

CY 2020 PBP Data Entry System Screens

#19 VBID/MA Uniformity Flexibility/SSBCI

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

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This section documents the benefits offered under authority of the Medicare-Advantage Value-Based Insurance Design (VBID) Model test, MA Uniformity Flexibility (UF), and/or Special Supplemental Benefits for the Chronically III (SSBCI).

Under MA Uniformity Flexibility plans may provide access to services (or specific cost sharing for services or items) that is tied to health status or disease state in a manner that ensures that similarly situated individuals are treated uniformly, consistent with the uniformity requirement in the MA regulations at §422.100(d).

Does your plan include MA Uniformity Flexibility with reductions in cost or additional benefits?

Yes
 No

Do you offer Special Supplemental Benefits for the Chronically III?

Yes
 No

Select what type of benefit your SSBCI includes:

Reduced Cost Sharing
 Additional Benefits

The VBID model allows CMS to test health plan innovation through providing targeted plan flexibilities to provide improved care and choice for their Medicare enrollees. Specifically, the VBID model tests additional flexibilities for health care planning, targeted supplemental benefits, plan networks, and prescription drugs. The model is testing whether the additional flexibilities provided allow and incentivize plans to develop and offer interventions that improve health outcomes and lower expenditures for Medicare enrollees. The VBID model is conducted by the CMS Innovation Center. The questions below only apply to plans authorized to participate in the VBID model by written notice from the CMS Innovation Center.

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

Yes
 No

What VBID interventions have you been approved by CMMI to offer?

Social Determinants of Health-based Supplemental Benefits
 Medicare Advantage Rewards and Incentives Programs
 Wellness and Health Care Planning
 Telehealth Networks
 Medical Device Coverage

Value-Based Insurance Design Attestation

I attest that

1) the benefits entered comply with CMS requirements for benefits offered in the 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 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.

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#19a Reduction in Costs VBIID/UF/SSBCI

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CLICK FOR DESCRIPTION OF BENEFIT

Does your VBIID/MA Uniformity Flexibility/SSBCI benefit offer Part C reductions in cost?

Yes

No

How many packages does your 19a Reduction in Cost Sharing VBIID/MA Uniformity Flexibility/SSBCI benefit contain? (1-15)

When entering the VBIID/MA Uniformity/SSBCI maximum and minimum cost sharing for a service category, list only the cost sharing that would apply to enrollees qualifying for the benefit package. Cost sharing ranges should reflect only the services within the service category or specialty selected that are eligible for reduced cost sharing. If the reduced cost sharing is being offered through reimbursement, the cost sharing range should represent what the enrollee pays after reimbursement, and the note should describe the benefit and any limitations. If there is a maximum aggregate amount of reduced cost sharing, the cost sharing entered should reflect only the costs paid by the enrollee prior to reaching the maximum aggregate amount of reduced cost sharing.

When entering VBIID/MA Uniformity Flexibility/SSBCI benefit packages, create a separate package for each unique benefit offering, or combination of benefit offerings. Packages may be targeted to single or multiple clinical condition groups.

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#19a Reduced Cost Sharing for VBID/UF/SSBCI – Package Type

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Is this package applicable to VBID, MA Uniformity Flexibility or SSBCI?

VBID

MA Uniformity Flexibility

SSBCI

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#19a Reduced Cost Sharing for VBID/UF/SSBCI – Disease States: VBID

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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
- Other CMS-Approved Disease State

If selecting 'Other CMS-Approved Disease State' or 'Mood Disorders,' please use the notes field to describe the selected targeted clinical condition group and the methodology used to identify beneficiaries within your targeted clinical condition, such as a list of ICD-10 codes.

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#19a Reduced Cost Sharing for VBID/UF/SSBCI – Disease States: UF

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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
- Other 1
- Other 2
- Other 3
- Other 4
- Other 5

Other 1 Description:

Other 2 Description:

Other 3 Description:

Other 4 Description:

Other 5 Description:

Does the enrollee need to have all diseases selected to qualify?

Yes

No

Does the enrollee need to have a combination of diseases selected to qualify? If yes, describe in notes.

Yes

No

If selecting Other 1-5, please use the notes field for this package to briefly describe the targeted clinical condition group.

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#19a Reduced Cost Sharing for VBID/UF/SSBCI – MMP Benefits

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Does your MA Uniformity Flexibility cost reduction include any MMP Benefits?

Yes
 No

Select the MMP benefits that will receive reduced cost sharing:

- 6: Home Health Services
- 7c: Occupational Therapy Services
- 7i: PT and SP Services
- 11a: Durable Medical Equipment (DME)
- 11b: Prosthetics/Medical Supplies
- 13h: Additional Services

If any MMP-specific benefits are included, please include all cost reductions for MMP benefits in the Notes field.

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#19a Reduced Cost Sharing for VBI/UF/SSBCI – Base 1 (Package Info)

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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
- 3-4: SET for PAD Services
- 4a: Emergency Care/Post-Stabilization 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
- 7j: Additional Telehealth Services
- 7k: Opioid Treatment Services
- 8a1: Diagnostic Procedures/Tests
- 8a2: Lab Services
- 8b1: Diagnostic Radiological Services
- 8b2: Therapeutic Radiological Services
- 8b3: Outpatient X-Ray Services
- 9a1: Outpatient Hospital Services
- 9a2: Observation Services
- 9b: Ambulatory Surgical Center (ASC) Services
- 9c1: Individual Sessions for Outpatient Substance Abuse

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
- 3-4: SET for PAD 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 Counseling
- 14c4: Fitness Benefit
- 14c5: Enhanced Disease Management
- 14c6: Telemonitoring Services
- 14c7: Remote Access Technologies (including Web/Phone-based technologies and Nursing Hotline)
- 14c8: Bathroom Safety Devices
- 14c9: Counseling Services
- 14c10: In-Home Safety Assessment
- 14c11: Personal Emergency Response System (PERS)
- 14c12: Medical Nutrition Therapy (MNT)

Does your VBI/MA Uniformity Flexibility cost reduction cover all or some Specialists under 7d: Physician Specialist Services?

All specialists
 Some specialists

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#19a Reduced Cost Sharing for VBI/UF/SSBCI – Base 2 (OON/POS/Plan-level Deductible)

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Go To: #19a Reduced Cost Sharing for VBI/UF/SSBCI – Base 2 (OON/POS/Plan-level Deductible)

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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
- 3-4: SET for PAD Services
- 4a: Emergency Care/Post-Stabilization 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
- 7j: Additional Telehealth Services
- 7k: Opioid Treatment Services
- 8a1: Diagnostic Procedures/Tests
- 8a2: Lab Services
- 8b1: Diagnostic Radiological Services
- 8b2: Therapeutic Radiological Services
- 8b3: Outpatient X-Ray Services
- 9a1: Outpatient Hospital Services
- 9a2: Observation 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
- 10a1: Ground Ambulance Services

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

- 3-1: Cardiac Rehabilitation Services
- 3-2: Intensive Cardiac Rehabilitation Services
- 3-3: Pulmonary Rehabilitation Services
- 3-4: SET for PAD 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 Counseling
- 14c4: Fitness Benefit
- 14c5: Enhanced Disease Management
- 14c6: Telemonitoring Services
- 14c7: Remote Access Technologies (including Web/Phone-based technologies and Nursing Hotline)
- 14c8: Bathroom Safety Devices
- 14c9: Counseling Services
- 14c10: In-Home Safety Assessment
- 14c11: Personal Emergency Response System (PERS)
- 14c12: Medical Nutrition Therapy (MNT)
- 14c13: Post discharge In-Home Medication Reconciliation
- 14c14: Re-admission Prevention
- 14c15: Wigs for Hair Loss Related to Chemotherapy

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#19a Reduced Cost Sharing for VBI/UF/SSBCI – Base 3 (Reduced Coinsurance)

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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
- 3-4: SET for PAD Services
- 4a: Emergency Care/Post-Stabilization 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
- 7j: Additional Telehealth Services
- 7k: Opioid Treatment Services
- 8a1: Diagnostic Procedures/Tests
- 8a2: Lab Services
- 8b1: Diagnostic Radiological Services
- 8b2: Therapeutic Radiological Services
- 8b3: Outpatient X-Ray Services
- 9a1: Outpatient Hospital Services
- 9a2: Observation 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
- 10a1: Ground Ambulance Services

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

- 3-1: Cardiac Rehabilitation Services
- 3-2: Intensive Cardiac Rehabilitation Services
- 3-3: Pulmonary Rehabilitation Services
- 3-4: SET for PAD 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 Counseling
- 14c4: Fitness Benefit
- 14c5: Enhanced Disease Management
- 14c6: Telemonitoring Services
- 14c7: Remote Access Technologies (including Web/Phone-based technologies and Nursing Hotline)
- 14c8: Bathroom Safety Devices
- 14c9: Counseling Services
- 14c10: In-Home Safety Assessment
- 14c11: Personal Emergency Response System (PERS)
- 14c12: Medical Nutrition Therapy (MNT)
- 14c13: Post discharge In-Home Medication Reconciliation
- 14c14: Re-admission Prevention
- 14c15: Wigs for Hair Loss Related to Chemotherapy

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#19a Reduced Cost Sharing for VBID/UF/SSBCI – Base 4 (Reduced Coinsurance)

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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"/>
SET for PAD Services	<input type="text"/>	<input type="text"/>	Individual Sessions for Psychiatric Services	<input type="text"/>	<input type="text"/>
Emergency Care/Post-Stabilization Care	<input type="text"/>	<input type="text"/>	Group Sessions for Psychiatric Services	<input type="text"/>	<input type="text"/>
Urgently Needed Services	<input type="text"/>	<input type="text"/>	Physical Therapy and Speech-Language Pathology Services	<input type="text"/>	<input type="text"/>
Partial Hospitalization	<input type="text"/>	<input type="text"/>	Additional Telehealth Services	<input type="text"/>	<input type="text"/>
Home Health Services	<input type="text"/>	<input type="text"/>	Opioid Treatment Services	<input type="text"/>	<input type="text"/>
Primary Care Physician Services	<input type="text"/>	<input type="text"/>	Diagnostic Procedures/Tests	<input type="text"/>	<input type="text"/>
Chiropractic Services	<input type="text"/>	<input type="text"/>	Lab Services	<input type="text"/>	<input type="text"/>
Occupational Therapy Services	<input type="text"/>	<input type="text"/>	Diagnostic Radiological Services	<input type="text"/>	<input type="text"/>
Physician Specialist Services	<input type="text"/>	<input type="text"/>	Therapeutic Radiological Services	<input type="text"/>	<input type="text"/>
Individual Sessions for Mental Health Specialty Services	<input type="text"/>	<input type="text"/>	Outpatient X-Ray Services	<input type="text"/>	<input type="text"/>

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#19a Reduced Cost Sharing for VBID/UF/SSBCI – Base 5 (Reduced Coinsurance)

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

	Minimum Coinsurance	Maximum Coinsurance		Minimum Coinsurance	Maximum Coinsurance		Minimum Coinsurance	Maximum Coinsurance
Outpatient Hospital Services	<input type="text"/>	<input type="text"/>	Diabetic Therapeutic Shoes/Inserts	<input type="text"/>	<input type="text"/>	Eye Exams	<input type="text"/>	<input type="text"/>
Observation Services	<input type="text"/>	<input type="text"/>	Dialysis Services	<input type="text"/>	<input type="text"/>	Eyewear	<input type="text"/>	<input type="text"/>
Ambulatory Surgical Center (ASC) Services	<input type="text"/>	<input type="text"/>	Kidney Disease Education Services	<input type="text"/>	<input type="text"/>	Hearing Exams	<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"/>	Barium Enemas	<input type="text"/>	<input type="text"/>			
Ground Ambulance Services	<input type="text"/>	<input type="text"/>	Digital Rectal Exams	<input type="text"/>	<input type="text"/>			
Air Ambulance Services	<input type="text"/>	<input type="text"/>	EKG following Welcome Visit	<input type="text"/>	<input type="text"/>			
Durable Medical Equipment (DME)	<input type="text"/>	<input type="text"/>	Other Medicare-covered Preventive Services	<input type="text"/>	<input type="text"/>			
Prosthetic Devices	<input type="text"/>	<input type="text"/>	Medicare Part B Chemotherapy Drugs	<input type="text"/>	<input type="text"/>			
Medical Supplies	<input type="text"/>	<input type="text"/>	Other Medicare Part B Drugs	<input type="text"/>	<input type="text"/>			
Diabetic Supplies	<input type="text"/>	<input type="text"/>	Comprehensive Dental	<input type="text"/>	<input type="text"/>			

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#19a Reduced Cost Sharing for VBID/UF/SSBCI – Base 6 (Reduced Coinsurance)

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

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

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#19a Reduced Cost Sharing for VBID/UF/SSBCI – Base 7 (Reduced Coinsurance)

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

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

CY 2020 PBP Data Entry System Screens

#19a Reduced Cost Sharing for VBID/UF/SSBCI – Base 8 (Reduced Deductible)

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

File Help

Go To: #19a Reduced Cost Sharing for VBID/UF/SSBCI - Base 8 (Reduced Deductible)

Do you offer a reduced deductible amount?

Yes
 No

Select the benefits that will receive reduced deductible amounts:

- 1a: Inpatient Hospital-Acute
- 1b: Inpatient Hospital Psychiatric
- 2: Skilled Nursing Facility (SNF)
- 3: Cardiac and Pulmonary Rehabilitation Services
- 4c: Worldwide Emergency/Urgent Coverage
- 5: Partial Hospitalization
- 6: Home Health Services
- 7a: Primary Care Physician Services
- 7b: Chiropractic Services
- 7c: Occupational Therapy Services
- 7d: Physician Specialist Services
- 7e: Mental Health Specialty Services
- 7f: Podiatry Services
- 7g: Other Health Care Professional
- 7h: Psychiatric Services
- 7i: Physical Therapy and Speech-Language Pathology Services
- 7j: Additional Telehealth Services
- 7k: Opioid Treatment Services
- 8a: Diagnostic Procedures/Tests/Lab Services
- 8b: Outpatient Diagnostic/Therapeutic Radiological Services
- 9a1: Outpatient Hospital Services
- 9a2: Observation Services
- 9b: Ambulatory Surgical Center (ASC) Services
- 9c: Outpatient Substance Abuse
- 9d: Outpatient Blood Services
- 10a1: Ground Ambulance Services
- 10a2: Air Ambulance Services
- 10b: Transportation Services
- 11a: Durable Medical Equipment (DME)
- 11b: Prosthetics/Medical Supplies
- 11c: Diabetic Supplies and Services
- 12: Dialysis Services
- 13a: Acupuncture
- 13b: Over-the-Counter (OTC) Items

Indicate deductible for one or more of the following services

Inpatient Hospital-Acute	<input type="text"/>	Other Health Care Professional	<input type="text"/>
Inpatient Hospital Psychiatric	<input type="text"/>	Psychiatric Services	<input type="text"/>
Skilled Nursing Facility (SNF)	<input type="text"/>	Physical Therapy and Speech-Language Pathology Services	<input type="text"/>
Cardiac and Pulmonary Rehabilitation Services	<input type="text"/>	Additional Telehealth Services	<input type="text"/>
Worldwide Emergency/Urgent Coverage	<input type="text"/>	Opioid Treatment Services	<input type="text"/>
Partial Hospitalization	<input type="text"/>	Diagnostic Procedures/Tests/Lab Services	<input type="text"/>
Home Health Services	<input type="text"/>	Outpatient Diagnostic/Therapeutic Radiological Services	<input type="text"/>
Primary Care Physician Services	<input type="text"/>	Outpatient Hospital Services	<input type="text"/>
Chiropractic Services	<input type="text"/>	Observation Services	<input type="text"/>
Occupational Therapy Services	<input type="text"/>	Ambulatory Surgical Center (ASC) Services	<input type="text"/>
Physician Specialist Services	<input type="text"/>	Outpatient Substance Abuse	<input type="text"/>
Mental Health Specialty Services	<input type="text"/>	Outpatient Blood Services	<input type="text"/>
Podiatry Services	<input type="text"/>	Ground Ambulance Services	<input type="text"/>

CY 2020 PBP Data Entry System Screens

#19a Reduced Cost Sharing for VBID/UF/SSBCI – Base 9 (Reduced Deductible)

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

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Exit (No Validate)

Indicate deductible for one or more of the following services

	Deductible Amount		Deductible Amount		Deductible Amount
Air 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"/>	Therapeutic Massage	<input type="text"/>
Prosthetics/Medical Supplies	<input type="text"/>	Enhanced Disease Management	<input type="text"/>	Adult Day Health Services	<input type="text"/>
Diabetic Supplies and Services	<input type="text"/>	Telemonitoring Services	<input type="text"/>	Home-Based Palliative Care	<input type="text"/>
Dialysis Services	<input type="text"/>	Remote Access Technologies (including Web/Phone-based technologies and Nursing Hotline)	<input type="text"/>	In-Home Support Services	<input type="text"/>
Acupuncture	<input type="text"/>	Bathroom Safety Devices	<input type="text"/>	Support for Caregivers of Enrollees	<input type="text"/>
Over-the-Counter (OTC) Items	<input type="text"/>	Counseling Services	<input type="text"/>	Kidney Disease Education Services	<input type="text"/>
Meal Benefit	<input type="text"/>	In-Home Safety Assessment	<input type="text"/>	Glaucoma Screening	<input type="text"/>
Other 1	<input type="text"/>	Personal Emergency Response System (PERS)	<input type="text"/>	Diabetes Self-Management Training	<input type="text"/>
Other 2	<input type="text"/>	Medical Nutrition Therapy (MNT)	<input type="text"/>	Barium Enemas	<input type="text"/>
Other 3	<input type="text"/>	Post discharge In-Home Medication Reconciliation	<input type="text"/>	Digital Rectal Exams	<input type="text"/>
Annual Physical Exam	<input type="text"/>	Re-admission Prevention	<input type="text"/>	EKG following Welcome Visit	<input type="text"/>
Health Education	<input type="text"/>	Wigs for Hair Loss Related to Chemotherapy	<input type="text"/>	Other Medicare-covered Preventive Services	<input type="text"/>

CY 2020 PBP Data Entry System Screens

#19a Reduced Cost Sharing for VBID/UF/SSBCI – Base 10 (Reduced Copayment)

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

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Go To: #19a Reduced Cost Sharing for VBID/UF/SSBCI - Base 10 (Reduced Copayment)

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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
- 3-4: SET for PAD Services
- 4a: Emergency Care/Post-Stabilization 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
- 7j: Additional Telehealth Services
- 7k: Opioid Treatment Services
- 8a1: Diagnostic Procedures/Tests
- 8a2: Lab Services
- 8b1: Diagnostic Radiological Services
- 8b2: Therapeutic Radiological Services
- 8b3: Outpatient X-Ray Services
- 9a1: Outpatient Hospital Services
- 9a2: Observation 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
- 10a1: Ground Ambulance Services

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
- 3-4: SET for PAD 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 Counseling
- 14c4: Fitness Benefit
- 14c5: Enhanced Disease Management
- 14c6: Telemonitoring Services
- 14c7: Remote Access Technologies (including Web/Phone-based technologies and Nursing Hotline)
- 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 2020 PBP Data Entry System Screens

#19a Reduced Cost Sharing for VBID/UF/SSBCI – Base 11 (Reduced Copayment)

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

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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"/>
SET for PAD Services	<input type="text"/>	<input type="text"/>	Individual Sessions for Psychiatric Services	<input type="text"/>	<input type="text"/>
Emergency Care/Post-Stabilization Care	<input type="text"/>	<input type="text"/>	Group Sessions for Psychiatric Services	<input type="text"/>	<input type="text"/>
Urgently Needed Services	<input type="text"/>	<input type="text"/>	Physical Therapy and Speech-Language Pathology Services	<input type="text"/>	<input type="text"/>
Partial Hospitalization	<input type="text"/>	<input type="text"/>	Additional Telehealth Services	<input type="text"/>	<input type="text"/>
Home Health Services	<input type="text"/>	<input type="text"/>	Opioid Treatment Services	<input type="text"/>	<input type="text"/>
Primary Care Physician Services	<input type="text"/>	<input type="text"/>	Diagnostic Procedures/Tests	<input type="text"/>	<input type="text"/>
Chiropractic Services	<input type="text"/>	<input type="text"/>	Lab Services	<input type="text"/>	<input type="text"/>
Occupational Therapy Services	<input type="text"/>	<input type="text"/>	Diagnostic Radiological Services	<input type="text"/>	<input type="text"/>
Physician Specialist Services	<input type="text"/>	<input type="text"/>	Therapeutic Radiological Services	<input type="text"/>	<input type="text"/>
Individual Sessions for Mental Health Specialty Services	<input type="text"/>	<input type="text"/>	Outpatient X-Ray Services	<input type="text"/>	<input type="text"/>

CY 2020 PBP Data Entry System Screens

#19a Reduced Cost Sharing for VBID/UF/SSBCI – Base 12 (Reduced Copayment)

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

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

	Minimum Copayment	Maximum Copayment		Minimum Copayment	Maximum Copayment		Minimum Copayment	Maximum Copayment
Outpatient Hospital Services	<input type="text"/>	<input type="text"/>	Diabetic Therapeutic Shoes/Inserts	<input type="text"/>	<input type="text"/>	Eye Exams	<input type="text"/>	<input type="text"/>
Observation Services	<input type="text"/>	<input type="text"/>	Dialysis Services	<input type="text"/>	<input type="text"/>	Eyewear	<input type="text"/>	<input type="text"/>
Ambulatory Surgical Center (ASC) Services	<input type="text"/>	<input type="text"/>	Kidney Disease Education Services	<input type="text"/>	<input type="text"/>	Hearing Exams	<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"/>	Barium Enemas	<input type="text"/>	<input type="text"/>			
Ground Ambulance Services	<input type="text"/>	<input type="text"/>	Digital Rectal Exams	<input type="text"/>	<input type="text"/>			
Air Ambulance Services	<input type="text"/>	<input type="text"/>	EKG following Welcome Visit	<input type="text"/>	<input type="text"/>			
Durable Medical Equipment (DME)	<input type="text"/>	<input type="text"/>	Other Medicare-covered Preventive Services	<input type="text"/>	<input type="text"/>			
Prosthetic Devices	<input type="text"/>	<input type="text"/>	Medicare Part B Chemotherapy Drugs	<input type="text"/>	<input type="text"/>			
Medical Supplies	<input type="text"/>	<input type="text"/>	Other Medicare Part B Drugs	<input type="text"/>	<input type="text"/>			
Diabetic Supplies	<input type="text"/>	<input type="text"/>	Comprehensive Dental	<input type="text"/>	<input type="text"/>			

CY 2020 PBP Data Entry System Screens

#19a Reduced Cost Sharing for VBID/UF/SSBCI – Base 13 (Reduced Copayment)

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

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

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

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#19a Reduced Cost Sharing for VBID/UF/SSBCI – Base 14 (Reduced Copayment)

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

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

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

CY 2020 PBP Data Entry System Screens

#19a Reduced Cost Sharing for VBID/UF/SSBCI – Base 15 (Reduced Specialist Coinsurance)

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

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Select all Specialists with a reduced coinsurance:

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

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#19a Reduced Cost Sharing for VBI/UF/SSBCI – Base 16 (Reduced Specialist Deductible)

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

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Select all Specialists with a reduced deductible:	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"/>	

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

CY 2020 PBP Data Entry System Screens

#19a Reduced Cost Sharing for VBID/UF/SSBCI – Base 17 (Reduced Specialist Copayment)

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

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Select all Specialists with a reduced copayment:

- Geriatrics
- Allergy and Immunology
- Cardiology
- Dermatology
- Endocrinology
- ENT/Otolaryngology
- Gastroenterology
- General Surgery
- Gynecology, OB/GYN
- Infectious Diseases
- Nephrology
- Neurology
- Neurosurgery
- Oncology - Medical, Surgical
- Oncology - Radiation/Radiation Oncology
- Ophthalmology
- Orthopedic Surgery
- Physiatry, Rehabilitative Medicine
- Plastic Surgery
- Pulmonology
- Rheumatology
- Urology
- Vascular Surgery
- Cardiothoracic Surgery
- 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 2020 PBP Data Entry System Screens

#19a Reduced Cost Sharing for VBID/UF/SSBCI – Base 18 (Retroactive Reimbursement)

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

File Help

Go To: #19a Reduced Cost Sharing for VBID/UF/SSBCI - Base 18 (Retroactive Reimbursement)

Are you offering retroactive reimbursement?

Yes
 No

Are all services for which cost sharing is reduced retroactively reimbursed?

Yes
 No

Select the benefits that will be retroactively reimbursed:

Medicare-covered
 Non-Medicare-covered

Is there a maximum aggregate amount of reduced cost sharing?

Yes
 No

Specify the maximum aggregate amount of reduced cost sharing:

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 Services
- 3-3: Pulmonary Rehabilitation Services
- 3-4: SET for PAD Services
- 4a: Emergency Care/Post-Stabilization 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
- 7j: Additional Telehealth Services
- 7k: Opioid Treatment Services
- 8a1: Diagnostic Procedures/Tests
- 8a2: Lab Services
- 8b1: Diagnostic Radiological Services
- 8b2: Therapeutic Radiological Services
- 8b3: Outpatient X-Ray Services
- 9a1: Outpatient Hospital Services
- 9a2: Observation Services
- 9b: Ambulatory Surgical Center (ASC) Services
- 9c1: Individual Sessions for Outpatient Substance Abuse
- 9c2: Group Sessions for Outpatient Substance Abuse

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
- 3-4: SET for PAD 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 Counseling
- 14c4: Fitness Benefit
- 14c5: Enhanced Disease Management
- 14c6: Telemonitoring Services
- 14c7: Remote Access Technologies (including Web/Phone-based technologies and Nursing Hotline)
- 14c8: Bathroom Safety Devices
- 14c9: Counseling Services
- 14c10: In-Home Safety Assessment
- 14c11: Personal Emergency Response System (PERS)
- 14c12: Medical Nutrition Therapy (MNT)

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CMS SENSITIVE INFORMATION - REQUIRES SPECIAL HANDLING

CY 2020 PBP Data Entry System Screens

#19a Reduced Cost Sharing for VBID/UF/SSBCI – Notes

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

File Help

Go To: #19a Reduced Cost Sharing for VBID/UF/SSBCI - 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/MA Uniformity Flexibility/SSBCI benefit is administered to Beneficiaries.

Notes:

CY 2020 PBP Data Entry System Screens

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

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

File Help

Go To: VBID/UF/SSBCI 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 2020 PBP Data Entry System Screens

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

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000
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 Exit (Validate)

 Exit (No Validate)

Go To: VBID/UF/SSBCI 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 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

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 2020 PBP Data Entry System Screens

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

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

File Help

Go To: VBID/UF/SSBCI 19A #1a Inpatient Hospital-Acute - Base 3

Previous Next Exit (Validate) Exit (No Validate)

Medicare-covered Coinsurance Cost Sharing for Tier 2:
Do you charge the Medicare-defined cost shares? (These are the total charges for all services provided to the enrollee in the inpatient facility.)
 Yes
 No

Indicate Coinsurance percentage for the Medicare-covered stay:

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

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

Coinsurance % Interval	Begin Day Interval	End Day Interval
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Medicare-covered Coinsurance Cost Sharing for Tier 3:
Do you charge the Medicare-defined cost shares? (These are the total charges for all services provided to the enrollee in the inpatient facility.)
 Yes
 No

Indicate Coinsurance percentage for the Medicare-covered stay:

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

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

Coinsurance % Interval	Begin Day Interval	End Day Interval
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

CY 2020 PBP Data Entry System Screens

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

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

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✔ Exit (Validate)
✖ Exit (No Validate)

Go To: VBID/UF/SSBCI 19A #1a Inpatient Hospital-Acute - Base 4

Medicare-covered Lifetime Reserve Days Tier 1

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

Zero (No Coinsurance per Day)
 One
 Two
 Three

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

	Interval Days		
Coinsurance %	Begin Day	End Day	
Interval 1:	<input 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 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 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 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 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 2020 PBP Data Entry System Screens

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

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

File Help

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

Does this plan's Additional Days cost sharing vary by hospital(s) in which an enrollee obtains care?

Yes

No

How many cost sharing tiers do you offer?

What is your lowest cost tier?

Tier 1

Tier 2

Tier 3

Additional Days Coinsurance Cost Sharing for Tier 2:

Indicate the number of day intervals for Additional Days:

Zero (No Coinsurance per Day)

One

Two

Three

Indicate the coinsurance percentage and day interval(s) for Additional Days (enter "999" if unlimited days are offered; e.g., 91 to 999):

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

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

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

Additional Days Coinsurance Cost Sharing for Tier 1:

Indicate the number of day intervals for Additional Days:

Zero (No Coinsurance per Day)

One

Two

Three

Indicate the coinsurance percentage and day interval(s) for Additional Days (enter "999" if unlimited days are offered; e.g., 91 to 999):

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

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

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

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 2020 PBP Data Entry System Screens

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

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

File Help

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

Previous Next Exit (Validate) Exit (No Validate)

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

MA Organizations are not permitted to tier deductibles.

Is there an enrollee Deductible?

Yes
 No

Indicate Deductible Amount for Tier 1:

Indicate Deductible Amount for Tier 2:

Indicate Deductible Amount for Tier 3:

Is there an enrollee Copayment?

Yes
 No

Medicare-covered Copayment Cost Sharing for Tier 1:

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

Yes
 No

Indicate Copayment amount for the Medicare-covered stay:

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

Zero (No Copayment per Day)
 One
 Two
 Three

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

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

CY 2020 PBP Data Entry System Screens

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

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

File Help

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

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"/>

CY 2020 PBP Data Entry System Screens

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

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

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Exit (Validate)
Exit (No Validate)
Go To: VBID/UF/SSBCI 19A #1a Inpatient Hospital-Acute - Base 9

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 2020 PBP Data Entry System Screens

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

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

File Help

Go To: VBID/UF/SSBCI 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:

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., 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:

CY 2020 PBP Data Entry System Screens

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

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

File Help

Go To: VBID/UF/SSBCI 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 2020 PBP Data Entry System Screens

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

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

File Help

Go To: VBID/UF/SSBCI 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 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19A #1b Inpatient Hospital Psychiatric – Base 1

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

File Help

Go To: VBID/UF/SSBCI 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 2020 PBP Data Entry System Screens

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

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

File Help

Go To: VBID/UF/SSBCI 19A #1b Inpatient Hospital Psychiatric - Base 2

Previous Next Exit (Validate) Exit (No Validate)

Does this plan's Medicare-covered benefit 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

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:

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

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

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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):

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

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

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

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<p>Medicare-covered Lifetime Reserve Days Tier 1</p> <p>Indicate the number of day intervals for the Medicare-covered Lifetime Reserve Days:</p> <div style="border: 1px solid black; padding: 5px; 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>Indicate the coinsurance percentage and day interval(s) for the 60 Medicare-covered Lifetime Reserve Days (i.e., 1 - 60):</p> <table border="0" style="width: 100%; text-align: center;"> <tr> <td></td> <td colspan="3">Interval Days</td> </tr> <tr> <td></td> <td>Coinsurance %</td> <td>Begin Day</td> <td>End Day</td> </tr> <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> </table>		Interval Days				Coinsurance %	Begin Day	End Day	Interval 1:	<input type="text"/>	<input type="text"/>	<input type="text"/>	Interval 2:	<input type="text"/>	<input type="text"/>	<input type="text"/>	Interval 3:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<p>Medicare-covered Lifetime Reserve Days Tier 2</p> <p>Indicate the number of day intervals for the Medicare-covered Lifetime Reserve Days:</p> <div style="border: 1px solid black; padding: 5px; 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>Indicate the coinsurance percentage and day interval(s) for the 60 Medicare-covered Lifetime Reserve Days (i.e., 1 - 60):</p> <table border="0" style="width: 100%; text-align: center;"> <tr> <td></td> <td colspan="3">Interval Days</td> </tr> <tr> <td></td> <td>Coinsurance %</td> <td>Begin Day</td> <td>End Day</td> </tr> <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> </table>		Interval Days				Coinsurance %	Begin Day	End Day	Interval 1:	<input type="text"/>	<input type="text"/>	<input type="text"/>	Interval 2:	<input type="text"/>	<input type="text"/>	<input type="text"/>	Interval 3:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<p>Medicare-covered Lifetime Reserve Days Tier 3</p> <p>Indicate the number of day intervals for the Medicare-covered Lifetime Reserve Days:</p> <div style="border: 1px solid black; padding: 5px; 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>Indicate the coinsurance percentage and day interval(s) for the 60 Medicare-covered Lifetime Reserve Days (i.e., 1 - 60):</p> <table border="0" style="width: 100%; text-align: center;"> <tr> <td></td> <td colspan="3">Interval Days</td> </tr> <tr> <td></td> <td>Coinsurance %</td> <td>Begin Day</td> <td>End Day</td> </tr> <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> </table>		Interval Days				Coinsurance %	Begin Day	End Day	Interval 1:	<input type="text"/>	<input type="text"/>	<input type="text"/>	Interval 2:	<input type="text"/>	<input type="text"/>	<input type="text"/>	Interval 3:	<input type="text"/>	<input type="text"/>	<input type="text"/>
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VBID/UF/SSBCI 19A #1b Inpatient Hospital Psychiatric – Base 5

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Does this plan's Additional Days cost sharing vary by hospital(s) in which an enrollee obtains care?

Yes

No

How many cost sharing tiers do you offer?

What is your lowest cost tier?

Tier 1

Tier 2

Tier 3

Additional Days Coinsurance Cost Sharing for Tier 2:

Indicate the number of day intervals for Additional Days:

Zero (No Coinsurance per Day)

One

Two

Three

Indicate the coinsurance percentage and day interval(s) for Additional Days (enter "999" if unlimited days are offered; e.g., 91 to 999):

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

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

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

Additional Days Coinsurance Cost Sharing for Tier 1:

Indicate the number of day intervals for Additional Days:

Zero (No Coinsurance per Day)

One

Two

Three

Indicate the coinsurance percentage and day interval(s) for Additional Days (enter "999" if unlimited days are offered; e.g., 91 to 999):

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

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

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

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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:

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

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

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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:
<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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VBID/UF/SSBCI 19A #1b Inpatient Hospital Psychiatric – Base 8

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<p>Medicare-covered Copayment Cost Sharing for Tier 2:</p> <p>Do you charge the Medicare-defined cost shares? (These are the total charges for all services provided to the enrollee in the inpatient facility.)</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Indicate Copayment amount for the Medicare-covered stay: <input style="width: 50px;" type="text"/></p> <p>Indicate the number of day intervals for the Medicare-covered stay:</p> <p><input type="radio"/> Zero (No Copayment per Day) <input type="radio"/> One <input type="radio"/> Two <input type="radio"/> Three</p> <p>Indicate the copayment amount and day interval(s) for the Medicare-covered stay (e.g., 1 to 30; 31 to 90): For more information on cost share limitations please view the variable help.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Copayment Amt Interval 1</td> <td style="width: 33%;">Begin Day Interval 1:</td> <td style="width: 33%;">End Day Interval 1:</td> </tr> <tr> <td><input style="width: 50px;" type="text"/></td> <td><input style="width: 50px;" type="text"/></td> <td><input style="width: 50px;" type="text"/></td> </tr> <tr> <td>Copayment Amt Interval 2</td> <td>Begin Day Interval 2:</td> <td>End Day Interval 2:</td> </tr> <tr> <td><input style="width: 50px;" type="text"/></td> <td><input style="width: 50px;" type="text"/></td> <td><input style="width: 50px;" type="text"/></td> </tr> <tr> <td>Copayment Amt Interval 3</td> <td>Begin Day Interval 3:</td> <td>End Day Interval 3:</td> </tr> <tr> <td><input style="width: 50px;" type="text"/></td> <td><input style="width: 50px;" type="text"/></td> <td><input style="width: 50px;" type="text"/></td> </tr> </table>	Copayment Amt Interval 1	Begin Day Interval 1:	End Day Interval 1:	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	Copayment Amt Interval 2	Begin Day Interval 2:	End Day Interval 2:	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	Copayment Amt Interval 3	Begin Day Interval 3:	End Day Interval 3:	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<p>Medicare-covered Copayment Cost Sharing for Tier 3:</p> <p>Do you charge the Medicare-defined cost shares? (These are the total charges for all services provided to the enrollee in the inpatient facility.)</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Indicate Copayment amount for the Medicare-covered stay: <input style="width: 50px;" type="text"/></p> <p>Indicate the number of day intervals for the Medicare-covered stay:</p> <p><input type="radio"/> Zero (No Copayment per Day) <input type="radio"/> One <input type="radio"/> Two <input type="radio"/> Three</p> <p>Indicate the copayment amount and day interval(s) for the Medicare-covered stay (e.g., 1 to 30; 31 to 90): For more information on cost share limitations please view the variable help.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Copayment Amt Interval 1</td> <td style="width: 33%;">Begin Day Interval 1:</td> <td style="width: 33%;">End Day Interval 1:</td> </tr> <tr> <td><input style="width: 50px;" type="text"/></td> <td><input style="width: 50px;" type="text"/></td> <td><input style="width: 50px;" type="text"/></td> </tr> <tr> <td>Copayment Amt Interval 2</td> <td>Begin Day Interval 2:</td> <td>End Day Interval 2:</td> </tr> <tr> <td><input style="width: 50px;" type="text"/></td> <td><input style="width: 50px;" type="text"/></td> <td><input style="width: 50px;" type="text"/></td> </tr> <tr> <td>Copayment Amt Interval 3</td> <td>Begin Day Interval 3:</td> <td>End Day Interval 3:</td> </tr> <tr> <td><input style="width: 50px;" type="text"/></td> <td><input style="width: 50px;" type="text"/></td> <td><input style="width: 50px;" type="text"/></td> </tr> </table>	Copayment Amt Interval 1	Begin Day Interval 1:	End Day Interval 1:	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	Copayment Amt Interval 2	Begin Day Interval 2:	End Day Interval 2:	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	Copayment Amt Interval 3	Begin Day Interval 3:	End Day Interval 3:	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
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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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Copay Amount	Begin Day	End Day																																																																											
Interval 1:	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>																																																																										
Interval 2:	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>																																																																										
Interval 3:	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>																																																																										
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Copay Amount	Begin Day	End Day																																																																											
Interval 1:	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>																																																																										
Interval 2:	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>																																																																										
Interval 3:	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>																																																																										

CY 2020 PBP Data Entry System Screens

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

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

File Help

Go To: VBID/UF/SSBCI 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 2020 PBP Data Entry System Screens

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

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

File Help

Go To: VBID/UF/SSBCI 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 2020 PBP Data Entry System Screens

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

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

File Help

Previous Next Exit (Validate) Exit (No Validate) Go To: VBID/UF/SSBCI 19A #1b Inpatient Hospital Psychiatric - Base 12

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 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19A #2 SNF – Base 1

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

File Help

Go To: VBID/UF/SSBCI 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 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19A #2 SNF – Base 2

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

File Help

Go To: VBID/UF/SSBCI 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 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19A #2 SNF – Base 3

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

File Help

Go To: VBID/UF/SSBCI 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:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Coinsurance % Interval 2:	Begin Day Interval 2:	End Day Interval 2:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Coinsurance % Interval 3:	Begin Day Interval 3:	End Day Interval 3:
<input type="text"/>	<input type="text"/>	<input type="text"/>

Medicare-covered Coinsurance Cost Sharing for Tier 3:

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

Yes
 No

Indicate Coinsurance percentage for the Medicare-covered stay:

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

Zero (No Coinsurance per Day)
 One
 Two
 Three

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

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

CY 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19A #2 SNF – Base 4

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

File Help

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

Previous Next Exit (Validate) Exit (No Validate)

Does this plan's Additional Days 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

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 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19A #2 SNF – Base 5

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

File Help

Go To: VBID/UF/SSBCI 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 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19A #2 SNF – Base 6

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

File Help

Go To: VBID/UF/SSBCI 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:
<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 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19A #2 SNF – Base 7

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

File Help

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

Previous Next Exit (Validate) Exit (No Validate)

Medicare-covered Copayment Cost Sharing for Tier 2:

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

Yes
 No

Indicate Copayment amount for Medicare-covered stay:

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

Zero (No Copayment per Day)
 One
 Two
 Three

Indicate the copayment amount and day interval(s) for Medicare-covered stay (e.g.; 1 to 20; 21 to 100): For more information on cost share limitations please view the variable help.

Copayment Amt Interval 1: Begin Day Interval 1: End Day Interval 1:
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 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 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19A #2 SNF – Base 8

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

File Help

Previous Next Exit (Validate) Exit (No Validate) Go To: VBID/UF/SSBCI 19A #2 SNF - Base 8

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 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19A #2 SNF – Base 9

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

File Help

Go To: VBID/UF/SSBCI 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 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19A #2 SNF – Base 10

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" and "Help", and a navigation bar with "Previous", "Next", "Exit (Validate)", and "Exit (No Validate)" buttons. A "Go To:" dropdown menu is set to "VBID/UF/SSBCI 19A #2 SNF - Base 10".

The main content area contains several sections:

- What is your SNF benefit period?** with radio button options: Original Medicare, Annual, Per Admission or Per Stay, and Other, Describe. Below this is a text input field with the instruction: "If 'Other, Describe' is selected enter description below:".
- Do you charge cost sharing on the day of discharge?** with radio button options: Yes and No.
- Is authorization required?** with radio button options: Yes and No.
- Is a referral required for SNF Services?** with radio button options: Yes and No.
- SNF Notes** section with a text area and a note: "Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry." Below the note is a large text area labeled "Notes:" with a vertical scrollbar.

CY 2020 PBP Data Entry System Screens

#19b Additional Benefits for VBID/UF/SSBCI

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

File Help

Go To: #19b Additional Benefits for VBID/UF/SSBCI

Previous Next Exit (Validate) Exit (No Validate)

CLICK FOR DESCRIPTION OF BENEFIT

Does your VBID/MA Uniformity Flexibility/SSBCI benefit offer additional Part C benefits?

Yes
 No

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

When entering the VBID/MA Uniformity/SSBCI maximum and minimum cost sharing for a service category, list only the cost sharing that would apply to enrollees qualifying for the benefit package. Cost sharing ranges should reflect only the services within the service category or specialty selected that are eligible for reduced cost sharing. If the reduced cost sharing is being offered through reimbursement, the cost sharing range should represent what the enrollee pays after reimbursement, and the note should describe the benefit and any limitations. If there is a maximum aggregate amount of reduced cost sharing, the cost sharing entered should reflect only the costs paid by the enrollee prior to reaching the maximum aggregate amount of reduced cost sharing.

When entering VBID/MA Uniformity Flexibility/SSBCI benefit packages, create a separate package for each unique benefit offering, or combination of benefit offerings. Packages may be targeted to single or multiple clinical condition groups.

CY 2020 PBP Data Entry System Screens

#19b Additional Benefits for VBID/UF/SSBCI – Package Type

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

File Help

Previous Next Exit (Validate) Exit (No Validate) Go To: #19b Additional Benefits for VBID/UF/SSBCI - Package Type

Is this package applicable to VBID or MA Uniformity Flexibility or SSBCI

VBID
 MA Uniformity Flexibility
 SSBCI

CY 2020 PBP Data Entry System Screens

#19b Additional Benefits for VBID/UF/SSBCI – Disease States: VBID

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

File Help

Go To: #19b Additional Benefits for VBID/UF/SSBCI - Disease States: VBID

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
- Other CMS-Approved Disease State

If selecting 'Other CMS-Approved Disease State' or 'Mood Disorders,' please use the notes field to describe the selected targeted clinical condition group and the methodology used to identify beneficiaries within your targeted clinical condition, such as a list of ICD-10 codes.

CY 2020 PBP Data Entry System Screens

#19b Additional Benefits for VBID/UF/SSBCI – Disease States: UF

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File Help

Go To: #19b Additional Benefits for VBID/UF/SSBCI - Disease States: UF

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
- Other 1
- Other 2
- Other 3
- Other 4
- Other 5

Other 1 Description:

Other 2 Description:

Other 3 Description:

Other 4 Description:

Other 5 Description:

Does the enrollee need to have all diseases selected to qualify?

Yes

No

Does the enrollee need to have a combination of diseases selected to qualify? If yes, describe in notes.

Yes

No

If selecting Other 1-5, please use the notes field for this package to briefly describe the targeted clinical condition group.

CY 2020 PBP Data Entry System Screens

#19b Additional Benefits for VBID/UF/SSBCI – MMP Benefits

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

File Help

Go To: #19b Additional Benefits for VBID/UF/SSBCI - MMP Benefits

Previous Next Exit (Validate) Exit (No Validate)

Does your MA Uniformity Flexibility additional benefits include any MMP Benefits?

Yes
 No

Select the MMP benefits that will be included as additional benefits:

- 6: Home Health Services
- 7c: Occupational Therapy Services
- 7i: PT and SP Services
- 11a: Durable Medical Equipment (DME)
- 11b: Prosthetics/Medical Supplies
- 13h: Additional Services

If any MMP-specific benefits are included, please include all benefit and cost sharing information for MMP benefits in the Notes field.

CY 2020 PBP Data Entry System Screens

#19b Additional Benefits for VBID/UF/SSBCI – Base 1 (Package Info)

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

File Help

Go To: #19b Additional Benefits for VBID/UF/SSBCI - Base 1 (Package Info)

Previous Next Exit (Validate) Exit (No Validate)

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
- 13i: Non-Primarily Health Related Benefits for the Chronically Ill
- 14b: Annual Physical Exam
- 14c: Other Defined Supplemental Benefits
- 16a: Preventive Dental
- 16b: Comprehensive Dental
- 17a: Eye Exams
- 17b: Eyewear
- 18a: Hearing Exams

CY 2020 PBP Data Entry System Screens

#19b Additional Benefits for VBID/UF/SSBCI – Base 2 (OON/POS/Plan-level Deductible)

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

File Help

Go To: #19b Additional Benefits for VBID/UF/SSBCI - Base 2 (OON/POS/Plan-level Deductible)

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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
- 13i: Non-Primarily Health Related Benefits for the Chronically Ill
- 14b: Annual Physical Exam
- 14c: Other Defined Supplemental Benefits
- 16a: Preventive Dental
- 16b: Comprehensive Dental
- 17a: Eye Exams
- 17b: Eyewear
- 18a: Hearing Exams

CY 2020 PBP Data Entry System Screens

#19b Additional Benefits for VBID/UF/SSBCI – Base 3 (Retroactive Reimbursement)

CY 2020 PBP Data Entry System Screens

#19b Additional Benefits for VBID/UF/SSBCI – Notes

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

File Help

Go To: #19b Additional Benefits for VBID/UF/SSBCI - Notes

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

Notes:

CY 2020 PBP Data Entry System Screens

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

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

File Help

Go To: VBID/UF/SSBCI 19B #1a Inpatient Hospital-Acute - Base 1

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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 2020 PBP Data Entry System Screens

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

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

File Help

Go To: VBID/UF/SSBCI 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 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

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 2020 PBP Data Entry System Screens

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

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

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Go To: VBID/UF/SSBCI 19B #1a Inpatient Hospital-Acute - Base 3

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Medicare-covered Coinsurance Cost Sharing for Tier 2:
Do you charge the Medicare-defined cost shares? (These are the total charges for all services provided to the enrollee in the inpatient facility.)
 Yes
 No

Indicate Coinsurance percentage for the Medicare-covered stay:

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

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

Coinsurance % Interval	Begin Day Interval	End Day Interval
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Medicare-covered Coinsurance Cost Sharing for Tier 3:
Do you charge the Medicare-defined cost shares? (These are the total charges for all services provided to the enrollee in the inpatient facility.)
 Yes
 No

Indicate Coinsurance percentage for the Medicare-covered stay:

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

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

Coinsurance % Interval	Begin Day Interval	End Day Interval
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

CY 2020 PBP Data Entry System Screens

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

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000
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✔ Exit (Validate)
✘ Exit (No Validate)

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Medicare-covered Lifetime Reserve Days Tier 1	Medicare-covered Lifetime Reserve Days Tier 2	Medicare-covered Lifetime Reserve Days Tier 3																																																												
<p>Indicate the number of day intervals for the Medicare-covered Lifetime Reserve Days:</p> <div style="border: 1px solid gray; padding: 5px; margin-bottom: 10px;"> <input type="radio"/> Zero (No Coinsurance per Day) <input type="radio"/> One <input type="radio"/> Two <input type="radio"/> Three </div> <p>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;"> <thead> <tr> <th></th> <th style="text-align: center;">Interval Days</th> <th></th> <th></th> </tr> <tr> <th></th> <th style="text-align: center;">Coinsurance %</th> <th style="text-align: center;">Begin Day</th> <th style="text-align: center;">End Day</th> </tr> </thead> <tbody> <tr> <td>Interval 1:</td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td>Interval 2:</td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td>Interval 3:</td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> </tr> </tbody> </table>		Interval Days				Coinsurance %	Begin Day	End Day	Interval 1:	<input type="text"/>	<input type="text"/>	<input type="text"/>	Interval 2:	<input type="text"/>	<input type="text"/>	<input type="text"/>	Interval 3:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<p>Indicate the number of day intervals for the Medicare-covered Lifetime Reserve Days:</p> <div style="border: 1px solid gray; 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CY 2020 PBP Data Entry System Screens

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

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

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Go To: VBID/UF/SSBCI 19B #1a Inpatient Hospital-Acute - Base 5

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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 2020 PBP Data Entry System Screens

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

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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

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

 Yes
 No

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

 Yes
 No

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 style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Coinsurance % Interval 2	Begin Day Interval 2:	End Day Interval 2:
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Coinsurance % Interval 3	Begin Day Interval 3:	End Day Interval 3:
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

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

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 style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Coinsurance % Interval 2	Begin Day Interval 2:	End Day Interval 2:
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Coinsurance % Interval 3	Begin Day Interval 3:	End Day Interval 3:
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

CY 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #1a Inpatient Hospital-Acute – 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: VBID/UF/SSBCI 19B #1a Inpatient Hospital-Acute - Base 7

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

MA Organizations are not permitted to tier deductibles.

Is there an enrollee Deductible?

Yes

No

Indicate Deductible Amount for Tier 1:

Indicate Deductible Amount for Tier 2:

Indicate Deductible Amount for Tier 3:

Is there an enrollee Copayment?

Yes

No

Medicare-covered Copayment Cost Sharing for Tier 1:

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

Yes

No

Indicate Copayment amount for the Medicare-covered stay:

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

Zero (No Copayment per Day)

One

Two

Three

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

Copayment Amt Interval 1	Begin Day Interval 1:	End Day Interval 1:
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Copayment Amt Interval 2	Begin Day Interval 2:	End Day Interval 2:
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Copayment Amt Interval 3	Begin Day Interval 3:	End Day Interval 3:
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

CY 2020 PBP Data Entry System Screens

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

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

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

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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 2020 PBP Data Entry System Screens

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

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

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Go To: VBID/UF/SSBCI 19B #1a Inpatient Hospital-Acute - Base 9

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 2020 PBP Data Entry System Screens

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

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

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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:
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., 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:

CY 2020 PBP Data Entry System Screens

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

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Go To: VBID/UF/SSBCI 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	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 2020 PBP Data Entry System Screens

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

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

File Help

Go To: VBID/UF/SSBCI 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 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #1b Inpatient Hospital Psychiatric – Base 1

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

File Help

Go To: VBID/UF/SSBCI 19B #1b Inpatient Hospital Psychiatric - Base 1

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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 2020 PBP Data Entry System Screens

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

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

File Help

Go To: VBID/UF/SSBCI 19B #1b Inpatient Hospital Psychiatric - Base 2

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Does this plan's Medicare-covered benefit 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

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 2020 PBP Data Entry System Screens

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

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

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Go To: VBID/UF/SSBCI 19B #1b Inpatient Hospital Psychiatric - Base 3

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Medicare-covered Coinsurance Cost Sharing for Tier 2:

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

Yes
 No

Indicate Coinsurance percentage for the Medicare-covered stay:

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

Zero (No Coinsurance per Day)
 One
 Two
 Three

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

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

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

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

Medicare-covered Coinsurance Cost Sharing for Tier 3:

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

Yes
 No

Indicate Coinsurance percentage for the Medicare-covered stay:

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

Zero (No Coinsurance per Day)
 One
 Two
 Three

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

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

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

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

CY 2020 PBP Data Entry System Screens

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

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

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Exit (No Validate)
Go To: VBID/UF/SSBCI 19B #1b Inpatient Hospital Psychiatric – Base 4

Medicare-covered Lifetime Reserve Days Tier 1

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

Zero (No Coinsurance per Day)
 One
 Two
 Three

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

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

Medicare-covered Lifetime Reserve Days Tier 2

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

Zero (No Coinsurance per Day)
 One
 Two
 Three

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

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

Medicare-covered Lifetime Reserve Days Tier 3

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

Zero (No Coinsurance per Day)
 One
 Two
 Three

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

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

CY 2020 PBP Data Entry System Screens

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

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✔ Exit (Validate)
✘ Exit (No Validate)
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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 style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Coinsurance % Interval 2	Begin Day Interval 2:	End Day Interval 2:
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Coinsurance % Interval 3	Begin Day Interval 3:	End Day Interval 3:
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

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

Yes
 No

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

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

Zero (No Coinsurance per Day)
 One
 Two
 Three

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

Coinsurance % Interval 1	Begin Day Interval 1:	End Day Interval 1:
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Coinsurance % Interval 2	Begin Day Interval 2:	End Day Interval 2:
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Coinsurance % Interval 3	Begin Day Interval 3:	End Day Interval 3:
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

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CMS SENSITIVE INFORMATION - REQUIRES SPECIAL HANDLING

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

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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

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 Deductible Amount for Tier 1:

Indicate Copayment amount for the Medicare-covered stay:

Indicate Deductible Amount for Tier 2:

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

 Zero (No Copayment per Day)
 One
 Two
 Three

Indicate Deductible Amount for Tier 3:

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.

Is there an enrollee Copayment?

 Yes
 No

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 2020 PBP Data Entry System Screens

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

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Exit (Validate)
 Exit (No Validate)

<p>Medicare-covered Copayment Cost Sharing for Tier 2:</p> <p>Do you charge the Medicare-defined cost shares? (These are the total charges for all services provided to the enrollee in the inpatient facility.)</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Indicate Copayment amount for the Medicare-covered stay: <input style="width: 50px;" 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%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Copayment Amt Interval 1</td> <td style="width: 33%;">Begin Day Interval 1:</td> <td style="width: 33%;">End Day Interval 1:</td> </tr> <tr> <td><input style="width: 50px;" type="text"/></td> <td><input style="width: 50px;" type="text"/></td> <td><input style="width: 50px;" type="text"/></td> </tr> <tr> <td>Copayment Amt Interval 2</td> <td>Begin Day Interval 2:</td> <td>End Day Interval 2:</td> </tr> <tr> <td><input style="width: 50px;" type="text"/></td> <td><input style="width: 50px;" type="text"/></td> <td><input style="width: 50px;" type="text"/></td> </tr> <tr> <td>Copayment Amt Interval 3</td> <td>Begin Day Interval 3:</td> <td>End Day Interval 3:</td> </tr> <tr> <td><input style="width: 50px;" type="text"/></td> <td><input style="width: 50px;" type="text"/></td> <td><input style="width: 50px;" type="text"/></td> </tr> </table>	Copayment Amt Interval 1	Begin Day Interval 1:	End Day Interval 1:	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	Copayment Amt Interval 2	Begin Day Interval 2:	End Day Interval 2:	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	Copayment Amt Interval 3	Begin Day Interval 3:	End Day Interval 3:	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<p>Medicare-covered Copayment Cost Sharing for Tier 3:</p> <p>Do you charge the Medicare-defined cost shares? (These are the total charges for all services provided to the enrollee in the inpatient facility.)</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Indicate Copayment amount for the Medicare-covered stay: <input style="width: 50px;" 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%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Copayment Amt Interval 1</td> <td style="width: 33%;">Begin Day Interval 1:</td> <td style="width: 33%;">End Day Interval 1:</td> </tr> <tr> <td><input style="width: 50px;" type="text"/></td> <td><input style="width: 50px;" type="text"/></td> <td><input style="width: 50px;" type="text"/></td> </tr> <tr> <td>Copayment Amt Interval 2</td> <td>Begin Day Interval 2:</td> <td>End Day Interval 2:</td> </tr> <tr> <td><input style="width: 50px;" type="text"/></td> <td><input style="width: 50px;" type="text"/></td> <td><input style="width: 50px;" type="text"/></td> </tr> <tr> <td>Copayment Amt Interval 3</td> <td>Begin Day Interval 3:</td> <td>End Day Interval 3:</td> </tr> <tr> <td><input style="width: 50px;" type="text"/></td> <td><input style="width: 50px;" type="text"/></td> <td><input style="width: 50px;" type="text"/></td> </tr> </table>	Copayment Amt Interval 1	Begin Day Interval 1:	End Day Interval 1:	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	Copayment Amt Interval 2	Begin Day Interval 2:	End Day Interval 2:	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	Copayment Amt Interval 3	Begin Day Interval 3:	End Day Interval 3:	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
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VBID/UF/SSBCI 19B #1b Inpatient Hospital Psychiatric – Base 9

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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 2020 PBP Data Entry System Screens

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

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000
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✘ Exit (No Validate)
Go To: VBID/UF/SSBCI 19B #1b Inpatient Hospital Psychiatric - Base 10

<p>Additional Days Copayment Cost Sharing for Tier 1:</p> <p>Indicate the number of day intervals for Additional Days:</p> <div style="border: 1px solid gray; padding: 5px;"> <input type="radio"/> Zero (No Copayment per Day) <input type="radio"/> One <input type="radio"/> Two <input type="radio"/> Three </div> <p>Indicate the copayment amount and day interval(s) for Additional Days (enter "999" if unlimited days are offered; e.g., 91 to 999):</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Copayment Amt Interval 1</td> <td style="width: 33%;">Begin Day Interval 1:</td> <td style="width: 33%;">End Day Interval 1:</td> </tr> <tr> <td><input style="width: 100%;" type="text"/></td> <td><input style="width: 100%;" type="text"/></td> <td><input style="width: 100%;" type="text"/></td> </tr> <tr> <td>Copayment Amt Interval 2</td> <td>Begin Day Interval 2:</td> <td>End Day Interval 2:</td> </tr> <tr> <td><input style="width: 100%;" type="text"/></td> <td><input style="width: 100%;" type="text"/></td> <td><input style="width: 100%;" type="text"/></td> </tr> <tr> <td>Copayment Amt Interval 3</td> <td>Begin Day Interval 3:</td> <td>End Day Interval 3:</td> </tr> <tr> <td><input style="width: 100%;" type="text"/></td> <td><input style="width: 100%;" type="text"/></td> <td><input style="width: 100%;" type="text"/></td> </tr> </table>	Copayment Amt Interval 1	Begin Day Interval 1:	End Day Interval 1:	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	Copayment Amt Interval 2	Begin Day Interval 2:	End Day Interval 2:	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	Copayment Amt Interval 3	Begin Day Interval 3:	End Day Interval 3:	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<p>Additional Days Copayment Cost Sharing for Tier 2:</p> <p>Indicate the number of day intervals for Additional Days:</p> <div style="border: 1px solid gray; padding: 5px;"> <input type="radio"/> Zero (No Copayment per Day) <input type="radio"/> One <input type="radio"/> Two <input type="radio"/> Three </div> <p>Indicate the copayment amount and day interval(s) for Additional Days (enter "999" if unlimited days are offered; e.g., 91 to 999):</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Copayment Amt Interval 1</td> <td style="width: 33%;">Begin Day Interval 1:</td> <td style="width: 33%;">End Day Interval 1:</td> </tr> <tr> <td><input style="width: 100%;" type="text"/></td> <td><input style="width: 100%;" type="text"/></td> <td><input style="width: 100%;" type="text"/></td> </tr> <tr> <td>Copayment Amt Interval 2</td> <td>Begin Day Interval 2:</td> <td>End Day Interval 2:</td> </tr> <tr> <td><input style="width: 100%;" type="text"/></td> <td><input style="width: 100%;" type="text"/></td> <td><input style="width: 100%;" type="text"/></td> </tr> <tr> <td>Copayment Amt Interval 3</td> <td>Begin Day Interval 3:</td> <td>End Day Interval 3:</td> </tr> <tr> <td><input style="width: 100%;" type="text"/></td> <td><input style="width: 100%;" type="text"/></td> <td><input style="width: 100%;" type="text"/></td> </tr> </table>	Copayment Amt Interval 1	Begin Day Interval 1:	End Day Interval 1:	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	Copayment Amt Interval 2	Begin Day Interval 2:	End Day Interval 2:	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	Copayment Amt Interval 3	Begin Day Interval 3:	End Day Interval 3:	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
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CY 2020 PBP Data Entry System Screens

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

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File Help

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

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"/>

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CMS SENSITIVE INFORMATION - REQUIRES SPECIAL HANDLING

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

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

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Go To: VBID/UF/SSBCI 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 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #2 SNF – Base 1

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

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Go To: VBID/UF/SSBCI 19B #2 SNF - Base 1

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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 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #2 SNF – Base 2

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

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Go To: VBID/UF/SSBCI 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:
<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 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #2 SNF – Base 3

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✘ Exit (No Validate)

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Medicare-covered Coinsurance Cost Sharing for Tier 2:

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

Yes
 No

Indicate Coinsurance percentage for the Medicare-covered stay:

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

Zero (No Coinsurance per Day)
 One
 Two
 Three

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

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

Medicare-covered Coinsurance Cost Sharing for Tier 3:

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

Yes
 No

Indicate Coinsurance percentage for the Medicare-covered stay:

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

Zero (No Coinsurance per Day)
 One
 Two
 Three

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

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

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VBID/UF/SSBCI 19B #2 SNF – Base 4

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✓ Exit (Validate)
✗ Exit (No Validate)

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Does this plan's Additional Days cost sharing vary by the Skilled Nursing Facility in which an enrollee obtains care?

 Yes
 No

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

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., 101 to 999):

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

CY 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #2 SNF – Base 5

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

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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 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #2 SNF – Base 6

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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

Is there an enrollee Copayment?

 Yes
 No

Indicate Deductible Amount Tier 1:

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 Deductible Amount Tier 2:

Indicate Copayment amount for Medicare-covered stay:

Indicate Deductible Amount Tier 3:

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

 Zero (No Copayment per Day)
 One
 Two
 Three

Indicate the copayment amount and day interval(s) for Medicare-covered stay (e.g.; 1 to 20; 21 to 100): For more information on cost share limitations please view the variable help.

Copayment Amt Interval 1:	Begin Day Interval 1:	End Day Interval 1:
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Copayment Amt Interval 2:	Begin Day Interval 2:	End Day Interval 2:
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Copayment Amt Interval 3:	Begin Day Interval 3:	End Day Interval 3:
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

CY 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #2 SNF – Base 7

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

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Medicare-covered Copayment Cost Sharing for Tier 2:

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

Yes
 No

Indicate Copayment amount for Medicare-covered stay:

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

Zero (No Copayment per Day)
 One
 Two
 Three

Indicate the copayment amount and day interval(s) for Medicare-covered stay (e.g., 1 to 20; 21 to 100): For more information on cost share limitations please view the variable help.

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

Medicare-covered Copayment Cost Sharing for Tier 3:

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

Yes
 No

Indicate Copayment amount for Medicare-covered stay:

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

Zero (No Copayment per Day)
 One
 Two
 Three

Indicate the copayment amount and day interval(s) for Medicare-covered stay (e.g., 1 to 20; 21 to 100): For more information on cost share limitations please view the variable help.

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

CY 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #2 SNF – Base 8

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

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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 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #2 SNF – Base 9

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

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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 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #2 SNF – Base 10

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" and "Help", and a navigation toolbar with "Previous", "Next", "Exit (Validate)", and "Exit (No Validate)" buttons. A "Go To:" dropdown menu is set to "VBID/UF/SSBCI 19B #2 SNF - Base 10".

The main content area contains the following sections:

- 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 2020 PBP Data Entry System Screens

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

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

File Help

Go To: VBID/UF/SSBCI 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
 Additional Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD) 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

Select type of benefit for Additional Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD) Services:

Mandatory
 Optional

Is this benefit unlimited for Additional Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD) Services?

Yes
 No, indicate number

Indicate number of visits for Additional Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD) Services:

Select the Additional Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD) Services periodicity:

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

CY 2020 PBP Data Entry System Screens

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

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

File Help

Go To: VBID/UF/SSBCI 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
- Medicare-covered Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD) Services
- Additional Cardiac Rehabilitation Services
- Additional Intensive Cardiac Rehabilitation Services
- Additional Pulmonary Rehabilitation Services
- Additional Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD) Services

	Minimum Coinsurance	Maximum Coinsurance
Indicate Coinsurance percentage for Medicare-covered Cardiac Rehabilitation Services:	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
Indicate Coinsurance percentage for Medicare-covered Intensive Cardiac Rehabilitation Services:	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
Indicate Coinsurance percentage for Medicare-covered Pulmonary Rehabilitation Services:	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
Indicate Coinsurance percentage for Medicare-covered Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD) Services:	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
Indicate Coinsurance percentage for Additional Cardiac Rehabilitation Services:	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
Indicate Coinsurance percentage for Additional Intensive Cardiac Rehabilitation Services:	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
Indicate Coinsurance percentage for Additional Pulmonary Rehabilitation Services:	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
Indicate Coinsurance percentage for Additional Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD) Services:	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>

CY 2020 PBP Data Entry System Screens

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

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

File Help

Go To: VBID/UF/SSBCI 19B #3 Cardiac and Pulmonary Rehabilitation Services - Base 3

<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 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"/> Medicare-covered Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD) 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><input type="checkbox"/> Additional Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD) 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 Medicare-covered Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD) 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>Indicate Copayment amount for Additional Supervised Exercise Therapy (SET) for Symptomatic Peripheral Artery Disease (PAD) Services:</p>	<p>Minimum Copayment</p> <p>Maximum Copayment</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"> </td><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td><td style="height: 20px;"> </td></tr> </table>																

CY 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 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" and "Help", and a toolbar with navigation buttons: "Previous" (left arrow), "Next" (right arrow), "Exit (Validate)" (green checkmark), and "Exit (No Validate)" (red X). A "Go To:" dropdown menu is set to "VBID/UF/SSBCI 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 for Cardiac and Pulmonary Rehabilitation Services?
 Yes
 No

Below these questions is a section for "Cardiac and Pulmonary Rehabilitation Services Notes". It includes a note: "Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry." and a large, empty text area for entering notes.

CY 2020 PBP Data Entry System Screens

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

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

File Help

Go To: VBID/UF/SSBCI 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 2020 PBP Data Entry System Screens

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

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

File Help

Go To: VBID/UF/SSBCI 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 2020 PBP Data Entry System Screens

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

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

File Help

Go To: VBID/UF/SSBCI 19B #4c Worldwide Emergency/Urgent Coverage - Base 3

Previous Next Exit (Validate) Exit (No Validate)

Authorization is not applicable for this Service Category.

Referral is not applicable for this Service Category.

Worldwide Emergency/Urgent Coverage Notes

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

Notes:

[Empty text area for notes]

CY 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #7b Chiropractic Services – Base 1

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

File Help

Go To: VBID/UF/SSBCI 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

Is your Chiropractor Services benefit combined with either the Acupuncture or Alternative Therapies benefit, or both?

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 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #7b Chiropractic Services – Base 2

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

File Help

Go To: VBID/UF/SSBCI 19B #7b Chiropractic Services - Base 2

Previous Next Exit (Validate) Exit (No Validate)

Is there an enrollee Coinsurance?
 Yes
 No

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

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

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

Indicate the Minimum Coinsurance percentage per visit for Routine Care:

Indicate the Maximum Coinsurance percentage per visit for Routine Care:

Indicate the Minimum Coinsurance percentage per visit for Other Service:

Indicate the Maximum Coinsurance percentage per visit for Other Service:

Is there an enrollee Copayment?
 Yes
 No

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

Indicate Minimum Copayment amount for Medicare-covered Benefits:

Indicate Maximum Copayment amount for Medicare-covered Benefits:

Indicate Minimum Copayment amount per visit for Routine Care:

Indicate Maximum Copayment amount per visit for Routine Care:

Indicate Minimum Copayment amount per visit for Other Service:

Indicate Maximum Copayment amount per visit for Other Service:

Is there an enrollee Deductible?
 Yes
 No

Indicate Deductible Amount:

Is authorization required?
 Yes
 No

Is a referral required for Chiropractic Services?
 Yes
 No

CY 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #7b Chiropractic Services – Base 3

The screenshot shows a web-based application window titled "PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000". The interface includes a menu bar with "File" and "Help", and a toolbar with "Previous", "Next", "Exit (Validate)", and "Exit (No Validate)" buttons. A "Go To:" dropdown menu is set to "VBID/UF/SSBCI 19B #7b Chiropractic Services - Base 3". The main content area is titled "Chiropractic Services Notes" and contains the instruction: "Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry." Below this is a large, empty text area labeled "Notes:" with a vertical scrollbar on the right side.

CY 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #7f Podiatry Services – Base 1

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

File Help

Go To: VBID/UF/SSBCI 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 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #7f Podiatry Services – Base 2

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

File Help

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

Previous Next Exit (Validate) Exit (No Validate)

Is there an enrollee Coinsurance?
 Yes
 No

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

Indicate Minimum Coinsurance percentage for Medicare-covered Benefits:

Indicate Maximum Coinsurance percentage for Medicare-covered Benefits:

Indicate Minimum Coinsurance percentage for Routine Foot Care:

Indicate Maximum Coinsurance percentage for Routine Foot Care:

Is there an enrollee Copayment?
 Yes
 No

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

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

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

Indicate Minimum Copayment amount per visit 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 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 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" and "Help", and a toolbar with navigation buttons: "Previous" (left arrow), "Next" (right arrow), "Exit (Validate)" (green checkmark), and "Exit (No Validate)" (red X). A "Go To:" dropdown menu is set to "VBID/UF/SSBCI 19B #7f Podiatry Services - Base 3".

The main content area contains the following sections:

- Is authorization required?** with radio buttons for "Yes" and "No".
- Is a referral required for Podiatrist Services?** with radio buttons for "Yes" and "No".
- Podiatry Services Notes** with a text area. The instructions state: "Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry." The text area is currently empty.

CY 2020 PBP Data Entry System Screens

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

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

File Help

Go To: VBID/UF/SSBCI 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 2020 PBP Data Entry System Screens

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

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

File Help

Go To: VBID/UF/SSBCI 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 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #10b Transportation Services – Base 1

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

File Help

Go To: VBID/UF/SSBCI 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
 Rideshare Services
 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
 Rideshare Services
 Bus/Subway
 Van
 Medical Transport
 Other, Describe

CY 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #10b Transportation Services – Base 2

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

File Help

Go To: VBID/UF/SSBCI 19B #10b Transportation Services - Base 2

Previous Next Exit (Validate) Exit (No Validate)

<p>Is there a service-specific Maximum Plan Benefit Coverage amount?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Indicate Maximum Plan Benefit Coverage amount: <input type="text"/></p> <p>Select Maximum Plan Benefit Coverage periodicity:</p> <p><input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe</p>	<p>Is there a service-specific Maximum Enrollee Out-of-Pocket Cost?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Indicate Maximum Enrollee Out-of-Pocket Cost amount: <input type="text"/></p> <p>Select Maximum Enrollee Out-of-Pocket Cost periodicity:</p> <p><input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe</p>	<p>Is there an enrollee Coinsurance?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Indicate Minimum Coinsurance percentage: <input type="text"/></p> <p>Indicate Maximum Coinsurance percentage: <input type="text"/></p> <p>Is there an enrollee Deductible?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Indicate Deductible Amount: <input type="text"/></p>
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CY 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #10b Transportation Services – Base 3

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

File Help

Go To: VBID/UF/SSBCI 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 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #13a Acupuncture – Base 1

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

File Help

Go To: VBID/UF/SSBCI 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

Select type of benefit for Number of Treatments:
 Mandatory
 Optional

Indicate Maximum Plan Benefit Coverage amount:

Indicate Maximum Enrollee Out-of-Pocket Cost amount:

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

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

Is this 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

Is your Acupuncture benefit combined with either the Chiropractor Services benefit or Alternative Therapies benefit, or both?
 Yes
 No

CY 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #13a Acupuncture – Base 2

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

File Help

Go To: VBID/UF/SSBCI 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 Copayment?
 Yes
 No
Indicate Minimum Copayment amount per treatment:

Indicate Maximum Copayment amount per treatment:

Is there an enrollee Deductible?
 Yes
 No
Indicate Deductible Amount:

Is authorization required?
 Yes
 No

Is a referral required for Acupuncture?
 Yes
 No

CY 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #13a Acupuncture – Base 3

The screenshot shows a web-based data entry application window. The title bar reads "PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000". The interface includes a menu bar with "File" and "Help". Below the menu is a navigation bar with four buttons: "Previous" (left arrow), "Next" (right arrow), "Exit (Validate)" (green checkmark), and "Exit (No Validate)" (red X). To the right of these buttons is a "Go To:" dropdown menu currently displaying "VBID/UF/SSBCI 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 is a large, empty text input field with a vertical scrollbar on the right side, labeled "Notes:".

CY 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #13b OTC Items – Base 1

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

File Help

Go To: VBID/UF/SSBCI 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:

Select 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:

Select Maximum Enrollee Out-of-Pocket Cost periodicity:

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

Are you offering Nicotine Replacement Therapy (NRT) as a Part C OTC benefit?

Yes
 No

Nicotine Replacement Therapy (NRT) Attestation:

The Nicotine Replacement Therapy (NRT) being offered does not duplicate any Part D OTC or formulary drugs.

CY 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #13b OTC Items – Base 2

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

File Help

Go To: VBID/UF/SSBCI 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 Copayment?
 Yes
 No
Indicate Minimum Copayment amount:

Indicate Maximum Copayment amount:

Is there an enrollee Deductible?
 Yes
 No
Indicate Deductible 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 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #13b OTC Items – Base 3

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

CY 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #13c Meal Benefit – Base 1

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

File Help

Go To: VBID/UF/SSBCI 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

How many days does your Meal Benefit last?

What is the maximum number of meals the benefit provides?

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

Indicate Maximum Plan Benefit Coverage amount:

Select 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 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 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #13c Meal Benefit – Base 2

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

File Help

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

Previous Next Exit (Validate) Exit (No Validate)

Is there an enrollee Coinsurance?
 Yes
 No
Indicate Minimum Coinsurance percentage:

Indicate Maximum Coinsurance percentage:

Is there an enrollee Copayment?
 Yes
 No
Indicate Minimum Copayment amount:

Indicate Maximum Copayment amount:

Is there an enrollee Deductible?
 Yes
 No
Indicate Deductible Amount:

Is authorization required?
 Yes
 No

Is a referral required for the Meal Benefit?
 Yes
 No

CY 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #13c Meal Benefit – 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" and "Help". Below the menu bar is a navigation toolbar with four buttons: "Previous" (left arrow), "Next" (right arrow), "Exit (Validate)" (green checkmark), and "Exit (No Validate)" (red X). To the right of these buttons is a "Go To:" dropdown menu currently displaying "VBID/UF/SSBCI 19B #13c Meal Benefit - Base 3".

The main content area is titled "Meal Benefit 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 text area labeled "Notes:" which is currently empty and has a vertical scrollbar on the right side.

CY 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #13d Other 1 – Base 1

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

File Help

Go To: VBID/UF/SSBCI 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 home health, 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:

Select Maximum Plan Benefit Coverage periodicity:

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

Indicate Maximum Enrollee Out-of-Pocket Cost amount:

Select Maximum Enrollee Out-of-Pocket Cost periodicity:

Mandatory
 Optional

Yes
 No

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

Yes
 No

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

CY 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #13d Other 1 – Base 2

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

File Help

Go To: VBID/UF/SSBCI 19B #13d Other 1 - 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>Indicate Minimum Coinsurance percentage: <input type="text"/></p> <p>Indicate Maximum Coinsurance percentage: <input type="text"/></p>	<p>Is there an enrollee Copayment?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Indicate Minimum Copayment amount: <input type="text"/></p> <p>Indicate Maximum Copayment amount: <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 Other Services?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>

CY 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #13d Other 1 – Base 3

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" and "Help", and a toolbar with "Previous", "Next", "Exit (Validate)", and "Exit (No Validate)" buttons. A "Go To:" dropdown menu is set to "VBID/UF/SSBCI 19B #13d Other 1 - Base 3". The main content area is titled "Other 1 Notes" and contains the instruction: "Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry." Below this is a large, empty text area labeled "Notes:" with a vertical scrollbar on the right side.

CY 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #13e Other 2 – Base 1

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

File Help

Go To: VBID/UF/SSBCI 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 home health, 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:

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

Indicate Maximum Plan Benefit Coverage amount:

Select Maximum Plan Benefit Coverage periodicity:

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

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

Yes
 No

Mandatory
 Optional

Yes
 No

CY 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #13e Other 2 – Base 2

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

File Help

Go To: VBID/UF/SSBCI 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 Copayment?
 Yes
 No
Indicate Minimum Copayment amount:

Indicate Maximum Copayment amount:

Is there an enrollee Deductible?
 Yes
 No
Indicate Deductible Amount:

Is authorization required?
 Yes
 No

Is a referral required for Other Services?
 Yes
 No

CY 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #13e Other 2 – Base 3

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" and "Help", and a toolbar with "Previous", "Next", "Exit (Validate)", and "Exit (No Validate)" buttons. A "Go To:" dropdown menu is set to "VBID/UF/SSBCI 19B #13e Other 2 - Base 3". The main content area is titled "Other 2 Notes" and contains the instruction: "Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry." Below this is a large, empty text area labeled "Notes:" with a vertical scrollbar on the right side.

CY 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #13f Other 3 – Base 1

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

File Help

Go To: VBID/UF/SSBCI 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 home health, 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:

Select Maximum Plan Benefit Coverage periodicity:

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

Indicate Maximum Enrollee Out-of-Pocket Cost amount:

Select Maximum Enrollee Out-of-Pocket Cost periodicity:

Mandatory
 Optional

Yes
 No

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

Yes
 No

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

CY 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #13f Other 3 – Base 2

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

File Help

Go To: VBID/UF/SSBCI 19B #13f Other 3 - 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>Indicate Minimum Coinsurance percentage: <input type="text"/></p> <p>Indicate Maximum Coinsurance percentage: <input type="text"/></p>	<p>Is there an enrollee Copayment?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Indicate Minimum Copayment amount: <input type="text"/></p> <p>Indicate Maximum Copayment amount: <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 Other Services?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>

CY 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #13f Other 3 – 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" and "Help". Below the menu bar is a navigation toolbar with four buttons: "Previous" (left arrow), "Next" (right arrow), "Exit (Validate)" (green checkmark), and "Exit (No Validate)" (red X). To the right of these buttons is a "Go To:" dropdown menu currently displaying "VBID/UF/SSBCI 19B #13f Other 3 - Base 3".

The main content area is titled "Other 3 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 text input field labeled "Notes:" which is currently empty.

CY 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #13i Non-Primarily Health Related Benefits for the Chronically Ill – Type

The screenshot shows a web application window titled "PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000". The interface includes a menu bar with "File" and "Help", and a toolbar with "Previous", "Next", "Exit (Validate)", and "Exit (No Validate)" buttons. A "Go To:" dropdown menu is set to "VBID/UF/SSBCI 19B #13i Non-Primarily Health Related Benefits for the Chronically Ill - T". The main content area contains the following text and list:

Select what type of benefit your Non-Primarily Health Related Benefits for the Chronically Ill includes:

- Food and Produce
- Home-Delivered Meals (beyond limited basis)
- Pest Control
- Transportation for Non-Medical Needs
- Other 1
- Other 2
- Other 3

CY 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #13i Food and Produce – Base 1

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

File Help

Go To: VBID/UF/SSBCI 19B #13i Food and Produce - Base 1

Previous Next Exit (Validate) Exit (No Validate)

CLICK FOR DESCRIPTION OF BENEFIT

Does the plan provide Food and Produce as a supplemental benefit under Part C?

Yes
 No

Select type of benefit for Food and Produce:

Mandatory
 Optional

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

Indicate Maximum Plan Benefit Coverage amount:

Indicate Maximum Enrollee Out-of-Pocket Cost amount:

Select Maximum Plan Benefit Coverage periodicity:

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

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 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #13i Food and Produce – Base 2

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

File Help

Go To: VBID/UF/SSBCI 19B #13i Food and Produce - Base 2

Previous Next Exit (Validate) Exit (No Validate)

Is there an enrollee Coinsurance?
 Yes
 No
Indicate Minimum Coinsurance percentage:

Indicate Maximum Coinsurance percentage:

Is there an enrollee Copayment?
 Yes
 No
Indicate Minimum Copayment amount:

Indicate Maximum Copayment amount:

Is there an enrollee Deductible?
 Yes
 No
Indicate Deductible Amount:

Is authorization required?
 Yes
 No

Is a referral required for Food and Produce?
 Yes
 No

CY 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #13i Food and Produce – 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" and "Help". Below the menu bar is a navigation toolbar with four buttons: "Previous" (left arrow), "Next" (right arrow), "Exit (Validate)" (green checkmark), and "Exit (No Validate)" (red X). To the right of these buttons is a "Go To:" dropdown menu currently displaying "VBID/UF/SSBCI 19B #13i Food and Produce - Base 3".

The main content area is titled "Food and Produce 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 text input field labeled "Notes:" which is currently empty and has a vertical scrollbar on its right side.

CY 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #13i Home-Delivered Meals (beyond limited basis) – Base 1

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

File Help

Go To: VBID/UF/SSBCI 19B #13i Home-Delivered Meals (beyond limited basis) - Base 1

Previous Next Exit (Validate) Exit (No Validate)

CLICK FOR DESCRIPTION OF BENEFIT

Does the plan provide a Home-Delivered Meals (beyond limited basis) as a supplemental benefit under Part C?

Yes
 No

Select type of benefit for Meals:

Mandatory
 Optional

How many days does your Home-Delivered Meals (beyond limited basis) last?

What is the maximum number of meals the benefit provides?

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

Yes
 No

Indicate Maximum Plan Benefit Coverage amount:

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 Maximum Enrollee Out-of-Pocket Cost periodicity:

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

CY 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #13i Home-Delivered Meals (beyond limited basis) – Base 2

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

File Help

Go To: VBID/UF/SSBCI 19B #13i Home-Delivered Meals (beyond limited basis) - 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>Indicate Minimum Coinsurance percentage: <input type="text"/></p> <p>Indicate Maximum Coinsurance percentage: <input type="text"/></p>	<p>Is there an enrollee Copayment?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Indicate Minimum Copayment amount: <input type="text"/></p> <p>Indicate Maximum Copayment amount: <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 the Home-Delivered Meals (beyond limited basis)?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>

CY 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #13i Home-Delivered Meals (beyond limited basis) – 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" and "Help", and a toolbar with "Previous", "Next", "Exit (Validate)", and "Exit (No Validate)" buttons. A "Go To:" dropdown menu is set to "VBID/UF/SSBCI 19B #13i Home-Delivered Meals (beyond limited basis) - Base 3". The main content area is titled "Home-Delivered Meals (beyond limited basis) Notes" and contains the instruction: "Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry." Below this is a large, empty text input field labeled "Notes:" with a vertical scrollbar on the right side.

CY 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #13i Pest Control – Base 1

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

File Help

Go To: VBID/UF/SSBCI 19B #13i Pest Control - Base 1

Previous Next Exit (Validate) Exit (No Validate)

CLICK FOR DESCRIPTION OF BENEFIT

Does the plan provide Pest Control as a supplemental benefit under Part C?

Yes
 No

Select type of benefit for Pest Control:

Mandatory
 Optional

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 Maximum Enrollee Out-of-Pocket Cost periodicity:

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

CY 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #13i Pest Control – Base 2

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

File Help

Go To: VBID/UF/SSBCI 19B #13i Pest Control - Base 2

Previous Next Exit (Validate) Exit (No Validate)

Is there an enrollee Coinsurance?
 Yes
 No
Indicate Minimum Coinsurance percentage:

Indicate Maximum Coinsurance percentage:

Is there an enrollee Copayment?
 Yes
 No
Indicate Minimum Copayment amount:

Indicate Maximum Copayment amount:

Is there an enrollee Deductible?
 Yes
 No
Indicate Deductible Amount:

Is authorization required?
 Yes
 No

Is a referral required for Pest Control?
 Yes
 No

CY 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #13i Pest Control – Base 3

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

File Help

Go To: VBID/UF/SSBCI 19B #13i Pest Control - Base 3

Previous Next Exit (Validate) Exit (No Validate)

Pest Control Notes

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

Notes:

CY 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #13i Transportation for Non-Medical Needs – Base 1

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

File Help

Go To: VBID/UF/SSBCI 19B #13i Transportation for Non-Medical Needs - Base 1

Previous Next Exit (Validate) Exit (No Validate)

CLICK FOR DESCRIPTION OF BENEFIT

Does the plan provide Transportation for Non-Medical Needs 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 Non-Medical Needs for Plan-approved Location:

One-way
 Round Trip
 Days
 Other, Describe

Indicate number of days for Plan-approved Location:

Select Mode of Transportation for Non-Medical Need for Plan-approved Location:

Taxi
 Bus/Subway
 Van
 Medical Transportation
 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 Non-Medical Needs 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 Non-Medical Needs for Any Health-related Location:

Taxi
 Bus/Subway
 Van
 Medical Transportation for Non-Medical Need
 Other, Describe

CY 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #13i Transportation for Non-Medical Needs – Base 2

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

File Help

Go To: VBID/UF/SSBCI 19B #13i Transportation for Non-Medical Needs - Base 2

Previous Next Exit (Validate) Exit (No Validate)

<p>Is there a service-specific Maximum Plan Benefit Coverage amount?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Indicate Maximum Plan Benefit Coverage amount: <input type="text"/></p> <p>Select Maximum Plan Benefit Coverage periodicity:</p> <p><input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe</p>	<p>Is there a service-specific Maximum Enrollee Out-of-Pocket Cost?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Indicate Maximum Enrollee Out-of-Pocket Cost amount: <input type="text"/></p> <p>Select Maximum Enrollee Out-of-Pocket Cost periodicity:</p> <p><input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe</p>	<p>Is there an enrollee Coinsurance?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Indicate Minimum Coinsurance percentage: <input type="text"/></p> <p>Indicate Maximum Coinsurance percentage: <input type="text"/></p> <p>Is there an enrollee Deductible?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Indicate Deductible Amount: <input type="text"/></p>
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CY 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #13i Transportation for Non-Medical Needs – Base 3

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

File Help

Go To: VBID/UF/SSBCI 19B #13i Transportation for Non-Medical Needs - 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 for Non-Medical Needs?

Yes
 No

Transportation for Non-Medical Needs Notes
Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry.

Notes:

CY 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #13i Other 1 Non-Primarily Health Related Benefit – Base 1

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

File Help

Go To: VBID/UF/SSBCI 19B #13i Other 1 Non-Primarily Health Related Benefit - 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:' 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 home health, 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:

Select type of benefit for Other 1:

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

Indicate Maximum Plan Benefit Coverage amount:

Select Maximum Plan Benefit Coverage periodicity:

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

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

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

CY 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #13i Other 1 Non-Primarily Health Related Benefit – Base 2

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

File Help

Go To: VBID/UF/SSBCI 19B #13i Other 1 Non-Primarily Health Related Benefit - 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>Indicate Minimum Coinsurance percentage: <input type="text"/></p> <p>Indicate Maximum Coinsurance percentage: <input type="text"/></p>	<p>Is there an enrollee Copayment?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Indicate Minimum Copayment amount: <input type="text"/></p> <p>Indicate Maximum Copayment amount: <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 Other Services?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>

CY 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #13i Other 1 Non-Primarily Health Related Benefit – Base 3

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" and "Help", and a toolbar with "Previous", "Next", "Exit (Validate)", and "Exit (No Validate)" buttons. A "Go To:" dropdown menu is set to "VBID/UF/SSBCI 19B #13i Other 1 Non-Primarily Health Related Benefit - Base 3". The main content area is titled "Other 1 Notes" and contains the instruction: "Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry." Below this is a large, empty text area labeled "Notes:" with a vertical scrollbar on the right side.

CY 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #13i Other 2 Non-Primarily Health Related Benefit – Base 1

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

File Help

Go To: VBID/UF/SSBCI 19B #13i Other 2 Non-Primarily Health Related Benefit - 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:' 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 home health, 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:

Select type of benefit for Other 2:

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

Indicate Maximum Plan Benefit Coverage amount:

Select Maximum Plan Benefit Coverage periodicity:

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

Indicate Maximum Enrollee Out-of-Pocket Cost amount:

Select Maximum Enrollee Out-of-Pocket Cost periodicity:

Mandatory
 Optional

Yes
 No

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

Yes
 No

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

CY 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #13i Other 2 Non-Primarily Health Related Benefit – Base 2

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

File Help

Go To: VBID/UF/SSBCI 19B #13i Other 2 Non-Primarily Health Related Benefit - Base 2

Previous Next Exit (Validate) Exit (No Validate)

Is there an enrollee Coinsurance?
 Yes
 No
Indicate Minimum Coinsurance percentage:

Indicate Maximum Coinsurance percentage:

Is there an enrollee Copayment?
 Yes
 No
Indicate Minimum Copayment amount:

Indicate Maximum Copayment amount:

Is there an enrollee Deductible?
 Yes
 No
Indicate Deductible Amount:

Is authorization required?
 Yes
 No

Is a referral required for Other Services?
 Yes
 No

CY 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #13i Other 2 Non-Primarily Health Related Benefit – Base 3

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" and "Help", and a toolbar with "Previous", "Next", "Exit (Validate)", and "Exit (No Validate)" buttons. A "Go To:" dropdown menu is set to "VBID/UF/SSBCI 19B #13i Other 2 Non-Primarily Health Related Benefit - Base 3". The main content area is titled "Other 2 Notes" and contains the instruction: "Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry." Below this is a large, empty text area labeled "Notes:" with a vertical scrollbar on the right side.

CY 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #13i Other 3 Non-Primarily Health Related Benefit – Base 1

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

File Help

Go To: VBID/UF/SSBCI 19B #13i Other 3 Non-Primarily Health Related Benefit - 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:' 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 home health, 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:

Select type of benefit for Other 3:

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

Indicate Maximum Plan Benefit Coverage amount:

Select Maximum Plan Benefit Coverage periodicity:

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

Indicate Maximum Enrollee Out-of-Pocket Cost amount:

Select Maximum Enrollee Out-of-Pocket Cost periodicity:

Mandatory
 Optional

Yes
 No

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

Yes
 No

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

CY 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #13i Other 3 Non-Primarily Health Related Benefit – Base 2

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

File Help

Go To: VBID/UF/SSBCI 19B #13i Other 3 Non-Primarily Health Related Benefit - 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>Indicate Minimum Coinsurance percentage: <input type="text"/></p> <p>Indicate Maximum Coinsurance percentage: <input type="text"/></p>	<p>Is there an enrollee Copayment?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Indicate Minimum Copayment amount: <input type="text"/></p> <p>Indicate Maximum Copayment amount: <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 Other Services?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>

CY 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #13i Other 3 Non-Primarily Health Related Benefit – Base 3

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" and "Help". Below the menu bar is a navigation toolbar with buttons for "Previous", "Next", "Exit (Validate)", and "Exit (No Validate)". A "Go To:" dropdown menu is set to "VBID/UF/SSBCI 19B #13i Other 3 Non-Primarily Health Related Benefit - Base 3". The main content area is titled "Other 3 Notes" and contains the instruction: "Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry." Below this instruction is a large, empty text input field labeled "Notes:" with a vertical scrollbar on the right side.

CY 2020 PBP Data Entry System Screens

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

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

File Help

Go To: VBID/UF/SSBCI 19B #14b Annual Physical Exam - Base 1

Previous Next Exit (Validate) Exit (No Validate)

CLICK FOR DESCRIPTION OF BENEFIT

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:

Indicate Maximum Enrollee Out-of-Pocket Cost?

Yes
 No

Indicate Maximum Enrollee Out-of-Pocket Cost amount:

CY 2020 PBP Data Entry System Screens

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

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

File Help

Go To: VBID/UF/SSBCI 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 2020 PBP Data Entry System Screens

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

The screenshot shows a web-based data entry application window. The title bar reads "PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000". The interface includes a menu bar with "File" and "Help". Below the menu is a navigation bar with "Previous" and "Next" buttons, "Exit (Validate)" and "Exit (No Validate)" buttons, and a "Go To:" dropdown menu currently set to "VBID/UF/SSBCI 19B #14b Annual Physical Exam - Base 3".

The main content area contains the following sections:

- Is authorization required?** with radio buttons for "Yes" and "No".
- Is a referral required for the Annual Physical Exam?** with radio buttons for "Yes" and "No".
- Annual Physical Exam Notes** with a text area. The text above the area reads: "Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry."
- Notes:** with a large, empty text area for additional notes.

CY 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #14c Other Defined Supplemental Benefits – Base 1

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

File Help

Go To: VBID/UF/SSBCI 19B #14c Other Defined Supplemental Benefits - Base 1

CLICK FOR DESCRIPTION OF BENEFIT

Does the plan provide Other Defined Supplemental Benefits as a benefit under Part C?

Yes
 No

Select enhanced benefit (Select all that apply):

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

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

Select type of benefit for Health Education:

Mandatory
 Optional

Select type of benefit for Nutritional/Dietary Benefit:

Mandatory
 Optional

Is this benefit unlimited for Nutritional/Dietary Benefit?

Yes
 No, indicate number

Indicate number of visits for Nutritional/Dietary Benefit:

Select type of benefit for Telemonitoring Services:

Mandatory
 Optional

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

Mandatory
 Optional

Select 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 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

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 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #14c Other Defined Supplemental Benefits – Base 2

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

File Help

Previous
Next
Exit (Validate)
Exit (No Validate)
Go To: VBID/UF/SSBCI 19B #14c Other Defined Supplemental Benefits - Base 2

<p>Select type of benefit for Personal Emergency Response System (PERS):</p> <input type="radio"/> Mandatory <input type="radio"/> Optional	<p>Select type of benefit for Re-admission Prevention:</p> <input type="radio"/> Mandatory <input type="radio"/> Optional	<p>Is your Alternative Therapies benefit combined with either the Chiropractor Services benefit or Acupuncture benefit, or both?</p> <input type="radio"/> Yes <input type="radio"/> No
<p>Select type of benefit for Medical Nutrition Therapy (MNT):</p> <input type="radio"/> Mandatory <input type="radio"/> Optional	<p>What does your Re-admission Prevention benefit include (check all that apply):</p> <input type="checkbox"/> Meals <input type="checkbox"/> Medication Reconciliation <input type="checkbox"/> In-Home Safety Assessment <input type="checkbox"/> Other, Describe	<p>Select type of benefit for Therapeutic Massage:</p> <input type="radio"/> Mandatory <input type="radio"/> Optional
<p>Do you offer Additional Sessions for Medicare-covered diseases?</p> <input type="radio"/> Yes <input type="radio"/> No	<p>Enter name of Service:</p> <input style="width: 100%;" type="text"/>	<p>Select type of benefit for Adult Day Health Services:</p> <input type="radio"/> Mandatory <input type="radio"/> Optional
<p>Indicate the limit for Additional Sessions:</p> <input type="radio"/> Visits <input type="radio"/> Hours	<p>Please describe the Meal benefit included in Re-admission Prevention:</p> <p>How many days does your Meal Benefit last?</p> <input style="width: 50px;" type="text"/>	<p>Select type of benefit for Home-Based Palliative Care:</p> <input type="radio"/> Mandatory <input type="radio"/> Optional
<p>Indicate numerical limit on the services provided for Additional Sessions:</p> <input style="width: 50px;" type="text"/>	<p>What is the maximum number of meals the benefit provides?</p> <input style="width: 50px;" type="text"/>	<p>Select type of benefit for In-Home Support Services:</p> <input type="radio"/> Mandatory <input type="radio"/> Optional
<p>Do you offer Coverage for Non-Medicare-covered diseases? (Specify the diseases and describe the coverage in the notes field)</p> <input type="radio"/> Yes <input type="radio"/> No	<p>Select type of benefit for Wigs for Hair Loss Related to Chemotherapy:</p> <input type="radio"/> Mandatory <input type="radio"/> Optional	<p>Select type of benefit for Support for Caregivers of Enrollees:</p> <input type="radio"/> Mandatory <input type="radio"/> Optional
<p>Indicate units a limit will be provided in for Coverage for Non-Medicare covered diseases:</p> <input type="radio"/> Visits <input type="radio"/> Hours	<p>Select type of benefit for Weight Management Programs:</p> <input type="radio"/> Mandatory <input type="radio"/> Optional	
<p>Indicate numerical limit on the services provided for Coverage for Non-Medicare covered diseases:</p> <input style="width: 50px;" type="text"/>	<p>Select type of benefit for Alternative Therapies:</p> <input type="radio"/> Mandatory <input type="radio"/> Optional	
<p>Select type of benefit for Post discharge In-Home Medication Reconciliation:</p> <input type="radio"/> Mandatory <input type="radio"/> Optional	<p>Is this benefit unlimited for Alternative Therapies?</p> <input type="radio"/> Yes <input type="radio"/> No, indicate number	
	<p>Indicate number of visits offered for Alternative Therapies:</p> <input style="width: 50px;" type="text"/>	

CY 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #14c Other Defined Supplemental Benefits – Base 3

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

File Help

Go To: VBID/UF/SSBCI 19B #14c Other Defined Supplemental Benefits - Base 3

Is there a service-specific Maximum Plan Benefit Coverage amount for Other Defined Supplemental Benefits?

Yes
 No

Select which Other Defined Supplemental Benefits 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/Phone-based tech)
- Bathroom Safety Devices
- Counseling Services
- In-Home Safety Assessment
- Personal Emergency Response System (PERS)
- Medical Nutrition Therapy (MNT)
- Post discharge In-Home Medication Reconciliation
- Re-admission Prevention
- Wigs for Hair Loss Related to Chemotherapy
- Weight Management Programs
- Alternative Therapies

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

Softgrams

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CY 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #14c Other Defined Supplemental Benefits – Base 4

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

File Help

Go To: VBID/UF/SSBCI 19B #14c Other Defined Supplemental Benefits - Base 4

Previous Next Exit (Validate) Exit (No Validate)

<p>Indicate Maximum Plan Benefit Coverage amount for Remote Access Technologies (including Web/Phone-based technologies and Nursing Hotline):</p> <input type="text"/>	<p>Indicate Maximum Plan Benefit Coverage amount for In-Home Safety Assessment:</p> <input type="text"/>	<p>Indicate Maximum Plan Benefit Coverage amount for Post discharge In-Home Medication Reconciliation:</p> <input type="text"/>
<p>Select Maximum Plan Benefit Coverage periodicity for Remote Access Technologies (including Web/Phone-based technologies and Nursing Hotline):</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 Plan Benefit Coverage periodicity for In-Home Safety Assessment:</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 Plan Benefit Coverage periodicity for Post discharge In-Home Medication Reconciliation:</p> <p><input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe</p>
<p>Indicate Maximum Plan Benefit Coverage amount for Bathroom Safety Devices:</p> <input type="text"/>	<p>Indicate Maximum Plan Benefit Coverage amount for Personal Emergency Response System (PERS):</p> <input type="text"/>	<p>Indicate Maximum Plan Benefit Coverage amount for Re-admission Prevention:</p> <input type="text"/>
<p>Select Maximum Plan Benefit Coverage periodicity for Bathroom Safety Devices:</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 Plan Benefit Coverage periodicity for Personal Emergency Response System (PERS):</p> <p><input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe</p>	<p>Select Maximum Plan Benefit Coverage periodicity for Re-admission Prevention:</p> <p><input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe</p>
<p>Indicate Maximum Plan Benefit Coverage amount for Counseling Services:</p> <input type="text"/>	<p>Indicate Maximum Plan Benefit Coverage amount for Medical Nutrition Therapy (MNT):</p> <input type="text"/>	<p>Indicate Maximum Plan Benefit Coverage amount for Wigs for Hair Loss Related to Chemotherapy:</p> <input type="text"/>
<p>Select Maximum Plan Benefit Coverage periodicity for Counseling Services:</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 Plan Benefit Coverage periodicity for Medical Nutrition Therapy (MNT):</p> <p><input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe</p>	<p>Select Maximum Plan Benefit Coverage periodicity for Wigs for Hair Loss Related to Chemotherapy:</p> <p><input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe</p>

CY 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #14c Other Defined Supplemental Benefits – Base 5

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

File Help

Go To: VBID/UF/SSBCI 19B #14c Other Defined Supplemental Benefits - Base 5

Previous Next Exit (Validate) Exit (No Validate)

<p>Indicate Maximum Plan Benefit Coverage amount for Weight Management Programs:</p> <input type="text"/>	<p>Indicate Maximum Plan Benefit Coverage amount for Adult Day Health Services:</p> <input type="text"/>	<p>Indicate Maximum Plan Benefit Coverage amount for Support for Caregivers of Enrollees:</p> <input type="text"/>
<p>Select Maximum Plan Benefit Coverage periodicity for Weight Management Programs:</p> <p><input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe</p>	<p>Select Maximum Plan Benefit Coverage periodicity for Adult Day Health Services:</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 Plan Benefit Coverage periodicity for Support for Caregivers of Enrollees:</p> <p><input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe</p>
<p>Indicate Maximum Plan Benefit Coverage amount for Alternative Therapies:</p> <input type="text"/>	<p>Indicate Maximum Plan Benefit Coverage amount for Home-Based Palliative Care:</p> <input type="text"/>	
<p>Select Maximum Plan Benefit Coverage periodicity for Alternative Therapies:</p> <p><input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe</p>	<p>Select Maximum Plan Benefit Coverage periodicity for Home-Based Palliative Care:</p> <p><input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe</p>	
<p>Indicate Maximum Plan Benefit Coverage amount for Therapeutic Massage:</p> <input type="text"/>	<p>Indicate Maximum Plan Benefit Coverage amount for In-Home Support Services:</p> <input type="text"/>	
<p>Select Maximum Plan Benefit Coverage periodicity for Therapeutic Massage:</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 Plan Benefit Coverage periodicity for In-Home Support Services:</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 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #14c Other Defined Supplemental Benefits – Base 6

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

File Help

Go To: VBID/UF/SSBCI 19B #14c Other Defined Supplemental Benefits - Base 6

Is there a service-specific Maximum Enrollee Out-of-Pocket Cost for Other Defined Supplemental Benefits?

Yes
 No

Select which Other Defined Supplemental Benefits have a Maximum Enrollee Out-of-Pocket Cost (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/Phone-based tech)
- Bathroom Safety Devices
- Counseling Services
- In-Home Safety Assessment
- Personal Emergency Response System (PERS)
- Medical Nutrition Therapy (MNT)
- Post discharge In-Home Medication Reconciliation
- Re-admission Prevention
- Wigs for Hair Loss Related to Chemotherapy
- Weight Management Programs
- Alternative Therapies

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 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #14c Other Defined Supplemental Benefits – Base 7

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

File Help

Go To: VBID/UF/SSBCI 19B #14c Other Defined Supplemental Benefits - Base 7

<p>Indicate Maximum Enrollee Out-of-Pocket Cost amount for Personal Emergency Response System (PERS):</p> <input style="width: 100%;" type="text"/>	<p>Indicate Maximum Enrollee Out-of-Pocket Cost amount for Re-admission Prevention:</p> <input style="width: 100%;" type="text"/>	<p>Indicate Maximum Enrollee Out-of-Pocket Cost amount for Alternative Therapies:</p> <input style="width: 100%;" type="text"/>
<p>Select the Maximum Enrollee Out-of-Pocket Cost periodicity for Personal Emergency Response System (PERS):</p> <div style="border: 1px solid gray; padding: 2px;"> <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 </div>	<p>Select the Maximum Enrollee Out-of-Pocket Cost periodicity for Re-admission Prevention:</p> <div style="border: 1px solid gray; padding: 2px;"> <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 </div>	<p>Select the Maximum Enrollee Out-of-Pocket Cost periodicity for Alternative Therapies:</p> <div style="border: 1px solid gray; padding: 2px;"> <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 </div>
<p>Indicate Maximum Enrollee Out-of-Pocket Cost amount for Medical Nutrition Therapy (MNT):</p> <input style="width: 100%;" type="text"/>	<p>Indicate Maximum Enrollee Out-of-Pocket Cost amount for Wigs for Hair Loss Related to Chemotherapy:</p> <input style="width: 100%;" type="text"/>	<p>Indicate Maximum Enrollee Out-of-Pocket Cost amount for Therapeutic Massage:</p> <input style="width: 100%;" type="text"/>
<p>Select the Maximum Enrollee Out-of-Pocket Cost periodicity for Medical Nutrition Therapy (MNT):</p> <div style="border: 1px solid gray; padding: 2px;"> <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 </div>	<p>Select the Maximum Enrollee Out-of-Pocket Cost periodicity for Wigs for Hair Loss Related to Chemotherapy:</p> <div style="border: 1px solid gray; padding: 2px;"> <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 </div>	<p>Select the Maximum Enrollee Out-of-Pocket Cost periodicity for Therapeutic Massage:</p> <div style="border: 1px solid gray; padding: 2px;"> <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 </div>
<p>Indicate Maximum Enrollee Out-of-Pocket Cost amount for Post discharge In-Home Medication Reconciliation:</p> <input style="width: 100%;" type="text"/>	<p>Indicate Maximum Enrollee Out-of-Pocket Cost amount for Weight Management Programs:</p> <input style="width: 100%;" type="text"/>	<p>Indicate Maximum Enrollee Out-of-Pocket Cost amount for Adult Day Health Services:</p> <input style="width: 100%;" type="text"/>
<p>Select the Maximum Enrollee Out-of-Pocket Cost periodicity for Post discharge In-Home Medication Reconciliation:</p> <div style="border: 1px solid gray; padding: 2px;"> <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 </div>	<p>Select the Maximum Enrollee Out-of-Pocket Cost periodicity for Weight Management Programs:</p> <div style="border: 1px solid gray; padding: 2px;"> <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 </div>	<p>Select the Maximum Enrollee Out-of-Pocket Cost periodicity for Adult Day Health Services:</p> <div style="border: 1px solid gray; padding: 2px;"> <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 </div>

CY 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #14c Other Defined Supplemental Benefits – Base 8

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

File Help

Go To: VBID/UF/SSBCI 19B #14c Other Defined Supplemental Benefits - Base 8

Previous Next Exit (Validate) Exit (No Validate)

Indicate Maximum Enrollee Out-of-Pocket Cost amount for Home-Based Palliative Care:

Select the Maximum Enrollee Out-of-Pocket Cost periodicity for Home-Based Palliative Care:

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 Support Services:

Select the Maximum Enrollee Out-of-Pocket Cost periodicity for In-Home Support 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 Support for Caregivers of Enrollees:

Select the Maximum Enrollee Out-of-Pocket Cost periodicity for Support for Caregivers of Enrollees:

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

CY 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #14c Other Defined Supplemental Benefits – Base 9

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

File Help

Go To: VBID/UF/SSBCI 19B #14c Other Defined Supplemental Benefits - Base 9

Is there an enrollee Coinsurance?

Yes
 No

Select which Other Defined Supplemental Benefits 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

<p>Indicate Minimum Coinsurance percentage for Health Education:</p> <input type="text"/>	<p>Indicate Minimum Coinsurance percentage for Fitness Benefit:</p> <input type="text"/>	<p>Indicate Minimum Coinsurance percentage for Counseling Services:</p> <input type="text"/>	<p>Indicate Minimum Coinsurance percentage for Wigs for Hair Loss Related to Chemotherapy:</p> <input type="text"/>
<p>Indicate Maximum Coinsurance percentage for Health Education:</p> <input type="text"/>	<p>Indicate Maximum Coinsurance percentage for Fitness Benefit:</p> <input type="text"/>	<p>Indicate Maximum Coinsurance percentage for Counseling Services:</p> <input type="text"/>	<p>Indicate Maximum Coinsurance percentage for Wigs for Hair Loss Related to Chemotherapy:</p> <input type="text"/>
<p>Indicate Minimum Coinsurance percentage for Nutritional/Dietary Benefit:</p> <input type="text"/>	<p>Indicate Minimum Coinsurance percentage for Enhanced Disease Management:</p> <input type="text"/>	<p>Indicate Minimum Coinsurance percentage for In-Home Safety Assessment:</p> <input type="text"/>	<p>Indicate Minimum Coinsurance percentage for Weight Management Programs:</p> <input type="text"/>
<p>Indicate Maximum Coinsurance percentage for Nutritional/Dietary Benefit:</p> <input type="text"/>	<p>Indicate Maximum Coinsurance percentage for Enhanced Disease Management:</p> <input type="text"/>	<p>Indicate Maximum Coinsurance percentage for In-Home Safety Assessment:</p> <input type="text"/>	<p>Indicate Maximum Coinsurance percentage for Weight Management Programs:</p> <input type="text"/>
<p>Indicate Minimum Coinsurance percentage for Additional Sessions of Smoking and Tobacco Cessation Counseling:</p> <input type="text"/>	<p>Indicate Minimum Coinsurance percentage for Telemonitoring Services:</p> <input type="text"/>	<p>Indicate Minimum Coinsurance percentage for Personal Emergency Response System (PERS):</p> <input type="text"/>	<p>Indicate Minimum Coinsurance percentage for Alternative Therapies:</p> <input type="text"/>
<p>Indicate Maximum Coinsurance percentage for Additional Sessions of Smoking and Tobacco Cessation Counseling:</p> <input type="text"/>	<p>Indicate Maximum Coinsurance percentage for Telemonitoring Services:</p> <input type="text"/>	<p>Indicate Maximum Coinsurance percentage for Personal Emergency Response System (PERS):</p> <input type="text"/>	<p>Indicate Maximum Coinsurance percentage for Alternative Therapies:</p> <input type="text"/>
<p>Indicate Minimum Coinsurance percentage for Remote Access Technologies (Web/Phone-based technologies):</p> <input type="text"/>	<p>Indicate Minimum Coinsurance percentage for Medical Nutrition Therapy (MNT):</p> <input type="text"/>	<p>Indicate Minimum Coinsurance percentage for Medical Nutrition Therapy (MNT):</p> <input type="text"/>	<p>Indicate Minimum Coinsurance percentage for Therapeutic Massage:</p> <input type="text"/>
<p>Indicate Maximum Coinsurance percentage for Remote Access Technologies (Web/Phone-based technologies):</p> <input type="text"/>	<p>Indicate Maximum Coinsurance percentage for Medical Nutrition Therapy (MNT):</p> <input type="text"/>	<p>Indicate Maximum Coinsurance percentage for Medical Nutrition Therapy (MNT):</p> <input type="text"/>	<p>Indicate Maximum Coinsurance percentage for Therapeutic Massage:</p> <input type="text"/>
<p>Indicate Minimum Coinsurance percentage for Remote Access Technologies (Nursing Hotline):</p> <input type="text"/>	<p>Indicate Minimum Coinsurance percentage for Post discharge In-Home Medication Reconciliation:</p> <input type="text"/>	<p>Indicate Minimum Coinsurance percentage for Post discharge In-Home Medication Reconciliation:</p> <input type="text"/>	<p>Indicate Minimum Coinsurance percentage for Adult Day Health Services:</p> <input type="text"/>
<p>Indicate Maximum Coinsurance percentage for Remote Access Technologies (Nursing Hotline):</p> <input type="text"/>	<p>Indicate Maximum Coinsurance percentage for Post discharge In-Home Medication Reconciliation:</p> <input type="text"/>	<p>Indicate Maximum Coinsurance percentage for Post discharge In-Home Medication Reconciliation:</p> <input type="text"/>	<p>Indicate Maximum Coinsurance percentage for Adult Day Health Services:</p> <input type="text"/>
<p>Indicate Minimum Coinsurance percentage for Bathroom Safety Devices:</p> <input type="text"/>	<p>Indicate Minimum Coinsurance percentage for Bathroom Safety Devices:</p> <input type="text"/>	<p>Indicate Minimum Coinsurance percentage for Re-admission Prevention:</p> <input type="text"/>	<p>Indicate Minimum Coinsurance percentage for Re-admission Prevention:</p> <input type="text"/>
<p>Indicate Maximum Coinsurance percentage for Bathroom Safety Devices:</p> <input type="text"/>	<p>Indicate Maximum Coinsurance percentage for Bathroom Safety Devices:</p> <input type="text"/>	<p>Indicate Maximum Coinsurance percentage for Re-admission Prevention:</p> <input type="text"/>	<p>Indicate Maximum Coinsurance percentage for Re-admission Prevention:</p> <input type="text"/>

CY 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #14c Other Defined Supplemental Benefits – Base 10

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

File Help

Previous Next Exit (Validate) Exit (No Validate) Go To: VBID/UF/SSBCI 19B #14c Other Defined Supplemental Benefits – Base 10

Indicate Minimum Coinsurance percentage for Home-Based Palliative Care:

Indicate Maximum Coinsurance percentage for Home-Based Palliative Care:

Indicate Minimum Coinsurance percentage for In-Home Support Services:

Indicate Maximum Coinsurance percentage for In-Home Support Services:

Indicate Minimum Coinsurance percentage for Support for Caregivers of Enrollees:

Indicate Maximum Coinsurance percentage for Support for Caregivers of Enrollees:

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.

CY 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #14c Other Defined Supplemental Benefits – Base 11

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

File Help

Go To: VBID/UF/SSBCI 19B #14c Other Defined Supplemental Benefits – Base 11

<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 Other Defined Supplemental Benefits have a Copayment (Select all that apply):</p> <div style="border: 1px solid gray; padding: 2px; min-height: 150px;"> <ul style="list-style-type: none"> 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/Phone-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 Alternative Therapies </div> <p>Indicate Minimum Copayment amount for Health Education: <input type="text"/></p> <p>Indicate Maximum Copayment amount for Health Education: <input type="text"/></p> <p>Indicate Minimum Copayment amount for Nutritional/Dietary Benef <input type="text"/></p> <p>Indicate Maximum Copayment amount for Nutritional/Dietary Bene <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 Remote Access Technologies (Web/Phone-based technologies): <input type="text"/></p> <p>Indicate Maximum Copayment amount for Remote Access Technologies (Web/Phone-based technologies): <input type="text"/></p> <p>Indicate Minimum Copayment amount for Remote Access Technologies (Nursing Hotline): <input type="text"/></p> <p>Indicate Maximum Copayment amount for Remote Access Technologies (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> <p>Indicate Minimum Copayment amount for Therapeutic Massage: <input type="text"/></p> <p>Indicate Maximum Copayment amount for Therapeutic Massage: <input type="text"/></p> <p>Indicate Minimum Copayment amount for Adult Day Health Services: <input type="text"/></p> <p>Indicate Maximum Copayment amount for Adult Day Health Services: <input type="text"/></p>
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CY 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #14c Other Defined Supplemental Benefits – Base 12

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

File Help

Go To: VBID/UF/SSBCI 19B #14c Other Defined Supplemental Benefits - Base 12

Previous Next Exit (Validate) Exit (No Validate)

Indicate Minimum Copayment amount for Home-Based Palliative Care:

Indicate Maximum Copayment amount for Home-Based Palliative Care:

Indicate Minimum Copayment amount for In-Home Support Services:

Indicate Maximum Copayment amount for In-Home Support Services:

Indicate Minimum Copayment amount for Support for Caregivers of Enrollees:

Indicate Maximum Copayment amount for Support for Caregivers of Enrollees:

CY 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #14c Other Defined Supplemental Benefits – Base 13

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

File Help

Go To: VBID/UF/SSBCI 19B #14c Other Defined Supplemental Benefits - Base 13

Previous Next Exit (Validate) Exit (No Validate)

Is authorization required?
 Yes
 No

Is a referral required for Other Defined Supplemental Benefits?
 Yes
 No

Other Defined Supplemental Benefits 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 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #14c Other Defined Supplemental Benefits – Base 14

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

File Help

Previous Next Exit (Validate) Exit (No Validate) Go To: VBID/UF/SSBCI 19B #14c Other Defined Supplemental Benefits - Base 14

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 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #14c Other Defined Supplemental Benefits – Base 15

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" and "Help", and a toolbar with "Previous", "Next", "Exit (Validate)", and "Exit (No Validate)" buttons. A "Go To:" dropdown menu is set to "VBID/UF/SSBCI 19B #14c Other Defined Supplemental Benefits - Base 15". The main area contains eight text input fields arranged in a 4x2 grid, each with a vertical scrollbar. The fields are labeled as follows:

- Re-admission Prevention Notes:
- Therapeutic Massage Notes:*
- Support for Caregivers of Enrollees Notes:*
- Wigs for Hair Loss Related to Chemotherapy Notes:
- Adult Day Health Services Notes:*
- Weight Management Notes:*
- Home-Based Palliative Care Notes:*
- Alternative Therapies Notes:*
- In-Home Support Services Notes:*

CY 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #16a Preventive Dental – Base 1

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

File Help

Go To: VBID/UF/SSBCI 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 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #16a Preventive Dental – Base 2

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

File Help

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

Previous Next Exit (Validate) Exit (No Validate)

Select type of benefit for Dental X-Rays:

Mandatory

Optional

Is this benefit unlimited for Dental X-Rays?

Yes

No, indicate number

Indicate number of visits for Dental X-Rays:

Select the Dental X-Rays periodicity:

Every three years

Every two years

Every year

Every six months

Every three months

Other, Describe

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

Yes

No

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

In-network services only

Both In-network and Out-of-network services

Indicate Maximum Plan Benefit Coverage amount:

Select the Maximum Plan Benefit Coverage periodicity:

Every three years

Every two years

Every year

Every six months

Every three months

Other, Describe

CY 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #16a Preventive Dental – Base 3

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

File Help

Go To: VBID/UF/SSBCI 19B #16a Preventive Dental - Base 3

Previous Next Exit (Validate) Exit (No Validate)

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

Indicate Maximum Enrollee Out-of-Pocket Cost amount:

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

Is there an enrollee Coinsurance?
 Yes
 No

Select which Preventive Dental Services have a Coinsurance (Select all that apply):
 Oral Exams
 Prophylaxis (Cleaning)
 Fluoride Treatment
 Dental X-Rays

Is there a combination of services included in a single cost per Office Visit?
 Yes
 No

Select which combination of services are included in a single cost per Office Visit:
 Oral Exams
 Prophylaxis (Cleaning)
 Fluoride Treatment
 Dental X-Rays

Indicate Minimum Coinsurance percentage for Office Visits:

Indicate Maximum Coinsurance percentage for Office Visits:

Indicate Minimum Coinsurance percentage for Oral Exams:

Indicate Maximum Coinsurance percentage for Oral Exams:

Indicate Minimum Coinsurance percentage for Prophylaxis (Cleaning):

Indicate Maximum Coinsurance percentage for Prophylaxis (Cleaning):

Indicate Minimum Coinsurance percentage for Fluoride Treatment:

Indicate Maximum Coinsurance percentage for Fluoride Treatment:

Indicate Minimum Coinsurance percentage for Dental X-Rays:

Indicate Maximum Coinsurance percentage for Dental X-Rays:

CY 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #16a Preventive Dental – Base 4

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

File Help

Go To: VBID/UF/SSBCI 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 Minimum Copayment amount for Office Visit:

Indicate Maximum 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 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #16a Preventive Dental – Base 5

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

File Help

Go To: VBID/UF/SSBCI 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 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #16b Comprehensive Dental – Base 1

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

File Help

Go To: VBID/UF/SSBCI 19B #16b Comprehensive Dental - Base 1

Previous Next Exit (Validate) Exit (No Validate)

CLICK FOR DESCRIPTION OF BENEFIT

Even if you do not offer enhanced benefits, you must complete this section for your Medicare-covered Benefits.

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

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

CY 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #16b Comprehensive Dental – Base 2

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

File Help

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

Previous Next Exit (Validate) Exit (No Validate)

<p>Select type of benefit for Endodontics:</p> <p><input type="radio"/> Mandatory</p> <p><input type="radio"/> Optional</p>	<p>Select type of benefit for Periodontics:</p> <p><input type="radio"/> Mandatory</p> <p><input type="radio"/> Optional</p>	<p>Select type of benefit for Extractions:</p> <p><input type="radio"/> Mandatory</p> <p><input type="radio"/> Optional</p>	<p>Select type of benefit for Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services:</p> <p><input type="radio"/> Mandatory</p> <p><input type="radio"/> Optional</p>
<p>Is this benefit unlimited for Endodontics?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No, indicate number</p>	<p>Is this benefit unlimited for Periodontics?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No, indicate number</p>	<p>Is this benefit unlimited for Extractions?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No, indicate number</p>	<p>Is this benefit unlimited for Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services?</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No, indicate number</p>
<p>Indicate number of visits for Endodontics:</p> <p><input type="text"/></p>	<p>Indicate number of visits for Periodontics:</p> <p><input type="text"/></p>	<p>Indicate number of visits for Extractions:</p> <p><input type="text"/></p>	<p>Indicate number of visits for Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services:</p> <p><input type="text"/></p>
<p>Select the Endodontics periodicity:</p> <p><input type="radio"/> Every three years</p> <p><input type="radio"/> Every two years</p> <p><input type="radio"/> Every year</p> <p><input type="radio"/> Every six months</p> <p><input type="radio"/> Every three months</p> <p><input type="radio"/> Other, Describe</p>	<p>Select the Periodontics periodicity:</p> <p><input type="radio"/> Every three years</p> <p><input type="radio"/> Every two years</p> <p><input type="radio"/> Every year</p> <p><input type="radio"/> Every six months</p> <p><input type="radio"/> Every three months</p> <p><input type="radio"/> Other, Describe</p>	<p>Select the Extractions periodicity:</p> <p><input type="radio"/> Every three years</p> <p><input type="radio"/> Every two years</p> <p><input type="radio"/> Every year</p> <p><input type="radio"/> Every six months</p> <p><input type="radio"/> Every three months</p> <p><input type="radio"/> Other, Describe</p>	<p>Select the Prosthodontics/Other Oral/Maxillofacial Surgery/Other Services periodicity:</p> <p><input type="radio"/> Every three years</p> <p><input type="radio"/> Every two years</p> <p><input type="radio"/> Every year</p> <p><input type="radio"/> Every six months</p> <p><input type="radio"/> Every three months</p> <p><input type="radio"/> Other, Describe</p>

CY 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #16b Comprehensive Dental – Base 3

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

File Help

Go To: VBID/UF/SSBCI 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 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #16b Comprehensive Dental – Base 4

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

File Help

◀ Previous
Next ▶
✔ Exit (Validate)
✖ Exit (No Validate)
Go To: VBID/UF/SSBCI 19B #16b Comprehensive Dental - Base 4

Is there an enrollee Coinsurance?

Yes
 No

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

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

Is there an enrollee Deductible?

Yes
 No

Indicate Deductible Amount:

	Minimum Coinsurance	Maximum Coinsurance
Medicare-covered Benefits	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>
Non-routine Services	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>
Diagnostic Services	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>
Restorative Services	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>
Endodontics	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>
Periodontics	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>
Extractions	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>
Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services:	<input style="width: 40px;" type="text"/>	<input style="width: 40px;" type="text"/>

CY 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #16b Comprehensive Dental – Base 5

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

File Help

Go To: VBID/UF/SSBCI 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 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #16b Comprehensive Dental – Base 6

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

File Help

Go To: VBID/UF/SSBCI 19B #16b Comprehensive Dental - Base 6

Previous Next Exit (Validate) Exit (No Validate)

Is authorization required?

Yes
 No

Is a referral required for Comprehensive Dental Services?

Yes
 No

Comprehensive Dental Services Notes

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

Notes:

CY 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #17a Eye Exams – Base 1

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

File Help

Go To: VBID/UF/SSBCI 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 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #17a Eye Exams – Base 2

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

File Help

Go To: VBID/UF/SSBCI 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 2020 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

Go To: VBID/UF/SSBCI 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 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #17b Eyewear – Base 1

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

File Help

Go To: VBID/UF/SSBCI 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 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #17b Eyewear – Base 2

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

File Help

Go To: VBID/UF/SSBCI 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 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #17b Eyewear – Base 3

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

File Help

Go To: VBID/UF/SSBCI 19B #17b Eyewear - Base 3

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

Yes
 No

Select the Maximum Plan Benefit Coverage type:

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

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

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

Do you offer a Combined Max Plan Benefit Coverage Amount for all Eyewear?

Yes
 No

Indicate Combined Maximum Plan Benefit Coverage amount:

Select the Combined Maximum Plan Benefit Coverage periodicity:

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

Select the type of Eyewear with Individual Max Plan Benefit Coverage amount:

Contact lenses
 Eyeglasses (lenses and frames)
 Eyeglass lenses
 Eyeglass frames
 Upgrades

Indicate Max Plan Benefit Coverage amount for Contact lenses:

Select the Individual Maximum Plan Benefit Coverage periodicity for Contact lenses:

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

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

Select the Individual Maximum Plan Benefit Coverage periodicity for Eyeglasses (lenses and frames):

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

Indicate Max Plan Benefit Coverage amount for Eyeglass lenses:

Select the Individual Maximum Plan Benefit Coverage periodicity for Eyeglass lenses:

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

Indicate Max Plan Benefit Coverage amount for Eyeglass frames:

Select the Individual Maximum Plan Benefit Coverage periodicity for Eyeglass frames:

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

Indicate Max Plan Benefit Coverage amount for Upgrades:

Select the Individual Maximum Plan Benefit Coverage periodicity for Upgrades:

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

CY 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #17b Eyewear – Base 4

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

File Help

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

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 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 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #17b Eyewear – Base 5

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

File Help

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

Previous Next Exit (Validate) Exit (No Validate)

Is there an enrollee Deductible?
 Yes
 No

Indicate Deductible Amount:

Indicate Minimum Copayment amount for Contact lenses:

Indicate Maximum Copayment amount for Contact lenses:

Indicate Minimum Copayment amount for Eyeglass frames:

Indicate Maximum Copayment amount for Eyeglass frames:

Is there an enrollee Copayment?
 Yes
 No

Select which Eyewear Benefits have a Copayment (Select all that apply):
 Medicare-covered Benefits
 Contact lenses
 Eyeglasses (lenses and frames)
 Eyeglass lenses
 Eyeglass frames
 Upgrades

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

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

Indicate Minimum Copayment amount for Upgrades:

Indicate Maximum Copayment amount for Upgrades:

Indicate Minimum Copayment amount for Eyeglass lenses:

Indicate Maximum Copayment amount for Eyeglass lenses:

Indicate Minimum Copayment amount for Medicare-covered Benefits:

Indicate Maximum Copayment amount for Medicare-covered Benefits:

CY 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #17b Eyewear – Base 6

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

File Help

Go To: VBID/UF/SSBCI 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 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #18a Hearing Exams – Base 1

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

File Help

Go To: VBID/UF/SSBCI 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 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #18a Hearing Exams – Base 2

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

File Help

Go To: VBID/UF/SSBCI 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 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #18a Hearing Exams – Base 3

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

File Help

Go To: VBID/UF/SSBCI 19B #18a Hearing Exams - Base 3

Previous Next Exit (Validate) Exit (No Validate)

Is there an enrollee Copayment?

Yes
 No

Is authorization required?

Yes
 No

Select which Hearing Exam Benefits have a Copayment (Select all that apply):

Medicare-covered Benefits
 Routine Hearing Exams
 Fitting/Evaluation for Hearing Aid

Is a referral required for Hearing Exams?

Yes
 No

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:

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

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

CY 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #18a Hearing Exams – Base 4

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" and "Help". Below the menu bar is a navigation toolbar with four buttons: "Previous" (left arrow), "Next" (right arrow), "Exit (Validate)" (green checkmark), and "Exit (No Validate)" (red X). To the right of the toolbar is a "Go To:" dropdown menu with the text "VBID/UF/SSBCI 19B #18a Hearing Exams - Base 4".

The main content area is titled "Hearing Exams 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 input area labeled "Notes:" with a large empty rectangular box and a vertical scrollbar on the right side.

CY 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #18b Hearing Aids – Base 1

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

File Help

Go To: VBID/UF/SSBCI 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

Hearing Aids (all types)	Hearing Aids - Inner Ear	Hearing Aids - Outer Ear
Select type of benefit for Hearing Aids (all types): <input type="radio"/> Mandatory <input type="radio"/> Optional	Select type of benefit for Hearing Aids - Inner Ear: <input type="radio"/> Mandatory <input type="radio"/> Optional	Select type of benefit for Hearing Aids - Outer Ear: <input type="radio"/> Mandatory <input type="radio"/> Optional
Is this benefit unlimited for Hearing Aids (all types)? <input type="radio"/> Yes <input type="radio"/> No, indicate number	Is this benefit unlimited for Hearing Aids - Inner Ear? <input type="radio"/> Yes <input type="radio"/> No, indicate number	Is this benefit unlimited for Hearing Aids - Outer Ear? <input type="radio"/> Yes <input type="radio"/> No, indicate number
Indicate quantity for Hearing Aids (all types): <input type="text"/>	Indicate quantity for Hearing Aids - Inner Ear: <input type="text"/>	Indicate quantity for Hearing Aids - Outer Ear: <input type="text"/>
Select Hearing Aids (all types) 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 Hearing Aids - Inner Ear 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 Hearing Aids - Outer Ear 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 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #18b Hearing Aids – Base 2

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

File Help

Go To: VBID/UF/SSBCI 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

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

Yes

No

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

CY 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #18b Hearing Aids – Base 3

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

File Help

Go To: VBID/UF/SSBCI 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

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

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

Indicate Maximum Enrollee Out-of-Pocket Cost amount:

Select Maximum Enrollee Out-of-Pocket Cost periodicity:

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

Is there an enrollee Coinsurance?

Yes
 No

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

Hearing Aids - Inner Ear
 Hearing Aids - Outer Ear
 Hearing Aids - Over the Ear

Indicate Minimum Coinsurance percentage for Hearing Aids (all types):

Indicate Maximum Coinsurance percentage for Hearing Aids (all types):

Indicate Minimum Coinsurance percentage for Hearing Aids - Inner Ear:

Indicate Maximum Coinsurance percentage for Hearing Aids - Inner Ear:

Indicate Minimum Coinsurance percentage for Hearing Aids - Outer Ear:

Indicate Maximum Coinsurance percentage for Hearing Aids - Outer Ear:

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

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

CY 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #18b Hearing Aids – Base 4

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

File Help

Go To: VBID/UF/SSBCI 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 - 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 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 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #18b Hearing Aids – Base 5

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

File Help

Go To: VBID/UF/SSBCI 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: