP Data Entry System Screens

VBID 19B #7b Chiropractic Services – Base 3

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: VBID 19B #7b Chiropractic Services – Base 3

Previous Next Exit (Validate) Exit (No Validate)

Is there an enrollee Deductible?
 Yes
 No

Indicate Deductible Amount:

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

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

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:

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 2017 PBP Data Entry System Screens

VBID 19B #7b Chiropractic Services – Base 4

The screenshot shows a web-based data entry application window titled "PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000". The interface includes a menu bar with "File", "Help", and "Add Variable". Below the menu bar is a navigation area with "Previous" and "Next" buttons, "Exit (Validate)" and "Exit (No Validate)" buttons, and a "Go To:" dropdown menu currently displaying "VBID 19B #7b Chiropractic Services - Base 4". The main content area is titled "Chiropractic Services 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 input field with a vertical scrollbar on the right side, labeled "Notes:".

CY 2017 PBP Data Entry System Screens

VBID 19B #7f Podiatry Services – Base 1

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: VBID 19B #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 Foot Care

Select type of benefit for Routine Foot Care:

Mandatory
 Optional

Is this benefit unlimited for Routine Foot Care?

Yes
 No

Indicate number of Routine Foot Care visits:

Select the Routine Foot Care 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 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 2017 PBP Data Entry System Screens

VBID 19B #7f Podiatry Services – Base 2

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: VBID 19B #7f Podiatry Services - Base 2

Previous Next Exit (Validate) Exit (No Validate)

Is there an enrollee Coinsurance? <input type="radio"/> Yes <input type="radio"/> No	Is there an enrollee Copayment? <input type="radio"/> Yes <input type="radio"/> No
Select which Podiatry Services have a Coinsurance (Select all that apply): <input type="checkbox"/> Medicare-covered Podiatry Services <input type="checkbox"/> Routine Foot Care	Select which Podiatry Services have a Copayment (Select all that apply): <input type="checkbox"/> Medicare-covered Podiatry Services <input type="checkbox"/> Routine Foot Care
Indicate Minimum Coinsurance percentage for Medicare-covered Benefits: <input type="text"/>	Indicate Minimum Copayment amount per visit for Medicare-covered Benefits: <input type="text"/>
Indicate Maximum Coinsurance percentage for Medicare-covered Benefits: <input type="text"/>	Indicate Maximum Copayment amount per visit for Medicare-covered Benefits: <input type="text"/>
Indicate Minimum Coinsurance percentage for Routine Foot Care: <input type="text"/>	Indicate Minimum Copayment amount per visit for Routine Foot Care: <input type="text"/>
Indicate Maximum Coinsurance percentage for Routine Foot Care: <input type="text"/>	Indicate Maximum Copayment amount per visit for Routine Foot Care: <input type="text"/>
Is there an enrollee Deductible? <input type="radio"/> Yes <input type="radio"/> No	
Indicate Deductible Amount: <input type="text"/>	

CY 2017 PBP Data Entry System Screens

VBID 19B #7f Podiatry Services – Base 3

The screenshot shows a web-based data entry application window titled "PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000". The interface includes a menu bar with "File", "Help", and "Add Variable". Below the menu is a navigation bar with "Previous" and "Next" buttons, "Exit (Validate)" and "Exit (No Validate)" buttons, and a "Go To:" dropdown menu currently set to "VBID 19B #7f Podiatry Services - Base 3".

The main content area contains the following sections:

- Authorization:** "Enrollee must receive Authorization from one or more of the following:" followed by checkboxes for "None", "Primary Care Physician (Internist/Family Practice, General Practice)", "Physician Specialist", "Organization Medical Director/Utilization Management/Utilization Review", and "Other, describe".
- Referral:** "Is a referral required for Podiatrist Services?" with radio buttons for "Yes" and "No".
- Notes:** "Podiatry Services Notes" with a sub-note: "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 text area labeled "Notes:".

CY 2017 PBP Data Entry System Screens

VBID 19B #9d Outpatient Blood Services – Base 1

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: VBID 19B #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 cost sharing.

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 2017 PBP Data Entry System Screens

VBID 19B #9d Outpatient Blood Services – Base 2

The screenshot shows a web-based data entry application window titled "PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000". The interface includes a menu bar with "File", "Help", and "Add Variable". Below the menu is a navigation bar with "Previous", "Next", "Exit (Validate)", and "Exit (No Validate)" buttons, along with a "Go To:" dropdown menu currently set to "VBID 19B #9d Outpatient Blood Services - Base 2".

The main content area is divided into two columns. The left column contains several questions with radio button or checkbox options:

- Is there an enrollee Deductible?** with radio buttons for "Yes" and "No".
- Indicate Deductible Amount:** with an empty text input field.
- Is there an enrollee Copayment?** with radio buttons for "Yes" and "No".
- Indicate Minimum Copayment amount per unit for Medicare-covered Benefits:** with an empty text input field.
- Indicate Maximum Copayment amount per unit for Medicare-covered Benefits:** with an empty text input field.
- Enrollee must receive Authorization from one or more of the following:** with checkboxes for "None", "Primary Care Physician (Internist/Family Practice, General Practice)", "Physician Specialist", "Organization Medical Director/Utilization Management/Utilization Review", and "Other, describe".
- Is a referral required for Outpatient Blood Services?** with radio buttons for "Yes" and "No".

The right column is titled "Outpatient Blood Services Notes" and contains a text area for notes. Below the title, it states: "Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry." The text area is currently empty.

CY 2017 PBP Data Entry System Screens

VBID 19B #10b Transportation Services – Base 1

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: VBID 19B #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 trips for Any Location:

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 days for Any Location:

Select Mode of Transportation for Any Location:
 Taxi
 Bus/Subway
 Van
 Medical Transport
 Other, describe

CY 2017 PBP Data Entry System Screens

VBID 19B #10b Transportation Services – Base 2

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: VBID 19B #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: <input type="text"/></p> <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>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: <input type="text"/></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>Is there an enrollee Coinsurance?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Indicate Minimum Coinsurance percentage: <input type="text"/></p> <p>Indicate Maximum Coinsurance percentage: <input type="text"/></p> <p>Is there an enrollee Deductible?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Indicate Deductible Amount: <input type="text"/></p>
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CY 2017 PBP Data Entry System Screens

VBID 19B #10b Transportation Services – Base 3

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: VBID 19B #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

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

Notes:

CY 2017 PBP Data Entry System Screens

VBID 19B #13a Acupuncture – Base 1

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: VBID 19B #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 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 2017 PBP Data Entry System Screens

VBID 19B #13a Acupuncture – Base 2

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: VBID 19B #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 2017 PBP Data Entry System Screens

VBID 19B #13a Acupuncture – Base 3

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: VBID 19B #13a Acupuncture - Base 3

Previous Next Exit (Validate) Exit (No Validate)

Acupuncture Notes

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

Notes:

[Empty text box for notes]

CY 2017 PBP Data Entry System Screens

VBID 19B #13b OTC Items – Base 1

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: VBID 19B #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

Does your Maximum Plan Benefit Coverage amount carry forward to the next period if it is unused?

Yes
 No

CY 2017 PBP Data Entry System Screens

VBID 19B #13b OTC Items – Base 2

CY 2017 PBP Data Entry System Screens

VBID 19B #13b OTC Items – Base 3

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: VBID 19B #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:

CY 2017 PBP Data Entry System Screens

VBID 19B #13c Meal Benefit – Base 1

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: VBID 19B #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

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

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

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

CY 2017 PBP Data Entry System Screens

VBID 19B #13c Meal Benefit – Base 2

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: VBID 19B #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 2017 PBP Data Entry System Screens

VBID 19B #13c Meal Benefit – Base 3

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: VBID 19B #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 2017 PBP Data Entry System Screens

VBID 19B #13d Other 1 – Base 1

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: VBID 19B #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-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

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 2017 PBP Data Entry System Screens

VBID 19B #13d Other 1 – Base 2

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: VBID 19B #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 2017 PBP Data Entry System Screens

VBID 19B #13d Other 1 – Base 3

The screenshot shows a web-based data entry application window titled "PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000". The interface includes a menu bar with "File", "Help", and "Add Variable". Below the menu is a navigation bar with "Previous" and "Next" buttons, "Exit (Validate)" and "Exit (No Validate)" buttons, and a "Go To:" dropdown menu currently displaying "VBID 19B #13d Other 1 – Base 3". The main content area is titled "Other 1 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 is a large, empty text input field labeled "Notes:" with a vertical scrollbar on the right side.

CY 2017 PBP Data Entry System Screens

VBID 19B #13e Other 2 – Base 1

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: VBID 19B #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 2017 PBP Data Entry System Screens

VBID 19B #13e Other 2 – Base 2

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: VBID 19B #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 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 2017 PBP Data Entry System Screens

VBID 19B #13e Other 2 – Base 3

The screenshot displays the 'PBP Data Entry System' window. The title bar reads 'PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000'. The menu bar includes 'File', 'Help', and 'Add Variable'. The toolbar contains 'Previous', 'Next', 'Exit (Validate)', and 'Exit (No Validate)' buttons. A 'Go To:' dropdown menu is set to 'VBID 19B #13e Other 2 - Base 3'. Below the toolbar, the text 'Other 2 Notes' is displayed, followed by a note: 'Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry.' A large, empty text area labeled 'Notes:' is provided for data entry.

CY 2017 PBP Data Entry System Screens

VBID 19B #13f Other 3 – Base 1

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: VBID 19B #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

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 2017 PBP Data Entry System Screens

VBID 19B #13f Other 3 – Base 2

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: VBID 19B #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 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 2017 PBP Data Entry System Screens

VBID 19B #13f Other 3 – Base 3

The screenshot shows a web-based data entry application window titled "PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000". The interface includes a menu bar with "File", "Help", and "Add Variable". Below the menu is a navigation bar with buttons for "Previous", "Next", "Exit (Validate)", and "Exit (No Validate)", along with a "Go To:" dropdown menu currently set to "VBID 19B #13f Other 3 - Base 3". The main content area is titled "Other 3 Notes" and contains a text box with the instruction: "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 area labeled "Notes:" with a vertical scrollbar on the right side.

CY 2017 PBP Data Entry System Screens

VBID 19B #14b Annual Physical Exam – Base 1

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: VBID 19B #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 2017 PBP Data Entry System Screens

VBID 19B #14b Annual Physical Exam – Base 2

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: VBID 19B #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 2017 PBP Data Entry System Screens

VBID 19B #14b Annual Physical Exam – Base 3

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: VBID 19B #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

Annual Physical Exam Notes

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

Notes:

CY 2017 PBP Data Entry System Screens

VBID 19B #14c Eligible Supplemental Benefits as Defined in Chapter 4 – Base 1

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: VBID 19B #14c Eligible Supplemental Benefits as Defined in Chapter 4 – Base 1

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 technologies and Nursing Hotline)*
- 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*

* = A note is required when this benefit is offered.

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:

Select type of benefit for Telemonitoring Services:

Mandatory
 Optional

Select type of benefit for Remote Access Technologies (including Web/Phone based technologies and Nursing Hotline):

Mandatory
 Optional

Select type of benefit for Bathroom Safety Devices:

Mandatory
 Optional

Select type of benefit for Counseling Services:

Mandatory
 Optional

Is this benefit unlimited for Counseling Services?

Yes
 No, indicate number

Indicate number of visits for Counseling Services:

Indicate setting for Nutritional/Dietary Benefit:

Individual Sessions
 Group Sessions
 Both Sessions (Individual and Group)

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 In-Home Safety Assessment:

Mandatory
 Optional

Select type of benefit for Personal Emergency Response System (PERS):

Mandatory
 Optional

Indicate setting for Counseling Services:

Individual Sessions
 Group Sessions
 Both Sessions (Individual and Group)

Indicate duration of sessions (in minutes):

CY 2017 PBP Data Entry System Screens

VBID 19B #14c Eligible Supplemental Benefits as Defined in Chapter 4 – Base 2

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: VBID 19B #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

Select type of benefit for Re-admission Prevention:
 Mandatory
 Optional

Do you offer Additional Sessions for Medicare-covered diseases?
 Yes
 No

What does your Re-admission Prevention benefit include (check all that apply):
 Meals
 Medication Reconciliation
 In-Home Safety Assessment
 Other, Describe

Indicate the limit for Additional Sessions:
 Visits
 Hours

Enter name of Service:

Indicate numerical limit on the services provided for Additional Sessions:

Do you offer Coverage for non-Medicare-covered diseases? (Specify the diseases and describe the coverage in the notes field)
 Yes
 No

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?

Indicate units a limit will be provided in for Coverage for non-Medicare covered diseases:
 Visits
 Hours

Select type of benefit for Wigs for Hair Loss Related to Chemotherapy:
 Mandatory
 Optional

Indicate numerical limit on the services provided for Coverage for non-Medicare covered diseases:

Select type of benefit for Weight Management Programs:
 Mandatory
 Optional

Select type of benefit for Post discharge In-home Medication Reconciliation:
 Mandatory
 Optional

Select type of benefit for Alternative Therapies:
 Mandatory
 Optional

Indicate number of visits offered for Alternative Therapies:

CY 2017 PBP Data Entry System Screens

VBID 19B #14c Eligible Supplemental Benefits as Defined in Chapter 4 – Base 3

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: VBID 19B #14c Eligible Supplemental Benefits as Defined in Chapter 4 - Base 3

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 technologies)
- 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 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
 Monthly
 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 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

Indicate Maximum Plan Benefit Coverage amount for Remote Access Technologies (including Web/Phonebased technologies and Nursing Hotline):

Select Maximum Plan Benefit Coverage periodicity for Remote Access Technologies (including Web/Phonebased technologies and Nursing Hotline):

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 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

CY 2017 PBP Data Entry System Screens

VBID 19B #14c Eligible Supplemental Benefits as Defined in Chapter 4 – Base 4

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: VBID 19B #14c Eligible Supplemental Benefits as Defined in Chapter 4 - Base 4

<p>Indicate Maximum Plan Benefit Coverage amount for Personal Emergency Response System (PERS):</p> <input style="width: 100%;" type="text"/> <p>Select Maximum Plan Benefit Coverage periodicity for Personal Emergency Response System (PERS):</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 Plan Benefit Coverage amount for Re-admission Prevention:</p> <input style="width: 100%;" type="text"/> <p>Select Maximum Plan Benefit Coverage periodicity for Re-admission Prevention:</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 Plan Benefit Coverage amount for Alternative Therapies:</p> <input style="width: 100%;" type="text"/> <p>Select Maximum Plan Benefit Coverage periodicity for Alternative Therapies:</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 Plan Benefit Coverage amount for Medical Nutrition Therapy (MNT):</p> <input style="width: 100%;" type="text"/> <p>Select Maximum Plan Benefit Coverage periodicity for Medical Nutrition Therapy (MNT):</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 Plan Benefit Coverage amount for Wigs for Hair Loss Related to Chemotherapy:</p> <input style="width: 100%;" type="text"/> <p>Select Maximum Plan Benefit Coverage periodicity for Wigs for Hair Loss Related to Chemotherapy:</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>Is there a service-specific Maximum Enrollee Out-of-Pocket Cost for Eligible Supplemental Benefits as Defined in Chapter 4?</p> <p> <input type="radio"/> Yes <input type="radio"/> No </p> <p>Indicate Maximum Enrollee Out-of-Pocket Cost amount:</p> <input style="width: 100%;" type="text"/> <p>Select the 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 Plan Benefit Coverage amount for Post discharge In-home Medication Reconciliation:</p> <input style="width: 100%;" type="text"/> <p>Select Maximum Plan Benefit Coverage periodicity for Post discharge In-home Medication Reconciliation:</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 Plan Benefit Coverage amount for Weight Management Programs:</p> <input style="width: 100%;" type="text"/> <p>Select Maximum Plan Benefit Coverage periodicity for Weight Management Programs:</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>	

CY 2017 PBP Data Entry System Screens

VBID 19B #14c Eligible Supplemental Benefits as Defined in Chapter 4 – Base 5

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: VBID 19B #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 technologies)
- 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 (including Web/Phone based technologies and Nursing Hotline): <input type="text"/>	Indicate Minimum Coinsurance percentage for Bathroom Safety Devices: <input type="text"/>	Indicate Minimum Coinsurance percentage for Post discharge In-home Medication Reconciliation: <input type="text"/>	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 Maximum Coinsurance percentage for Remote Access Technologies (including Web/Phone based technologies and Nursing Hotline): <input type="text"/>	Indicate Maximum Coinsurance percentage for Bathroom Safety Devices: <input type="text"/>	Indicate Maximum Coinsurance percentage for Post discharge In-home Medication Reconciliation: <input type="text"/>	
Indicate Minimum Coinsurance percentage for Counseling Services: <input type="text"/>	Indicate Minimum Coinsurance percentage for Re-admission Prevention: <input type="text"/>	Indicate Minimum Coinsurance percentage for Re-admission Prevention: <input type="text"/>	
Indicate Maximum Coinsurance percentage for Counseling Services: <input type="text"/>	Indicate Maximum Coinsurance percentage for Re-admission Prevention: <input type="text"/>	Indicate Maximum Coinsurance percentage for Re-admission Prevention: <input type="text"/>	

CY 2017 PBP Data Entry System Screens

VBID 19B #14c Eligible Supplemental Benefits as Defined in Chapter 4 – Base 6

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: VBID 19B #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 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; font-size: 0.8em;"> <ul style="list-style-type: none"> 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 technologies) 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 </div> <p>Indicate Minimum Copayment amount for Health Education: <input type="text"/></p> <p>Indicate Maximum Copayment amount for Health Education: <input type="text"/></p> <p>Indicate Minimum Copayment amount for Nutritional/Dietary Benefit: <input type="text"/></p> <p>Indicate Maximum Copayment amount for Nutritional/Dietary Benefit: <input type="text"/></p>	<p>Indicate Minimum Copayment amount for Additional sessions of Smoking and Tobacco Cessation Counseling: <input type="text"/></p> <p>Indicate Maximum Copayment amount for Additional sessions of Smoking and Tobacco Cessation Counseling: <input type="text"/></p> <p>Indicate Minimum Copayment amount for Fitness Benefit: <input type="text"/></p> <p>Indicate Maximum Copayment amount for Fitness Benefit: <input type="text"/></p> <p>Indicate Minimum Copayment amount for Enhanced Disease Management: <input type="text"/></p> <p>Indicate Maximum Copayment amount for Enhanced Disease Management: <input type="text"/></p> <p>Indicate Minimum Copayment amount for Telemonitoring Services: <input type="text"/></p> <p>Indicate Maximum Copayment amount for Telemonitoring Services: <input type="text"/></p> <p>Indicate Minimum Copayment amount for Remote Access Technologies (including Web/Phone based technologies and Nursing Hotline): <input type="text"/></p> <p>Indicate Maximum Copayment amount for Remote Access Technologies (including Web/Phone based technologies and Nursing Hotline): <input type="text"/></p> <p>Indicate Minimum Copayment amount for Bathroom Safety Devices: <input type="text"/></p> <p>Indicate Maximum Copayment amount for Bathroom Safety Devices: <input type="text"/></p>	<p>Indicate Minimum Copayment amount for Counseling Services: <input type="text"/></p> <p>Indicate Maximum Copayment amount for Counseling Services: <input type="text"/></p> <p>Indicate Minimum Copayment amount for In-Home Safety Assessment: <input type="text"/></p> <p>Indicate Maximum Copayment amount for In-Home Safety Assessment: <input type="text"/></p> <p>Indicate Minimum Copayment amount for Personal Emergency Response System (PERS): <input type="text"/></p> <p>Indicate Maximum Copayment amount for Personal Emergency Response System (PERS): <input type="text"/></p> <p>Indicate Minimum Copayment amount for Medical Nutrition Therapy (MNT): <input type="text"/></p> <p>Indicate Maximum Copayment amount for Medical Nutrition Therapy (MNT): <input type="text"/></p> <p>Indicate Minimum Copayment amount for Post discharge In-home Medication Reconciliation: <input type="text"/></p> <p>Indicate Maximum Copayment amount for Post discharge In-home Medication Reconciliation: <input type="text"/></p>	<p>Indicate Minimum Copayment amount for Re-admission Prevention: <input type="text"/></p> <p>Indicate Maximum Copayment amount for Re-admission Prevention: <input type="text"/></p> <p>Indicate Minimum Copayment amount for Wigs for Hair Loss Related to Chemotherapy: <input type="text"/></p> <p>Indicate Maximum Copayment amount for Wigs for Hair Loss Related to Chemotherapy: <input type="text"/></p> <p>Indicate Minimum Copayment amount for Weight Management Programs: <input type="text"/></p> <p>Indicate Maximum Copayment amount for Weight Management Programs: <input type="text"/></p> <p>Indicate Minimum Copayment amount for Alternative Therapies: <input type="text"/></p> <p>Indicate Maximum Copayment amount for Alternative Therapies: <input type="text"/></p>
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CY 2017 PBP Data Entry System Screens

VBID 19B #14c Eligible Supplemental Benefits as Defined in Chapter 4 – Base 7

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: VBID 19B #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.

*= This notes field is required when the corresponding benefit is offered.

Additional sessions of Smoking and Tobacco Cessation Counseling Notes:

Fitness Benefit Notes:*

Enhanced Disease Management Notes:

Health Education Notes:

Nutritional/Dietary Benefit Notes:

Telemonitoring Services Notes:*

CY 2017 PBP Data Entry System Screens

VBID 19B #14c Eligible Supplemental Benefits as Defined in Chapter 4 – Base 8

The screenshot displays a software window titled "PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000". The interface includes a menu bar with "File", "Help", and "Add Variable". Below the menu bar is a navigation area with buttons for "Previous", "Next", "Exit (Validate)", and "Exit (No Validate)", along with a "Go To:" dropdown menu currently set to "VBID 19B #14c Eligible Supplemental Benefits as Defined in Chapter 4 - Base 8".

The main content area contains eight text input fields arranged in two columns:

- Remote Access Technology (including Web/Phone based technologies and Nursing Hotline) 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 2017 PBP Data Entry System Screens

VBID 19B #14c Eligible Supplemental Benefits as Defined in Chapter 4 – Base 9

The screenshot displays the 'PBP Data Entry System' window for 'Section B-19, Contract X0001, Plan 001, Segment 000'. The interface includes a menu bar with 'File', 'Help', and 'Add Variable'. Below the menu bar is a navigation area with buttons for 'Previous', 'Next', 'Exit (Validate)', and 'Exit (No Validate)', along with a 'Go To:' dropdown menu currently set to 'VBID 19B #14c Eligible Supplemental Benefits as Defined in Chapter 4 - Base 9'. The main content area contains three vertically stacked text input fields with scrollbars, labeled 'Wigs for Hair Loss Related to Chemotherapy Notes:', 'Weight Management Notes:*', and 'Alternative Therapies Notes:*'. The bottom right corner of the window has a small diagonal line icon.

CY 2017 PBP Data Entry System Screens

VBID 19B #16a Preventive Dental – Base 1

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: VBID 19B #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 2017 PBP Data Entry System Screens

VBID 19B #16a Preventive Dental – Base 2

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: VBID 19B #16a Preventive Dental - Base 2

Previous Next Exit (Validate) Exit (No Validate)

Select type of benefit for Dental X-Rays:
 Mandatory
 Optional

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

Is this benefit unlimited for Dental X-Rays?
 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 number of visits for Dental X-Rays:
[]

Indicate Maximum Plan Benefit Coverage amount:
[]

Select the Dental X-Rays periodicity:
 Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

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

CY 2017 PBP Data Entry System Screens

VBID 19B #16a Preventive Dental – Base 3

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: VBID 19B #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 2017 PBP Data Entry System Screens

VBID 19B #16a Preventive Dental – Base 4

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: VBID 19B #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 2017 PBP Data Entry System Screens

VBID 19B #16a Preventive Dental – Base 5

The screenshot shows a web-based data entry application window titled "PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000". The interface includes a menu bar with "File", "Help", and "Add Variable". Below the menu is a navigation bar with buttons for "Previous", "Next", "Exit (Validate)", and "Exit (No Validate)", along with a "Go To:" dropdown menu currently set to "VBID 19B #16a Preventive Dental - Base 5".

The main content area contains the following sections:

- Authorization:** "Enrollee must receive Authorization from one or more of the following:" with checkboxes for "None", "Primary Care Physician (Internist/Family Practice, General Practice)", "Physician Specialist", "Organization Medical Director/Utilization Management/Utilization Review", and "Other, describe".
- Referral:** "Is a referral required for Preventive Dental Services?" with radio buttons for "Yes" and "No".
- Notes:** "Preventive Dental Services Notes" with a text area. A note below 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 larger "Notes:" text area.

CY 2017 PBP Data Entry System Screens

VBID 19B #16b Comprehensive – Base 1

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: VBID 19B #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 2017 PBP Data Entry System Screens

VBID 19B #16b Comprehensive – Base 2

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: VBID 19B #16b Comprehensive Dental - Base 2

Previous Next Exit (Validate) Exit (No Validate)

Restorative Services	Endodontics/Periodontics/Extractions	Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
Select type of benefit for Restorative Services: <input type="radio"/> Mandatory <input type="radio"/> Optional	Select type of benefit for Endodontics/Periodontics/Extractions: <input type="radio"/> Mandatory <input type="radio"/> Optional	Select type of benefit for Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services: <input type="radio"/> Mandatory <input type="radio"/> Optional
Is this benefit unlimited for Restorative Services? <input type="radio"/> Yes <input type="radio"/> No, indicate number	Is this benefit unlimited for Endodontics/Periodontics/Extractions? <input type="radio"/> Yes <input type="radio"/> No, indicate number	Is this benefit unlimited for Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services? <input type="radio"/> Yes <input type="radio"/> 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: <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 the Endodontics/Periodontics/Extractions 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 the Prosthodontics/Other Oral/Maxillofacial Surgery/Other Services 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

CY 2017 PBP Data Entry System Screens

VBID 19B #16b Comprehensive – Base 3

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: VBID 19B #16b Comprehensive Dental - Base 3

Previous Next Exit (Validate) Exit (No Validate)

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

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

Select the Maximum Plan Benefit Coverage type:
 Covered under Preventive Dental Category 16a
 Plan-specified amount per period

Select the Maximum Enrollee Out-of-Pocket Cost 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 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

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 2017 PBP Data Entry System Screens

VBID 19B #16b Comprehensive – Base 4

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: VBID 19B #16b Comprehensive Dental - Base 4

Previous Next Exit (Validate) Exit (No Validate)

Is there an enrollee Coinsurance?
 Yes
 No

Indicate Minimum Coinsurance percentage for Restorative Services:

Indicate Maximum Coinsurance percentage for Restorative Services:

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 Minimum Coinsurance percentage for Endodontics/Periodontics/Extractions:

Indicate Maximum Coinsurance percentage for Endodontics/Periodontics/Extractions:

Indicate the Minimum Coinsurance percentage for Medicare-covered Benefits:

Indicate the Maximum Coinsurance percentage for Medicare-covered Benefits:

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 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 2017 PBP Data Entry System Screens

VBID 19B #16b Comprehensive – Base 5

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: VBID 19B #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 Services:

CY 2017 PBP Data Entry System Screens

VBID 19B #16b Comprehensive – Base 6

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: VBID 19B #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

Comprehensive Dental Services Notes

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

Notes:

CY 2017 PBP Data Entry System Screens

VBID 19B #17a Eye Exams – Base 1

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: VBID 19B #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 2017 PBP Data Entry System Screens

VBID 19B #17a Eye Exams – Base 2

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: VBID 19B #17a Eye Exams - 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 Eye Exams have a Coinsurance (Select all that apply):
 Medicare-covered Benefits
 Routine Eye Exams/Other

Select which Eye Exams have a Copayment (Select all that apply):
 Medicare-covered Benefits
 Routine Eye Exams/Other

Indicate Minimum Coinsurance percentage for Medicare-covered Benefits:

Indicate Minimum Copayment amount for Medicare-covered Benefits:

Indicate Maximum Coinsurance percentage for Medicare-covered Benefits:

Indicate Maximum Copayment amount for Medicare-covered Benefits:

Indicate Minimum Coinsurance percentage for Routine Eye Exams/Other:

Indicate Minimum Copayment amount per Routine Eye Exams/Other:

Indicate Maximum Coinsurance percentage for Routine Eye Exams/Other:

Indicate Maximum Copayment amount per Routine Eye Exams/Other:

Is there an enrollee Deductible?
 Yes
 No

Indicate Deductible Amount:

CY 2017 PBP Data Entry System Screens

VBID 19B #17a Eye Exams – Base 3

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: VBID 19B #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

Eye Exams Notes

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

Notes:

CY 2017 PBP Data Entry System Screens

VBID 19B #17b Eyewear – Base 1

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: VBID 19B #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 2017 PBP Data Entry System Screens

VBID 19B #17b Eyewear – Base 2

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: VBID 19B #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 2017 PBP Data Entry System Screens

VBID 19B #17b Eyewear – Base 3

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: VBID 19B #17b Eyewear - 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 Eye Exams Category 17a
 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

Do you offer a Combined Max Plan Benefit Coverage Amount for all Eyewear?
 Yes
 No

Indicate Combined Maximum Plan Benefit Coverage amount:

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

Select the type of Eyewear with Individual Max Plan Benefit Coverage amount:
 Contact lenses
 Eyeglasses (lenses and frames)
 Eyeglass lenses
 Eyeglass frames
 Upgrades

Indicate Max Plan Benefit Coverage amount for Contact lenses:

Select the Individual Maximum Plan Benefit Coverage periodicity for Contact lenses:
 Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

Indicate Max Plan Benefit Coverage amount for Eyeglasses (lenses and frames):

Select the Individual Maximum Plan Benefit Coverage periodicity for Eyeglasses (lenses and frames):
 Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

Indicate Max Plan Benefit Coverage amount for Eyeglass frames:

Select the Individual Maximum Plan Benefit Coverage periodicity for Eyeglass frames:
 Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

Indicate Max Plan Benefit Coverage amount for Eyeglass lenses:

Select the Individual Maximum Plan Benefit Coverage periodicity for Eyeglass lenses:
 Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

Indicate Max Plan Benefit Coverage amount for Upgrades:

Select the Individual Maximum Plan Benefit Coverage periodicity for Upgrades:
 Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

CY 2017 PBP Data Entry System Screens

VBID 19B #17b Eyewear – Base 4

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: VBID 19B #17b Eyewear - Base 4

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

Select the Maximum Enrollee Out-of-Pocket Cost type:
 Covered under Eye Exams Category 17a
 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 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 Medicare-covered Benefits:

Indicate Maximum Coinsurance percentage for Medicare-covered Benefits:

Indicate Minimum Coinsurance percentage for Eyeglass frames:

Indicate Maximum Coinsurance percentage for Eyeglass frames:

Indicate Minimum Coinsurance percentage for Contact lenses:

Indicate Maximum Coinsurance percentage for Contact lenses:

Indicate Minimum Coinsurance percentage for Upgrades:

Indicate Maximum Coinsurance percentage for Upgrades:

Indicate Minimum Coinsurance percentage for Eyeglasses (lenses and frames):

Indicate Maximum Coinsurance percentage for Eyeglasses (lenses and frames):

Indicate Minimum Coinsurance percentage for Eyeglass lenses:

Indicate Maximum Coinsurance percentage for Eyeglass lenses:

CY 2017 PBP Data Entry System Screens

VBID 19B #17b Eyewear – Base 5

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: VBID 19B #17b Eyewear - Base 5

Previous Next Exit (Validate) Exit (No Validate)

Is there an enrollee Deductible?
 Yes
 No

Indicate Deductible Amount:

Indicate Minimum Copayment amount for Contact lenses:

Indicate Minimum Copayment amount for Eyeglass frames:

Indicate Maximum Copayment amount for Contact lenses:

Indicate Maximum Copayment amount for Eyeglass frames:

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 Benefits:

Indicate Maximum Copayment amount for Medicare-covered Benefits:

Indicate Minimum Copayment amount for Eyeglasses (lenses and frames):

Indicate Minimum Copayment amount for Upgrades:

Indicate Maximum Copayment amount for Eyeglasses (lenses and frames):

Indicate Maximum Copayment amount for Upgrades:

Indicate Minimum Copayment amount for Eyeglass lenses:

Indicate Maximum Copayment amount for Eyeglass lenses:

CY 2017 PBP Data Entry System Screens

VBID 19B #17b Eyewear – Base 6

The screenshot shows a web-based data entry application window titled "PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000". The interface includes a menu bar with "File", "Help", and "Add Variable". Below the menu is a navigation bar with "Previous" and "Next" buttons, "Exit (Validate)" and "Exit (No Validate)" buttons, and a "Go To:" dropdown menu currently set to "VBID 19B #17b Eyewear - Base 6".

The main content area contains the following sections:

- Authorization:** "Enrollee must receive Authorization from one or more of the following:" followed by a list of checkboxes:
 - None
 - Primary Care Physician (Internist/Family Practice, General Practice)
 - Physician Specialist
 - Organization Medical Director/Utilization Management/Utilization Review
 - Other, describe
- Referral:** "Is a referral required for Eyewear?" with radio buttons for "Yes" and "No".
- Notes:** "Eyewear Notes" section with a text area. A note below the text area reads: "Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry." The text area is currently empty.

CY 2017 PBP Data Entry System Screens

VBID 19B #18a Hearing Exams – Base 1

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: VBID 19B #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 Aid:

Select Fitting/Evaluation for Hearing Aid periodicity:
 Every three years
 Every two years
 Every year
 Every six months
 Every three months
 Other, Describe

CY 2017 PBP Data Entry System Screens

VBID 19B #18a Hearing Exams – Base 2

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: VBID 19B #18a Hearing Exams - Base 2

<p>Is there a service-specific Maximum Plan Benefit Coverage amount?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>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?</p> <p><input type="radio"/> In-network services only <input type="radio"/> Both In-network and Out-of-network services</p> <p>Indicate Maximum Plan Benefit Coverage amount:</p> <p><input type="text"/></p> <p>Select the 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>Is there an enrollee Deductible?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Indicate Deductible Amount:</p> <p><input type="text"/></p>	<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> <p><input type="text"/></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>Is there an enrollee Coinsurance?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Select which Hearing Exam Benefits have a Coinsurance (Select all that apply):</p> <p><input type="checkbox"/> Medicare-covered Benefits <input type="checkbox"/> Routine Hearing Exams <input type="checkbox"/> Fitting/Evaluation for Hearing Aid</p>	<p>Indicate the Minimum Coinsurance percentage for Medicare-covered Benefits:</p> <p><input type="text"/></p> <p>Indicate the Maximum Coinsurance percentage for Medicare-covered Benefits:</p> <p><input type="text"/></p> <p>Indicate Minimum Coinsurance percentage for Routine Hearing Exams:</p> <p><input type="text"/></p> <p>Indicate Maximum Coinsurance percentage for Routine Hearing Exams:</p> <p><input type="text"/></p> <p>Indicate Minimum Coinsurance percentage for Fitting/Evaluation for Hearing Aid:</p> <p><input type="text"/></p> <p>Indicate Maximum Coinsurance percentage for Fitting/Evaluation for Hearing Aid:</p> <p><input type="text"/></p>
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CY 2017 PBP Data Entry System Screens

VBID 19B #18a Hearing Exams – Base 3

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: VBID 19B #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:

Select which Hearing Exam Benefits have a Copayment (Select all that apply):
 Medicare-covered Benefits
 Routine Hearing Exams
 Fitting/Evaluation for Hearing Aid

Indicate Maximum Copayment amount for Fitting/Evaluation for Hearing Aid:

Indicate Minimum Copayment amount 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

Indicate Maximum Copayment amount for Medicare-covered Benefits:

Is a referral required for Hearing Exams?
 Yes
 No

Indicate Minimum Copayment amount for Routine Hearing Exams:

Indicate Maximum Copayment amount for Routine Hearing Exams:

CY 2017 PBP Data Entry System Screens

VBID 19B #18a Hearing Exams – Base 4

The screenshot shows a web-based data entry application. The title bar reads "PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000". The interface includes a menu bar with "File", "Help", and "Add Variable". Below the menu bar is a navigation area with "Previous" and "Next" buttons, "Exit (Validate)" and "Exit (No Validate)" buttons, and a "Go To:" dropdown menu currently set to "VBID 19B #18a Hearing Exams - Base 4". The main content area is titled "Hearing Exams Notes" and contains a text box with 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 for entering notes, with a vertical scrollbar on the right side.

CY 2017 PBP Data Entry System Screens

VBID 19B #18b Hearing Aids – Base 1

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: VBID 19B #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 2017 PBP Data Entry System Screens

VBID 19B #18b Hearing Aids – Base 2

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: VBID 19B #18b Hearing Aids - Base 2

Previous Next Exit (Validate) Exit (No Validate)

Select type of benefit for Hearing Aids - Over the Ear:
 Mandatory
 Optional

Does the Maximum Plan Benefit Coverage Amount apply per ear or for both ears combined?
 Per ear
 Both ears combined

Is this benefit unlimited for Hearing Aids - Over the Ear?
 Yes
 No, indicate number

Select the Maximum Plan Benefit Coverage type:
 Covered under Hearing Exams Category - 18a
 Plan-specified amount per period

Indicate quantity for Hearing Aids - Over the Ear:

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

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 amount:

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

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

CY 2017 PBP Data Entry System Screens

VBID 19B #18b Hearing Aids – Base 3

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: VBID 19B #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 Coinsurance percentage for Hearing Aids (all types):

Indicate Maximum Coinsurance percentage for Hearing Aids - Over the Ear:

Indicate Maximum Enrollee Out-of-Pocket Cost amount:

Indicate Minimum Coinsurance percentage for Hearing Aids - Inner Ear:

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 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 2017 PBP Data Entry System Screens

VBID 19B #18b Hearing Aids – Base 4

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000

File Help Add Variable

Go To: VBID 19B #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 Ear:

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 Ear:

Indicate Deductible Amount:

Indicate Minimum Copayment amount per two Hearing Aids - Outer Ear:

Indicate Maximum Copayment amount per two Hearing Aids - Outer Ear:

Indicate Minimum Copayment amount per Hearing Aid (all types):

Indicate Minimum Copayment amount per Hearing Aid - Over the Ear:

Indicate Maximum Copayment amount per Hearing Aid (all types):

Indicate Minimum Copayment amount per Hearing Aid - Inner Ear:

Indicate Maximum Copayment amount per Hearing Aid - Over the Ear:

Indicate Minimum Copayment amount per Hearing Aid - Inner Ear:

Indicate Minimum Copayment amount per two Hearing Aids - Over the Ear:

Indicate Maximum Copayment amount per Hearing Aid - Inner Ear:

Indicate Minimum Copayment amount per two Hearing Aids - Inner Ear:

Indicate Maximum Copayment amount per two Hearing Aids - Inner Ear:

CY 2017 PBP Data Entry System Screens

VBID 19B #18b Hearing Aids – Base 5

The screenshot shows a web-based data entry application window titled "PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000". The interface includes a menu bar with "File", "Help", and "Add Variable". Below the menu is a navigation bar with "Previous" and "Next" buttons, "Exit (Validate)" and "Exit (No Validate)" buttons, and a "Go To:" dropdown menu currently set to "VBID 19B #18b Hearing Aids - Base 5".

The main content area contains the following sections:

- 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
- Hearing Aids Notes**

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

A large, empty text area for entering notes, with a vertical scrollbar on the right side.