

# CY 2018 PBP Data Entry System Screens

## #19 VBID Benefits

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

File Help Add Variable

Go To: #19 VBID Benefits

Previous Next Exit (Validate) Exit (No Validate)

[CLICK FOR DESCRIPTION OF BENEFIT](#)

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

Yes  
 No

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?

Yes  
 No

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

When entering the maximum and minimum copayment or cost sharing for a service category, list only the VBID benefits maximum and minimum for that category. Do not enter the VBID cost sharing amount as the minimum and the non-VBID cost sharing amount as a maximum. If there is a limit to the number of services units that qualify for VBID cost sharing, after which the regular cost sharing amount applies, specify the limit in notes. After an enrollee reaches the limit, CMS will look to the main PBP sections for the applicable cost sharing amount.

When entering VBID benefit packages, create a separate package for each unique targeted clinical condition group to which the organization is offering a VBID benefit package. Even if the plan is offering otherwise identical benefits to enrollees with one of two conditions, enter those benefits in two identical packages, each time selecting a single condition. Do not select multiple conditions within a single package unless the enrollee must have all conditions in order to qualify for the benefit (a multiple co-morbidity category).

# CY 2018 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

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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 Artery Disease

Mood Disorders

Rheumatoid Arthritis

Dementia

Describe any additional needed information about the selected targeted clinical condition group, such as the specific code categories selected within Mood Disorders, in a notes field.

Is there a prerequisite for reduction of cost sharing for this package?

Yes

No

Which prerequisites are required for this package?

High value provider

Participation in a Wellness or Care Management Program

Other, Describe

Select the benefits that apply to reduced cost sharing:

Medicare-covered benefits

Non-Medicare-covered benefits

Select the Medicare-covered benefits that will receive reduced cost sharing:

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

4a: Emergency Care

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

9c1: Individual Sessions for Outpatient Substance Abuse

9c2: Group Sessions for Outpatient Substance Abuse

9d: Outpatient Blood Services

10a: Ambulance Services

11a: Durable Medical Equipment (DME)

Does your VBID cost reduction cover all or some Specialists under 7d: Physician Specialist Services?

All specialists

Some specialists

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

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

4c1: Worldwide Emergency Coverage

4c2: Worldwide Urgent Coverage

4c3: Worldwide Emergency Transportation

7b1: Routine Chiropractic Care

7b2: Other Chiropractic Services

7f: Podiatry Services

10b1: Transportation Services - Plan Approved Location

10b2: Transportation Services - Any Health-related Location

13a: Acupuncture

13b: Over-the-Counter (OTC) Items

13c: Meal Benefit

13d: Other 1

13e: Other 2

13f: Other 3

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)

Fu Associates, Ltd.

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12/12/2016

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**CMS SENSITIVE INFORMATION - REQUIRES SPECIAL HANDLING**

# CY 2018 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 benefits that apply to being exempt from the plan level deductible:

Medicare-covered benefits  
 Non-Medicare-covered benefits

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
- 4a: Emergency Care
- 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
- 9c1: Individual Sessions for Outpatient Substance Abuse
- 9c2: Group Sessions for Outpatient Substance Abuse
- 9d: Outpatient Blood Services
- 10a: Ambulance Services
- 11a: Durable Medical Equipment (DME)
- 11b1: Prosthetic Devices
- 11b2: Medical Supplies
- 11c1: Diabetic Supplies

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
- 4c1: Worldwide Emergency Coverage
- 4c2: Worldwide Urgent Coverage
- 4c3: Worldwide Emergency Transportation
- 7b1: Routine Chiropractic Care
- 7b2: Other Chiropractic Services
- 7f: Podiatry Services
- 10b1: Transportation Services - Plan Approved Location
- 10b2: Transportation Services - Any Health-related Location
- 13a: Acupuncture
- 13b: Over-the-Counter (OTC) Items
- 13c: Meal Benefit
- 13d: Other 1
- 13e: Other 2
- 13f: Other 3
- 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

# CY 2018 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 types of benefits that apply to the coinsurance cost sharing:

Medicare-covered benefits  
 Non-Medicare-covered benefits

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
- 4a: Emergency Care
- 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
- 9c1: Individual Sessions for Outpatient Substance Abuse
- 9c2: Group Sessions for Outpatient Substance Abuse
- 9d: Outpatient Blood Services
- 10a: Ambulance Services
- 11a: Durable Medical Equipment (DME)
- 11b1: Prosthetic Devices
- 11b2: Medical Supplies
- 11c1: Diabetic Supplies

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
- 4c1: Worldwide Emergency Coverage
- 4c2: Worldwide Urgent Coverage
- 4c3: Worldwide Emergency Transportation
- 7b1: Routine Chiropractic Care
- 7b2: Other Chiropractic Services
- 7f: Podiatry Services
- 10b1: Transportation Services - Plan Approved Location
- 10b2: Transportation Services - Any Health-related Location
- 13a: Acupuncture
- 13b: Over-the-Counter (OTC) Items
- 13c: Meal Benefit
- 13d: Other 1
- 13e: Other 2
- 13f: Other 3
- 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

# CY 2018 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**

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Exit (No Validate)
Go To: #19a Reduced Cost Sharing for VBIDS - Base 4

Indicate Coinsurance for one or more of the following Medicare-covered 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"/>
Emergency Care	<input type="text"/>	<input type="text"/>	Individual Sessions for Psychiatric Services	<input type="text"/>	<input type="text"/>
Urgently Needed Services	<input type="text"/>	<input type="text"/>	Group Sessions for Psychiatric Services	<input type="text"/>	<input type="text"/>
Partial Hospitalization	<input type="text"/>	<input type="text"/>	Physical Therapy and Speech-Language Pathology Services	<input type="text"/>	<input type="text"/>
Home Health Services	<input type="text"/>	<input type="text"/>	Diagnostic Procedures/Tests	<input type="text"/>	<input type="text"/>
Primary Care Physician Services	<input type="text"/>	<input type="text"/>	Lab Services	<input type="text"/>	<input type="text"/>
Chiropractic Services	<input type="text"/>	<input type="text"/>	Diagnostic Radiological Services	<input type="text"/>	<input type="text"/>
Occupational Therapy Services	<input type="text"/>	<input type="text"/>	Therapeutic Radiological Services	<input type="text"/>	<input type="text"/>
Physician Specialist Services	<input type="text"/>	<input type="text"/>	Outpatient X-Ray Services	<input type="text"/>	<input type="text"/>
Individual Sessions for Mental Health Specialty Services	<input type="text"/>	<input type="text"/>	Outpatient Hospital Services	<input type="text"/>	<input type="text"/>

# CY 2018 PBP Data Entry System Screens

## #19a Reduced Cost Sharing for VBIDS – Base 5

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

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✓ Exit (Validate)
✗ Exit (No Validate)

Indicate Coinsurance for one or more of the following Medicare-covered services:

	Minimum Coinsurance	Maximum Coinsurance		Minimum Coinsurance	Maximum Coinsurance
Ambulatory Surgical Center (ASC) Services	<input type="text"/>	<input type="text"/>	Kidney Disease Education Services	<input type="text"/>	<input type="text"/>
Individual Sessions for Outpatient Substance Abuse	<input type="text"/>	<input type="text"/>	Glaucoma Screening	<input type="text"/>	<input type="text"/>
Group Sessions for Outpatient Substance Abuse	<input type="text"/>	<input type="text"/>	Diabetes Self-Management Training	<input type="text"/>	<input type="text"/>
Outpatient Blood Services	<input type="text"/>	<input type="text"/>	Other Medicare-covered Preventive Services	<input type="text"/>	<input type="text"/>
Ambulance Services	<input type="text"/>	<input type="text"/>	Medicare Part B Chemotherapy Drugs	<input type="text"/>	<input type="text"/>
Durable Medical Equipment (DME)	<input type="text"/>	<input type="text"/>	Other Medicare Part B Drugs	<input type="text"/>	<input type="text"/>
Prosthetic Devices	<input type="text"/>	<input type="text"/>	Comprehensive Dental	<input type="text"/>	<input type="text"/>
Medical Supplies	<input type="text"/>	<input type="text"/>	Eye Exams	<input type="text"/>	<input type="text"/>
Diabetic Supplies	<input type="text"/>	<input type="text"/>	Eyewear	<input type="text"/>	<input type="text"/>
Diabetic Therapeutic Shoes/Inserts	<input type="text"/>	<input type="text"/>	Hearing Exams	<input type="text"/>	<input type="text"/>
Dialysis Services	<input type="text"/>	<input type="text"/>			

# CY 2018 PBP Data Entry System Screens

## #19a Reduced Cost Sharing for VBIDS – Base 6

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Go To: #19a Reduced Cost Sharing for VBIDS - Base 6

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✓ Exit (Validate)
✗ Exit (No Validate)

Indicate Coinsurance for one or more of the following Non-Medicare-covered services:

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

# CY 2018 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**

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✓ Exit (Validate)
✗ Exit (No Validate)
Go To: #19a Reduced Cost Sharing for VBIDS - Base 7

Indicate Coinsurance for one or more of the following Non-Medicare-covered services:

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



# CY 2018 PBP Data Entry System Screens

## #19a Reduced Cost Sharing for VBIDS – Base 8

**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 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

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

# CY 2018 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**

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

# CY 2018 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**

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

Previous Next Exit (Validate) Exit (No Validate)

Do you offer reduced Copayment?

Yes  
 No

Select the types of benefits that apply to the copayment cost sharing:

Medicare-covered benefits  
 Non-Medicare-covered benefits

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

- 3-1: Cardiac Rehabilitation Services
- 3-2: Intensive Cardiac Rehabilitation Services
- 3-3: Pulmonary Rehabilitation Services
- 4a: Emergency Care
- 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
- 9c1: Individual Sessions for Outpatient Substance Abuse
- 9c2: Group Sessions for Outpatient Substance Abuse
- 9d: Outpatient Blood Services
- 10a: Ambulance Services
- 11a: Durable Medical Equipment (DME)
- 11b1: Prosthetic Devices
- 11b2: Medical Supplies
- 11c1: Diabetic Supplies

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

- 3-1: Cardiac Rehabilitation Services
- 3-2: Intensive Cardiac Rehabilitation Services
- 3-3: Pulmonary Rehabilitation Services
- 4c1: Worldwide Emergency Coverage
- 4c2: Worldwide Urgent Coverage
- 4c3: Worldwide Emergency Transportation
- 7b1: Routine Chiropractic Care
- 7b2: Other Chiropractic Services
- 7f: Podiatry Services
- 10b1: Transportation Services - Plan Approved Location
- 10b2: Transportation Services - Any Health-related Location
- 13a: Acupuncture
- 13b: Over-the-Counter (OTC) Items
- 13c: Meal Benefit
- 13d: Other 1
- 13e: Other 2
- 13f: Other 3
- 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

# CY 2018 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

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

Indicate Copayment for one or more of the following Medicare-covered services:

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

# CY 2018 PBP Data Entry System Screens

## #19a Reduced Cost Sharing for VBIDS – Base 12

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

File Help Add Variable

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✓ Exit (Validate)
✗ Exit (No Validate)
Go To: #19a Reduced Cost Sharing for VBIDS - Base 12

Indicate Copayment for one or more of the following Medicare-covered services:

	Minimum Copayment	Maximum Copayment		Minimum Copayment	Maximum Copayment
Ambulatory Surgical Center (ASC) Services	<input type="text"/>	<input type="text"/>	Kidney Disease Education Services	<input type="text"/>	<input type="text"/>
Individual Sessions for Outpatient Substance Abuse	<input type="text"/>	<input type="text"/>	Glaucoma Screening	<input type="text"/>	<input type="text"/>
Group Sessions for Outpatient Substance Abuse	<input type="text"/>	<input type="text"/>	Diabetes Self-Management Training	<input type="text"/>	<input type="text"/>
Outpatient Blood Services	<input type="text"/>	<input type="text"/>	Other Medicare-covered Preventive Services	<input type="text"/>	<input type="text"/>
Ambulance Services	<input type="text"/>	<input type="text"/>	Medicare Part B Chemotherapy Drugs	<input type="text"/>	<input type="text"/>
Durable Medical Equipment (DME)	<input type="text"/>	<input type="text"/>	Other Medicare Part B Drugs	<input type="text"/>	<input type="text"/>
Prosthetic Devices	<input type="text"/>	<input type="text"/>	Comprehensive Dental	<input type="text"/>	<input type="text"/>
Medical Supplies	<input type="text"/>	<input type="text"/>	Eye Exams	<input type="text"/>	<input type="text"/>
Diabetic Supplies	<input type="text"/>	<input type="text"/>	Eyewear	<input type="text"/>	<input type="text"/>
Diabetic Therapeutic Shoes/Inserts	<input type="text"/>	<input type="text"/>	Hearing Exams	<input type="text"/>	<input type="text"/>
Dialysis Services	<input type="text"/>	<input type="text"/>			

# CY 2018 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**

File Help Add Variable

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✓ Exit (Validate)
✗ Exit (No Validate)
Go To: #19a Reduced Cost Sharing for VBIDS - Base 13

Indicate Copayment for one or more of the following Non-Medicare-covered services:

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

# CY 2018 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

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

Indicate Copayment for one or more of the following Non-Medicare-covered services:

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

# CY 2018 PBP Data Entry System Screens

## #19a Reduced Cost Sharing for VBIDS – Base 15

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

File Help Add Variable

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✓ Exit (Validate)
✗ Exit (No Validate)
Go To: #19a Reduced Cost Sharing for VBIDS - Base 15

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Select all Specialists with a reduced coinsurance:

- 004: Geriatrics
- 007: Allergy and Immunology
- 008: Cardiology
- 011: Dermatology
- 012: Endocrinology
- 013: ENT/Otolaryngology
- 014: Gastroenterology
- 015: General Surgery
- 016: Gynecology, OB/GYN
- 017: Infectious Diseases
- 018: Nephrology
- 019: Neurology
- 020: Neurosurgery
- 021: Oncology - Medical, Surgical
- 022: Oncology - Radiation/Radiation Oncology
- 023: Ophthalmology
- 025: Orthopedic Surgery
- 026: Physiatry, Rehabilitative Medicine
- 027: Plastic Surgery
- 030: Pulmonology
- 031: Rheumatology
- 033: Urology
- 034: Vascular Surgery
- 035: Cardiothoracic Surgery
- 000: Other\*

\* Please list the provider's actual specialty in the Notes

Indicate Coinsurance for one or more of the following Specialists:

	Minimum Coinsurance	Maximum Coinsurance		Minimum Coinsurance	Maximum Coinsurance
Geriatrics	<input type="text"/>	<input type="text"/>	Oncology - Medical, Surgical	<input type="text"/>	<input type="text"/>
Allergy and Immunology	<input type="text"/>	<input type="text"/>	Oncology - Radiation/ Radiation Oncology	<input type="text"/>	<input type="text"/>
Cardiology	<input type="text"/>	<input type="text"/>	Ophthalmology	<input type="text"/>	<input type="text"/>
Dermatology	<input type="text"/>	<input type="text"/>	Orthopedic Surgery	<input type="text"/>	<input type="text"/>
Endocrinology	<input type="text"/>	<input type="text"/>	Physiatry, Rehabilitative Medicine	<input type="text"/>	<input type="text"/>
ENT/Otolaryngology	<input type="text"/>	<input type="text"/>	Plastic Surgery	<input type="text"/>	<input type="text"/>
Gastroenterology	<input type="text"/>	<input type="text"/>	Pulmonology	<input type="text"/>	<input type="text"/>
General Surgery	<input type="text"/>	<input type="text"/>	Rheumatology	<input type="text"/>	<input type="text"/>
Gynecology, OB/GYN	<input type="text"/>	<input type="text"/>	Urology	<input type="text"/>	<input type="text"/>
Infectious Diseases	<input type="text"/>	<input type="text"/>	Vascular Surgery	<input type="text"/>	<input type="text"/>
Nephrology	<input type="text"/>	<input type="text"/>	Cardiothoracic Surgery	<input type="text"/>	<input type="text"/>
Neurology	<input type="text"/>	<input type="text"/>	Other	<input type="text"/>	<input type="text"/>
Neurosurgery	<input type="text"/>	<input type="text"/>			



# CY 2018 PBP Data Entry System Screens

## #19a Reduced Cost Sharing for VBIDS – Base 16

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

File Help Add Variable

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✓ Exit (Validate)
✗ Exit (No Validate)
Go To: #19a Reduced Cost Sharing for VBIDS - Base 16

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Select all Specialists with a reduced deductible:

- 004: Geriatrics
- 007: Allergy and Immunology
- 008: Cardiology
- 011: Dermatology
- 012: Endocrinology
- 013: ENT/Otolaryngology
- 014: Gastroenterology
- 015: General Surgery
- 016: Gynecology, OB/GYN
- 017: Infectious Diseases
- 018: Nephrology
- 019: Neurology
- 020: Neurosurgery
- 021: Oncology - Medical, Surgical
- 022: Oncology - Radiation/Radiation Oncology
- 023: Ophthalmology
- 025: Orthopedic Surgery
- 026: Physiatry, Rehabilitative Medicine
- 027: Plastic Surgery
- 030: Pulmonology
- 031: Rheumatology
- 033: Urology
- 034: Vascular Surgery
- 035: Cardiothoracic Surgery
- 000: Other\*

\* Please list the provider's actual specialty in the Notes

Indicate Deductible for one or more of the following Specialists:

	Deductible Amount		Deductible Amount
Geriatrics	<input type="text"/>	Oncology - Medical, Surgical	<input type="text"/>
Allergy and Immunology	<input type="text"/>	Oncology - Radiation/ Radiation Oncology	<input type="text"/>
Cardiology	<input type="text"/>	Ophthalmology	<input type="text"/>
Dermatology	<input type="text"/>	Orthopedic Surgery	<input type="text"/>
Endocrinology	<input type="text"/>	Physiatry, Rehabilitative Medicine	<input type="text"/>
ENT/Otolaryngology	<input type="text"/>	Plastic Surgery	<input type="text"/>
Gastroenterology	<input type="text"/>	Pulmonology	<input type="text"/>
General Surgery	<input type="text"/>	Rheumatology	<input type="text"/>
Gynecology, OB/GYN	<input type="text"/>	Urology	<input type="text"/>
Infectious Diseases	<input type="text"/>	Vascular Surgery	<input type="text"/>
Nephrology	<input type="text"/>	Cardiothoracic Surgery	<input type="text"/>
Neurology	<input type="text"/>	Other	<input type="text"/>
Neurosurgery	<input type="text"/>		

# CY 2018 PBP Data Entry System Screens

## #19a Reduced Cost Sharing for VBIDS – Base 17

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

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✓ Exit (Validate)
✗ Exit (No Validate)
Go To: #19a Reduced Cost Sharing for VBIDS - Base 17

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Select all Specialists with a reduced copayment:

- 004: Geriatrics
- 007: Allergy and Immunology
- 008: Cardiology
- 011: Dermatology
- 012: Endocrinology
- 013: ENT/Otolaryngology
- 014: Gastroenterology
- 015: General Surgery
- 016: Gynecology, OB/GYN
- 017: Infectious Diseases
- 018: Nephrology
- 019: Neurology
- 020: Neurosurgery
- 021: Oncology - Medical, Surgical
- 022: Oncology - Radiation/Radiation Oncology
- 023: Ophthalmology
- 025: Orthopedic Surgery
- 026: Physiatry, Rehabilitative Medicine
- 027: Plastic Surgery
- 030: Pulmonology
- 031: Rheumatology
- 033: Urology
- 034: Vascular Surgery
- 035: Cardiothoracic Surgery
- 000: Other\*

\* Please list the provider's actual specialty in the Notes

Indicate Copayment for one or more of the following Specialists:

	Minimum Copayment	Maximum Copayment		Minimum Copayment	Maximum Copayment
Geriatrics	<input type="text"/>	<input type="text"/>	Oncology - Medical, Surgical	<input type="text"/>	<input type="text"/>
Allergy and Immunology	<input type="text"/>	<input type="text"/>	Oncology - Radiation/ Radiation Oncology	<input type="text"/>	<input type="text"/>
Cardiology	<input type="text"/>	<input type="text"/>	Ophthalmology	<input type="text"/>	<input type="text"/>
Dermatology	<input type="text"/>	<input type="text"/>	Orthopedic Surgery	<input type="text"/>	<input type="text"/>
Endocrinology	<input type="text"/>	<input type="text"/>	Physiatry, Rehabilitative Medicine	<input type="text"/>	<input type="text"/>
ENT/Otolaryngology	<input type="text"/>	<input type="text"/>	Plastic Surgery	<input type="text"/>	<input type="text"/>
Gastroenterology	<input type="text"/>	<input type="text"/>	Pulmonology	<input type="text"/>	<input type="text"/>
General Surgery	<input type="text"/>	<input type="text"/>	Rheumatology	<input type="text"/>	<input type="text"/>
Gynecology, OB/GYN	<input type="text"/>	<input type="text"/>	Urology	<input type="text"/>	<input type="text"/>
Infectious Diseases	<input type="text"/>	<input type="text"/>	Vascular Surgery	<input type="text"/>	<input type="text"/>
Nephrology	<input type="text"/>	<input type="text"/>	Cardiothoracic Surgery	<input type="text"/>	<input type="text"/>
Neurology	<input type="text"/>	<input type="text"/>	Other	<input type="text"/>	<input type="text"/>
Neurosurgery	<input type="text"/>	<input type="text"/>			

# CY 2018 PBP Data Entry System Screens

## #19a Reduced Cost Sharing for VBIDS – Base 18

**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 18

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Are you offering retroactive reimbursement?

 Yes  
 No

Is there a maximum aggregate amount of reduced cost sharing?

 Yes  
 No

Are all services retroactively reimbursed?

 Yes  
 No

Specify the maximum aggregate amount of reduced cost sharing:

Select the benefits that will be retroactively reimbursed:

 Medicare-covered  
 Non-Medicare-covered

Select the Medicare-covered benefits that will be retroactively reimbursed:

- 1a: Inpatient Hospital-Acute
- 1b: Inpatient Hospital Psychiatric
- 2: Skilled Nursing Facility (SNF)
- 3-1: Cardiac Rehabilitation Services
- 3-2: Intensive Cardiac Rehabilitation Service
- 3-3: Pulmonary Rehabilitation Services
- 4a: Emergency Care
- 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 S
- 7e2: Group Sessions for Mental Health Spec
- 7f: Podiatry Services
- 7g: Other Health Care Professional
- 7h1: Individual Sessions for Psychiatric Ser
- 7h2: Group Sessions for Psychiatric Service
- 7i: Physical Therapy and Speech-Language
- 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) Servi
- 9c1: Individual Sessions for Outpatient Subs
- 9c2: Group Sessions for Outpatient Substar
- 9d: Outpatient Blood Services
- 10a: Ambulance Services
- 11a: Durable Medical Equipment (DME)

Select the Non-Medicare-covered benefits that will be retroactively reimbursed:

- 1a: Inpatient Hospital-Acute
- 1b: Inpatient Hospital Psychiatric
- 2: Skilled Nursing Facility (SNF)
- 3-1: Cardiac Rehabilitation Services
- 3-2: Intensive Cardiac Rehabilitation Service
- 3-3: Pulmonary Rehabilitation Services
- 4c1: Worldwide Emergency Coverage
- 4c2: Worldwide Urgent Coverage
- 4c3: Worldwide Emergency Transportation
- 7b1: Routine Chiropractic Care
- 7b2: Other Chiropractic Services
- 7f: Podiatry Services
- 10b1: Transportation Services - Plan Appro
- 10b2: Transportation Services - Any Health
- 13a: Acupuncture
- 13b: Over-the-Counter (OTC) Items
- 13c: Meal Benefit
- 13d: Other 1
- 13e: Other 2
- 13f: Other 3
- 14b: Annual Physical Exam
- 14c1: Health Education
- 14c2: Nutritional/Dietary Benefit
- 14c3: Additional sessions of Smoking and Tc
- 14c4: Fitness Benefit
- 14c5: Enhanced Disease Management
- 14c6: Telemonitoring Services
- 14c7: Remote Access Technologies (includi
- 14c8: Bathroom Safety Devices
- 14c9: Counseling Services
- 14c10: In-Home Safety Assessment
- 14c11: Personal Emergency Response Syst
- 14c12: Medical Nutrition Therapy (MINT)

# CY 2018 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 benefit is administered to Beneficiaries.

Notes:

# CY 2018 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 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

Select type of benefit for Upgrades:

Mandatory  
 Optional

# CY 2018 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

---

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

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 2018 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 enrollees 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 2018 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

◀ Previous    Next ▶

✔ Exit (Validate)    ✘ Exit (No Validate)
 
Go To: VBID 19A #1a Inpatient Hospital-Acute - Base 4

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 2018 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 2018 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 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:  
[ ] [ ] [ ]

Is the Coinsurance structure for Upgrades the same as the Coinsurance structure for the Medicare-covered stay?  
 Yes  
 No

Indicate Coinsurance percentage for Upgrades:  
[ ]

# CY 2018 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**

File Help Add Variable

Go To: VBID 19A #1a Inpatient Hospital-Acute - Base 7

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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 2018 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
\_ | 5 | X

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

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

Medicare-covered Copayment Cost Sharing for Tier 2:

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

Yes  
 No

Indicate Copayment amount for the Medicare-covered stay:

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

Zero (No Copayment per Day)  
 One  
 Two  
 Three

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

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

Medicare-covered Copayment Cost Sharing for Tier 3:

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

Yes  
 No

Indicate Copayment amount for the Medicare-covered stay:

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

Zero (No Copayment per Day)  
 One  
 Two  
 Three

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

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

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12/12/2016

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**CMS SENSITIVE INFORMATION - REQUIRES SPECIAL HANDLING**

# CY 2018 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 2018 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 2018 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 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 2018 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)

Is the Copayment structure for Upgrades the same as the Copayment structure for the Medicare-covered stay?

Yes  
 No

Indicate Copayment amount for Upgrades per stay:  
[ ]

Indicate Copayment amount for Upgrades per day:  
[ ]

What is your Inpatient Hospital-Acute benefit period?

Original Medicare  
 Annual  
 Per Admission or Per Stay  
 Other, Describe

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

Do you charge cost sharing on the day of discharge?

Yes  
 No

Is authorization required?

Yes  
 No

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 2018 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 2018 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**

File Help Add Variable

Go To: VBID 19A #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

How many costsharing tiers do you offer?

What is your lowest cost tier?  
 Tier 1  
 Tier 2  
 Tier 3

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	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 2018 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 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 2018 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
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File Help Add Variable
Go To: VBID 19A #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):

Interval Days		
Coinsurance %	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 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"/>
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 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"/>
Interval 2:	<input type="text"/>	<input type="text"/>
Interval 3:	<input type="text"/>	<input type="text"/>

# CY 2018 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 2018 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 2018 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 2018 PBP Data Entry System Screens

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

**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 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 2018 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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Go To: VBID 19A #1b Inpatient Hospital Psychiatric - Base 9

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✔ 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 2018 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"/>
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 2018 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 2018 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)

What is your Inpatient Hospital Psychiatric benefit period?

Original Medicare  
 Annual  
 Per Admission or Per Stay  
 Other, Describe

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

Do you charge cost sharing on the day of discharge?

Yes  
 No

Is authorization required?

Yes  
 No

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 2018 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 2018 PBP Data Entry System Screens

VBID 19A #2 SNF – Base 2

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

File Help Add Variable

Go To: VBID 19A #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

Is there an enrollee Coinsurance?  
 Yes  
 No

Medicare-covered Coinsurance Cost Sharing for Tier 1:

Do you charge the Medicare-defined cost shares? (These are the total charges for all services provided to the enrollee in the SNF.)  
 Yes  
 No

Indicate Coinsurance percentage for the Medicare-covered stay:

Indicate the number of day intervals for the Medicare-covered stay:  
 Zero (No Coinsurance per Day)  
 One  
 Two  
 Three

Indicate the coinsurance percentage and day interval(s) for Medicare-covered stay (e.g., 1 to 20; 21 to 100):

Coinsurance % Interval 1:	Begin Day Interval 1:	End Day Interval 1:
<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 2018 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 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 SNF.)

Yes  
 No

Indicate Coinsurance percentage for the Medicare-covered stay:

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

Zero (No Coinsurance per Day)  
 One  
 Two  
 Three

Indicate the coinsurance percentage and day interval(s) for Medicare-covered stay (e.g., 1 to 20; 21 to 100):

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

# CY 2018 PBP Data Entry System Screens

VBID 19A #2 SNF – Base 4

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

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 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 2018 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 2018 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 2018 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 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 2018 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 2018 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 2018 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)

What is your SNF benefit period?

Original Medicare  
 Annual  
 Per Admission or Per Stay  
 Other, Describe

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

Do you charge cost sharing on the day of discharge?

Yes  
 No

Is authorization required?

Yes  
 No

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 2018 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)

When entering the maximum and minimum copayment or cost sharing for a service category, list only the VBID benefit's maximum and minimum for that category. Do not enter the VBID cost sharing amount as the minimum and the non-VBID cost sharing amount as a maximum. If there is a limit to the number of services units that qualify for VBID cost sharing, after which the regular cost sharing amount applies, specify the limit in notes. After an enrollee reaches the limit, CMS will look to the main PBP sections for the applicable cost sharing amount.

When entering VBID benefit packages, create a separate package for each unique targeted clinical condition group to which the organization is offering a VBID benefit package. Even if the plan is offering otherwise identical benefits to enrollees with one of two conditions, enter those benefits in two identical packages, each time selecting a single condition. Do not select multiple conditions within a single package unless the enrollee must have all conditions in order to qualify for the benefit (a multiple co-morbidity category).

# CY 2018 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 Artery Disease
- Mood Disorders
- Rheumatoid Arthritis
- Dementia

Describe any additional needed information about the selected targeted clinical condition group, such as the specific code categories selected within Mood Disorders, in a notes field.

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 or Care Management 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
- 4c: Worldwide Emergency/Urgent Coverage
- 7b: Chiropractic Services
- 7f: Podiatry Services
- 9d: Outpatient Blood Services
- 10b: Transportation Services
- 13a: Acupuncture
- 13b: Over-the-Counter (OTC) Items
- 13c: Meal Benefit
- 13d: Other 1
- 13e: Other 2
- 13f: Other 3
- 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



# CY 2018 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 that are exempt from the plan level deductible:

- 1a: Inpatient Hospital-Acute
- 1b: Inpatient Hospital Psychiatric
- 2: Skilled Nursing Facility (SNF)
- 3: Cardiac and Pulmonary Rehabilitation Services
- 4c: Worldwide Emergency/Urgent Coverage
- 7b: Chiropractic Services
- 7f: Podiatry Services
- 9d: Outpatient Blood Services
- 10b: Transportation Services
- 13a: Acupuncture
- 13b: Over-the-Counter (OTC) Items
- 13c: Meal Benefit
- 13d: Other 1
- 13e: Other 2
- 13f: Other 3
- 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

# CY 2018 PBP Data Entry System Screens

## #19b Additional Benefits for VBIDS – Base 3

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 3

Previous Next Exit (Validate) Exit (No Validate)

Are you offering retroactive reimbursement?  
 Yes  
 No

Are all services retroactively reimbursed?  
 Yes  
 No

Is there a maximum aggregate amount of reduced cost sharing?  
 Yes  
 No

Specify the maximum aggregate amount of reduced cost sharing:

Select the Non-Medicare-covered benefits that will be retroactively reimbursed:

- 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
- 4c1: Worldwide Emergency Coverage
- 4c2: Worldwide Urgent Coverage
- 4c3: Worldwide Emergency Transportation
- 7b1: Routine Chiropractic Care
- 7b2: Other Chiropractic Services
- 7f: Podiatry Services
- 10b1: Transportation Services - Plan Approved Location
- 10b2: Transportation Services - Any Health-related Location
- 13a: Acupuncture
- 13b: Over-the-Counter (OTC) Items
- 13c: Meal Benefit
- 13d: Other 1
- 13e: Other 2
- 13f: Other 3
- 14b: Annual Physical Exam
- 14c1: Health Education
- 14c2: Nutritional/Dietary Benefit
- 14c3: Additional sessions of Smoking and Tobacco Cessation
- 14c4: Fitness Benefit
- 14c5: Enhanced Disease Management
- 14c6: Telemonitoring Services
- 14c7: Remote Access Technologies (including Web/Phone)
- 14c8: Bathroom Safety Devices
- 14c9: Counseling Services
- 14c10: In-Home Safety Assessment
- 14c11: Personal Emergency Response System (PERS)
- 14c12: Medical Nutrition Therapy (MNT)

# CY 2018 PBP Data Entry System Screens

## #19b Additional Benefits for VBIDS – Notes

The screenshot shows 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 toolbar with "Previous" and "Next" navigation buttons, "Exit (Validate)" and "Exit (No Validate)" buttons, and a "Go To:" dropdown menu currently set to "#19b Additional Benefits for VBIDS - Notes".

The main content area contains the following text:

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

Notes:

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

# CY 2018 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 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

Select type of benefit for Upgrades:

Mandatory  
 Optional

# CY 2018 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**

File Help Add Variable

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

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 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 2018 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

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 enrollees 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 2018 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

File Help Add Variable

Go To: VBID 19B #1a Inpatient Hospital-Acute - Base 4

<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 gray; padding: 2px; margin-bottom: 5px;"> <input type="radio"/> Zero (No Coinsurance per Day)  <input type="radio"/> One  <input type="radio"/> Two  <input type="radio"/> Three         </div> <p style="font-size: x-small;">Indicate the coinsurance percentage 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 style="width: 15%;">Coinsurance %</th> <th style="width: 15%;">Begin Day</th> <th style="width: 15%;">End Day</th> </tr> </thead> <tbody> <tr> <td>Interval 1:</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Interval 2:</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Interval 3:</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>		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"/>	<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 gray; padding: 2px; margin-bottom: 5px;"> <input type="radio"/> Zero (No Coinsurance per Day)  <input type="radio"/> One  <input type="radio"/> Two  <input type="radio"/> Three         </div> <p style="font-size: x-small;">Indicate the coinsurance percentage 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 style="width: 15%;">Coinsurance %</th> <th style="width: 15%;">Begin Day</th> <th style="width: 15%;">End Day</th> </tr> </thead> <tbody> <tr> <td>Interval 1:</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Interval 2:</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Interval 3:</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>		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"/>	<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> <div style="border: 1px solid gray; padding: 2px; margin-bottom: 5px;"> <input type="radio"/> Zero (No Coinsurance per Day)  <input type="radio"/> One  <input type="radio"/> Two  <input type="radio"/> Three         </div> <p style="font-size: x-small;">Indicate the coinsurance percentage 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 style="width: 15%;">Coinsurance %</th> <th style="width: 15%;">Begin Day</th> <th style="width: 15%;">End Day</th> </tr> </thead> <tbody> <tr> <td>Interval 1:</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Interval 2:</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Interval 3:</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>		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"/>
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# CY 2018 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**

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 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 2018 PBP Data Entry System Screens

## VBID 19B #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 19B #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	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:

Is the Coinsurance structure for Upgrades the same as the Coinsurance structure for the Medicare-covered stay?  
 Yes  
 No

Indicate Coinsurance percentage for Upgrades:

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"/>

# CY 2018 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 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 2018 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
\_ | 5 | X

File Help Add Variable

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

<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"/>
Copayment Amt Interval 1	Begin Day Interval 1:	End Day Interval 1:																																			
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Copayment Amt Interval 3	Begin Day Interval 3:	End Day Interval 3:																																			
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# CY 2018 PBP Data Entry System Screens

## VBID 19B #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 19B #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"/>	<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 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"/>	<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 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"/>	<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 2018 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 2018 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 2018 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)

Is the Copayment structure for Upgrades the same as the Copayment structure for the Medicare-covered stay?

Yes  
 No

Indicate Copayment amount for Upgrades per stay:

Indicate Copayment amount for Upgrades per day:

What is your Inpatient Hospital-Acute benefit period?

Original Medicare  
 Annual  
 Per Admission or Per Stay  
 Other, Describe

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

Do you charge cost sharing on the day of discharge?

Yes  
 No

Is authorization required?

Yes  
 No

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 2018 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](#)

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 2018 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**

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

How many costsharing tiers do you offer?

What is your lowest cost tier?  
 Tier 1  
 Tier 2  
 Tier 3

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 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 2018 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:
<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 2018 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):

Interval Days		
Coinsurance %	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 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"/>
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 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"/>
Interval 2:	<input type="text"/>	<input type="text"/>
Interval 3:	<input type="text"/>	<input type="text"/>

# CY 2018 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 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., 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 2018 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 2018 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 2018 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**

File Help Add Variable

Go To: VBID 19B #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 2018 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)

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 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"/>

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 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"/>

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 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"/>



# CY 2018 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 2018 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 2018 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)

What is your Inpatient Hospital Psychiatric benefit period?

Original Medicare  
 Annual  
 Per Admission or Per Stay  
 Other, Describe

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

Do you charge cost sharing on the day of discharge?

Yes  
 No

Is authorization required?

Yes  
 No

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 2018 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 2018 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

Is there an enrollee Coinsurance?  
 Yes  
 No

Medicare-covered Coinsurance Cost Sharing for Tier 1:

Do you charge the Medicare-defined cost shares? (These are the total charges for all services provided to the enrollee in the SNF.)  
 Yes  
 No

Indicate Coinsurance percentage for the Medicare-covered stay:  
[ ]

Indicate the number of day intervals for the Medicare-covered stay:  
 Zero (No Coinsurance per Day)  
 One  
 Two  
 Three

Indicate the coinsurance percentage and day interval(s) for Medicare-covered stay (e.g., 1 to 20; 21 to 100):

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

# CY 2018 PBP Data Entry System Screens

VBID 19B #2 SNF – Base 3

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

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  
 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:
[ ]	[ ]	[ ]

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

# CY 2018 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 2018 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 2018 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:
[ ]	[ ]	[ ]
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 2018 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 2018 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:

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 2018 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 2018 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)

What is your SNF benefit period?

Original Medicare  
 Annual  
 Per Admission or Per Stay  
 Other, Describe

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

Do you charge cost sharing on the day of discharge?

Yes  
 No

Is authorization required?

Yes  
 No

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 2018 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 2018 PBP Data Entry System Screens

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

**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 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 type="text"/>	<input type="text"/>
Indicate Coinsurance percentage for Medicare-covered Intensive Cardiac Rehabilitation Services:	<input type="text"/>	<input type="text"/>
Indicate Coinsurance percentage for Medicare-covered Pulmonary Rehabilitation Services:	<input type="text"/>	<input type="text"/>
Indicate Coinsurance percentage for Additional Cardiac Rehabilitation Services:	<input type="text"/>	<input type="text"/>
Indicate Coinsurance percentage for Additional Intensive Cardiac Rehabilitation Services:	<input type="text"/>	<input type="text"/>
Indicate Coinsurance percentage for Additional Pulmonary Rehabilitation Services:	<input type="text"/>	<input type="text"/>

# CY 2018 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
\_ | 5 | 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 <input type="radio"/> No</p> <p>Indicate Deductible Amount: <input style="width: 100%;" type="text"/></p> <p>Is there an enrollee Copayment?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Select which 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>	<p>Minimum Copayment</p> <p>Maximum Copayment</p>	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; height: 20px;"></td> <td style="width: 50%; height: 20px;"></td> </tr> <tr> <td style="width: 50%; height: 20px;"></td> <td style="width: 50%; height: 20px;"></td> </tr> <tr> <td style="width: 50%; height: 20px;"></td> <td style="width: 50%; height: 20px;"></td> </tr> <tr> <td style="width: 50%; height: 20px;"></td> <td style="width: 50%; height: 20px;"></td> </tr> <tr> <td style="width: 50%; height: 20px;"></td> <td style="width: 50%; height: 20px;"></td> </tr> <tr> <td style="width: 50%; height: 20px;"></td> <td style="width: 50%; height: 20px;"></td> </tr> </table>												



# CY 2018 PBP Data Entry System Screens

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

The screenshot shows a web-based data entry application window titled "PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000". The interface includes a menu bar with "File", "Help", and "Add Variable". Below the menu is a toolbar with navigation buttons: "Previous" (left arrow), "Next" (right arrow), "Exit (Validate)" (green checkmark), and "Exit (No Validate)" (red X). A "Go To:" dropdown menu is set to "VBID 19B #3 Cardiac and Pulmonary Rehabilitation Services - Base 4".

The main content area contains two radio button questions:

- Is authorization required?  
 Yes  
 No
- Is a referral required?  
 Yes  
 No

Below these questions is a section titled "Cardiac and Pulmonary Rehabilitation Services Notes". A descriptive note reads: "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 2018 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 enhanced benefit:

Worldwide Emergency Coverage  
 Worldwide Urgent Coverage  
 Worldwide Emergency Transportation

Select type of benefit for Worldwide Emergency Coverage:

Mandatory  
 Optional

Select type of benefit for Worldwide Urgent Coverage:

Mandatory  
 Optional

Select type of benefit for Worldwide Emergency Transportation:

Mandatory  
 Optional

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

Yes  
 No

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

Yes  
 No

Indicate Maximum Plan Benefit Coverage amount:

\_\_\_\_\_

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

Yes  
 No

Indicate Maximum Enrollee Out-of-Pocket Cost amount:

\_\_\_\_\_

Select Maximum Enrollee Out-of-Pocket Cost periodicity:

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

# CY 2018 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)

<p>Is there an enrollee Coinsurance?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Select which Worldwide Services have a Coinsurance (Select all that apply):</p> <p><input type="checkbox"/> Worldwide Emergency Coverage <input type="checkbox"/> Worldwide Urgent Coverage <input type="checkbox"/> Worldwide Emergency Transportation</p> <p>Indicate Minimum Coinsurance percentage for Worldwide Emergency Coverage:</p> <input type="text"/> <p>Indicate Maximum Coinsurance percentage for Worldwide Emergency Coverage:</p> <input type="text"/> <p>Is this Coinsurance waived for Worldwide Emergency Coverage if admitted to hospital?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Indicate Minimum Coinsurance percentage for Worldwide Urgent Coverage:</p> <input type="text"/> <p>Indicate Maximum Coinsurance percentage for Worldwide Urgent Coverage:</p> <input type="text"/> <p>Is this Coinsurance waived for Worldwide Urgent Coverage if admitted to hospital?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Indicate Minimum Coinsurance percentage for Worldwide Emergency Transportation:</p> <input type="text"/> <p>Indicate Maximum Coinsurance percentage for Worldwide Emergency Transportation:</p> <input type="text"/> <p>Is this Coinsurance waived for Worldwide Emergency Transportation if admitted to hospital?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>Is there an enrollee Copayment?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Select which Worldwide Services have a Copayment (Select all that apply):</p> <p><input type="checkbox"/> Worldwide Emergency Coverage <input type="checkbox"/> Worldwide Urgent Coverage <input type="checkbox"/> Worldwide Emergency Transportation</p> <p>Indicate Minimum Copayment amount for Worldwide Emergency Coverage:</p> <input type="text"/> <p>Indicate Maximum Copayment amount for Worldwide Emergency Coverage:</p> <input type="text"/> <p>Is this Copayment waived for Worldwide Emergency Coverage if admitted to hospital?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Indicate Minimum Copayment amount for Worldwide Urgent Coverage:</p> <input type="text"/> <p>Indicate Maximum Copayment amount for Worldwide Urgent Coverage:</p> <input type="text"/> <p>Is this Copayment waived for Worldwide Urgent Coverage if admitted to hospital?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Indicate Minimum Copayment amount for Worldwide Emergency Transportation:</p> <input type="text"/> <p>Indicate Maximum Copayment amount for Worldwide Emergency Transportation:</p> <input type="text"/> <p>Is this Copayment waived for Worldwide Emergency Transportation if admitted to hospital?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>Is there an enrollee Deductible?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Indicate Deductible Amount:</p> <input type="text"/>
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# CY 2018 PBP Data Entry System Screens

## VBID 19B #4c Worldwide Emergency/Urgent Coverage – 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 toolbar with "Previous" and "Next" navigation buttons, "Exit (Validate)" and "Exit (No Validate)" buttons, and a "Go To:" dropdown menu currently displaying "VBID 19B #4c Worldwide Emergency/Urgent Coverage - Base 3".

The main content area contains the following text:

- 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:

Below the "Notes:" label is a large, empty text input area with a vertical scrollbar on the right side.

# CY 2018 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:  
 Mandatory  
 Optional

Is this benefit unlimited for Routine Care?  
 Yes  
 No, indicate number

Indicate number of visits for Routine Care:  
[ ]

Select Routine Care periodicity:  
 Every three years  
 Every two years  
 Every year  
 Every six months  
 Every three months  
 Other, Describe

Do you offer a combined Acupuncture/Alternative Therapies/Chiropractor Services benefit?  
 Yes  
 No

Select the enhanced benefits that are included in the combined benefit (Select all that apply):  
 Routine Care  
 Other

Enter Name of Other Service:  
[ ]

Select type of benefit for Other Service:  
 Mandatory  
 Optional

Is this benefit unlimited for Other Service?  
 Yes  
 No, indicate number

Indicate number of visits for Other Service:  
[ ]

Select Other Service periodicity:  
 Every three years  
 Every two years  
 Every year  
 Every six months  
 Every three months  
 Other, Describe

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

Indicate Maximum Plan Benefit Coverage amount:  
[ ]

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

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

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

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

# CY 2018 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)

<p>Is there an enrollee Coinsurance?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Select which Chiropractic Services have a Coinsurance (Select all that apply):</p> <p><input type="checkbox"/> Medicare-covered Chiropractic Services <input type="checkbox"/> Routine Care <input type="checkbox"/> Other</p> <p>Indicate Minimum Coinsurance percentage per visit for Medicare-covered Benefits: <input type="text"/></p> <p>Indicate Maximum Coinsurance percentage per visit for Medicare-covered Benefits: <input type="text"/></p> <p>Indicate the Minimum Coinsurance percentage per visit for Routine Care: <input type="text"/></p> <p>Indicate the Maximum Coinsurance percentage per visit for Routine Care: <input type="text"/></p> <p>Indicate the Minimum Coinsurance percentage per visit for Other Service: <input type="text"/></p> <p>Indicate the Maximum Coinsurance percentage per visit for Other Service: <input type="text"/></p>	<p>Is there an enrollee Copayment?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Select which Chiropractic Services have a Copayment (Select all that apply):</p> <p><input type="checkbox"/> Medicare-covered Chiropractic Services <input type="checkbox"/> Routine Care <input type="checkbox"/> Other</p> <p>Indicate Minimum Copayment amount for Medicare-covered Benefits: <input type="text"/></p> <p>Indicate Maximum Copayment amount for Medicare-covered Benefits: <input type="text"/></p> <p>Indicate Minimum Copayment amount per visit for Routine Care: <input type="text"/></p> <p>Indicate Maximum Copayment amount per visit for Routine Care: <input type="text"/></p> <p>Indicate Minimum Copayment amount per visit for Other Service: <input type="text"/></p> <p>Indicate Maximum Copayment amount per visit for Other Service: <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> <p>Is authorization required?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Is a referral required for Chiropractic Services?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>
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# CY 2018 PBP Data Entry System Screens

## VBID 19B #7b Chiropractic Services – Base 3

The screenshot shows a software window titled "PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000". The window has a menu bar with "File", "Help", and "Add Variable". Below the menu bar is a toolbar with four buttons: "Previous" (left arrow), "Next" (right arrow), "Exit (Validate)" (green checkmark), and "Exit (No Validate)" (red X). To the right of the toolbar is a "Go To:" dropdown menu currently displaying "VBID 19B #7b Chiropractic Services - Base 3".

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

# CY 2018 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 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 2018 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?  
 Yes  
 No

Is there an enrollee Copayment?  
 Yes  
 No

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

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

Indicate Minimum Coinsurance percentage for Medicare-covered Benefits:

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

Indicate Maximum Coinsurance percentage for Medicare-covered Benefits:

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

Indicate Minimum Coinsurance percentage for Routine Foot Care:

Indicate Minimum Copayment amount per visit for Routine Foot Care:

Indicate Maximum Coinsurance percentage for Routine Foot Care:

Indicate Maximum Copayment amount per visit for Routine Foot Care:

Is there an enrollee Deductible?  
 Yes  
 No

Indicate Deductible Amount:

# CY 2018 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 toolbar with "Previous" and "Next" navigation 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 fields and sections:

- A question: "Is authorization required?" with radio button options for "Yes" and "No".
- A second question: "Is a referral required for Podiatrist Services?" with radio button options for "Yes" and "No".
- A section titled "Podiatry Services Notes" with a sub-instruction: "Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry."
- A large text area labeled "Notes:" for entering additional information.

# CY 2018 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 2018 PBP Data Entry System Screens

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

**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 2

Previous Next Exit (Validate) Exit (No Validate)

Is there an enrollee Deductible?  
 Yes  
 No

Indicate Deductible Amount:  
[ ]

Is there an enrollee Copayment?  
 Yes  
 No

Indicate Minimum Copayment amount per unit for Medicare-covered Benefits:  
[ ]

Indicate Maximum Copayment amount per unit for Medicare-covered Benefits:  
[ ]

Is authorization required?  
 Yes  
 No

Is a referral required for Outpatient Blood Services?  
 Yes  
 No

Outpatient Blood Services Notes

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

Notes:  
[ ]

# CY 2018 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 Health-related 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 Health-related Location:

Mandatory  
 Optional

Is this benefit unlimited for number of trips for Any Health-related Location?

Yes  
 No

Indicate number of trips for Any Health-related Location:

Select Any Health-related 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 Health-related Location:

One-way  
 Round Trip  
 Days  
 Other, Describe

Indicate number of days for Any Health-related Location:

Select Mode of Transportation for Any Health-related Location:

Taxi  
 Bus/Subway  
 Van  
 Medical Transport  
 Other, Describe

# CY 2018 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:</p> <input type="text"/>	<p>Is there a service-specific Maximum Enrollee Out-of-Pocket Cost?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Indicate Maximum Enrollee Out-of-Pocket Cost amount:</p> <input type="text"/>	<p>Is there an enrollee Coinsurance?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Indicate Minimum Coinsurance percentage:</p> <input type="text"/>
<p>Select Maximum Plan Benefit Coverage periodicity:</p> <p><input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe</p>	<p>Select Maximum Enrollee Out-of-Pocket Cost periodicity:</p> <p><input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe</p>	<p>Indicate Maximum Coinsurance percentage:</p> <input type="text"/>
		<p>Is there an enrollee Deductible?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Indicate Deductible Amount:</p> <input type="text"/>

# CY 2018 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:

Is authorization required?

Yes  
 No

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 2018 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

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 enhanced benefit:

Number of Treatments

Indicate Maximum Plan Benefit Coverage amount:

Indicate Maximum Enrollee Out-of-Pocket Cost amount:

Select type of benefit for Number of Treatments:

Mandatory  
 Optional

Indicate Maximum Plan Benefit Coverage periodicity:

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

Indicate Maximum Enrollee Out-of-Pocket Cost periodicity:

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

Is this benefit unlimited for Number of Treatments?

Yes  
 No

Indicate limit for Number of Treatments:

Indicate Number of Treatments periodicity:

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

Do you offer a combined Acupuncture/Alternative Therapies/Chiropractor Services benefit?

Yes  
 No



# CY 2018 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:

Is authorization required?  
 Yes  
 No

Is a referral required for Acupuncture?  
 Yes  
 No

# CY 2018 PBP Data Entry System Screens

## VBID 19B #13a Acupuncture – Base 3

The screenshot shows 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 toolbar with "Previous" and "Next" navigation buttons, "Exit (Validate)" and "Exit (No Validate)" buttons, and a "Go To:" dropdown menu currently set to "VBID 19B #13a Acupuncture - Base 3". The main content area is titled "Acupuncture Notes" and contains the instruction: "Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry." Below this instruction is a large, empty text area labeled "Notes:" with a vertical scrollbar on the right side.

# CY 2018 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 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

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

# CY 2018 PBP Data Entry System Screens

## VBID 19B #13b OTC Items – Base 2

**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 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:

Does this cover all of the OTC list which may be found in Chapter 4 of the Medicare Managed Care Manual?  
 Yes  
 No

Authorization is not applicable for this service category.

Referral is not applicable for this service category.

# CY 2018 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:

[Empty text box for notes]

# CY 2018 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 for Meals:

Mandatory  
 Optional

Indicate Maximum Enrollee Out-of-Pocket Cost amount:

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 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 2018 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

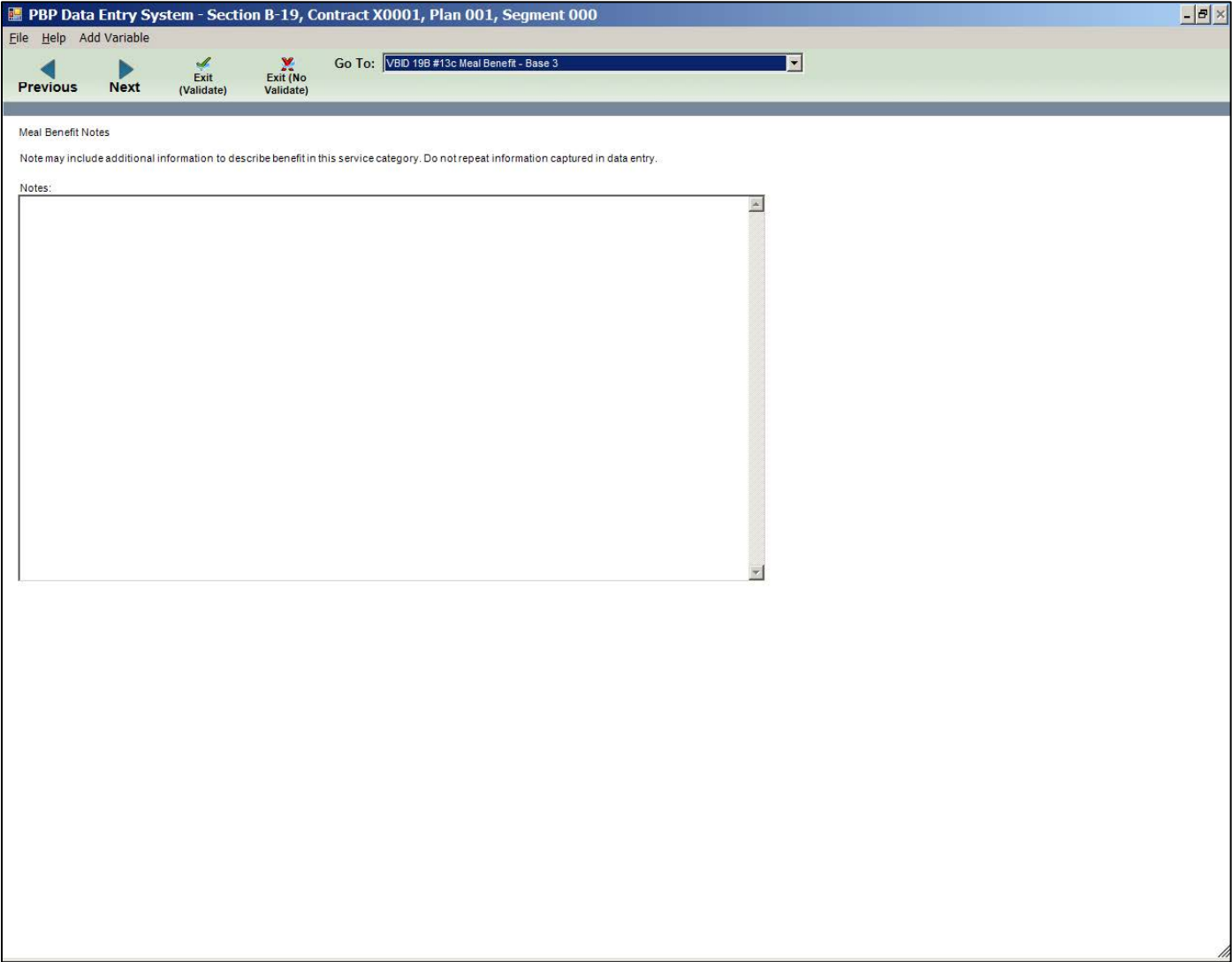
Go To: VBID 19B #13c Meal Benefit - Base 2

Previous Next Exit (Validate) Exit (No Validate)

Is there an enrollee Coinsurance? <input type="radio"/> Yes <input type="radio"/> No	Is there an enrollee Copayment? <input type="radio"/> Yes <input type="radio"/> No
Indicate Minimum Coinsurance percentage: <input type="text"/>	Indicate Minimum Copayment amount: <input type="text"/>
Indicate Maximum Coinsurance percentage: <input type="text"/>	Indicate Maximum Copayment amount: <input type="text"/>
Is there an enrollee Deductible? <input type="radio"/> Yes <input type="radio"/> No	Is authorization required? <input type="radio"/> Yes <input type="radio"/> No
Indicate Deductible Amount: <input type="text"/>	Is a referral required for the Meal Benefit? <input type="radio"/> Yes <input type="radio"/> No

# CY 2018 PBP Data Entry System Screens

## VBID 19B #13c Meal Benefit – Base 3





# CY 2018 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 for Other 1:

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 2018 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? <input type="radio"/> Yes <input type="radio"/> No	Is there an enrollee Copayment? <input type="radio"/> Yes <input type="radio"/> No
Indicate Minimum Coinsurance percentage: <input type="text"/>	Indicate Minimum Copayment amount: <input type="text"/>
Indicate Maximum Coinsurance percentage: <input type="text"/>	Indicate Maximum Copayment amount: <input type="text"/>
Is there an enrollee Deductible? <input type="radio"/> Yes <input type="radio"/> No	Is authorization required? <input type="radio"/> Yes <input type="radio"/> No
Indicate Deductible Amount: <input type="text"/>	Is a referral required for Other Services? <input type="radio"/> Yes <input type="radio"/> No

# CY 2018 PBP Data Entry System Screens

VBID 19B #13d Other 1 – Base 3

The screenshot shows a software window titled "PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000". The window has a menu bar with "File", "Help", and "Add Variable". Below the menu bar is a toolbar with "Previous" (left arrow), "Next" (right arrow), "Exit (Validate)" (green checkmark), and "Exit (No Validate)" (red X). A "Go To:" dropdown menu is set to "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 text area labeled "Notes:" with a vertical scrollbar, which is currently empty.

# CY 2018 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 for Other 2:

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 2018 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:

Is authorization required?  
 Yes  
 No

Is a referral required for Other Services?  
 Yes  
 No

# CY 2018 PBP Data Entry System Screens

VBID 19B #13e Other 2 – Base 3

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: VBID 19B #13e Other 2 - Base 3

Other 2 Notes

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

Notes:

# CY 2018 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 for Other 3:

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:

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

Yes  
 No

Yes  
 No

Mandatory  
 Optional

Yes  
 No

Yes  
 No

Yes  
 No

Yes  
 No

Yes  
 No

# CY 2018 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:

Is authorization required?  
 Yes  
 No

Is a referral required for Other Services?  
 Yes  
 No



# CY 2018 PBP Data Entry System Screens

VBID 19B #13f Other 3 – Base 3

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: VBID 19B #13f Other 3 - Base 3

Other 3 Notes

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

Notes:

# CY 2018 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 2018 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 2018 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)

Is authorization required?

Yes  
 No

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 2018 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

Previous Next Exit (Validate) Exit (No Validate)

---

**CLICK FOR DESCRIPTION OF BENEFIT**

Does the plan provide Eligible Supplemental Benefits as Defined in Chapter 4 as a benefit under Part C?

Yes  
 No

Select enhanced benefit (Select all that apply):

- Health Education
- Nutritional/Dietary Benefit
- Additional sessions of Smoking and Tobacco Cessation Counseling
- Fitness Benefit\*
- Enhanced Disease Management
- Telemonitoring Services\*
- Remote Access Technologies (including Web/Phone based 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:

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 Telemonitoring Services:

Mandatory  
 Optional

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

Mandatory  
 Optional

Select the type of Remote Access Technologies offered (Select all that apply):

Web/Phone based technologies  
 Nursing Hotline

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 Counseling Services:

Individual Sessions  
 Group Sessions  
 Both Sessions (Individual and Group)

Indicate duration of sessions (in minutes):

Select type of benefit for In-Home Safety Assessment:

Mandatory  
 Optional

# CY 2018 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 Personal Emergency Response System (PERS):  
 Mandatory  
 Optional

Select type of benefit for Medical Nutrition Therapy (MNT):  
 Mandatory  
 Optional

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

Indicate the limit for Additional Sessions:  
 Visits  
 Hours

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

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

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

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

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

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

Enter name of Service:  
[ ]

Please describe the Meal benefit included in Re-admission Prevention:  
How many days does your Meal Benefit last?  
[ ]

What is the maximum number of meals the benefit provides?  
[ ]

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

Select type of benefit for Weight Management Programs:  
 Mandatory  
 Optional

Select type of benefit for Alternative Therapies:  
 Mandatory  
 Optional

Is this benefit unlimited for Alternative Therapies?  
 Yes  
 No, indicate number [ ]

Indicate number of visits offered for Alternative Therapies:  
[ ]

Do you offer a combined Acupuncture/Alternative Therapies/Chiropractor Services benefit?  
 Yes  
 No

# CY 2018 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

Previous Next Exit (Validate) Exit (No Validate)

---

Is there a service-specific Maximum Plan Benefit Coverage amount for Eligible Supplemental Benefits as Defined in Chapter 4?

Yes  
 No

Select which Eligible Supplemental Benefits as Defined in Chapter 4 have a Maximum Plan Benefit Coverage amount (Select all that apply):

- Health Education
- Nutritional/Dietary Benefit
- Additional sessions of Smoking and Tobacco Cessation Counsel
- Fitness Benefit
- Enhanced Disease Management
- Telemonitoring Services
- Remote Access Technologies (including Web/iPhone based techn
- Bathroom Safety Devices
- Counseling Services
- In-Home Safety Assessment
- Personal Emergency Response System (PERS)
- Medical Nutrition Therapy (MNT)
- Post discharge in-home Medication Reconciliation
- Re-admission Prevention
- Wigs for Hair Loss Related to Chemotherapy
- Weight Management Programs

Indicate Maximum Plan Benefit Coverage amount for Health Education:

\_\_\_\_\_

Select Maximum Plan Benefit Coverage periodicity for Health Education:

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

Indicate Maximum Plan Benefit Coverage amount for Nutritional/Dietary Benefit:

\_\_\_\_\_

Select Maximum Plan Benefit Coverage periodicity for Nutritional/Dietary Benefit:

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

Indicate Maximum Plan Benefit Coverage amount for Additional sessions of Smoking and Tobacco Cessation Counseling:

\_\_\_\_\_

Select Maximum Plan Benefit Coverage periodicity for Additional sessions of Smoking and Tobacco Cessation Counseling:

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

Indicate Maximum Plan Benefit Coverage amount for Fitness Benefit:

\_\_\_\_\_

Select Maximum Plan Benefit Coverage periodicity for Fitness Benefit:

Every three years  
 Every two years  
 Every year  
 Every six months  
 Every three months  
 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/iPhone based technologies and Nursing Hotline):

\_\_\_\_\_

Select Maximum Plan Benefit Coverage periodicity for Remote Access Technologies (including Web/iPhone based 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

# CY 2018 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

Previous Next Exit (Validate) Exit (No Validate)

Indicate Maximum Plan Benefit Coverage amount for Personal Emergency Response System (PERS): <input type="text"/>	Indicate Maximum Plan Benefit Coverage amount for Re-admission Prevention: <input type="text"/>	Indicate Maximum Plan Benefit Coverage amount for Alternative Therapies: <input type="text"/>
Select Maximum Plan Benefit Coverage periodicity for Personal Emergency Response System (PERS): <input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe	Select Maximum Plan Benefit Coverage periodicity for Re-admission Prevention: <input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe	Select Maximum Plan Benefit Coverage periodicity for Alternative Therapies: <input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe
Indicate Maximum Plan Benefit Coverage amount for Medical Nutrition Therapy (MNT): <input type="text"/>	Indicate Maximum Plan Benefit Coverage amount for Wigs for Hair Loss Related to Chemotherapy: <input type="text"/>	
Select Maximum Plan Benefit Coverage periodicity for Medical Nutrition Therapy (MNT): <input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe	Select Maximum Plan Benefit Coverage periodicity for Wigs for Hair Loss Related to Chemotherapy: <input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe	
Indicate Maximum Plan Benefit Coverage amount for Post discharge In-home Medication Reconciliation: <input type="text"/>	Indicate Maximum Plan Benefit Coverage amount for Weight Management Programs: <input type="text"/>	
Select Maximum Plan Benefit Coverage periodicity for Post discharge In-home Medication Reconciliation: <input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe	Select Maximum Plan Benefit Coverage periodicity for Weight Management Programs: <input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe	



# CY 2018 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

Previous Next Exit (Validate) Exit (No Validate)

---

Is there a service-specific Maximum Enrollee Out-of-Pocket Cost for Eligible Supplemental Benefits as Defined in Chapter 4?

Yes  
 No

Select which Eligible Supplemental Benefits as Defined in Chapter 4 have a Maximum Enrollee Out-of-Pocket Cost (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 Enrollee Out-of-Pocket Cost amount for Health Education:

Select the Maximum Enrollee Out-of-Pocket Cost periodicity for Health Education:

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

Indicate Maximum Enrollee Out-of-Pocket Cost amount for Nutritional/Dietary Benefit:

Select the Maximum Enrollee Out-of-Pocket Cost periodicity for Nutritional/Dietary Benefit:

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

Indicate Maximum Enrollee Out-of-Pocket Cost amount for Additional sessions of Smoking and Tobacco Cessation Counseling:

Select the Maximum Enrollee Out-of-Pocket Cost 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 Enrollee Out-of-Pocket Cost amount for Fitness Benefit:

Select the Maximum Enrollee Out-of-Pocket Cost periodicity for Fitness Benefit:

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

Indicate Maximum Enrollee Out-of-Pocket Cost amount for Enhanced Disease Management:

Select the Maximum Enrollee Out-of-Pocket Cost periodicity for Enhanced Disease Management:

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

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

Select the Maximum Enrollee Out-of-Pocket Cost periodicity for Telemonitoring Services:

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

Indicate Maximum Enrollee Out-of-Pocket Cost amount for Remote Access Technologies (including Web/Phone based technologies and Nursing Hotline):

Select the Maximum Enrollee Out-of-Pocket Cost periodicity for Remote Access Technologies (including Web/Phone based technologies and Nursing Hotline):

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

Indicate Maximum Enrollee Out-of-Pocket Cost amount for Bathroom Safety Devices:

Select the Maximum Enrollee Out-of-Pocket Cost periodicity for Bathroom Safety Devices:

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

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

Select the Maximum Enrollee Out-of-Pocket Cost periodicity for Counseling Services:

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

Indicate Maximum Enrollee Out-of-Pocket Cost amount for In-Home Safety Assessment:

Select the Maximum Enrollee Out-of-Pocket Cost periodicity for In-Home Safety Assessment:

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

# CY 2018 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

Previous Next Exit (Validate) Exit (No Validate)

Indicate Maximum Enrollee Out-of-Pocket Cost amount for Personal Emergency Response System (PERS): <input type="text"/>	Indicate Maximum Enrollee Out-of-Pocket Cost amount for Re-admission Prevention: <input type="text"/>	Indicate Maximum Enrollee Out-of-Pocket Cost amount for Alternative Therapies: <input type="text"/>
Select the Maximum Enrollee Out-of-Pocket Cost periodicity for Personal Emergency Response System (PERS): <input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe	Select the Maximum Enrollee Out-of-Pocket Cost periodicity for Re-admission Prevention: <input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe	Select the Maximum Enrollee Out-of-Pocket Cost periodicity for Alternative Therapies: <input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe
Indicate Maximum Enrollee Out-of-Pocket Cost amount for Medical Nutrition Therapy (MNT): <input type="text"/>	Indicate Maximum Enrollee Out-of-Pocket Cost amount for Wigs for Hair Loss Related to Chemotherapy: <input type="text"/>	
Select the Maximum Enrollee Out-of-Pocket Cost periodicity for Medical Nutrition Therapy (MNT): <input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe	Select the Maximum Enrollee Out-of-Pocket Cost periodicity for Wigs for Hair Loss Related to Chemotherapy: <input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe	
Indicate Maximum Enrollee Out-of-Pocket Cost amount for Post discharge In-home Medication Reconciliation: <input type="text"/>	Indicate Maximum Enrollee Out-of-Pocket Cost amount for Weight Management Programs: <input type="text"/>	
Select the Maximum Enrollee Out-of-Pocket Cost periodicity for Post discharge In-home Medication Reconciliation: <input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe	Select the Maximum Enrollee Out-of-Pocket Cost periodicity for Weight Management Programs: <input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe	

# CY 2018 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

---

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

# CY 2018 PBP Data Entry System Screens

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

**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 8

Previous Next Exit (Validate) Exit (No Validate)

<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;"> <p>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</p> </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 2018 PBP Data Entry System Screens

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

**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 9

Previous Next Exit (Validate) Exit (No Validate)

Is authorization required?  
 Yes  
 No

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.

Health Education Notes:

Nutritional/Dietary Benefit Notes:

Additional sessions of Smoking and Tobacco Cessation Counseling Notes:

Fitness Benefit Notes:\*

Enhanced Disease Management Notes:

Telemonitoring Services Notes:\*

# CY 2018 PBP Data Entry System Screens

## VBID 19B #14c Eligible Supplemental Benefits as Defined in Chapter 4 – Base 10

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 10

Previous Next Exit (Validate) Exit (No Validate)

Remote Access Technology (Web/Phone based technologies) Notes:\*

In-Home Safety Assessment Notes:

Remote Access Technologies (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:

# CY 2018 PBP Data Entry System Screens

## VBID 19B #14c Eligible Supplemental Benefits as Defined in Chapter 4 – Base 11

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 "Previous" and "Next" buttons, "Exit (Validate)" and "Exit (No Validate)" buttons, and a "Go To:" dropdown menu currently set to "VBID 19B #14c Eligible Supplemental Benefits as Defined in Chapter 4 - Base 11". The main content area contains four vertically stacked text input fields, each with a title and a scrollable area:

- Re-admission Prevention Notes:
- Wigs for Hair Loss Related to Chemotherapy Notes:
- Weight Management Notes:\*
- Alternative Therapies Notes:\*

# CY 2018 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 2018 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 2018 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)

<p>Is there a service-specific Maximum Enrollee Out-of-Pocket Cost?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Indicate Maximum Enrollee Out-of-Pocket Cost amount:</p> <input type="text"/> <p>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>Is there an enrollee Coinsurance?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Select which Preventive Dental Services have a Coinsurance (Select all that apply):</p> <p><input type="checkbox"/> Oral Exams <input type="checkbox"/> Prophylaxis (Cleaning) <input type="checkbox"/> Fluoride Treatment <input type="checkbox"/> Dental X-Rays</p>	<p>Is there a combination of services included in a single cost per Office Visit?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Select which combination of services are included in a single cost per Office Visit:</p> <p><input type="checkbox"/> Oral Exams <input type="checkbox"/> Prophylaxis (Cleaning) <input type="checkbox"/> Fluoride Treatment <input type="checkbox"/> Dental X-Rays</p> <p>Indicate Coinsurance percentage for Office Visit:</p> <input type="text"/> <p>Indicate Minimum Coinsurance percentage for Oral Exams:</p> <input type="text"/> <p>Indicate Maximum Coinsurance percentage for Oral Exams:</p> <input type="text"/>	<p>Indicate Minimum Coinsurance percentage for Prophylaxis (Cleaning):</p> <input type="text"/> <p>Indicate Maximum Coinsurance percentage for Prophylaxis (Cleaning):</p> <input type="text"/> <p>Indicate Minimum Coinsurance percentage for Fluoride Treatment:</p> <input type="text"/> <p>Indicate Maximum Coinsurance percentage for Fluoride Treatment:</p> <input type="text"/> <p>Indicate Minimum Coinsurance percentage for Dental X-Rays:</p> <input type="text"/> <p>Indicate Maximum Coinsurance percentage for Dental X-Rays:</p> <input type="text"/>
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# CY 2018 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 2018 PBP Data Entry System Screens

## VBID 19B #16a Preventive Dental – Base 5

**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 5

Previous Next Exit (Validate) Exit (No Validate)

Is authorization required?

Yes  
 No

Is a referral required for Preventive Dental Services?

Yes  
 No

Preventive 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 2018 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

---

**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 Comprehensive Dental Items as a supplemental benefit under Part C?

Yes  
 No

Select enhanced benefits:

Non-routine Services  
 Diagnostic Services  
 Restorative Services  
 Endodontics  
 Periodontics  
 Extractions  
 Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services

<p>Select type of benefit for Non-routine Services:</p> <p> <input type="radio"/> Mandatory  <input type="radio"/> Optional         </p> <p>Is this benefit unlimited for Non-routine Services?</p> <p> <input type="radio"/> Yes  <input type="radio"/> No, indicate number         </p> <p>Indicate number of visits for Non-routine Services:</p> <input type="text"/>	<p>Select type of benefit for Diagnostic Services:</p> <p> <input type="radio"/> Mandatory  <input type="radio"/> Optional         </p> <p>Is this benefit unlimited for Diagnostic Services?</p> <p> <input type="radio"/> Yes  <input type="radio"/> No, indicate number         </p> <p>Indicate number of visits for Diagnostic Services:</p> <input type="text"/>	<p>Select type of benefit for Restorative Services:</p> <p> <input type="radio"/> Mandatory  <input type="radio"/> Optional         </p> <p>Is this benefit unlimited for Restorative Services?</p> <p> <input type="radio"/> Yes  <input type="radio"/> No, indicate number         </p> <p>Indicate number of visits for Restorative Services:</p> <input type="text"/>
<p>Select the Non-routine Services periodicity:</p> <p> <input type="radio"/> Every three years  <input type="radio"/> Every two years  <input type="radio"/> Every year  <input type="radio"/> Every six months  <input type="radio"/> Every three months  <input type="radio"/> Other, Describe         </p>	<p>Select the Diagnostic Services periodicity:</p> <p> <input type="radio"/> Every three years  <input type="radio"/> Every two years  <input type="radio"/> Every year  <input type="radio"/> Every six months  <input type="radio"/> Every three months  <input type="radio"/> Other, Describe         </p>	<p>Select the Restorative Services 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>

# CY 2018 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)

Endodontics	Periodontics	Extractions	Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services
Select type of benefit for Endodontics: <input type="radio"/> Mandatory <input type="radio"/> Optional	Select type of benefit for Periodontics: <input type="radio"/> Mandatory <input type="radio"/> Optional	Select type of benefit for 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 Endodontics? <input type="radio"/> Yes <input type="radio"/> No, indicate number	Is this benefit unlimited for Periodontics? <input type="radio"/> Yes <input type="radio"/> No, indicate number	Is this benefit unlimited for 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 Endodontics: [ ]	Indicate number of visits for Periodontics: [ ]	Indicate number of visits for Extractions: [ ]	Indicate number of visits for Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services: [ ]
Select the Endodontics 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 Periodontics 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 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 2018 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

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

Does the Maximum Plan Benefit Coverage amount apply to In-network services only OR does it apply to both In-network and Out-of-network services?  
 In-network services only  
 Both In-network and Out-of-network services

Indicate Maximum Plan Benefit Coverage amount:  
\_\_\_\_\_

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

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

Select the Maximum Enrollee Out-of-Pocket Cost type:  
 Covered under Preventive Dental Category 16a  
 Plan-specified amount per period

Indicate Maximum Enrollee Out-of-Pocket Cost amount:  
\_\_\_\_\_

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

# CY 2018 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

Is there an enrollee Deductible?  
 Yes  
 No

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

- Medicare-covered Benefits
- Non-routine Services
- Diagnostic Services
- Restorative Services
- Endodontics
- Periodontics
- Extractions
- Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services

Indicate Deductible Amount:

	Minimum Coinsurance	Maximum Coinsurance
Medicare-covered Benefits	<input type="text"/>	<input type="text"/>
Non-routine Services	<input type="text"/>	<input type="text"/>
Diagnostic Services	<input type="text"/>	<input type="text"/>
Restorative Services	<input type="text"/>	<input type="text"/>
Endodontics	<input type="text"/>	<input type="text"/>
Periodontics	<input type="text"/>	<input type="text"/>
Extractions	<input type="text"/>	<input type="text"/>
Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services	<input type="text"/>	<input type="text"/>



# CY 2018 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

	Copayment Minimum	Copayment Maximum
Medicare-covered Benefits	<input type="text"/>	<input type="text"/>
Non-routine Services	<input type="text"/>	<input type="text"/>
Diagnostic Services	<input type="text"/>	<input type="text"/>
Restorative Services	<input type="text"/>	<input type="text"/>
Endodontics	<input type="text"/>	<input type="text"/>
Periodontics	<input type="text"/>	<input type="text"/>
Extractions	<input type="text"/>	<input type="text"/>
Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services:	<input type="text"/>	<input type="text"/>

# CY 2018 PBP Data Entry System Screens

## VBID 19B #16b Comprehensive – 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 toolbar with "Previous" and "Next" navigation buttons, "Exit (Validate)" and "Exit (No Validate)" buttons, and a "Go To:" dropdown menu currently set to "VBID 19B #16b Comprehensive Dental - Base 6".

The main content area contains the following fields and instructions:

- A question: "Is authorization required?" with radio button options for "Yes" and "No".
- A second question: "Is a referral required for Comprehensive Dental Services?" with radio button options for "Yes" and "No".
- A section titled "Comprehensive Dental Services Notes" with a text area. Below the text area is a note: "Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry."
- A "Notes:" label above a larger text area for additional notes.

# CY 2018 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:

Mandatory  
 Optional

Is this benefit unlimited for Routine Eye Exams?

Yes  
 No, indicate number

Indicate number of exams for Routine Eye Exams:

Select the Routine Eye Exams periodicity:

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

Enter name of Other Service:

Select type of benefit for Other Service:

Mandatory  
 Optional

Is this benefit unlimited for Other Service?

Yes  
 No, indicate number

Indicate quantity for Other Service:

Select the Other Service 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 2018 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)

<p>Is there an enrollee Coinsurance?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>Is there an enrollee Copayment?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>Is there an enrollee Deductible?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>
<p>Select which Eye Exams have a Coinsurance (Select all that apply):</p> <p><input type="checkbox"/> Medicare-covered Benefits <input type="checkbox"/> Routine Eye Exams <input type="checkbox"/> Other</p>	<p>Select which Eye Exams have a Copayment (Select all that apply):</p> <p><input type="checkbox"/> Medicare-covered Benefits <input type="checkbox"/> Routine Eye Exams <input type="checkbox"/> Other</p>	<p>Indicate Deductible Amount:</p> <p><input type="text"/></p>
<p>Indicate Minimum Coinsurance percentage for Medicare-covered Benefits:</p> <p><input type="text"/></p>	<p>Indicate Minimum Copayment amount for Medicare-covered Benefits:</p> <p><input type="text"/></p>	
<p>Indicate Maximum Coinsurance percentage for Medicare-covered Benefits:</p> <p><input type="text"/></p>	<p>Indicate Maximum Copayment amount for Medicare-covered Benefits:</p> <p><input type="text"/></p>	
<p>Indicate Minimum Coinsurance percentage for Routine Eye Exams:</p> <p><input type="text"/></p>	<p>Indicate Minimum Copayment amount for Routine Eye Exams:</p> <p><input type="text"/></p>	
<p>Indicate Maximum Coinsurance percentage for Routine Eye Exams:</p> <p><input type="text"/></p>	<p>Indicate Maximum Copayment amount for Routine Eye Exams:</p> <p><input type="text"/></p>	
<p>Indicate Minimum Coinsurance percentage for Other Service:</p> <p><input type="text"/></p>	<p>Indicate Minimum Copayment amount for Other Service:</p> <p><input type="text"/></p>	
<p>Indicate Maximum Coinsurance percentage for Other Service:</p> <p><input type="text"/></p>	<p>Indicate Maximum Copayment amount for Other Service:</p> <p><input type="text"/></p>	

# CY 2018 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)

Is authorization required?

Yes  
 No

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 2018 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 2018 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 2018 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)

<p style="font-size: x-small;">Is there a service-specific Maximum Plan Benefit Coverage amount?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p style="font-size: x-small;">Select the Maximum Plan Benefit Coverage type:</p> <p><input type="radio"/> Covered under Eye Exams Category 17a <input type="radio"/> Plan-specified amount per period</p> <p style="font-size: x-small;">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 style="font-size: x-small;">Do you offer a Combined Max Plan Benefit Coverage Amount for all Eyewear?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p style="font-size: x-small;">Indicate Combined Maximum Plan Benefit Coverage amount:</p> <input style="width: 100%;" type="text"/>	<p style="font-size: x-small;">Select the Combined 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 style="font-size: x-small;">Select the type of Eyewear with Individual Max Plan Benefit Coverage amount:</p> <p><input type="checkbox"/> Contact lenses <input type="checkbox"/> Eyeglasses (lenses and frames) <input type="checkbox"/> Eyeglass lenses <input type="checkbox"/> Eyeglass frames <input type="checkbox"/> Upgrades</p> <p style="font-size: x-small;">Indicate Max Plan Benefit Coverage amount for Contact lenses:</p> <input style="width: 100%;" type="text"/> <p style="font-size: x-small;">Select the Individual Maximum Plan Benefit Coverage periodicity for Contact lenses:</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 style="font-size: x-small;">Indicate Max Plan Benefit Coverage amount for Eyeglasses (lenses and frames):</p> <input style="width: 100%;" type="text"/> <p style="font-size: x-small;">Select the Individual Maximum Plan Benefit Coverage periodicity for Eyeglasses (lenses and frames):</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 style="font-size: x-small;">Indicate Max Plan Benefit Coverage amount for Eyeglass lenses:</p> <input style="width: 100%;" type="text"/> <p style="font-size: x-small;">Select the Individual Maximum Plan Benefit Coverage periodicity for Eyeglass lenses:</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 style="font-size: x-small;">Indicate Max Plan Benefit Coverage amount for Eyeglass frames:</p> <input style="width: 100%;" type="text"/> <p style="font-size: x-small;">Select the Individual Maximum Plan Benefit Coverage periodicity for Eyeglass frames:</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 style="font-size: x-small;">Indicate Max Plan Benefit Coverage amount for Upgrades:</p> <input style="width: 100%;" type="text"/> <p style="font-size: x-small;">Select the Individual Maximum Plan Benefit Coverage periodicity for Upgrades:</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>
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# CY 2018 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

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

Yes  
 No

Indicate Minimum Coinsurance percentage for Medicare-covered Benefits:

Indicate Minimum Coinsurance percentage for Eyeglass frames:

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

Covered under Eye Exams Category 17a  
 Plan-specified amount per period

Indicate Maximum Coinsurance percentage for Medicare-covered Benefits:

Indicate Maximum Coinsurance percentage for Eyeglass frames:

Indicate Maximum Enrollee Out-of-Pocket Cost amount:

Indicate Minimum Coinsurance percentage for Contact lenses:

Indicate Minimum Coinsurance percentage for Upgrades:

Select Maximum Enrollee Out-of-Pocket Cost periodicity:

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

Indicate Maximum Coinsurance percentage for Contact lenses:

Indicate Maximum Coinsurance percentage for Upgrades:

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

Is there an enrollee Coinsurance?

Yes  
 No

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

Select which Eyewear Benefits have a Coinsurance (Select all that apply):

Medicare-covered Benefits  
 Contact lenses  
 Eyeglasses (lenses and frames)  
 Eyeglass lenses  
 Eyeglass frames  
 Upgrades

Indicate Minimum Coinsurance percentage for Eyeglass lenses:

Indicate Maximum Coinsurance percentage for Eyeglass lenses:

# CY 2018 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:

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 Contact lenses:

Indicate Maximum Copayment amount for Contact lenses:

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

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

Indicate Minimum Copayment amount for Eyeglass lenses:

Indicate Maximum Copayment amount for Eyeglass lenses:

Indicate Minimum Copayment amount for Eyeglass frames:

Indicate Maximum Copayment amount for Eyeglass frames:

Indicate Minimum Copayment amount for Upgrades:

Indicate Maximum Copayment amount for Upgrades:

# CY 2018 PBP Data Entry System Screens

## VBID 19B #17b Eyewear – Base 6

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

File Help Add Variable

Go To: VBID 19B #17b Eyewear - Base 6

Previous Next Exit (Validate) Exit (No Validate)

Is authorization required?

Yes  
 No

Is a referral required for Eyewear?

Yes  
 No

Eyewear Notes

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

Notes:

# CY 2018 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 2018 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

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>Is there a service-specific Maximum Enrollee Out-of-Pocket Cost?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>Indicate the Minimum Coinsurance percentage for Medicare-covered Benefits:</p> <p><input type="text"/></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 Enrollee Out-of-Pocket Cost amount:</p> <p><input type="text"/></p>	<p>Indicate the Maximum Coinsurance percentage for Medicare-covered Benefits:</p> <p><input type="text"/></p>
<p>Indicate Maximum Plan Benefit Coverage 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>Indicate Minimum Coinsurance percentage for Routine Hearing Exams:</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 Coinsurance?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>Indicate Maximum Coinsurance percentage for Routine Hearing Exams:</p> <p><input type="text"/></p>
<p>Is there an enrollee Deductible?</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 Minimum Coinsurance percentage for Fitting/Evaluation for Hearing Aid:</p> <p><input type="text"/></p>
<p>Indicate Deductible Amount:</p> <p><input type="text"/></p>		<p>Indicate Maximum Coinsurance percentage for Fitting/Evaluation for Hearing Aid:</p> <p><input type="text"/></p>

# CY 2018 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:

Indicate Maximum Copayment amount for Medicare-covered Benefits:

Indicate Minimum Copayment amount for Routine Hearing Exams:

Indicate Maximum Copayment amount for Routine Hearing Exams:

Is authorization required?  
 Yes  
 No

Is a referral required for Hearing Exams?  
 Yes  
 No

# CY 2018 PBP Data Entry System Screens

## VBID 19B #18a Hearing Exams – Base 4

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: VBID 19B #18a Hearing Exams - Base 4

Hearing Exams Notes

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

Notes:

# CY 2018 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 2018 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

Is this benefit unlimited for Hearing Aids - Over the Ear?

Yes  
 No, indicate number

Indicate quantity for Hearing Aids - Over the Ear:

Select Hearing Aids - Over the Ear periodicity:

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

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

Per ear  
 One single ear  
 Both ears combined

Select the Maximum Plan Benefit Coverage type:

Covered under Hearing Exams Category - 18a  
 Plan-specified amount per period

Does the Maximum Plan Benefit Coverage amount apply to In-network services only OR does it apply to both In-network and Out-of-network services?

In-network services only  
 Both In-network and Out-of-network services

Indicate Maximum Plan Benefit Coverage amount:

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 Plan Benefit Coverage amount?

Yes  
 No

# CY 2018 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 2018 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

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 Minimum Copayment amount per Hearing Aid (all types):

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 - Inner Ear:

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

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

Indicate Minimum Copayment amount per Hearing Aid - Outer Ear:

Indicate Maximum Copayment amount per Hearing Aid - Outer Ear:

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 - Over the Ear:

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

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

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

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

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

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

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

Is there an enrollee Deductible?  
 Yes  
 No

Indicate Deductible Amount:

# CY 2018 PBP Data Entry System Screens

## VBID 19B #18b Hearing Aids – Base 5

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 5

Previous Next Exit (Validate) Exit (No Validate)

Is authorization required?

Yes  
 No

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: