

CY 2021 PBP Data Entry System Screens

#19 VBI/MA Uniformity Flexibility/SSBCI

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

File Help

Go To: #19 VBI/MA Uniformity Flexibility/SSBCI

Previous Next Exit (Validate) Exit (No Validate)

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

The Bipartisan Budget Act of 2018 (Public Law No. 115-123) amended section 1852(a) of the Act to expand the supplemental benefits that may be offered by Medicare Advantage organizations.

MA plans may offer "Special Supplemental Benefits for the Chronically Ill (SSBCI)," such as reduced cost sharing and additional benefits (including non-primarily health related benefits), to chronically ill enrollees if the item or service has a reasonable expectation of improving the chronic disease or maintaining the health or overall function of the enrollee as it relates to the chronic disease. MA plans may vary, or target supplemental benefits offered to the chronically ill by using objective criteria as it relates to the individual enrollee's specific medical condition and needs. When entering SSBCI benefits, plans should include all reduced cost sharing benefits for the chronically ill in a single SSBCI package in section 19a. Plans should similarly include all additional benefits (including non-primarily health related benefits) in a single SSBCI package in section 19b.

Do you offer Special Supplemental Benefits for the Chronically Ill?

Yes
 No

Select what type of benefit your SSBCI includes:

Reduced Cost Sharing
 Additional Benefits

The VBI 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 VBI 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 VBI model is conducted by the CMS Innovation Center. The questions below only apply to plans authorized to participate in the VBI model by written notice from the CMS Innovation Center.

Are you offering a VBI Hospice Benefit?

Yes
 No

Are you offering Part C benefits under the VBI model? (VBI Part D Rewards and Incentives programs should be entered in Section Rx)

Yes
 No

In addition to wellness and health care planning, what other interventions have you been approved by CMMI to offer?

Value-Based Design Flexibilities by Condition or Socioeconomic Status
 Medicare Advantage Rewards and Incentives Programs

Value-Based Insurance Design Attestation

I attest that

1) the benefits entered comply with CMS requirements for benefits offered in the VBI model;

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 VBI model, 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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#19 VBID Wellness and Health Care Planning

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VBID Model Participants are required to offer Wellness and Health Care Planning (WHP) to all enrollees in its VBID Model PBPs. Please outline the core components of your WHP program below.

Describe how your organization offers Wellness and Health Care Planning Services, including Advance Care Planning.

WHP Program Type (choose one or more):

- Annual Wellness Visit
- Medicare Health Risk Assessment
- Care Management Program
- In-home Assessments
- Other Program

Specify Other Program:

WHP Mode of Engagement (choose one or more):

- Telephonic
- In-Person
- Web-Based

Does your organization offer Part C Rewards or Incentives for beneficiaries for the offer of WHP Services?

Yes
 No

Type of Part C Reward or Incentive:

- Debit Card
- Gift Card
- Item
- Other

Reward or Incentive Notes:

Part C Reward or Incentive amount(s):

Frequency of Reward or Incentive Eligibility:

- Every Year
- Every Six Months
- Every Three Months
- One-Time
- Other, Describe

Other Description:

Does your organization offer provider incentives for offering or engaging beneficiaries in WHP activities?

Yes
 No

Program Connectedness: Please check the way that advance care plans and/or advance directives are connected from your program to access points of care.

- Electronic Health Records/Electronic Medical Records
- Provider/Patient portals
- Health Information Exchanges
- Data Warehouses
- Other

Expected Number of Beneficiaries to be Engaged Annually:

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#19 VBID Part C Rewards and Incentives # 1

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File Help

Go To: #19 VBID Part C Rewards and Incentives #1

Previous Next Exit (Validate) Exit (No Validate)

How many packages of Part C Rewards and Incentives are you offering?

1
 2
 3

Type of Part C Reward or Incentive:

Debit Card
 Gift Card
 Item
 Other

Part C Reward or Incentive Notes:

Part C Reward or Incentive amount(s):

Frequency of Reward or Incentive Eligibility:

Every Year
 Every Six Months
 Every Three Months
 One-Time
 Other, Describe

Other Description:

Eligibility Criteria:

Maximum Annual Part C Rewards and Incentives Available:

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#19 VBID Part C Rewards and Incentives # 2

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

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Go To: #19 VBID Part C Rewards and Incentives #2

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Part C Rewards and Incentives - Package #2

Type of Part C Reward or Incentive:

- Debit Card
- Gift Card
- Item
- Other

Part C Reward or Incentive Notes:

Part C Reward or Incentive amount(s):

Frequency of Reward or Incentive Eligibility:

- Every Year
- Every Six Months
- Every Three Months
- One-Time
- Other, Describe

Other Description:

Eligibility Criteria:

Maximum Annual Part C Rewards and Incentives Available:

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#19 VBID Part C Rewards and Incentives # 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 "#19 VBID Part C Rewards and Incentives #3".

The main content area is titled "Part C Rewards and Incentives - Package #3" and contains the following fields:

- Type of Part C Reward or Incentive:** A list of checkboxes for "Debit Card", "Gift Card", "Item", and "Other".
- Part C Reward or Incentive Notes:** A text input field.
- Part C Reward or Incentive amount(s):** A text input field.
- Frequency of Reward or Incentive Eligibility:** A group of radio buttons for "Every Year", "Every Six Months", "Every Three Months", "One-Time", and "Other, Describe".
- Other Description:** A text input field.
- Eligibility Criteria:** A large text area with a vertical scrollbar.
- Maximum Annual Part C Rewards and Incentives Available:** A text input field.

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#19a Reduction in Costs VBI/UF/SSBCI

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Go To: #19a Reduction in Costs VBI/UF/SSBCI

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[CLICK FOR DESCRIPTION OF BENEFIT](#)

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

Yes
 No

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

When entering the VBI/MA Uniformity Flexibility/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 VBI/MA Uniformity Flexibility benefit packages, create a separate package for each unique benefit offering, or combination of benefit offerings. VBI/MA Uniformity Flexibility packages may be targeted to single or multiple clinical condition groups. When entering an SSBCI benefit package, include all reduced cost sharing SSBCI benefits in a single package in section B19a and all additional SSBCI benefits in a single package in B19b.

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

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 - Package Type

Previous Next Exit (Validate) Exit (No Validate)

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 VBI/UF/SSBCI – Target Population: VBI

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File Help

Go To: #19a Reduced Cost Sharing for VBI/UF/SSBCI - Base 1 (Package Info)

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 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/Post-Stabilization Services
- 4b: Urgently Needed Services
- 5: Partial Hospitalization
- 6: Home Health Services
- 7a: Primary Care Physician Services
- 7b: Chiropractic Services
- 7c: Occupational Therapy Services
- 7d: Physician Specialist Services
- 7e1: Individual Sessions for Mental Health Specialty Services
- 7e2: Group Sessions for Mental Health Specialty Services
- 7f: Podiatry Services
- 7g: Other Health Care Professional
- 7h1: Individual Sessions for Psychiatric Services
- 7h2: Group Sessions for Psychiatric Services
- 7i: Physical Therapy and Speech-Language Pathology Services
- 7k: Opioid Treatment Program 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 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 Health-related 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: Home and Bathroom Safety Devices and Modifications
- 14c9: Counseling Services
- 14c10: In-Home Safety Assessment
- 14c11: Personal Emergency Response System (PERS)
- 14c12: Medical Nutrition Therapy (MNT)

Does your VBI/DMA Uniformity Flexibility/SSBCI 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 VBID/UF/SSBCI – Disease States: UF

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Go To: #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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Go To: #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.

CY 2020 PBP Data Entry System Screens

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

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Go To: #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 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/Post-Stabilization Services
- 4b: Urgently Needed Services
- 5: Partial Hospitalization
- 6: Home Health Services
- 7a: Primary Care Physician Services
- 7b: Chiropractic Services
- 7c: Occupational Therapy Services
- 7d: Physician Specialist Services
- 7e1: Individual Sessions for Mental Health Specialty Services
- 7e2: Group Sessions for Mental Health Specialty Services
- 7f: Podiatry Services
- 7g: Other Health Care Professional
- 7h1: Individual Sessions for Psychiatric Services
- 7h2: Group Sessions for Psychiatric Services
- 7i: Physical Therapy and Speech-Language Pathology Services
- 7k: Opioid Treatment Program 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 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 Health-related 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: Home and Bathroom Safety Devices and Modifications
- 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/SSBCI 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 VBID/UF/SSBCI – Base 2 (OON/POS/Plan-level Deductible)

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Go To: #19a Reduced Cost Sharing 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 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/Post-Stabilization Services
- 4b: Urgently Needed Services
- 5: Partial Hospitalization
- 6: Home Health Services
- 7a: Primary Care Physician Services
- 7b: Chiropractic Services
- 7c: Occupational Therapy Services
- 7d: Physician Specialist Services
- 7e1: Individual Sessions for Mental Health Specialty Services
- 7e2: Group Sessions for Mental Health Specialty Services
- 7f: Podiatry Services
- 7g: Other Health Care Professional
- 7h1: Individual Sessions for Psychiatric Services
- 7h2: Group Sessions for Psychiatric Services
- 7i: Physical Therapy and Speech-Language Pathology Services
- 7k: Opioid Treatment Program 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
- 10a2: Air 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 Health-related 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: Home and Bathroom Safety Devices and Modifications
- 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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Go To: #19a Reduced Cost Sharing for VBI/UF/SSBCI - Base 3 (Reduced Coinsurance)

Previous Next Exit (Validate) Exit (No Validate)

Do you offer reduced Coinsurance?

Yes
 No

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

Medicare-covered benefits
 Non-Medicare-covered benefits

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

- 3-1: Cardiac Rehabilitation Services
- 3-2: Intensive Cardiac Rehabilitation Services
- 3-3: Pulmonary Rehabilitation Services
- 3-4: SET for PAD Services
- 4a: Emergency/Post-Stabilization Services
- 4b: Urgently Needed Services
- 5: Partial Hospitalization
- 6: Home Health Services
- 7a: Primary Care Physician Services
- 7b: Chiropractic Services
- 7c: Occupational Therapy Services
- 7d: Physician Specialist Services
- 7e1: Individual Sessions for Mental Health Specialty Services
- 7e2: Group Sessions for Mental Health Specialty Services
- 7f: Podiatry Services
- 7g: Other Health Care Professional
- 7h1: Individual Sessions for Psychiatric Services
- 7h2: Group Sessions for Psychiatric Services
- 7i: Physical Therapy and Speech-Language Pathology Services
- 7k: Opioid Treatment Program 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
- 10a2: Air 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 Health-related 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: Home and Bathroom Safety Devices and Modifications
- 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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✖ Exit (No Validate)

Go To: #19a Reduced Cost Sharing for VBID/UF/SSBCI - Base 4 (Reduced Coinsurance)

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/Post-Stabilization Services	<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"/>	Opioid Treatment Program Services	<input type="text"/>	<input type="text"/>
Home Health Services	<input type="text"/>	<input type="text"/>	Diagnostic Procedures/Tests	<input type="text"/>	<input type="text"/>
Primary Care Physician Services	<input type="text"/>	<input type="text"/>	Lab Services	<input type="text"/>	<input type="text"/>
Chiropractic Services	<input type="text"/>	<input type="text"/>	Diagnostic Radiological Services	<input type="text"/>	<input type="text"/>
Occupational Therapy Services	<input type="text"/>	<input type="text"/>	Therapeutic Radiological Services	<input type="text"/>	<input type="text"/>
Physician Specialist Services	<input type="text"/>	<input type="text"/>	Outpatient X-Ray Services	<input type="text"/>	<input type="text"/>
Individual Sessions for Mental Health Specialty Services	<input type="text"/>	<input type="text"/>			

CY 2020 PBP Data Entry System Screens

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

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 5 (Reduced Coinsurance)

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/Radiation 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 6 (Reduced Coinsurance)

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 6 (Reduced Coinsurance)

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 Health-related 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"/>	Home and Bathroom Safety Devices and Modifications	<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"/>			

CY 2020 PBP Data Entry System Screens

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

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

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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

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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

7k: Opioid Treatment Program 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

13c: Meal Benefit

Indicate deductible for one or more of the following services

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

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

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"/>	Home and Bathroom Safety Devices and Modifications	<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 VBI/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 VBI/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/Post-Stabilization Services
- 4b: Urgently Needed Services
- 5: Partial Hospitalization
- 6: Home Health Services
- 7a: Primary Care Physician Services
- 7b: Chiropractic Services
- 7c: Occupational Therapy Services
- 7d: Physician Specialist Services
- 7e1: Individual Sessions for Mental Health Specialty Services
- 7e2: Group Sessions for Mental Health Specialty Services
- 7f: Podiatry Services
- 7g: Other Health Care Professional
- 7h1: Individual Sessions for Psychiatric Services
- 7h2: Group Sessions for Psychiatric Services
- 7i: Physical Therapy and Speech-Language Pathology Services
- 7k: Opioid Treatment Program 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
- 10a2: Air 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 Health-related 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: Home and Bathroom Safety Devices and Modifications
- 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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✔ Exit (Validate)
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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/Post-Stabilization Services	<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"/>	Opioid Treatment Program Services	<input type="text"/>	<input type="text"/>
Home Health Services	<input type="text"/>	<input type="text"/>	Diagnostic Procedures/Tests	<input type="text"/>	<input type="text"/>
Primary Care Physician Services	<input type="text"/>	<input type="text"/>	Lab Services	<input type="text"/>	<input type="text"/>
Chiropractic Services	<input type="text"/>	<input type="text"/>	Diagnostic Radiological Services	<input type="text"/>	<input type="text"/>
Occupational Therapy Services	<input type="text"/>	<input type="text"/>	Therapeutic Radiological Services	<input type="text"/>	<input type="text"/>
Physician Specialist Services	<input type="text"/>	<input type="text"/>	Outpatient X-Ray Services	<input type="text"/>	<input type="text"/>
Individual Sessions for Mental Health Specialty Services	<input type="text"/>	<input type="text"/>			

CY 2020 PBP Data Entry System Screens

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

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

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Exit (No Validate)

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 Health-related 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"/>	Home and Bathroom Safety Devices and Modifications	<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"/>			

CY 2020 PBP Data Entry System Screens

#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

File Help

Go To: #19a Reduced Cost Sharing for VBID/UF/SSBCI - Base 15 (Reduced Specialist Coinsu

Previous
Next
Exit (Validate)
Exit (No Validate)

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"/>			

CY 2020 PBP Data Entry System Screens

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

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Next
Exit (Validate)
Exit (No Validate)

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

File Help

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Exit (Validate)
Exit (No Validate)

Go To: #19a Reduced Cost Sharing for VBID/UF/SSBCI - Base 17 (Reduced Specialist Copay)

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 VBI/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 VBI/UF/SSBCI - Base 18 (Retroactive Reimbursement)

Previous Next Exit (Validate) Exit (No Validate)

Are you offering retroactive reimbursement?
 Yes
 No

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

Are all services for which cost sharing is reduced retroactively reimbursed?
 Yes
 No

Specify the maximum aggregate amount of reduced cost sharing:

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

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

- 1a: Inpatient Hospital-Acute
- 1b: Inpatient Hospital Psychiatric
- 2: Skilled Nursing Facility (SNF)
- 3-1: Cardiac Rehabilitation Services
- 3-2: Intensive Cardiac Rehabilitation Services
- 3-3: Pulmonary Rehabilitation Services
- 3-4: SET for PAD Services
- 4a: Emergency/Post-Stabilization Services
- 4b: Urgently Needed Services
- 5: Partial Hospitalization
- 6: Home Health Services
- 7a: Primary Care Physician Services
- 7b: Chiropractic Services
- 7c: Occupational Therapy Services
- 7d: Physician Specialist Services
- 7e1: Individual Sessions for Mental Health Specialty Services
- 7e2: Group Sessions for Mental Health Specialty Services
- 7f: Podiatry Services
- 7g: Other Health Care Professional
- 7h1: Individual Sessions for Psychiatric Services
- 7h2: Group Sessions for Psychiatric Services
- 7i: Physical Therapy and Speech-Language Pathology Services
- 7k: Opioid Treatment Program 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

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 Health-related 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: Home and Bathroom Safety Devices and Modifications
- 14c9: Counseling Services
- 14c10: In-Home Safety Assessment
- 14c11: Personal Emergency Response System (PERS)
- 14c12: Medical Nutrition Therapy (MNT)

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

Previous Next Exit (Validate) Exit (No Validate) Go To: #19a Reduced Cost Sharing for VBID/UF/SSBCI - Notes

Please briefly describe how the VBID/MA Uniformity Flexibility/SSBCI benefit is administered to Beneficiaries.

Notes:

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

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

[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 Flexibility/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 benefit packages, create a separate package for each unique benefit offering, or combination of benefit offerings. VBID/MA Uniformity Flexibility packages may be targeted to single or multiple clinical condition groups. When entering an SSBCI benefit package, include all reduced cost sharing SSBCI benefits in a single package in section B19a and all additional SSBCI benefits in a single package in B19b.

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

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

Previous Next Exit (Validate) Exit (No Validate)

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 – Target Population: 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 - Target Population: VBID

Previous Next Exit (Validate) Exit (No Validate)

Targeting Methodology - Please choose one or both:
 Chronic Condition(s)
 Socioeconomic Status

Estimated Enrollees to be Targeted and Engaged to Receive Model Benefits

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

Expected Number of Enrollees to be Targeted:

Expected Number of Enrollees to be engaged and receive Model benefits:

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.

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

Select LIS reduction level:
 LIS Level 1
 LIS Level 2
 LIS Level 3
 LIS Level 4
 Dual-Eligible Status (for territories)

CY 2020 PBP Data Entry System Screens

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

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: 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/SSBCI 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

Previous Next Exit (Validate) Exit (No Validate) Go To: #19b Additional Benefits for VBID/UF/SSBCI - Base 1 (Package Info)

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 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
- 13i-O: Non-Primarily Health Related Benefits for the Chronically Ill (Other)
- 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)

Previous Next Exit (Validate) Exit (No Validate)

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

Yes

No

Are any benefits exempt from the plan-level deductible?

Yes

No

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

- 1a: Inpatient Hospital-Acute
- 1b: Inpatient Hospital Psychiatric
- 2: Skilled Nursing Facility (SNF)
- 3: Cardiac and Pulmonary Rehabilitation Services
- 4c: Worldwide Emergency/Urgent Coverage
- 7b: Chiropractic Services
- 7f: Podiatry Services
- 9d: Outpatient Blood Services
- 10b: Transportation Services
- 13a: Acupuncture
- 13b: Over-the-Counter (OTC) Items
- 13c: Meal Benefit
- 13d: Other 1
- 13e: Other 2
- 13f: Other 3
- 13i: Non-Primarily Health Related Benefits for the Chronically Ill
- 13i-O: Non-Primarily Health Related Benefits for the Chronically Ill (Other)
- 14b: Annual Physical Exam
- 14c: Other Defined Supplemental Benefits
- 16a: Preventive Dental
- 16b: Comprehensive Dental
- 17a: Eye Exams
- 17b: Eyewear

CY 2020 PBP Data Entry System Screens

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

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

File Help

Go To: #19b Additional Benefits for VBD/UF/SSBCI - Base 3 (Retroactive Reimbursement)

Previous Next Exit (Validate) Exit (No Validate)

Are you offering retroactive reimbursement?
 Yes
 No

Is there a maximum benefit amount?
 Yes
 No

Are all services for which cost sharing is reduced retroactively reimbursed?
 Yes
 No

Specify the maximum benefit amount:

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 Health-related 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
- 13i: Non-Primarily Health Related Benefits for the Chronically Ill
- 13i-O: Non-Primarily Health Related Benefits for the Chronically Ill (Other)
- 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

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

Previous Next Exit (Validate) Exit (No Validate)

Please briefly describe how the VBID/MA Uniformity Flexibility/SSBCI benefit is administered to Beneficiaries.

Notes:

CY 2020 PBP Data Entry System Screens

#19c VBID Hospice- Base 1

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

File Help

Go To: #19c VBID Hospice- Base 1

◀ Previous
Next ▶
✓ Exit (Validate)
✗ Exit (No Validate)

CLICK FOR DESCRIPTION OF BENEFIT

Beneficiary liability for coinsurance for hospice care - Under original Medicare, the beneficiary is responsible for coinsurance for drugs and biologicals when the beneficiary is not an inpatient and when the beneficiary chooses respite care. Current coinsurance is as follows: (1) Drugs and biologicals furnished by the hospice when the beneficiary is not an inpatient is equal to approximately 5 percent of the cost of the drug or biological to the hospice, not to exceed \$5.00 per prescription; and (2) Coinsurance for each respite care day is equal to 5% of the payment made by CMS for a respite care day. The amount of the beneficiary's coinsurance liability for respite care during a hospice coinsurance period may not exceed the inpatient hospital deductible applicable for the year in which the hospice coinsurance period began. MAOs may set their coinsurance levels up to the original Medicare levels.

In-Network Hospice Benefits

<p>Cost Sharing for prescription drugs and biologicals in hospice:</p> <p>Is there an enrollee Coinsurance?</p> <div style="border: 1px solid gray; padding: 2px;"> <input type="radio"/> Yes <input type="radio"/> No </div> <p>Indicate the Minimum Coinsurance percentage for Medicare covered Benefits for prescription drugs and biologicals:</p> <div style="border: 1px solid gray; width: 100px; height: 20px; margin-bottom: 5px;"></div> <p>Indicate the Maximum Coinsurance percentage for Medicare covered Benefits for prescription drugs and biologicals:</p> <div style="border: 1px solid gray; width: 100px; height: 20px; margin-bottom: 5px;"></div> <p>Indicate the maximum per drug amount</p> <div style="border: 1px solid gray; width: 100px; height: 20px; margin-bottom: 5px;"></div> <p>Is there an enrollee Copayment?</p> <div style="border: 1px solid gray; padding: 2px;"> <input type="radio"/> Yes <input type="radio"/> No </div> <p>Indicate the Minimum Copayment amount per prescription for Medicare covered Benefits for prescription drugs and biologicals:</p> <div style="border: 1px solid gray; width: 100px; height: 20px; margin-bottom: 5px;"></div> <p>Indicate the Maximum Copayment amount per prescription for Medicare covered Benefits for prescription drugs and biologicals:</p> <div style="border: 1px solid gray; width: 100px; height: 20px; margin-bottom: 5px;"></div>	<p>Cost Sharing for a respite care day:</p> <p>Is there an enrollee Coinsurance?</p> <div style="border: 1px solid gray; padding: 2px;"> <input type="radio"/> Yes <input type="radio"/> No </div> <p>Indicate the Minimum Coinsurance percentage for Medicare covered Benefits for a respite care day:</p> <div style="border: 1px solid gray; width: 100px; height: 20px; margin-bottom: 5px;"></div> <p>Indicate the Maximum Coinsurance percentage for Medicare covered Benefits for a respite care day:</p> <div style="border: 1px solid gray; width: 100px; height: 20px; margin-bottom: 5px;"></div> <p>Indicate the maximum per day amount</p> <div style="border: 1px solid gray; width: 100px; height: 20px; margin-bottom: 5px;"></div> <p>Is there an enrollee Copayment?</p> <div style="border: 1px solid gray; padding: 2px;"> <input type="radio"/> Yes <input type="radio"/> No </div> <p>Indicate the Minimum Copayment amount per day for Medicare covered Benefits for a respite care day:</p> <div style="border: 1px solid gray; width: 100px; height: 20px; margin-bottom: 5px;"></div> <p>Indicate the Maximum Copayment amount per day for Medicare covered Benefits for a respite care day:</p> <div style="border: 1px solid gray; width: 100px; height: 20px; margin-bottom: 5px;"></div>
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CY 2020 PBP Data Entry System Screens

#19c VBID Hospice- Base 2

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

File Help

Go To: #19c VBID Hospice- Base 2

Previous Next Exit (Validate) Exit (No Validate)

Out-of-Network Hospice Benefits

Cost Sharing for prescription drugs and biologics in hospice:

Is there an enrollee Coinsurance?

Yes
 No

Indicate the Minimum Coinsurance percentage for Medicare covered Benefits for prescription drugs and biologics:

Indicate the Maximum Coinsurance percentage for Medicare covered Benefits for prescription drugs and biologics:

Indicate the maximum per drug amount

Is there an enrollee Copayment?

Yes
 No

Indicate the Minimum Copayment amount per prescription for Medicare covered Benefits for prescription drugs and biologics:

Indicate the Maximum Copayment amount per prescription for Medicare covered Benefits for prescription drugs and biologics:

Cost Sharing for a respite care day:

Is there an enrollee Coinsurance?

Yes
 No

Indicate the Minimum Coinsurance percentage for Medicare covered Benefits for a respite care day:

Indicate the Maximum Coinsurance percentage for Medicare covered Benefits for a respite care day:

Indicate the maximum per day amount

Is there an enrollee Copayment?

Yes
 No

Indicate the Minimum Copayment amount per day for Medicare covered Benefits for a respite care day:

Indicate the Maximum Copayment amount per day for Medicare covered Benefits for a respite care day:

CY 2020 PBP Data Entry System Screens

#19c VBID Hospice- Base 3

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

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Go To: #19c VBID Hospice- Base 3

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Hospice Supplemental Benefits

Mandatory supplemental benefits for enrollees that elect hospice?

Yes
 No

Enter the Maximum plan benefit amount:

Are hospice supplemental benefits contingent upon receiving services from an in-network provider?

Yes
 No

Indicate the type(s) of supplemental benefits offered (Select all that apply):

Yes
 No

Coverage of primarily and non-primarily health related items to ameliorate the functional/psychological impact of hospice enrollees' health conditions and reduce avoidable emergency and healthcare utilization.

Home and bathroom safety devices/modifications

Over-the-counter (OTC) benefits

Support for caregivers of enrollees

Meals

Transportation

Other

Describe item:

Reduced cost sharing for unrelated medical care services received during hospice election

Yes
 No

Other mandatory supplemental benefits

Yes
 No

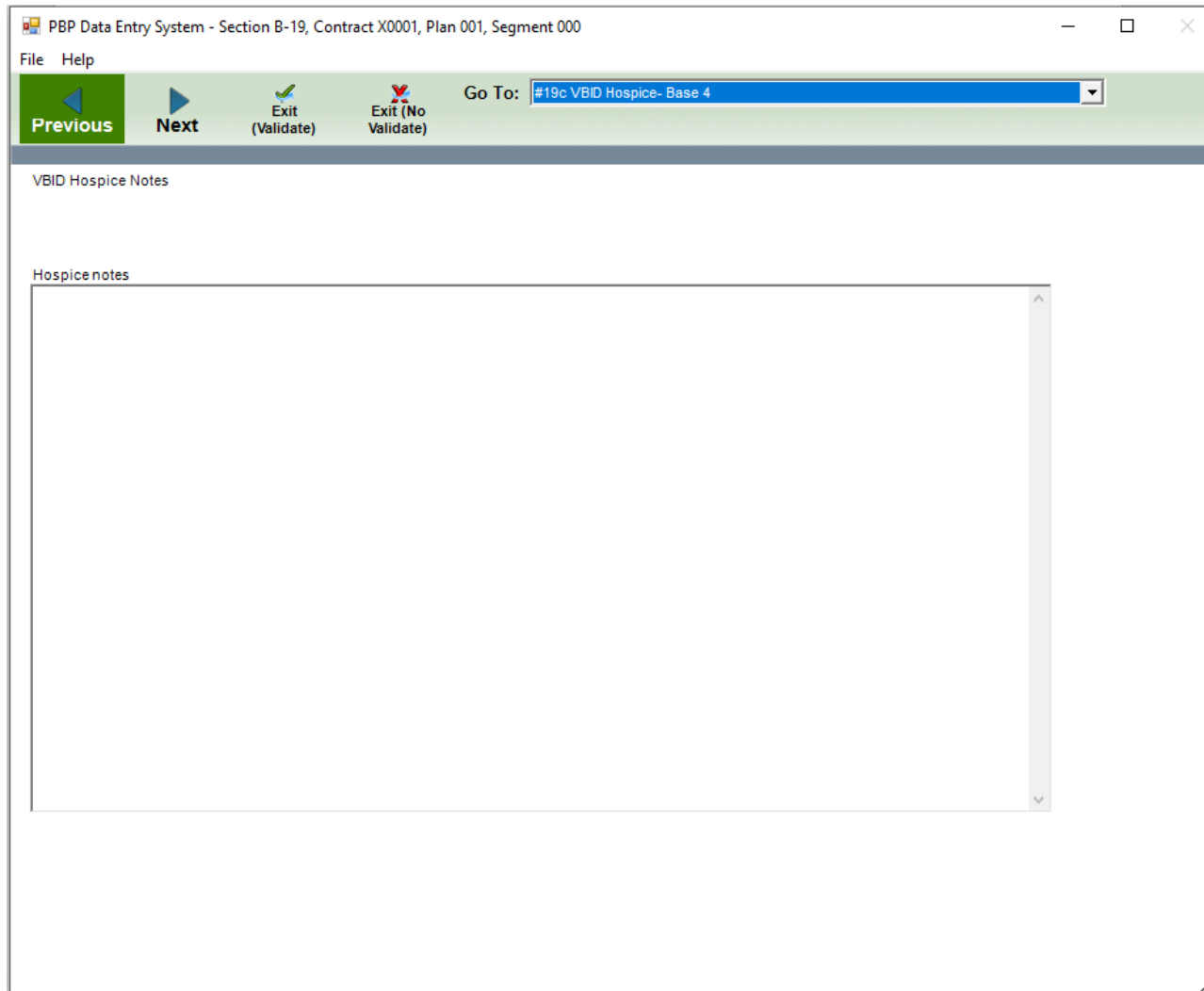
Describe other mandatory supplemental benefits:

Temporary coverage of room and board in a residential facility as determined by a beneficiary's need for custodial and activities of daily living care without a caregiver or other residence to discharge to.

Yes
 No

CY 2020 PBP Data Entry System Screens

#19c VBID Hospice- Base 4



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VBID/UF/SSBCI 19A #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

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

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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 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"/>

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VBID/UF/SSBCI 19A #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"/>

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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"/>

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VBID/UF/SSBCI 19A #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:

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VBID/UF/SSBCI 19A #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

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

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

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

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

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

Yes
 No

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

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

Zero (No Coinsurance per Day)
 One
 Two
 Three

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

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

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

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

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

Yes
 No

Indicate Coinsurance percentage for Upgrades:

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

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If you do not have a service-specific deductible for this benefit but offer a plan-specific deductible, then enter the plan deductible in Section D.
MA Organizations are not permitted to tier deductibles.

Is there an enrollee Deductible?

Yes
 No

Indicate Deductible Amount for Tier 1:

Indicate Deductible Amount for Tier 2:

Indicate Deductible Amount for Tier 3:

Is there an enrollee Copayment?

Yes
 No

Medicare-covered Copayment Cost Sharing for Tier 1:

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

Yes
 No

Indicate Copayment amount for the Medicare-covered stay:

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

Zero (No Copayment per Day)
 One
 Two
 Three

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

Copayment Amt Interval 1	Begin Day Interval 1:	End Day Interval 1:
<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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Medicare-covered Copayment Cost Sharing for Tier 2:
Do you charge the Medicare-defined cost shares? (These are the total charges for all services provided to the enrollee in the inpatient facility.)
 Yes
 No
Indicate Copayment amount for the Medicare-covered stay:

Indicate the number of day intervals for the Medicare-covered stay:
 Zero (No Copayment per Day)
 One
 Two
 Three
Indicate the copayment amount and day interval(s) for the Medicare-covered stay (e.g., 1 to 30; 31 to 90): For more information on cost share limitations please view the variable help.

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

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

Indicate the number of day intervals for the Medicare-covered stay:
 Zero (No Copayment per Day)
 One
 Two
 Three
Indicate the copayment amount and day interval(s) for the Medicare-covered stay (e.g., 1 to 30; 31 to 90): For more information on cost share limitations please view the variable help.

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

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VBID/UF/SSBCI 19A #1a Inpatient Hospital-Acute – 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																																																																																										
<p style="font-size: x-small; margin: 0;">Indicate the number of day intervals for the Medicare-covered Lifetime Reserve Days:</p> <div style="border: 1px solid #ccc; padding: 5px; margin: 5px 0;"> <input type="radio"/> Zero (No Copayment per Day) <input type="radio"/> One <input type="radio"/> Two <input type="radio"/> Three </div> <p style="font-size: x-small; margin: 0;">Indicate the copayment amount and day interval(s) for the 60 Medicare-covered Lifetime Reserve Days (i.e., 1 - 60):</p> <table style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 15%; text-align: center;">Interval Days</th> <th style="width: 15%;"></th> <th style="width: 15%;"></th> <th style="width: 15%;"></th> <th style="width: 15%;"></th> </tr> <tr> <th></th> <th style="text-align: center;">Copay Amount</th> <th style="text-align: center;">Begin Day</th> <th style="text-align: center;">End Day</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>Interval 1:</td> <td style="border: 1px solid #ccc; 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<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 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:

CY 2020 PBP Data Entry System Screens

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

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 3

Previous Next Exit (Validate) Exit (No Validate)

Medicare-covered Coinsurance Cost Sharing for Tier 2: Do you charge the Medicare-defined cost shares? (These are the total charges for all services provided to the enrollee in the inpatient facility.)

Yes
 No

Indicate Coinsurance percentage for the Medicare-covered stay:

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

Zero (No Coinsurance per Day)
 One
 Two
 Three

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

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

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

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

Medicare-covered Coinsurance Cost Sharing for Tier 3: Do you charge the Medicare-defined cost shares? (These are the total charges for all services provided to the enrollee in the inpatient facility.)

Yes
 No

Indicate Coinsurance percentage for the Medicare-covered stay:

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

Zero (No Coinsurance per Day)
 One
 Two
 Three

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

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

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

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

CY 2020 PBP Data Entry System Screens

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

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

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

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

Medicare-covered Lifetime Reserve Days Tier 1	Medicare-covered Lifetime Reserve Days Tier 2	Medicare-covered Lifetime Reserve Days Tier 3																																																																																										
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CY 2020 PBP Data Entry System Screens

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

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 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 19A #1b Inpatient Hospital Psychiatric – Base 6

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

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

Previous Next Exit (Validate) Exit (No Validate)

Additional Days Coinsurance Cost Sharing for Tier 3:

Indicate the number of day intervals for Additional Days:

Zero (No Coinsurance per Day)
 One
 Two
 Three

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

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

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

Yes
 No

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

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

Zero (No Coinsurance per Day)
 One
 Two
 Three

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

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

CY 2020 PBP Data Entry System Screens

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

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If you do not have a service-specific deductible for this benefit but offer a plan-specific deductible, then enter the plan deductible in Section D.
MA Organizations are not permitted to tier deductibles.

Is there an enrollee Deductible?

Yes
 No

Indicate Deductible Amount for Tier 1:

Indicate Deductible Amount for Tier 2:

Indicate Deductible Amount for Tier 3:

Is there an enrollee Copayment?

Yes
 No

Medicare-covered Copayment Cost Sharing for Tier 1:

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

Yes
 No

Indicate Copayment amount for the Medicare-covered stay:

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

Zero (No Copayment per Day)
 One
 Two
 Three

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

Copayment Amt Interval	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 #1b Inpatient Hospital Psychiatric – Base 8

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000
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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> <input type="radio"/> Yes <input type="radio"/> No	<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> <input type="radio"/> Yes <input type="radio"/> No																																				
<p>Indicate Copayment amount for the Medicare-covered stay:</p> <input style="width: 100%;" type="text"/>	<p>Indicate Copayment amount for the Medicare-covered stay:</p> <input style="width: 100%;" type="text"/>																																				
<p>Indicate the number of day intervals for the Medicare-covered stay:</p> <input type="radio"/> Zero (No Copayment per Day) <input type="radio"/> One <input type="radio"/> Two <input type="radio"/> Three	<p>Indicate the number of day intervals for the Medicare-covered stay:</p> <input type="radio"/> Zero (No Copayment per Day) <input type="radio"/> One <input type="radio"/> Two <input type="radio"/> Three																																				
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Copayment Amt Interval 1	Begin Day Interval 1:	End Day Interval 1:																																			
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CY 2020 PBP Data Entry System Screens

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

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

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Medicare-covered Lifetime Reserve Days Tier 1

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

Zero (No Copayment per Day)
 One
 Two
 Three

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

	Interval Days		
	Copay Amount	Begin Day	End Day
Interval 1:	<input style="width: 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"/>

Medicare-covered Lifetime Reserve Days Tier 2

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

Zero (No Copayment per Day)
 One
 Two
 Three

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

	Interval Days		
	Copay Amount	Begin Day	End Day
Interval 1:	<input style="width: 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"/>

Medicare-covered Lifetime Reserve Days Tier 3

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

Zero (No Copayment per Day)
 One
 Two
 Three

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

	Interval Days		
	Copay Amount	Begin Day	End Day
Interval 1:	<input style="width: 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

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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:
<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

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

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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:

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VBID/UF/SSBCI 19A #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 19A #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

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VBID/UF/SSBCI 19A #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 19A #2 SNF - Base 2

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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

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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"/>

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

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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:

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VBID/UF/SSBCI 19A #2 SNF – Base 5

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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:

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VBID/UF/SSBCI 19A #2 SNF – Base 6

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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"/>

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VBID/UF/SSBCI 19A #2 SNF – Base 7

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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:
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 toolbar with navigation buttons: "Previous", "Next", "Exit (Validate)", and "Exit (No Validate)". 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?**
 - 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 #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? <input type="radio"/> Yes <input type="radio"/> No	Is there a service-specific Maximum Plan Benefit Coverage amount? <input type="radio"/> Yes <input type="radio"/> No	Is there a service-specific Maximum Enrollee Out-of-Pocket Cost? <input type="radio"/> Yes <input type="radio"/> No
Select enhanced benefit: <input type="checkbox"/> Number of Treatments	Indicate Maximum Plan Benefit Coverage amount: <input type="text"/>	Indicate Maximum Enrollee Out-of-Pocket Cost amount: <input type="text"/>
Select type of benefit for Number of Treatments: <input type="radio"/> Mandatory <input type="radio"/> Optional	Select Maximum Plan Benefit Coverage periodicity: <input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe	Select Maximum Enrollee Out-of-Pocket Cost periodicity: <input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe
Is this benefit unlimited for Number of Treatments? <input type="radio"/> Yes <input type="radio"/> No		
Indicate limit for Number of Treatments: <input type="text"/>		
Indicate Number of Treatments periodicity: <input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe	Is your Acupuncture benefit combined with either the Chiropractor Services benefit or Alternative Therapies benefit, or both? <input type="radio"/> Yes <input type="radio"/> 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 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 #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 box labeled "Notes:" with a vertical scrollbar on the right side.

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

Indicate Maximum Enrollee Out-of-Pocket Cost amount:

How many days does your Meal Benefit last?

What is the maximum number of meals the benefit provides?

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

Indicate Maximum Plan Benefit Coverage amount:

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

CY 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

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 3

Previous Next Exit (Validate) Exit (No Validate)

Meal Benefit Notes

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

Notes:

[Empty text input area]

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:

CY 2020 PBP Data Entry System Screens

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

The screenshot shows a web-based data entry application window titled "PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000". The interface includes a menu bar with "File" and "Help", and a navigation bar with buttons for "Previous", "Next", "Exit (Validate)", and "Exit (No Validate)". A "Go To:" dropdown menu is set to "VBID/UF/SSBCI 19B #13d Other 1 - Base 2".

The main form area contains the following questions and input fields:

- 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 #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". 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 #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 instruction is a "Notes:" label followed by a large, empty text input field 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:
 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 #13e Other 2 – Base 2

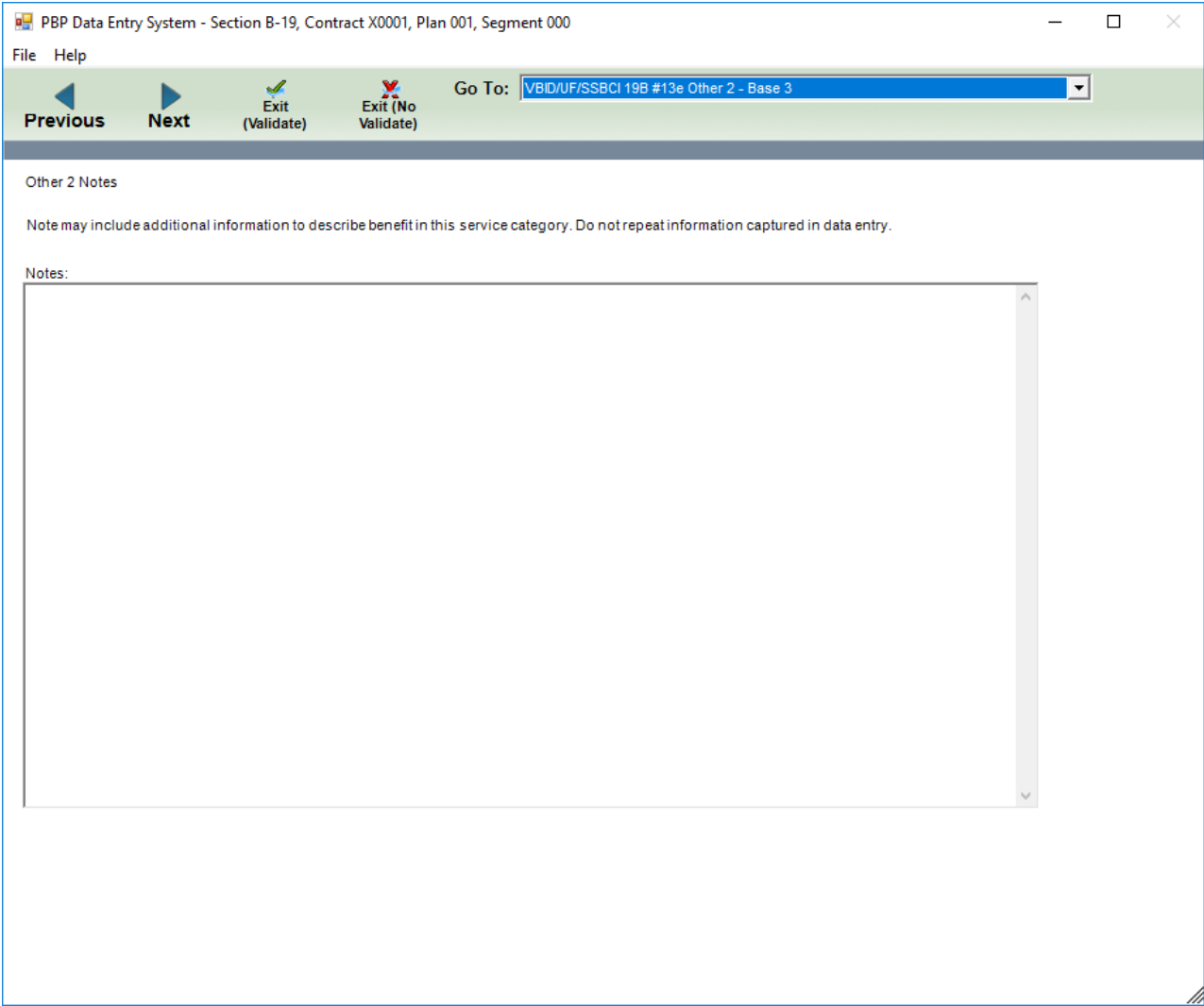
The screenshot displays a software window titled "PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000". The interface includes a menu bar with "File" and "Help", and a toolbar with navigation buttons: "Previous", "Next", "Exit (Validate)", and "Exit (No Validate)". A "Go To:" dropdown menu is set to "VBID/UF/SSBCI 19B #13e Other 2 - Base 2".

The main form area contains several sections of questions and input fields:

- Is there an enrollee Coinsurance?** with radio buttons for "Yes" and "No". Below are two input fields: "Indicate Minimum Coinsurance percentage:" and "Indicate Maximum Coinsurance percentage:".
- Is there an enrollee Copayment?** with radio buttons for "Yes" and "No". Below are two input fields: "Indicate Minimum Copayment amount:" and "Indicate Maximum Copayment amount:".
- Is there an enrollee Deductible?** with radio buttons for "Yes" and "No". Below is one input field: "Indicate Deductible Amount:".
- Is authorization required?** with radio buttons for "Yes" and "No".
- Is a referral required for Other Services?** with radio buttons for "Yes" and "No".

CY 2020 PBP Data Entry System Screens

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



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:

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)

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 #13f Other 3 – 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 #13f Other 3 - Base 3". The main content area is labeled "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 is a large, empty text input field with a vertical scrollbar on the right side.

CY 2020 PBP Data Entry System Screens

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

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 navigation bar 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 III - 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 III includes:

- Food and Produce
- Meals (beyond limited basis)
- Pest Control
- Transportation for Non-Medical Needs
- Indoor Air Quality Equipment and Services
- Social Needs Benefit
- Complementary Therapies
- Services Supporting Self-Direction
- Structural Home Modifications
- General Supports for Living

CY 2020 PBP Data Entry System Screens

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

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 Food and Produce - Base 1".

The main content area contains a form with the following sections:

- CLICK FOR DESCRIPTION OF BENEFIT** (underlined text)
- 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
- Indicate Maximum Plan Benefit Coverage amount:** [Text input field]
- 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:** [Text input field]
- 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 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 Meals (beyond limited basis) - Base 1

Previous Next Exit (Validate) Exit (No Validate)

CLICK FOR DESCRIPTION OF BENEFIT

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

Yes
 No

Select type of benefit for Meals (beyond limited basis):

Mandatory
 Optional

How many days do your 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 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 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 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 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 window has a menu bar with "File" and "Help". Below the menu bar is a navigation bar with four buttons: "Previous" (left arrow), "Next" (right arrow), "Exit (Validate)" (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 Meals (beyond limited basis) - Base 3".

The main content area is titled "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 instruction 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 Meals (beyond limited basis) – Base 3

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 Pest Control - Base 1".

The main content area contains a form with the following sections:

- CLICK FOR DESCRIPTION OF BENEFIT** (underlined text)
- 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

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)" (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 Pest Control - Base 3". The main content area is titled "Pest Control 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 field labeled "Notes:" which is currently empty. The window has standard minimize, maximize, and close buttons in the top right corner.

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 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
 Rideshare Services
 Bus/Subway
 Van
 Medical Transport
 Other, Describe

Select type of benefit for Any Location:

Mandatory
 Optional

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

Yes
 No

Indicate number of trips for Any Location:

Select Any Location Trips periodicity:

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

Select Type of Transportation for Non-Medical Needs for Any Location:

One-way
 Round Trip
 Days
 Other, Describe

Indicate number of days for Any Location:

Select Mode of Transportation for Non-Medical Needs for Any Location:

Taxi
 Rideshare Services
 Bus/Subway
 Van
 Medical Transport
 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 Indoor Air Quality Equipment and Services – Base 1

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

File Help

Go To: VBID/UF/SSBCI 19B #13i Indoor Air Quality Equipment and Services - Base 1

Previous Next Exit (Validate) Exit (No Validate)

CLICK FOR DESCRIPTION OF BENEFIT

Does the plan provide Indoor Air Quality Equipment and Services as a supplemental benefit under Part C?

Yes
 No

Select type of benefit for Indoor Air Quality Equipment and Services

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 Indoor Air Quality Equipment and Services – Base 2

The screenshot shows a web-based data entry application window titled "PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000". The interface includes a menu bar with "File" 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 19B #13i Indoor Air Quality Equipment and Services - Base 2".

The main form area contains the following questions and input fields:

- 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 Indoor Air Quality Equipment and Services?**
 - Yes
 - No

CY 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #13i Indoor Air Quality Equipment and Services – 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 Indoor Air Quality Equipment and Services - Base 3".

The main content area is titled "Indoor Air Quality Equipment and Services Notes" and contains the instruction: "Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry." Below this instruction is a text input field 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 #13i Social Needs 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 Social Needs Benefit - Base 1

Previous Next Exit (Validate) Exit (No Validate)

CLICK FOR DESCRIPTION OF BENEFIT

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

Yes
 No

Select type of benefit for Social Needs Benefit:

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 Social Needs 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 Social Needs 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 Social Needs Benefit?
 Yes
 No

CY 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #13i Social Needs Benefit – 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 Social Needs Benefit - Base 3". The main content area is titled "Social Needs 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 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 Complementary Therapies – Base 1

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

File Help

Go To: VBID/UF/SSBCI 19B #13i Complementary Therapies - Base 1

Previous Next Exit (Validate) Exit (No Validate)

[CLICK FOR DESCRIPTION OF BENEFIT](#)

Does the plan provide Complementary Therapies as a supplemental benefit under Part C?

Yes
 No

Select type of benefit for Complementary Therapies:

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 Complementary Therapies – Base 2

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

File Help

Go To: VBID/UF/SSBCI 19B #13i Complementary Therapies - 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 Complementary Therapies?
 Yes
 No

CY 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #13i Complementary Therapies – 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 Complementary Therapies - Base 3".

The main content area is titled "Complementary Therapies 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 Services Supporting Self-Direction – Base 1

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

File Help

Go To: VBID/UF/SSBCI 19B #13i Services Supporting Self-Direction - Base 1

Previous Next Exit (Validate) Exit (No Validate)

CLICK FOR DESCRIPTION OF BENEFIT

Does the plan provide Services Supporting Self-Direction as a supplemental benefit under Part C?

Yes
 No

Select type of benefit for Services Supporting Self-Direction:

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 Services Supporting Self-Direction – Base 2

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

File Help

Go To: VBID/UF/SSBCI 19B #13i Services Supporting Self-Direction - 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 Services Supporting Self-Direction?
 Yes
 No

CY 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #13i Services Supporting Self-Direction – 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 Services Supporting Self-Direction - Base 3".

The main content area is titled "Services Supporting Self-Direction Notes". Below the title is a text instruction: "Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry." Below this instruction is a text input field 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 #13i Structural Home Modifications – Base 1

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

File Help

Go To: VBID/UF/SSBCI 19B #13i Structural Home Modifications - Base 1

Previous Next Exit (Validate) Exit (No Validate)

CLICK FOR DESCRIPTION OF BENEFIT

Does the plan provide Structural Home Modifications as a supplemental benefit under Part C?

Yes
 No

Select type of benefit for Structural Home Modifications:

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 Structural Home Modifications – Base 2

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

File Help

Go To: VBID/UF/SSBCI 19B #13i Structural Home Modifications - 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 Structural Home Modifications – 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 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 Structural Home Modifications - Base 3". The main content area is titled "Structural Home Modifications 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 "Notes:" label followed by a large, empty text input area with a vertical scrollbar on the right side.

CY 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #13i General Supports for Living – Base 1

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

File Help

Go To: VBID/UF/SSBCI 19B #13i General Supports for Living - Base 1

Previous Next Exit (Validate) Exit (No Validate)

CLICK FOR DESCRIPTION OF BENEFIT

Does the plan provide General Supports for Living as a supplemental benefit under Part C?

Yes
 No

Select type of benefit for General Supports for Living:

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 General Supports for Living – Base 2

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

File Help

Go To: VBID/UF/SSBCI 19B #13i General Supports for Living - 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 General Supports for Living?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>

CY 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #13i General Supports for Living - 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 General Supports for Living - Base 3". The main content area is titled "General Supports for Living 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 "Notes:" label and a large, empty text input area with a vertical scrollbar on the right side.

CY 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #13i Non-Primarily Health Related Benefits for the Chronically III, Other

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 Non-Primarily Health Related Benefits for the Chronically III, Ot". The main content area contains the instruction "Select what Other type of benefit your Non-Primarily Health Related Benefits for the Chronically III includes:" followed by five unchecked checkboxes labeled "Other 1" through "Other 5".

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 the 19b/13i Other category, if you delete ALL text in the 'Enter name of Service:' field you will lose all previously entered data on these 19b/13i other screens.

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

Do not put additional non-Medicare covered primarily health related benefits in this category.

Enter additional non-Medicare covered primarily health related benefits in the appropriate service category in 19b or 19b #13d, e, f.

If providing a non-primarily health related 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:

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)

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 1 Services?
 Yes
 No

CY 2020 PBP Data Entry System Screens

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

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 #13i Other 1 Non-Primarily Health Related Benefit - Base 3

Other 1 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 2 Non-Primarily Health Related Benefits – 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 the 19b/13i Other category, if you delete ALL text in the 'Enter name of Service:' field you will lose all previously entered data on these 19b/13i other screens.

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

Do not put additional non-Medicare covered primarily health related benefits in this category.

Enter additional non-Medicare covered primarily health related benefits in the appropriate service category in 19b or 19b #13d, e, f.

If providing a non-primarily health related 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 2 Services?
 Yes
 No

CY 2020 PBP Data Entry System Screens

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

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 3

Previous Next Exit (Validate) Exit (No Validate)

Other 2 Notes

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

Notes:

CY 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 the 19b/13i Other category, if you delete ALL text in the 'Enter name of Service:' field you will lose all previously entered data on these 19b/13i other screens.

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

Do not put additional non-Medicare covered primarily health related benefits in this category.

Enter additional non-Medicare covered primarily health related benefits in the appropriate service category in 19b or 19b #13d, e, f.

If providing a non-primarily health related benefit, enter a descriptive title. "Other" is not an acceptable title.

Enter name of Service:

Select type of benefit for Other 3:
 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 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)

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 3 Services?
 Yes
 No

CY 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #13i Other 3 Non-Primarily Health Related Benefit – 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 Other 3 Non-Primarily Health Related Benefit - Base 3". Below the toolbar, the "Other 3 Notes" section contains a text area with a scroll bar. The text area is currently empty, with a "Notes:" label above it. A note below the text area states: "Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry."

CY 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #13i Other 4 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 4 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 the 19b/13i Other category, if you delete ALL text in the 'Enter name of Service:' field you will lose all previously entered data on these 19b/13i other screens.

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

Do not put additional non-Medicare covered primarily health related benefits in this category.

Enter additional non-Medicare covered primarily health related benefits in the appropriate service category in 19b or 19b #13d, e, f.

If providing a non-primarily health related benefit, enter a descriptive title. "Other" is not an acceptable title.

Enter name of Service:

Select type of benefit for Other 4:
 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 Other 4 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 4 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 4 Services?
 Yes
 No

CY 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #13i Other 4 Non-Primarily Health Related Benefit – Base 3

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". 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 #13i Other 4 Non-Primarily Health Related Benefit - Base 3".

The main content area is titled "Other 4 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 #13i Other 5 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 5 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 the 19b/13i Other category, if you delete ALL text in the 'Enter name of Service:' field you will lose all previously entered data on these 19b/13i other screens.

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

Do not put additional non-Medicare covered primarily health related benefits in this category.

Enter additional non-Medicare covered primarily health related benefits in the appropriate service category in 19b or 19b #13d, e, f.

If providing a non-primarily health related benefit, enter a descriptive title. "Other" is not an acceptable title.

Enter name of Service:

Select type of benefit for Other 5:

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 5 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 5 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 5 Services?
 Yes
 No

CY 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #13i Other 5 Non-Primarily Health Related Benefit – 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 Other 5 Non-Primarily Health Related Benefit - Base 3". The main content area is titled "Other 5 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 #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:

Is there a service-specific 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 application window titled "PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000". The interface includes a navigation bar with "Previous" and "Next" buttons, and "Exit (Validate)" and "Exit (No Validate)" buttons. A "Go To:" dropdown menu is set to "VBID/UF/SSBCI 19B #14b Annual Physical Exam - Base 3".

Is authorization required?
 Yes
 No

Is a referral required for the Annual Physical Exam?
 Yes
 No

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

Notes:

CY 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

◀ Previous
Next ▶
Exit (Validate)
Exit (No Validate)
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)*
- Home and Bathroom Safety Devices and Modifications*
- Counseling Services
- In-Home Safety Assessment
- Personal Emergency Response System (PERS)
- Medical Nutrition Therapy (MNT)
- Post discharge In-Home Medication Reconciliation
- Re-admission Prevention
- Wigs for Hair Loss Related to Chemotherapy
- Weight Management Programs*
- Alternative Therapies*

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

Select type of benefit for Health Education:

Mandatory
 Optional

Select type of benefit for Nutritional/Dietary Benefit:

Mandatory
 Optional

Is this benefit unlimited for Nutritional/Dietary Benefit?

Yes
 No, indicate number

Indicate number of visits for Nutritional/Dietary Benefit:

Indicate setting for Nutritional/Dietary Benefit:

Individual Sessions
 Group Sessions
 Both Sessions (Individual and Group)

Select type of benefit for Additional Sessions of Smoking and Tobacco Cessation Counseling:

Mandatory
 Optional

Indicate number of visits offered in addition to Medicare:

Select type of benefit for Fitness Benefit:

Mandatory
 Optional

Indicate type of Fitness Benefit offered (Select all that apply):

Physical Fitness
 Memory Fitness
 Activity Tracker

Select type of benefit for Enhanced Disease Management:

Mandatory
 Optional

Select type of benefit for Telemonitoring Services:

Mandatory
 Optional

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

Mandatory
 Optional

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

Web/Phone-based technologies
 Nursing Hotline

Select type of benefit for Home and Bathroom Safety Devices and Modifications:

Mandatory
 Optional

Select type of benefit for Counseling Services:

Mandatory
 Optional

Is this benefit unlimited for Counseling Services?

Yes
 No, indicate number

Indicate number of visits for Counseling Services:

Indicate setting for Counseling Services:

Individual Sessions
 Group Sessions
 Both Sessions (Individual and Group)

Indicate duration of sessions (in minutes):

Select type of benefit for In-Home Safety Assessment:

Mandatory
 Optional

CY 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

Go To: VBID/UF/SSBCI 19B #14c Other Defined Supplemental Benefits - Base 2

Previous Next Exit (Validate) Exit (No Validate)

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

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

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

Indicate the limit for Additional Sessions:
 Visits
 Hours

Indicate numerical limit on the services provided for Additional Sessions:

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

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

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

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

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

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

Enter name of Service:

Please describe the Meal benefit included in Re-admission Prevention:

How many days does your Meal Benefit last?

What is the maximum number of meals the benefit provides?

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

Select type of benefit for Weight Management Programs:
 Mandatory
 Optional

Select type of benefit for Alternative Therapies:
 Mandatory
 Optional

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

Indicate number of visits offered for Alternative Therapies:

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

Select type of benefit for Therapeutic Massage:
 Mandatory
 Optional

Select type of benefit for Adult Day Health Services:
 Mandatory
 Optional

Select type of benefit for Home-Based Palliative Care:
 Mandatory
 Optional

Select type of benefit for In-Home Support Services:
 Mandatory
 Optional

Select type of benefit for Support for Caregivers of Enrollees:
 Mandatory
 Optional

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

Previous
Next
Exit (Validate)
Exit (No Validate)

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 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

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

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

Previous Next Exit (Validate) Exit (No Validate) Go To: VBID/UF/SSBCI 19B #14c Other Defined Supplemental Benefits - Base 4

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

Select Maximum Plan Benefit Coverage 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 Plan Benefit Coverage amount for Bathroom Safety Devices:

Select Maximum Plan Benefit Coverage periodicity for Bathroom Safety Devices:

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

Indicate Maximum Plan Benefit Coverage amount for Counseling Services:

Select Maximum Plan Benefit Coverage periodicity for Counseling Services:

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

Indicate Maximum Plan Benefit Coverage amount for In-Home Safety Assessment:

Select Maximum Plan Benefit Coverage periodicity for In-Home Safety Assessment:

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

Indicate Maximum Plan Benefit Coverage amount for Personal Emergency Response System (PERS):

Select Maximum Plan Benefit Coverage periodicity for Personal Emergency Response System (PERS):

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

Indicate Maximum Plan Benefit Coverage amount for Medical Nutrition Therapy (MNT):

Select Maximum Plan Benefit Coverage periodicity for Medical Nutrition Therapy (MNT):

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

Indicate Maximum Plan Benefit Coverage amount for Post discharge In-Home Medication Reconciliation:

Select Maximum Plan Benefit Coverage periodicity for Post discharge In-Home Medication Reconciliation:

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

Indicate Maximum Plan Benefit Coverage amount for Re-admission Prevention:

Select Maximum Plan Benefit Coverage periodicity for Re-admission Prevention:

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

Indicate Maximum Plan Benefit Coverage amount for Wigs for Hair Loss Related to Chemotherapy:

Select Maximum Plan Benefit Coverage periodicity for Wigs for Hair Loss Related to Chemotherapy:

- 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 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 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

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

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

◀ Previous
Next ▶

 Exit (Validate)

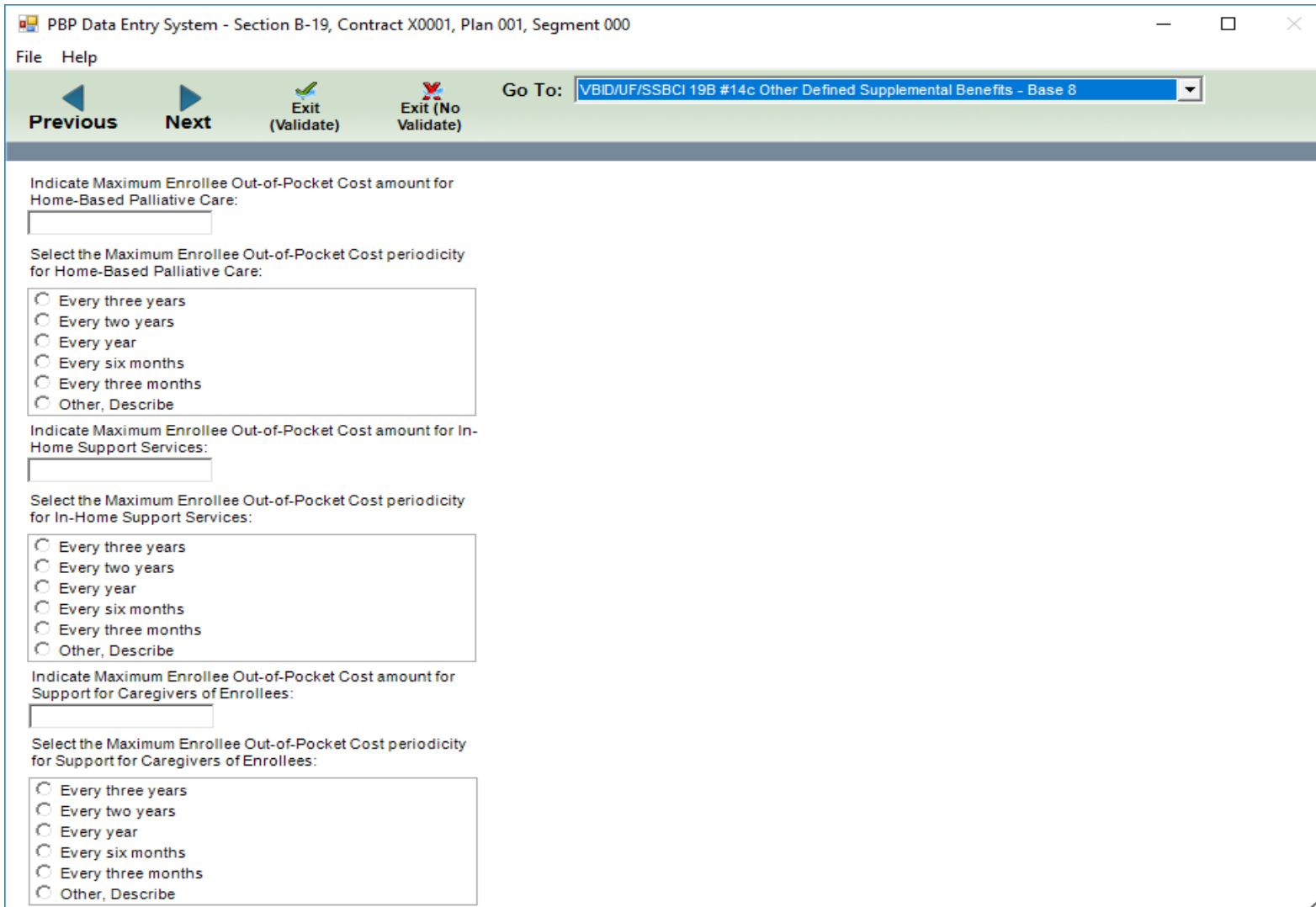
 Exit (No Validate)

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

<p style="font-size: x-small; margin: 0;">Indicate Maximum Enrollee Out-of-Pocket Cost amount for Personal Emergency Response System (PERS):</p> <input style="width: 100%; height: 20px;" type="text"/> <p style="font-size: x-small; margin: 5px 0;">Select the Maximum Enrollee Out-of-Pocket Cost periodicity for Personal Emergency Response System (PERS):</p> <div style="border: 1px solid #ccc; 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 style="font-size: x-small; margin: 0;">Indicate Maximum Enrollee Out-of-Pocket Cost amount for Re-admission Prevention:</p> <input style="width: 100%; height: 20px;" type="text"/> <p style="font-size: x-small; margin: 5px 0;">Select the Maximum Enrollee Out-of-Pocket Cost periodicity for Re-admission Prevention:</p> <div style="border: 1px solid #ccc; 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 style="font-size: x-small; margin: 0;">Indicate Maximum Enrollee Out-of-Pocket Cost amount for Alternative Therapies:</p> <input style="width: 100%; height: 20px;" type="text"/> <p style="font-size: x-small; margin: 5px 0;">Select the Maximum Enrollee Out-of-Pocket Cost periodicity for Alternative Therapies:</p> <div style="border: 1px solid #ccc; 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 style="font-size: x-small; margin: 0;">Indicate Maximum Enrollee Out-of-Pocket Cost amount for Medical Nutrition Therapy (MNT):</p> <input style="width: 100%; height: 20px;" type="text"/> <p style="font-size: x-small; margin: 5px 0;">Select the Maximum Enrollee Out-of-Pocket Cost periodicity for Medical Nutrition Therapy (MNT):</p> <div style="border: 1px solid #ccc; 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 style="font-size: x-small; margin: 0;">Indicate Maximum Enrollee Out-of-Pocket Cost amount for Wigs for Hair Loss Related to Chemotherapy:</p> <input style="width: 100%; height: 20px;" type="text"/> <p style="font-size: x-small; margin: 5px 0;">Select the Maximum Enrollee Out-of-Pocket Cost periodicity for Wigs for Hair Loss Related to Chemotherapy:</p> <div style="border: 1px solid #ccc; 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 style="font-size: x-small; margin: 0;">Indicate Maximum Enrollee Out-of-Pocket Cost amount for Therapeutic Massage:</p> <input style="width: 100%; height: 20px;" type="text"/> <p style="font-size: x-small; margin: 5px 0;">Select the Maximum Enrollee Out-of-Pocket Cost periodicity for Therapeutic Massage:</p> <div style="border: 1px solid #ccc; 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 style="font-size: x-small; margin: 0;">Indicate Maximum Enrollee Out-of-Pocket Cost amount for Post discharge In-Home Medication Reconciliation:</p> <input style="width: 100%; height: 20px;" type="text"/> <p style="font-size: x-small; margin: 5px 0;">Select the Maximum Enrollee Out-of-Pocket Cost periodicity for Post discharge In-Home Medication Reconciliation:</p> <div style="border: 1px solid #ccc; 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 style="font-size: x-small; margin: 0;">Indicate Maximum Enrollee Out-of-Pocket Cost amount for Weight Management Programs:</p> <input style="width: 100%; height: 20px;" type="text"/> <p style="font-size: x-small; margin: 5px 0;">Select the Maximum Enrollee Out-of-Pocket Cost periodicity for Weight Management Programs:</p> <div style="border: 1px solid #ccc; 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 style="font-size: x-small; margin: 0;">Indicate Maximum Enrollee Out-of-Pocket Cost amount for Adult Day Health Services:</p> <input style="width: 100%; height: 20px;" type="text"/> <p style="font-size: x-small; margin: 5px 0;">Select the Maximum Enrollee Out-of-Pocket Cost periodicity for Adult Day Health Services:</p> <div style="border: 1px solid #ccc; 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

<p>Is there an enrollee Coinsurance?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Select which Other Defined Supplemental Benefits have a Coinsurance (Select all that apply):</p> <div style="border: 1px solid gray; padding: 2px;"> <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 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 </div> <p>Indicate Minimum Coinsurance percentage for Health Education: <input type="text"/></p> <p>Indicate Maximum Coinsurance percentage for Health Education: <input type="text"/></p> <p>Indicate Minimum Coinsurance percentage for Nutritional/Dietary Benefit: <input type="text"/></p> <p>Indicate Maximum Coinsurance percentage for Nutritional/Dietary Benefit: <input type="text"/></p> <p>Indicate Minimum Coinsurance percentage for Additional Sessions of Smoking and Tobacco Cessation Counseling: <input type="text"/></p> <p>Indicate Maximum Coinsurance percentage for Additional Sessions of Smoking and Tobacco Cessation Counseling: <input type="text"/></p>	<p>Indicate Minimum Coinsurance percentage for Fitness Benefit: <input type="text"/></p> <p>Indicate Maximum Coinsurance percentage for Fitness Benefit: <input type="text"/></p> <p>Indicate Minimum Coinsurance percentage for Enhanced Disease Management: <input type="text"/></p> <p>Indicate Maximum Coinsurance percentage for Enhanced Disease Management: <input type="text"/></p> <p>Indicate Minimum Coinsurance percentage for Telemonitoring Services: <input type="text"/></p> <p>Indicate Maximum Coinsurance percentage for Telemonitoring Services: <input type="text"/></p> <p>Indicate Minimum Coinsurance percentage for Remote Access Technologies (Web/Phone-based technologies): <input type="text"/></p> <p>Indicate Maximum Coinsurance percentage for Remote Access Technologies (Web/Phone-based technologies): <input type="text"/></p> <p>Indicate Minimum Coinsurance percentage for Remote Access Technologies (Nursing Hotline): <input type="text"/></p> <p>Indicate Maximum Coinsurance percentage for Remote Access Technologies (Nursing Hotline): <input type="text"/></p> <p>Indicate Minimum Coinsurance percentage for Bathroom Safety Devices: <input type="text"/></p> <p>Indicate Maximum Coinsurance percentage for Bathroom Safety Devices: <input type="text"/></p>	<p>Indicate Minimum Coinsurance percentage for Counseling Services: <input type="text"/></p> <p>Indicate Maximum Coinsurance percentage for Counseling Services: <input type="text"/></p> <p>Indicate Minimum Coinsurance percentage for In-Home Safety Assessment: <input type="text"/></p> <p>Indicate Maximum Coinsurance percentage for In-Home Safety Assessment: <input type="text"/></p> <p>Indicate Minimum Coinsurance percentage for Personal Emergency Response System (PERS): <input type="text"/></p> <p>Indicate Maximum Coinsurance percentage for Personal Emergency Response System (PERS): <input type="text"/></p> <p>Indicate Minimum Coinsurance percentage for Medical Nutrition Therapy (MNT): <input type="text"/></p> <p>Indicate Maximum Coinsurance percentage for Medical Nutrition Therapy (MNT): <input type="text"/></p> <p>Indicate Minimum Coinsurance percentage for Post discharge In-Home Medication Reconciliation: <input type="text"/></p> <p>Indicate Maximum Coinsurance percentage for Post discharge In-Home Medication Reconciliation: <input type="text"/></p> <p>Indicate Minimum Coinsurance percentage for Re-admission Prevention: <input type="text"/></p> <p>Indicate Maximum Coinsurance percentage for Re-admission Prevention: <input type="text"/></p>	<p>Indicate Minimum Coinsurance percentage for Wigs for Hair Loss Related to Chemotherapy: <input type="text"/></p> <p>Indicate Maximum Coinsurance percentage for Wigs for Hair Loss Related to Chemotherapy: <input type="text"/></p> <p>Indicate Minimum Coinsurance percentage for Weight Management Programs: <input type="text"/></p> <p>Indicate Maximum Coinsurance percentage for Weight Management Programs: <input type="text"/></p> <p>Indicate Minimum Coinsurance percentage for Alternative Therapies: <input type="text"/></p> <p>Indicate Maximum Coinsurance percentage for Alternative Therapies: <input type="text"/></p> <p>Indicate Minimum Coinsurance percentage for Therapeutic Massage: <input type="text"/></p> <p>Indicate Maximum Coinsurance percentage for Therapeutic Massage: <input type="text"/></p> <p>Indicate Minimum Coinsurance percentage for Adult Day Health Services: <input type="text"/></p> <p>Indicate Maximum Coinsurance percentage 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 10

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 10

Previous Next Exit (Validate) Exit (No Validate)

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:</p> <input style="width: 100%;" type="text"/>	<p>Indicate Minimum Copayment amount for Additional Sessions of Smoking and Tobacco Cessation Counseling:</p> <input style="width: 100%;" type="text"/> <p>Indicate Maximum Copayment amount for Additional Sessions of Smoking and Tobacco Cessation Counseling:</p> <input style="width: 100%;" type="text"/>	<p>Indicate Minimum Copayment amount for Bathroom Safety Devices:</p> <input style="width: 100%;" type="text"/> <p>Indicate Maximum Copayment amount for Bathroom Safety Devices:</p> <input style="width: 100%;" type="text"/>	<p>Indicate Minimum Copayment amount for Re-admission Prevention:</p> <input style="width: 100%;" type="text"/> <p>Indicate Maximum Copayment amount for Re-admission Prevention:</p> <input style="width: 100%;" type="text"/>
<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 Counseling Fitness Benefit Enhanced Disease Management Telemonitoring Services Remote Access Technologies (including Web/Phone-based technologies) Bathroom Safety Devices Counseling Services In-Home Safety Assessment Personal Emergency Response System (PERS) Medical Nutrition Therapy (MNT) Post discharge In-Home Medication Reconciliation Re-admission Prevention Wigs for Hair Loss Related to Chemotherapy Weight Management Programs Alternative Therapies </div>	<p>Indicate Minimum Copayment amount for Fitness Benefit:</p> <input style="width: 100%;" type="text"/> <p>Indicate Maximum Copayment amount for Fitness Benefit:</p> <input style="width: 100%;" type="text"/>	<p>Indicate Minimum Copayment amount for Counseling Services:</p> <input style="width: 100%;" type="text"/> <p>Indicate Maximum Copayment amount for Counseling Services:</p> <input style="width: 100%;" type="text"/>	<p>Indicate Minimum Copayment amount for Wigs for Hair Loss Related to Chemotherapy:</p> <input style="width: 100%;" type="text"/> <p>Indicate Maximum Copayment amount for Wigs for Hair Loss Related to Chemotherapy:</p> <input style="width: 100%;" type="text"/>
<p>Indicate Minimum Copayment amount for Health Education:</p> <input style="width: 100%;" type="text"/> <p>Indicate Maximum Copayment amount for Health Education:</p> <input style="width: 100%;" type="text"/>	<p>Indicate Minimum Copayment amount for Enhanced Disease Management:</p> <input style="width: 100%;" type="text"/> <p>Indicate Maximum Copayment amount for Enhanced Disease Management:</p> <input style="width: 100%;" type="text"/>	<p>Indicate Minimum Copayment amount for In-Home Safety Assessment:</p> <input style="width: 100%;" type="text"/> <p>Indicate Maximum Copayment amount for In-Home Safety Assessment:</p> <input style="width: 100%;" type="text"/>	<p>Indicate Minimum Copayment amount for Weight Management Programs:</p> <input style="width: 100%;" type="text"/> <p>Indicate Maximum Copayment amount for Weight Management Programs:</p> <input style="width: 100%;" type="text"/>
<p>Indicate Minimum Copayment amount for Nutritional/Dietary Benefit:</p> <input style="width: 100%;" type="text"/> <p>Indicate Maximum Copayment amount for Nutritional/Dietary Benefit:</p> <input style="width: 100%;" type="text"/>	<p>Indicate Minimum Copayment amount for Telemonitoring Services:</p> <input style="width: 100%;" type="text"/> <p>Indicate Maximum Copayment amount for Telemonitoring Services:</p> <input style="width: 100%;" type="text"/>	<p>Indicate Minimum Copayment amount for Personal Emergency Response System (PERS):</p> <input style="width: 100%;" type="text"/> <p>Indicate Maximum Copayment amount for Personal Emergency Response System (PERS):</p> <input style="width: 100%;" type="text"/>	<p>Indicate Minimum Copayment amount for Alternative Therapies:</p> <input style="width: 100%;" type="text"/> <p>Indicate Maximum Copayment amount for Alternative Therapies:</p> <input style="width: 100%;" type="text"/>
<p>Indicate Minimum Copayment amount for Remote Access Technologies (Web/Phone-based technologies):</p> <input style="width: 100%;" type="text"/> <p>Indicate Maximum Copayment amount for Remote Access Technologies (Web/Phone-based technologies):</p> <input style="width: 100%;" type="text"/>	<p>Indicate Minimum Copayment amount for Remote Access Technologies (Nursing Hotline):</p> <input style="width: 100%;" type="text"/> <p>Indicate Maximum Copayment amount for Remote Access Technologies (Nursing Hotline):</p> <input style="width: 100%;" type="text"/>	<p>Indicate Minimum Copayment amount for Medical Nutrition Therapy (MNT):</p> <input style="width: 100%;" type="text"/> <p>Indicate Maximum Copayment amount for Medical Nutrition Therapy (MNT):</p> <input style="width: 100%;" type="text"/>	<p>Indicate Minimum Copayment amount for Therapeutic Massage:</p> <input style="width: 100%;" type="text"/> <p>Indicate Maximum Copayment amount for Therapeutic Massage:</p> <input style="width: 100%;" type="text"/>
<p>Indicate Minimum Copayment amount for Post discharge In-Home Medication Reconciliation:</p> <input style="width: 100%;" type="text"/> <p>Indicate Maximum Copayment amount for Post discharge In-Home Medication Reconciliation:</p> <input style="width: 100%;" type="text"/>	<p>Indicate Minimum Copayment amount for Adult Day Health Services:</p> <input style="width: 100%;" type="text"/> <p>Indicate Maximum Copayment amount for Adult Day Health Services:</p> <input style="width: 100%;" type="text"/>	<p>Indicate Minimum Copayment amount for Post discharge In-Home Medication Reconciliation:</p> <input style="width: 100%;" type="text"/> <p>Indicate Maximum Copayment amount for Post discharge In-Home Medication Reconciliation:</p> <input style="width: 100%;" type="text"/>	<p>Indicate Minimum Copayment amount for Adult Day Health Services:</p> <input style="width: 100%;" type="text"/> <p>Indicate Maximum Copayment amount for Adult Day Health Services:</p> <input style="width: 100%;" type="text"/>

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

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

Previous Next Exit (Validate) Exit (No Validate)

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

In-Home Safety Assessment Notes:

Remote Access Technologies (Nursing Hotline) Notes:

Personal Emergency Response System (PERS) Notes:

Home and Bathroom Safety Devices and Modifications 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 the PBP Data Entry System interface. The window title is "PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000". The menu bar includes "File" and "Help". The toolbar contains "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:

- 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)

<p>Is there a service-specific Maximum Enrollee Out-of-Pocket Cost?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Indicate Maximum Enrollee Out-of-Pocket Cost amount:</p> <input type="text"/>	<p>Is there a combination of services included in a single cost per Office Visit?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Select which combination of services are included in a single cost per Office Visit:</p> <p><input type="checkbox"/> Oral Exams <input type="checkbox"/> Prophylaxis (Cleaning) <input type="checkbox"/> Fluoride Treatment <input type="checkbox"/> Dental X-Rays</p> <p>Indicate Minimum Coinsurance percentage for Office Visits:</p> <input type="text"/>	<p>Indicate Minimum Coinsurance percentage for Prophylaxis (Cleaning):</p> <input type="text"/>
<p>Select the Maximum Enrollee Out-of-Pocket Cost periodicity:</p> <p><input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe</p> <p>Is there an enrollee Coinsurance?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Select which Preventive Dental Services have a Coinsurance (Select all that apply):</p> <p><input type="checkbox"/> Oral Exams <input type="checkbox"/> Prophylaxis (Cleaning) <input type="checkbox"/> Fluoride Treatment <input type="checkbox"/> Dental X-Rays</p>	<p>Indicate Maximum Coinsurance percentage for Office Visits:</p> <input type="text"/>	<p>Indicate Maximum Coinsurance percentage for Prophylaxis (Cleaning):</p> <input type="text"/>
	<p>Indicate Minimum Coinsurance percentage for Oral Exams:</p> <input type="text"/>	<p>Indicate Minimum Coinsurance percentage for Fluoride Treatment:</p> <input type="text"/>
	<p>Indicate Maximum Coinsurance percentage for Oral Exams:</p> <input type="text"/>	<p>Indicate Maximum Coinsurance percentage for Fluoride Treatment:</p> <input type="text"/>
		<p>Indicate Minimum Coinsurance percentage for Dental X-Rays:</p> <input type="text"/>
		<p>Indicate Maximum Coinsurance percentage for Dental X-Rays:</p> <input type="text"/>

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:

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:

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

Indicate Minimum Copayment amount for Prophylaxis (Cleaning):

Indicate Maximum Copayment amount for Prophylaxis (Cleaning):

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

Indicate Minimum Copayment amount for Fluoride Treatment:

Indicate Maximum Copayment amount for Fluoride Treatment:

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 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

◀ Previous
▶ Next
✔ Exit (Validate)
✘ Exit (No Validate)
Go To: VBID/UF/SSBCI 19B #16b Comprehensive Dental - Base 1

<p style="border: 1px solid gray; padding: 2px; font-size: x-small; margin: 0;">CLICK FOR DESCRIPTION OF BENEFIT</p> <p style="font-size: x-small; margin: 5px 0;">Even if you do not offer enhanced benefits, you must complete this section for your Medicare-covered Benefits.</p> <p style="font-size: x-small; margin: 5px 0;">Does the plan provide Comprehensive Dental Items as a supplemental benefit under Part C?</p> <p style="font-size: x-small; margin: 0;"> <input type="radio"/> Yes <input type="radio"/> No </p> <p style="font-size: x-small; margin: 5px 0;">Select enhanced benefits:</p> <p style="font-size: x-small; margin: 0;"> <input type="checkbox"/> Non-routine Services <input type="checkbox"/> Diagnostic Services <input type="checkbox"/> Restorative Services <input type="checkbox"/> Endodontics <input type="checkbox"/> Periodontics <input type="checkbox"/> Extractions <input type="checkbox"/> Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services </p>	<p style="font-size: x-small; margin: 0;">Select type of benefit for Non-routine Services:</p> <p style="font-size: x-small; margin: 0;"> <input type="radio"/> Mandatory <input type="radio"/> Optional </p> <p style="font-size: x-small; margin: 5px 0;">Is this benefit unlimited for Non-routine Services?</p> <p style="font-size: x-small; margin: 0;"> <input type="radio"/> Yes <input type="radio"/> No, indicate number </p> <p style="font-size: x-small; margin: 5px 0;">Indicate number of visits for Non-routine Services:</p> <p style="font-size: x-small; margin: 0;"><input style="width: 40px;" type="text"/></p> <p style="font-size: x-small; margin: 5px 0;">Select the Non-routine Services periodicity:</p> <p style="font-size: x-small; margin: 0;"> <input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe </p>	<p style="font-size: x-small; margin: 0;">Select type of benefit for Diagnostic Services:</p> <p style="font-size: x-small; margin: 0;"> <input type="radio"/> Mandatory <input type="radio"/> Optional </p> <p style="font-size: x-small; margin: 5px 0;">Is this benefit unlimited for Diagnostic Services?</p> <p style="font-size: x-small; margin: 0;"> <input type="radio"/> Yes <input type="radio"/> No, indicate number </p> <p style="font-size: x-small; margin: 5px 0;">Indicate number of visits for Diagnostic Services:</p> <p style="font-size: x-small; margin: 0;"><input style="width: 40px;" type="text"/></p> <p style="font-size: x-small; margin: 5px 0;">Select the Diagnostic Services periodicity:</p> <p style="font-size: x-small; margin: 0;"> <input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe </p>	<p style="font-size: x-small; margin: 0;">Select type of benefit for Restorative Services:</p> <p style="font-size: x-small; margin: 0;"> <input type="radio"/> Mandatory <input type="radio"/> Optional </p> <p style="font-size: x-small; margin: 5px 0;">Is this benefit unlimited for Restorative Services?</p> <p style="font-size: x-small; margin: 0;"> <input type="radio"/> Yes <input type="radio"/> No, indicate number </p> <p style="font-size: x-small; margin: 5px 0;">Indicate number of visits for Restorative Services:</p> <p style="font-size: x-small; margin: 0;"><input style="width: 40px;" type="text"/></p> <p style="font-size: x-small; margin: 5px 0;">Select the Restorative Services periodicity:</p> <p style="font-size: x-small; margin: 0;"> <input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe </p>
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CY 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> <input type="text"/>	<p>Indicate number of visits for Periodontics:</p> <input type="text"/>	<p>Indicate number of visits for Extractions:</p> <input type="text"/>	<p>Indicate number of visits for Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services:</p> <input type="text"/>
<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

Is there an enrollee Deductible?

 Yes
 No

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

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

Indicate Deductible Amount:

	Minimum Coinsurance	Maximum Coinsurance
Medicare-covered Benefits	<input 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

Previous Next Exit (Validate) Exit (No Validate) Go To: VBID/UF/SSBCI 19B #16b Comprehensive Dental - Base 6

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

Previous
 Next
 Exit (Validate)
 Exit (No Validate)
Go To: VBID/UF/SSBCI 19B #17a Eye Exams - Base 1

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/UF/SSBCI 19B #17a Eye Exams – 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). A "Go To:" dropdown menu is set to "VBID/UF/SSBCI 19B #17a Eye Exams - 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 Eye Exams?** with radio buttons for "Yes" and "No".
- Eye Exams Notes** section with a note: "Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry."
- Notes:** a large, empty text area with a vertical scrollbar on the right side.

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

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>Select the Maximum Plan Benefit Coverage type:</p> <p><input type="radio"/> Covered under Eye Exams Category 17a <input type="radio"/> Plan-specified amount per period</p> <p>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>Do you offer a Combined Max Plan Benefit Coverage Amount for all Eyewear?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Indicate Combined Maximum Plan Benefit Coverage amount:</p> <input type="text"/>	<p>Select the Combined Maximum Plan Benefit Coverage periodicity:</p> <p><input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe</p> <p>Select the type of Eyewear with Individual Max Plan Benefit Coverage amount:</p> <p><input type="checkbox"/> Contact lenses <input type="checkbox"/> Eyeglasses (lenses and frames) <input type="checkbox"/> Eyeglass lenses <input type="checkbox"/> Eyeglass frames <input type="checkbox"/> Upgrades</p> <p>Indicate Max Plan Benefit Coverage amount for Contact lenses:</p> <input type="text"/>	<p>Indicate Max Plan Benefit Coverage amount for Eyeglasses (lenses and frames):</p> <input type="text"/>	<p>Indicate Max Plan Benefit Coverage amount for Eyeglass frames:</p> <input type="text"/>
	<p>Select the Individual Maximum Plan Benefit Coverage periodicity for Contact lenses:</p> <p><input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe</p>	<p>Select the Individual Maximum Plan Benefit Coverage periodicity for Eyeglasses (lenses and frames):</p> <p><input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe</p>	<p>Select the Individual Maximum Plan Benefit Coverage periodicity for Eyeglass frames:</p> <p><input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe</p>
		<p>Indicate Max Plan Benefit Coverage amount for Eyeglass lenses:</p> <input type="text"/>	<p>Indicate Max Plan Benefit Coverage amount for Upgrades:</p> <input type="text"/>
		<p>Select the Individual Maximum Plan Benefit Coverage periodicity for Eyeglass lenses:</p> <p><input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe</p>	<p>Select the Individual Maximum Plan Benefit Coverage periodicity for Upgrades:</p> <p><input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe</p>

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

◀ Previous
Next ▶
✔ Exit (Validate)
✘ Exit (No Validate)
Go To: VBID/UF/SSBCI 19B #17b Eyewear – Base 4 ▼

Is there a service-specific Maximum Enrollee Out-of-Pocket Cost? <input type="radio"/> Yes <input type="radio"/> No	Indicate Minimum Coinsurance percentage for Medicare-covered Benefits: <input type="text"/>	Indicate Minimum Coinsurance percentage for Eyeglass frames: <input type="text"/>
Select the Maximum Enrollee Out-of-Pocket Cost type: <input type="radio"/> Covered under Eye Exams Category 17a <input type="radio"/> Plan-specified amount per period	Indicate Maximum Coinsurance percentage for Medicare-covered Benefits: <input type="text"/>	Indicate Maximum Coinsurance percentage for Eyeglass frames: <input type="text"/>
Indicate Maximum Enrollee Out-of-Pocket Cost amount: <input type="text"/>	Indicate Minimum Coinsurance percentage for Contact lenses: <input type="text"/>	Indicate Minimum Coinsurance percentage for Upgrades: <input type="text"/>
Select Maximum Enrollee Out-of-Pocket Cost periodicity: <input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe	Indicate Maximum Coinsurance percentage for Contact lenses: <input type="text"/>	Indicate Maximum Coinsurance percentage for Upgrades: <input type="text"/>
Is there an enrollee Coinsurance? <input type="radio"/> Yes <input type="radio"/> No	Indicate Minimum Coinsurance percentage for Eyeglasses (lenses and frames): <input type="text"/>	Indicate Maximum Coinsurance percentage for Eyeglasses (lenses and frames): <input type="text"/>
Select which Eyewear Benefits have a Coinsurance (Select all that apply): <input type="checkbox"/> Medicare-covered Benefits <input type="checkbox"/> Contact lenses <input type="checkbox"/> Eyeglasses (lenses and frames) <input type="checkbox"/> Eyeglass lenses <input type="checkbox"/> Eyeglass frames <input type="checkbox"/> Upgrades	Indicate Minimum Coinsurance percentage for Eyeglass lenses: <input type="text"/>	Indicate Maximum Coinsurance percentage for Eyeglass lenses: <input type="text"/>

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 Medicare-covered Benefits:

Indicate Maximum Copayment amount for Medicare-covered Benefits:

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

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

Indicate Minimum Copayment amount for Upgrades:

Indicate Maximum Copayment amount for Upgrades:

Indicate Minimum Copayment amount for Eyeglass lenses:

Indicate Maximum Copayment amount for Eyeglass lenses:

CY 2020 PBP Data Entry System Screens

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

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 #17b Eyewear - Base 6". The main content area contains two questions with radio button options: "Is authorization required?" (Yes/No) and "Is a referral required for Eyewear?" (Yes/No). Below these is a section for "Eyewear Notes" with a text area and a scroll bar. The text area is currently empty.

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

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

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 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 #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 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 #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

Select type of benefit for Hearing Aids (all types):	Select type of benefit for Hearing Aids - Inner Ear:	Select type of benefit for Hearing Aids - Outer Ear:
<input type="radio"/> Mandatory <input type="radio"/> Optional	<input type="radio"/> Mandatory <input type="radio"/> Optional	<input type="radio"/> Mandatory <input type="radio"/> Optional
Is this benefit unlimited for Hearing Aids (all types)?	Is this benefit unlimited for Hearing Aids - Inner Ear?	Is this benefit unlimited for Hearing Aids - Outer Ear?
<input type="radio"/> Yes <input type="radio"/> No, indicate number	<input type="radio"/> Yes <input type="radio"/> No, indicate number	<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:	Select Hearing Aids - Inner Ear periodicity:	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	<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	<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 Minimum Coinsurance percentage for Hearing Aids - Over the Ear:

Indicate Maximum Coinsurance percentage for Hearing Aids (all types):

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

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:

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 - Over the Ear:

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

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

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

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

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

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

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

Is there an enrollee Deductible?
 Yes
 No

Indicate Deductible Amount:

CY 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:

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 style="width: 50px;" 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 the following sections:

- Is authorization required?** with radio buttons for "Yes" and "No".
- Is a referral required for Cardiac and Pulmonary Rehabilitation Services?** with radio buttons for "Yes" and "No".
- Cardiac and Pulmonary Rehabilitation Services Notes**
Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry.
- Notes:** A large, empty text area with a vertical scrollbar.

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

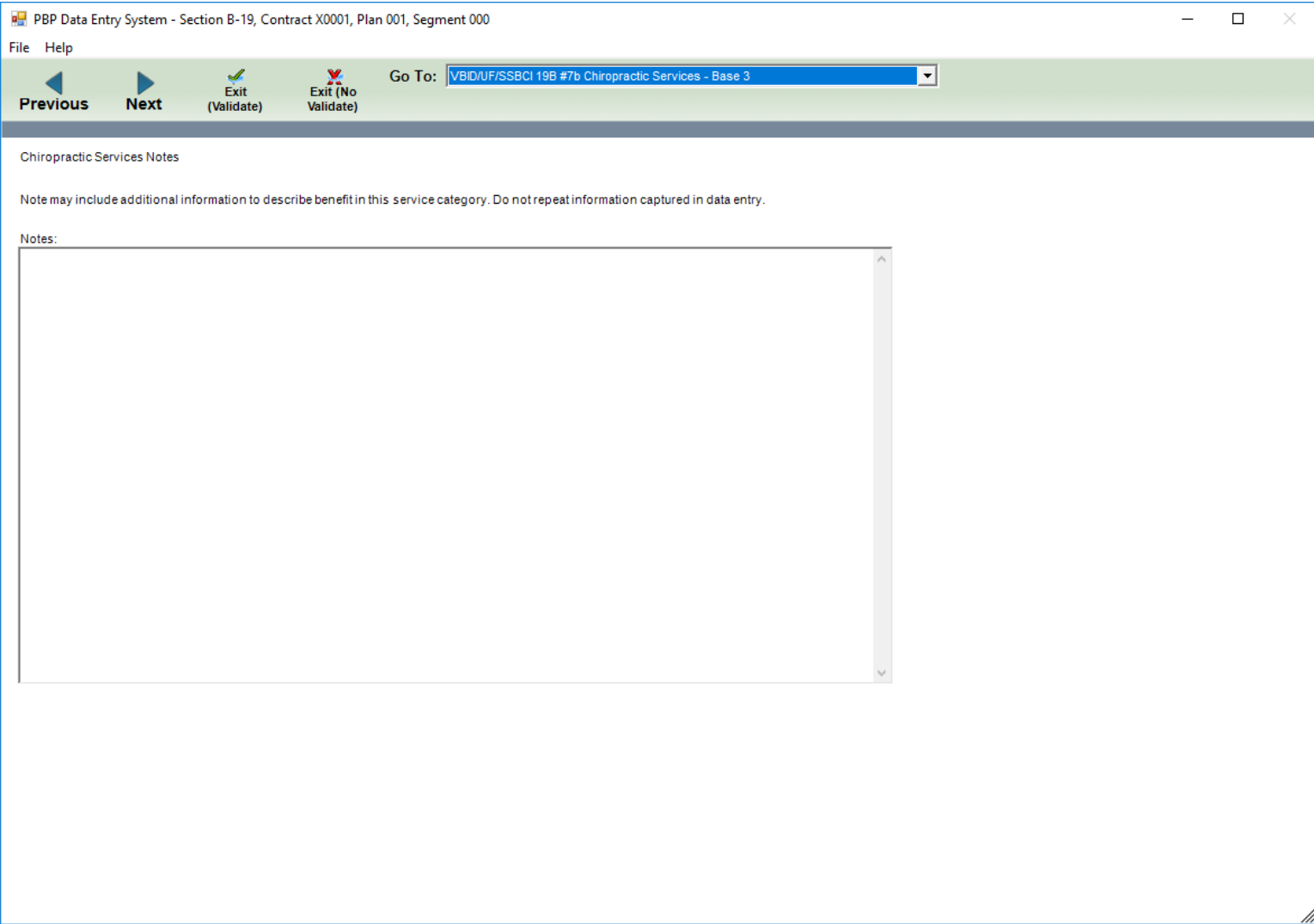
Indicate Deductible Amount:

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



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", "Next", "Exit (Validate)", and "Exit (No Validate)". 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 #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

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 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

File Help

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

Previous Next Exit (Validate) Exit (No Validate)

Medicare-covered Coinsurance Cost Sharing for Tier 2:
Do you charge the Medicare-defined cost shares? (These are the total charges for all services provided to the 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
[]	[]	[]
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	Begin Day Interval	End Day Interval
[]	[]	[]
Coinsurance % Interval 2	Begin Day Interval 2	End Day Interval 2:
[]	[]	[]
Coinsurance % Interval 3	Begin Day Interval 3	End Day Interval 3:
[]	[]	[]

CY 2020 PBP Data Entry System Screens

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

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 (Validate)

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 Exit (No
 Validate)

<p>Medicare-covered Lifetime Reserve Days Tier 1</p> <p>Indicate the number of day intervals for the Medicare-covered Lifetime Reserve Days:</p> <div style="border: 1px solid black; 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 border="0" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Interval Days</th> <th></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> <th></th> </tr> </thead> <tbody> <tr> <td>Interval 1:</td> <td style="text-align: center;"><input style="width: 40px;" type="text"/></td> <td style="text-align: center;"><input style="width: 40px;" type="text"/></td> <td style="text-align: center;"><input style="width: 40px;" type="text"/></td> <td></td> </tr> <tr> <td>Interval 2:</td> <td style="text-align: center;"><input style="width: 40px;" type="text"/></td> <td style="text-align: center;"><input style="width: 40px;" type="text"/></td> <td style="text-align: center;"><input style="width: 40px;" type="text"/></td> <td></td> </tr> <tr> <td>Interval 3:</td> <td style="text-align: center;"><input style="width: 40px;" type="text"/></td> <td style="text-align: center;"><input style="width: 40px;" type="text"/></td> <td style="text-align: center;"><input style="width: 40px;" type="text"/></td> <td></td> </tr> </tbody> </table>		Interval Days					Coinsurance %	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"/>		<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; 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CY 2020 PBP Data Entry System Screens

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

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., 91 to 999):

Coinurance % Interval 1 Begin Day Interval 1: End Day Interval 1:

Coinurance % Interval 2 Begin Day Interval 2: End Day Interval 2:

Coinurance % 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:

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

Yes
 No

Indicate Coinsurance percentage for Upgrades:

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

Zero (No Coinsurance per Day)
 One
 Two
 Three

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

Coinurance % Interval 1 Begin Day Interval 1: End Day Interval 1:

Coinurance % Interval 2 Begin Day Interval 2: End Day Interval 2:

Coinurance % 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 7

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

MA Organizations are not permitted to tier deductibles.

Is there an enrollee Deductible?

 Yes
 No

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 Deductible Amount for Tier 2:

Indicate Deductible Amount for Tier 3:

Is there an enrollee Copayment?

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

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 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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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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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

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

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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

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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

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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

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

CY 2020 PBP Data Entry System Screens

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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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"/>

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VBID/UF/SSBCI 19B #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

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., 91 to 999):

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

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

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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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 19B #1b Inpatient Hospital Psychiatric – Base 8

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 Exit (No Validate)

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

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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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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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Additional Days Copayment Cost Sharing for Tier 1: Additional Days Copayment Cost Sharing for Tier 2:

Indicate the number of day intervals for Additional Days: 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"/>

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

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Additional Days Copayment Cost Sharing for Tier 3:

Indicate the number of day intervals for Additional Days:

Zero (No Copayment per Day)
 One
 Two
 Three

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

Copayment Amt Interval 1	Begin Day Interval 1:	End Day Interval 1:
<input style="width: 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"/>

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

Yes
 No

Indicate Copayment amount for the Non-Medicare-covered stay:

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

Zero (No Copayment per Day)
 One
 Two
 Three

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

Copayment Amt Interval 1	Begin Day Interval 1:	End Day Interval 1:
<input style="width: 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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Go To: VBID/UF/SSBCI 19B #1b Inpatient Hospital Psychiatric - Base 12

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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:

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VBID/UF/SSBCI 19B #2 SNF – Base 1

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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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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

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

File Help

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✔ Exit (Validate)
✘ Exit (No Validate)

<p>Medicare-covered Coinsurance 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 SNF.)</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Indicate Coinsurance percentage for the Medicare-covered stay: <input type="text"/></p> <p>Indicate the number of day intervals for the Medicare-covered stay:</p> <p><input type="radio"/> Zero (No Coinsurance per Day) <input type="radio"/> One <input type="radio"/> Two <input type="radio"/> Three</p> <p>Indicate the coinsurance percentage and day interval(s) for Medicare-covered stay (e.g.; 1 to 20; 21 to 100):</p> <p>Coinsurance % Interval 1: <input type="text"/> Begin Day Interval 1: <input type="text"/> End Day Interval 1: <input type="text"/></p> <p>Coinsurance % Interval 2: <input type="text"/> Begin Day Interval 2: <input type="text"/> End Day Interval 2: <input type="text"/></p> <p>Coinsurance % Interval 3: <input type="text"/> Begin Day Interval 3: <input type="text"/> End Day Interval 3: <input type="text"/></p>	<p>Medicare-covered Coinsurance 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 SNF.)</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Indicate Coinsurance percentage for the Medicare-covered stay: <input type="text"/></p> <p>Indicate the number of day intervals for the Medicare-covered stay:</p> <p><input type="radio"/> Zero (No Coinsurance per Day) <input type="radio"/> One <input type="radio"/> Two <input type="radio"/> Three</p> <p>Indicate the coinsurance percentage and day interval(s) for Medicare-covered stay (e.g.; 1 to 20; 21 to 100):</p> <p>Coinsurance % Interval 1: <input type="text"/> Begin Day Interval 1: <input type="text"/> End Day Interval 1: <input type="text"/></p> <p>Coinsurance % Interval 2: <input type="text"/> Begin Day Interval 2: <input type="text"/> End Day Interval 2: <input type="text"/></p> <p>Coinsurance % Interval 3: <input type="text"/> Begin Day Interval 3: <input type="text"/> End Day Interval 3: <input type="text"/></p>
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CY 2020 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #2 SNF – 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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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 2:

Indicate the number of day intervals for Additional Days:

Zero (No Coinsurance per Day)

One

Two

Three

Indicate the coinsurance percentage and day interval(s) for Additional Days (enter "999" if unlimited days are offered; e.g., 101 to 999):

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

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

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

Additional Days Coinsurance Cost Sharing for Tier 1:

Indicate the number of day intervals for Additional Days:

Zero (No Coinsurance per Day)

One

Two

Three

Indicate the coinsurance percentage and day interval(s) for Additional Days (enter "999" if unlimited days are offered; e.g., 101 to 999):

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

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

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

CY 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

File Help

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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 19B #2 SNF – Base 6

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

File Help

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

Previous Next Exit (Validate) Exit (No Validate)

If you do not have a service-specific deductible for this benefit but offer a plan-specific deductible, then enter the plan deductible in Section D.
MA Organizations are not permitted to tier deductibles.

Is there an enrollee Deductible?
 Yes
 No

Indicate Deductible Amount Tier 1:

Indicate Deductible Amount Tier 2:

Indicate Deductible Amount Tier 3:

Is there an enrollee Copayment?
 Yes
 No

Medicare-covered Copayment Cost Sharing for Tier 1:

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

Indicate Copayment amount for Medicare-covered stay:

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

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

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

CY 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

File Help

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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 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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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: