

# CY 2023 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, MAUniformity Flexibility (UF), and/or Special Supplemental Benefits for the Chronically Ill (SSBCI).

Under MAUniformity 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 MAUniformity 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  
 Cash or Monetary Rebates

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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File Help

Go To: #19 VBID Wellness and Health Care Planning

Previous Next Exit (Validate) Exit (No Validate)

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 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

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

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

The screenshot shows a web-based data entry form titled "Part C Rewards and Incentives - Package #2". 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 "#19 VBID Part C Rewards and Incentives #2". The form fields are as follows:

- 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 single-line text input field.
- Part C Reward or Incentive amount(s):** A single-line text input field.
- Frequency of Reward or Incentive Eligibility:** A list of radio buttons for "Every Year", "Every Six Months", "Every Three Months", "One-Time", and "Other, Describe".
- Other Description:** A single-line text input field.
- Eligibility Criteria:** A multi-line text area with scrollbars.
- Maximum Annual Part C Rewards and Incentives Available:** A single-line text input field.

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## #19 VBID Part C Rewards and Incentives # 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 navigation 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 single-line text input field.
- Part C Reward or Incentive amount(s):** A single-line 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 single-line text input field.
- Eligibility Criteria:** A multi-line text area with a vertical scrollbar.
- Maximum Annual Part C Rewards and Incentives Available:** A single-line text input field.

# CY 2023 PBP Data Entry System Screens

## #19a VBID- Cash or Monetary Rebates

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

File Help

Go To: #19 VBID - Cash or Monetary Rebates

Previous Next Exit (Validate) Exit (No Validate)

Type of Cash or Monetary Rebates:

Debit Card/Check

Other

Cash or Monetary Rebates Note:

Cash or Monetary Rebates amount per month:

Maximum Annual Cash or Monetary Rebates available:

# CY 2023 PBP Data Entry System Screens

## #19a Reduction in Costs VBID/UF/SSBCI

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

File Help

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

Previous Next Exit (Validate) Exit (No Validate)

CLICK FOR DESCRIPTION OF BENEFIT

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

Yes  
 No

How many packages does your 19a Reduction in Cost Sharing VBID/MA Uniformity Flexibility/SSBCI benefit 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 2023 PBP Data Entry System Screens

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

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

File Help

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

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

VBID

MA Uniformity Flexibility

SSBCI



# CY 2023 PBP Data Entry System Screens

## #19a Reduced Cost Sharing for VBID/UF/SSBCI – Target Population: VBID

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 - Target Population: VBID

Previous Next Exit (Validate) Exit (No Validate)

Targeting Methodology - Please choose one or both:

Chronic Condition(s)

Socioeconomic Status

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

Estimated Enrollees to be Targeted and Engaged to Receive Model Benefits

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 2023 PBP Data Entry System Screens

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

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 - 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 2023 PBP Data Entry System Screens

## #19a Additional Benefits for VBID/UF/SSBCI – Chronic Conditions: SSBCI

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 - Chronic Conditions: SSBCI

Previous Next Exit (Validate) Exit (No Validate)

To which chronic condition does this benefit apply? (Select all that apply)

- Chronic alcohol and other drug dependence
- Autoimmune disorders
- Cancer
- Cardiovascular disorders
- Chronic heart failure
- Dementia
- Diabetes
- End-stage liver disease
- End-stage renal disease (ESRD)
- Severe hematologic disorders
- HIV/AIDS
- Chronic lung disorders
- Chronic and disabling mental health conditions
- Neurologic disorders
- Stroke
- 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:

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

# CY 2023 PBP Data Entry System Screens

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

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 - MMP Benefits

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 2023 PBP Data Entry System Screens

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

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

File Help

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

Previous Next Exit (Validate) Exit (No Validate)

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

Does the plan reduce cost sharing to \$0 for all covered benefits, up to a maximum aggregate amount?

Yes  
 No

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
- 7j: Additional Telehealth 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

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 VBID/MA Uniformity Flexibility/SSBCI cost reduction cover all or some Specialists under 7d: Physician Specialist Services?

All specialists  
 Some specialists

# CY 2023 PBP Data Entry System Screens

## #19a Reduced Cost Sharing 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: #19a Reduced Cost Sharing 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 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
- 7j: Additional Telehealth 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

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

# CY 2023 PBP Data Entry System Screens

## #19a Reduced Cost Sharing for VBID/UF/SSBCI – Base 3 (Reduced 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 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
- 7j: Additional Telehealth 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

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

# CY 2023 PBP Data Entry System Screens

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

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



# CY 2023 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

File Help

Go To: #19a Reduced Cost Sharing for VBID/UF/SSBCI - Base 5 (Reduced Coinsurance)

Previous
Next
Exit (Validate)
Exit (No Validate)

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

	Minimum Coinsurance	Maximum Coinsurance		Minimum Coinsurance	Maximum Coinsurance		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"/>						
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 2023 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

File Help

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Exit (Validate) ✓
Exit (No Validate) ✗
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 2023 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

File Help

Go To: #19a Reduced Cost Sharing for VBID/UF/SSBCI - Base 7 (Reduced Coinsurance)

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Exit (Validate)
Exit (No Validate)

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

	Minimum Coinsurance	Maximum Coinsurance		Minimum Coinsurance	Maximum Coinsurance		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 2023 PBP Data Entry System Screens

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

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 VBI/UF/SSBCI - Base 8 (Reduced Deductible)

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Do you offer a reduced deductible amount?

Yes  
 No

Select the benefits that will receive reduced deductible amounts:

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

# CY 2023 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

File Help

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

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Next
Exit (Validate)
Exit (No Validate)

Indicate deductible for one or more of the following services

	Deductible Amount		Deductible Amount		Deductible Amount
Air Ambulance Services	<input type="text"/>	Nutritional/Dietary Benefit	<input type="text"/>	Weight Management Programs	<input type="text"/>
Transportation Services	<input type="text"/>	Additional Sessions of Smoking and Tobacco Cessation Counseling	<input type="text"/>	Alternative Therapies	<input type="text"/>
Durable Medical Equipment (DME)	<input type="text"/>	Fitness Benefit	<input type="text"/>	Therapeutic Massage	<input type="text"/>
Prosthetics/Medical Supplies	<input type="text"/>	Enhanced Disease Management	<input type="text"/>	Adult Day Health Services	<input type="text"/>
Diabetic Supplies and Services	<input type="text"/>	Telemonitoring Services	<input type="text"/>	Home-Based Palliative Care	<input type="text"/>
Dialysis Services	<input type="text"/>	Remote Access Technologies (including Web/Phone-based technologies and Nursing Hotline)	<input type="text"/>	In-Home Support Services	<input type="text"/>
Acupuncture	<input type="text"/>	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"/>		

# CY 2023 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

File Help

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

Previous Next Exit (Validate) Exit (No Validate)

Do you offer reduced Copayment?

Yes  
 No

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

Medicare-covered benefits  
 Non-Medicare-covered benefits

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

- 3-1: Cardiac Rehabilitation Services
- 3-2: Intensive Cardiac Rehabilitation Services
- 3-3: Pulmonary Rehabilitation Services
- 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
- 7j: Additional Telehealth 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

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 2023 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

File Help

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🟢 Exit (Validate)
🔴 Exit (No Validate)

Go To: #19a Reduced Cost Sharing for VBID/UF/SSBCI - Base 11 (Reduced Copayment) ▼

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

# CY 2023 PBP Data Entry System Screens

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

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

File Help

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 Exit (Validate)
 Exit (No Validate)
 
Go To: #19a Reduced Cost Sharing for VBID/UF/SSBCI - Base 12 (Reduced Copayment)

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 2023 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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Exit (Validate)
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Go To: #19a Reduced Cost Sharing for VBID/UF/SSBCI - Base 13 (Reduced Copayment)

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 2023 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

File Help

Go To: #19a Reduced Cost Sharing for VBID/UF/SSBCI - Base 14 (Reduced Copayment)

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Exit (Validate)
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
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 2023 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 2023 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

◀ Previous
Next ▶
Exit (Validate)
Exit (No Validate)
Go To: #19a Reduced Cost Sharing for VBID/UF/SSBCI - Base 16 (Reduced Specialist Deductible)

---

Select all Specialists with a reduced deductible:

- 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 Deductible for one or more of the following Specialists:

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

# CY 2023 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

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

Previous
Next
Exit (Validate)
Exit (No Validate)

Select all Specialists with a reduced copayment:	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"/>			

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

# CY 2023 PBP Data Entry System Screens

## #19a Reduced Cost Sharing for VBID/UF/SSBCI – Base 18 (Maximum Aggregate Amount)

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

File Help

Go To: #19a Reduced Cost Sharing for VBID/UF/SSBCI - Base 18 (Maximum Aggregate Amou)

Previous Next Exit (Validate) Exit (No Validate)

Is there a maximum aggregate amount of reduced cost sharing?

Yes

No

Specify the maximum aggregate amount of reduced cost sharing:

# CY 2023 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 2023 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)

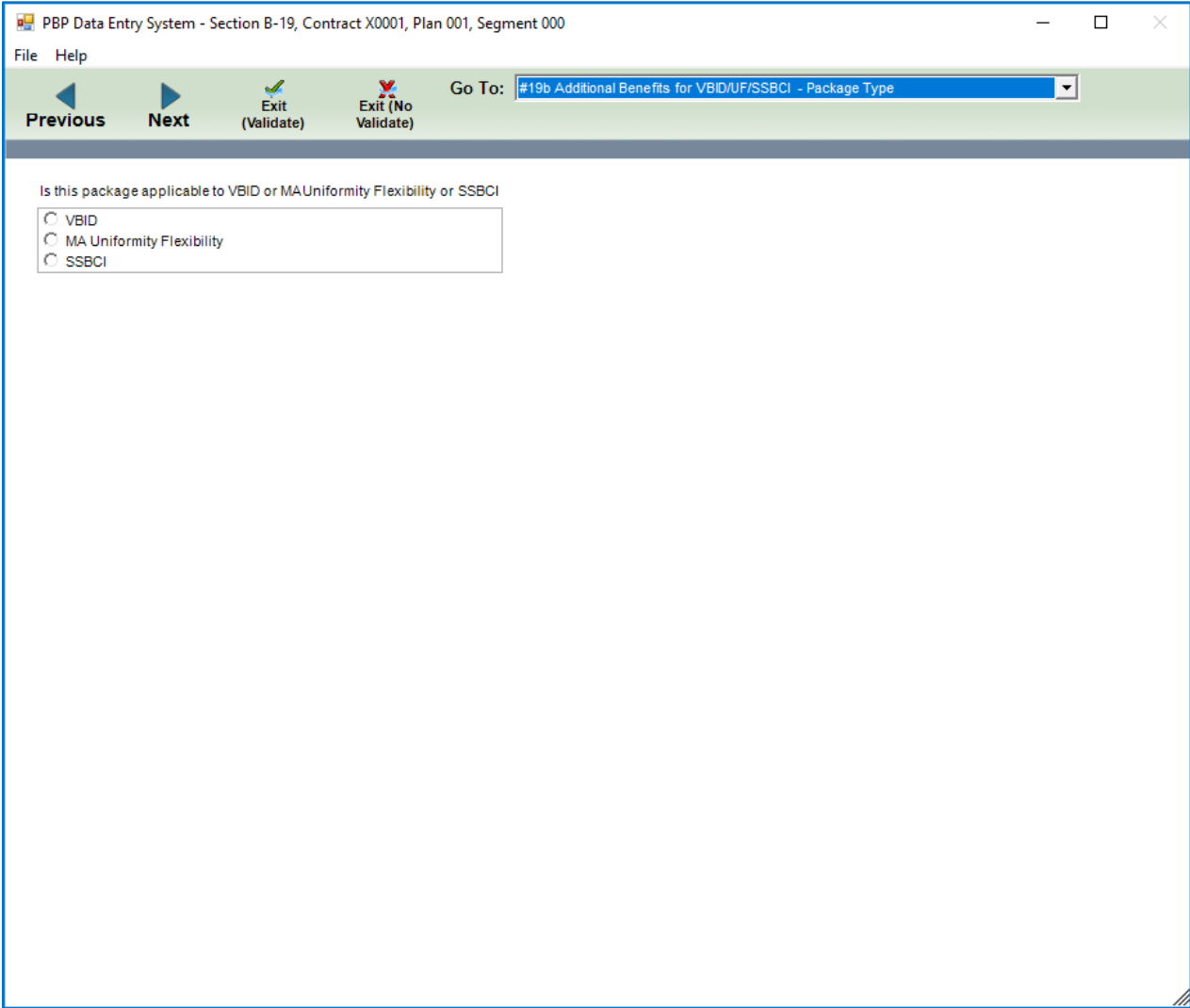
When entering the VBID/MA Uniformity Flexibility/SSBCI maximum and minimum cost sharing for a service category, list only the cost sharing that would apply to enrollees qualifying for the benefit package. Cost sharing ranges should reflect only the services within the service category or specialty selected 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 2023 PBP Data Entry System Screens

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



# CY 2023 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

Expected Number of Enrollees to be Targeted:

Expected Number of Enrollees to be engaged and 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

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 2023 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 2023 PBP Data Entry System Screens

## #19b Additional Benefits for VBID/UF/SSBCI – Chronic Conditions: SSBCI (New Screen CY2022)

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

File Help

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

Previous Next Exit (Validate) Exit (No Validate)

To which chronic condition does this benefit apply? (Select all that apply)

- Chronic alcohol and other drug dependence
- Autoimmune disorders
- Cancer
- Cardiovascular disorders
- Chronic heart failure
- Dementia
- Diabetes
- End-stage liver disease
- End-stage renal disease (ESRD)
- Severe hematologic disorders
- HIV/AIDS
- Chronic lung disorders
- Chronic and disabling mental health conditions
- Neurologic disorders
- Stroke
- 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:

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

# CY 2023 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

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

Does your MAUniformity 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 2023 PBP Data Entry System Screens

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

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

File Help

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

Previous Next Exit (Validate) Exit (No Validate)

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

Yes  
 No

Which prerequisites are required for this package?

High value provider  
 Participation in a 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
- 13-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 2023 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
- 13: 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 2023 PBP Data Entry System Screens

## #19b Additional Benefits for VBI/UF/SSBCI – Base 3 (Maximum Aggregate Amount)

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 VBI/UF/SSBCI - Base 3 (Maximum Aggregate Amount)

Is there a package level maximum coverage amount?

Yes  
 No

Specify the maximum benefit amount:

Select the package level maximum coverage periodicity:

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

Select the Non-Medicare-covered benefits that apply to the package level maximum coverage:

- 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
- 13i1: Food and Produce
- 13i2: Meals (beyond limited basis)
- 13i3: Pest Control



# CY 2023 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

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

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

Notes:

# CY 2023 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> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Indicate the Minimum Coinsurance percentage for Medicare covered Benefits for prescription drugs and biologics:</p> <input type="text"/> <p>Indicate the Maximum Coinsurance percentage for Medicare covered Benefits for prescription drugs and biologics:</p> <input type="text"/> <p>Indicate the maximum per drug amount</p> <input type="text"/>	<p>Cost Sharing for a respite care day:</p> <p>Is there an enrollee Coinsurance?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Indicate the Minimum Coinsurance percentage for Medicare covered Benefits for a respite care day:</p> <input type="text"/> <p>Indicate the Maximum Coinsurance percentage for Medicare covered Benefits for a respite care day:</p> <input type="text"/> <p>Indicate the maximum per day amount</p> <input type="text"/>
--	--

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:

# CY 2023 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

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 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:

# CY 2023 PBP Data Entry System Screens

## #19c VBIID Hospice- Base 3

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

File Help

Go To: #19c VBIID Hospice- Base 3

Previous Next Exit (Validate) Exit (No Validate)

**Hospice Supplemental Benefits**

Are you offering hospice supplemental benefits?  
 Yes  
 No

Is there a max plan benefit amount?  
 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 hospice supplemental benefits offered (Select all that apply):

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.  
 Yes  
 No

Home and bathrooms 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

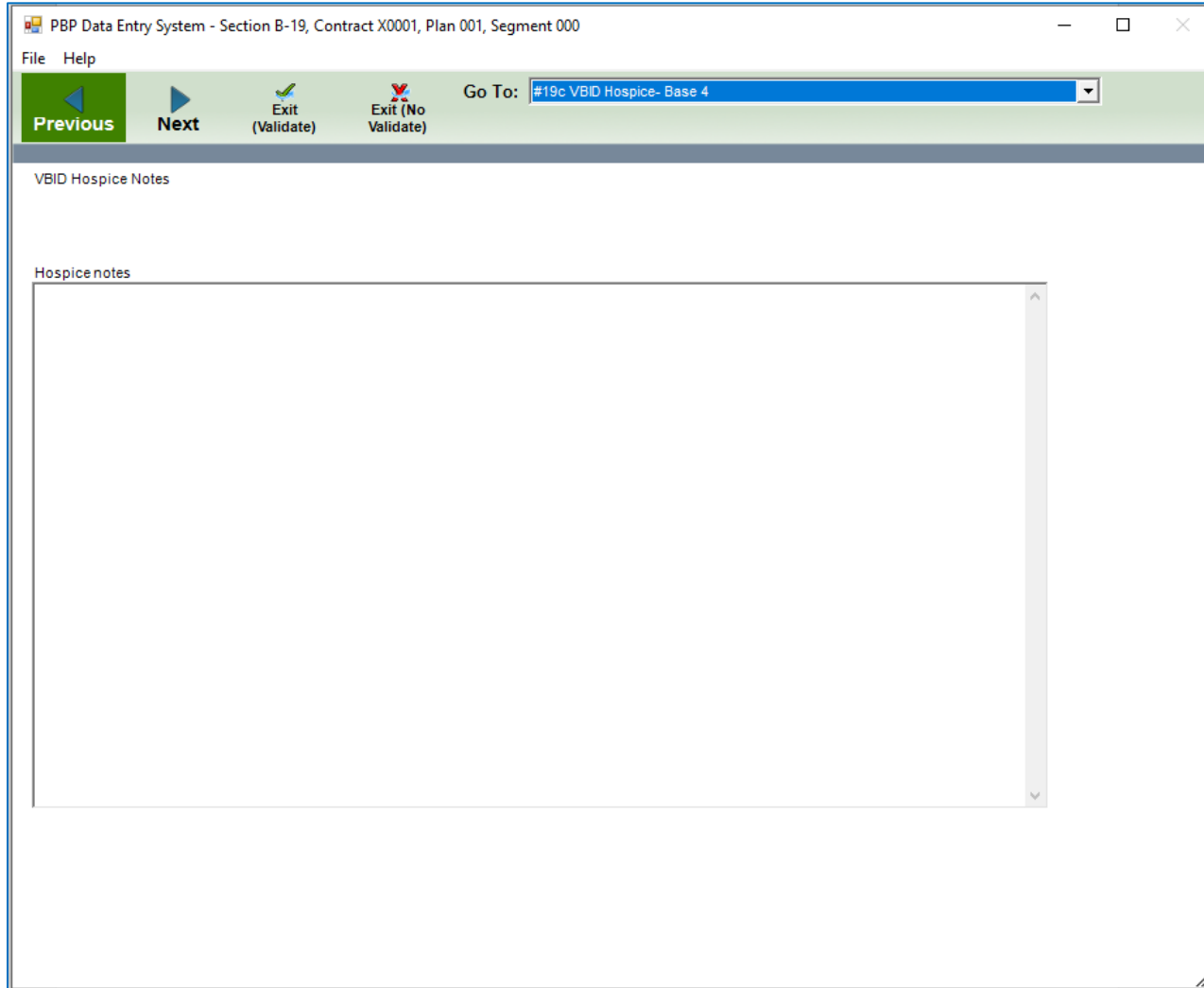
Other mandatory supplemental benefits  
 Yes  
 No

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 2023 PBP Data Entry System Screens

#19c VBID Hospice- Base 4



# CY 2023 PBP Data Entry System Screens

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

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

File Help

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

Previous Next Exit (Validate) Exit (No Validate)

**CLICK FOR DESCRIPTION OF BENEFIT**

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

Yes  
 No

Select enhanced benefits:

Additional Days  
 Non-Medicare-covered Stay  
 Upgrades

Select type of benefit for Additional Days:

Mandatory  
 Optional

Is this benefit unlimited for Additional Days?

Yes  
 No, indicate number

Indicate number of Additional Days per benefit period:

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

Mandatory  
 Optional

Select type of benefit for Upgrades:

Mandatory  
 Optional

# CY 2023 PBP Data Entry System Screens

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

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

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✔ Exit (Validate)
✘ Exit (No Validate)

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

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

 Yes  
 No

Is there an enrollee Coinsurance?

 Yes  
 No

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

Medicare-covered Coinsurance Cost Sharing for Tier 1:

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

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

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

 Yes  
 No

Indicate Coinsurance percentage for the Medicare-covered stay:

How many costsharing tiers do you offer?

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

 Zero (No Coinsurance per Day)  
 One  
 Two  
 Three

What is your lowest cost tier?

 Tier 1  
 Tier 2  
 Tier 3

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

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

# CY 2023 PBP Data Entry System Screens

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

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

File Help

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

Previous Next Exit (Validate) Exit (No Validate)

**Medicare-covered Coinsurance Cost Sharing for Tier 2:**

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

Yes  
 No

Indicate Coinsurance percentage for the Medicare-covered stay:

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

Zero (No Coinsurance per Day)  
 One  
 Two  
 Three

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

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

**Medicare-covered Coinsurance Cost Sharing for Tier 3:**

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

Yes  
 No

Indicate Coinsurance percentage for the Medicare-covered stay:

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

Zero (No Coinsurance per Day)  
 One  
 Two  
 Three

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

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



# CY 2023 PBP Data Entry System Screens

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

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

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✔ Exit (Validate)
✘ Exit (No Validate)

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

Medicare-covered Lifetime Reserve Days Tier 1

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

Zero (No Coinsurance per Day)  
 One  
 Two  
 Three

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

	Interval Days		
Coinsurance %	Begin Day	End Day	
Interval 1:	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>
Interval 2:	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>
Interval 3:	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>

Medicare-covered Lifetime Reserve Days Tier 2

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

Zero (No Coinsurance per Day)  
 One  
 Two  
 Three

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

	Interval Days		
Coinsurance %	Begin Day	End Day	
Interval 1:	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>
Interval 2:	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>
Interval 3:	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>

Medicare-covered Lifetime Reserve Days Tier 3

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

Zero (No Coinsurance per Day)  
 One  
 Two  
 Three

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

	Interval Days		
Coinsurance %	Begin Day	End Day	
Interval 1:	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>
Interval 2:	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>
Interval 3:	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/>

# CY 2023 PBP Data Entry System Screens

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

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

File Help

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

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

Yes  
 No

How many cost sharing tiers do you offer?

What is your lowest cost tier?

Tier 1  
 Tier 2  
 Tier 3

Additional Days Coinsurance Cost Sharing for Tier 2:

Indicate the number of day intervals for Additional Days:

Zero (No Coinsurance per Day)  
 One  
 Two  
 Three

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

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

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

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

Additional Days Coinsurance Cost Sharing for Tier 1:

Indicate the number of day intervals for Additional Days:

Zero (No Coinsurance per Day)  
 One  
 Two  
 Three

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

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

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

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

# CY 2023 PBP Data Entry System Screens

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

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 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:

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

Yes  
 No

Indicate Coinsurance percentage for Upgrades:

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

Zero (No Coinsurance per Day)  
 One  
 Two  
 Three

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

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

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

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

# CY 2023 PBP Data Entry System Screens

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

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

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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 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 2023 PBP Data Entry System Screens

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

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

File Help

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

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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"/>

# CY 2023 PBP Data Entry System Screens

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

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

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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																																																																											
Indicate the number of day intervals for the Medicare-covered Lifetime Reserve Days: <input type="radio"/> Zero (No Copayment per Day) <input type="radio"/> One <input type="radio"/> Two <input type="radio"/> Three	Indicate the number of day intervals for the Medicare-covered Lifetime Reserve Days: <input type="radio"/> Zero (No Copayment per Day) <input type="radio"/> One <input type="radio"/> Two <input type="radio"/> Three	Indicate the number of day intervals for the Medicare-covered Lifetime Reserve Days: <input type="radio"/> Zero (No Copayment per Day) <input type="radio"/> One <input type="radio"/> Two <input type="radio"/> Three																																																																											
Indicate the copayment amount and day interval(s) for the 60 Medicare-covered Lifetime Reserve Days (i.e., 1 - 60):  <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;"></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> </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> </tr> </thead> <tbody> <tr> <td>Interval 1:</td> <td><input style="width: 40px;" type="text"/></td> <td><input style="width: 40px;" type="text"/></td> <td><input style="width: 40px;" type="text"/></td> <td></td> </tr> <tr> <td>Interval 2:</td> <td><input style="width: 40px;" type="text"/></td> <td><input style="width: 40px;" type="text"/></td> <td><input style="width: 40px;" type="text"/></td> <td></td> </tr> <tr> <td>Interval 3:</td> <td><input style="width: 40px;" type="text"/></td> <td><input style="width: 40px;" type="text"/></td> <td><input style="width: 40px;" type="text"/></td> <td></td> </tr> </tbody> </table>		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"/>		Indicate the copayment amount and day interval(s) for the 60 Medicare-covered Lifetime Reserve Days (i.e., 1 - 60):  <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;"></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> </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> </tr> </thead> <tbody> <tr> <td>Interval 1:</td> <td><input style="width: 40px;" type="text"/></td> <td><input style="width: 40px;" type="text"/></td> <td><input style="width: 40px;" type="text"/></td> <td></td> </tr> <tr> <td>Interval 2:</td> <td><input style="width: 40px;" type="text"/></td> <td><input style="width: 40px;" type="text"/></td> <td><input style="width: 40px;" type="text"/></td> <td></td> </tr> <tr> <td>Interval 3:</td> <td><input style="width: 40px;" type="text"/></td> <td><input style="width: 40px;" type="text"/></td> <td><input style="width: 40px;" type="text"/></td> <td></td> </tr> </tbody> </table>		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"/>		Indicate the copayment amount and day interval(s) for the 60 Medicare-covered Lifetime Reserve Days (i.e., 1 - 60):  <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;"></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> </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> </tr> </thead> <tbody> <tr> <td>Interval 1:</td> <td><input style="width: 40px;" type="text"/></td> <td><input style="width: 40px;" type="text"/></td> <td><input style="width: 40px;" type="text"/></td> <td></td> </tr> <tr> <td>Interval 2:</td> <td><input style="width: 40px;" type="text"/></td> <td><input style="width: 40px;" type="text"/></td> <td><input style="width: 40px;" type="text"/></td> <td></td> </tr> <tr> <td>Interval 3:</td> <td><input style="width: 40px;" type="text"/></td> <td><input style="width: 40px;" type="text"/></td> <td><input style="width: 40px;" type="text"/></td> <td></td> </tr> </tbody> </table>		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"/>	
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# CY 2023 PBP Data Entry System Screens

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

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

File Help

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

Previous Next Exit (Validate) Exit (No Validate)

Additional Days Copayment Cost Sharing for Tier 1:  
Indicate the number of day intervals for Additional Days:  
 Zero (No Copayment per Day)  
 One  
 Two  
 Three

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

# CY 2023 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 2023 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 2023 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 2023 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:
<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 2023 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:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Coinsurance% Interval 2	Begin Day Interval 2:	End Day Interval 2:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Coinsurance% Interval 3	Begin Day Interval 3:	End Day Interval 3:
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Indicate Coinsurance percentage for the Medicare-covered stay:

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

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

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

# CY 2023 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

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

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Exit (Validate)
 Exit (No Validate)

Medicare-covered Lifetime Reserve Days Tier 1	Medicare-covered Lifetime Reserve Days Tier 2	Medicare-covered Lifetime Reserve Days Tier 3																																																																																																																		
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# CY 2023 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
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File Help

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Exit (Validate) 
Exit (No Validate) 
Go To: VBID/UF/SSBCI 19A #1b Inpatient Hospital Psychiatric - Base 5

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

Yes

No

How many cost sharing tiers do you offer?

What is your lowest cost tier?

Tier 1

Tier 2

Tier 3

Additional Days Coinsurance Cost Sharing for Tier 2:

Indicate the number of day intervals for Additional Days:

Zero (No Coinsurance per Day)

One

Two

Three

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

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

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

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

Additional Days Coinsurance Cost Sharing for Tier 1:

Indicate the number of day intervals for Additional Days:

Zero (No Coinsurance per Day)

One

Two

Three

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

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

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

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

# CY 2023 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

File Help

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 2023 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

File Help

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

Previous Next Exit (Validate) Exit (No Validate)

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

MA Organizations are not permitted to tier deductibles.

Is there an enrollee Deductible?

Yes  
 No

Indicate Deductible Amount for Tier 1:  
[ ]

Indicate Deductible Amount for Tier 2:  
[ ]

Indicate Deductible Amount for Tier 3:  
[ ]

Is there an enrollee Copayment?

Yes  
 No

Medicare-covered Copayment Cost Sharing for Tier 1:

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

Yes  
 No

Indicate Copayment amount for the Medicare-covered stay:  
[ ]

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

Zero (No Copayment per Day)  
 One  
 Two  
 Three

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

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



# CY 2023 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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File Help

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

<p>Medicare-covered Copayment Cost Sharing for Tier 2:</p> <p>Do you charge the Medicare-defined cost shares? (These are the total charges for all services provided to the enrollee in the inpatient facility.)</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Indicate Copayment amount for the Medicare-covered stay: <input style="width: 50px;" type="text"/></p> <p>Indicate the number of day intervals for the Medicare-covered stay:</p> <p><input type="radio"/> Zero (No Copayment per Day) <input type="radio"/> One <input type="radio"/> Two <input type="radio"/> Three</p> <p>Indicate the copayment amount and day interval(s) for the Medicare-covered stay (e.g., 1 to 30; 31 to 90): For more information on cost share limitations please view the variable help.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Copayment Amt Interval 1</td> <td style="width: 33%;">Begin Day Interval 1:</td> <td style="width: 33%;">End Day Interval 1:</td> </tr> <tr> <td><input style="width: 50px;" type="text"/></td> <td><input style="width: 50px;" type="text"/></td> <td><input style="width: 50px;" type="text"/></td> </tr> <tr> <td>Copayment Amt Interval 2</td> <td>Begin Day Interval 2:</td> <td>End Day Interval 2:</td> </tr> <tr> <td><input style="width: 50px;" type="text"/></td> <td><input style="width: 50px;" type="text"/></td> <td><input style="width: 50px;" type="text"/></td> </tr> <tr> <td>Copayment Amt Interval 3</td> <td>Begin Day Interval 3:</td> <td>End Day Interval 3:</td> </tr> <tr> <td><input style="width: 50px;" type="text"/></td> <td><input style="width: 50px;" type="text"/></td> <td><input style="width: 50px;" type="text"/></td> </tr> </table>	Copayment Amt Interval 1	Begin Day Interval 1:	End Day Interval 1:	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	Copayment Amt Interval 2	Begin Day Interval 2:	End Day Interval 2:	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	Copayment Amt Interval 3	Begin Day Interval 3:	End Day Interval 3:	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<p>Medicare-covered Copayment Cost Sharing for Tier 3:</p> <p>Do you charge the Medicare-defined cost shares? (These are the total charges for all services provided to the enrollee in the inpatient facility.)</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Indicate Copayment amount for the Medicare-covered stay: <input style="width: 50px;" type="text"/></p> <p>Indicate the number of day intervals for the Medicare-covered stay:</p> <p><input type="radio"/> Zero (No Copayment per Day) <input type="radio"/> One <input type="radio"/> Two <input type="radio"/> Three</p> <p>Indicate the copayment amount and day interval(s) for the Medicare-covered stay (e.g., 1 to 30; 31 to 90): For more information on cost share limitations please view the variable help.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Copayment Amt Interval 1</td> <td style="width: 33%;">Begin Day Interval 1:</td> <td style="width: 33%;">End Day Interval 1:</td> </tr> <tr> <td><input style="width: 50px;" type="text"/></td> <td><input style="width: 50px;" type="text"/></td> <td><input style="width: 50px;" type="text"/></td> </tr> <tr> <td>Copayment Amt Interval 2</td> <td>Begin Day Interval 2:</td> <td>End Day Interval 2:</td> </tr> <tr> <td><input style="width: 50px;" type="text"/></td> <td><input style="width: 50px;" type="text"/></td> <td><input style="width: 50px;" type="text"/></td> </tr> <tr> <td>Copayment Amt Interval 3</td> <td>Begin Day Interval 3:</td> <td>End Day Interval 3:</td> </tr> <tr> <td><input style="width: 50px;" type="text"/></td> <td><input style="width: 50px;" type="text"/></td> <td><input style="width: 50px;" type="text"/></td> </tr> </table>	Copayment Amt Interval 1	Begin Day Interval 1:	End Day Interval 1:	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	Copayment Amt Interval 2	Begin Day Interval 2:	End Day Interval 2:	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	Copayment Amt Interval 3	Begin Day Interval 3:	End Day Interval 3:	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
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# CY 2023 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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Go To: VBID/UF/SSBCI 19A #1b Inpatient Hospital Psychiatric - Base 9

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 2023 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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Go To: VBID/UF/SSBCI 19A #1b Inpatient Hospital Psychiatric - 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:
<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 2023 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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✔ Exit (Validate)
✘ Exit (No Validate)

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

Additional Days Copayment Cost Sharing for Tier 3:

Indicate the number of day intervals for Additional Days:

Zero (No Copayment per Day)  
 One  
 Two  
 Three

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

Copayment Amt Interval 1	Begin Day Interval 1:	End Day Interval 1:
<input 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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CY2023 PBP – Section B VBID/UF/SSBCI  
12/27/2021

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**CMS SENSITIVE INFORMATION - REQUIRES SPECIAL HANDLING**

# CY 2023 PBP Data Entry System Screens

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

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

File Help

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

What is your Inpatient Hospital Psychiatric benefit period?

Original Medicare  
 Annual  
 Per Admission or Per Stay  
 Other, Describe

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

Do you charge cost sharing on the day of discharge?

Yes  
 No

Is authorization required?

Yes  
 No

Is a referral required for Inpatient Psychiatric Hospital Services?

Yes  
 No

Inpatient Hospital Psychiatric Notes

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

Notes:

# CY 2023 PBP Data Entry System Screens

VBID/UF/SSBCI 19A #2 SNF – Base 1

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

File Help

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

Previous Next Exit (Validate) Exit (No Validate)

**CLICK FOR DESCRIPTION OF BENEFIT**

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

Yes  
 No

Select enhanced benefits:

Additional days beyond Medicare-covered  
 Non-Medicare-covered stay (MMP Only)

Select type of benefit for Additional Days beyond Medicare-covered:

Mandatory  
 Optional

Is this benefit unlimited for Additional Days?

Yes  
 No, indicate number

Indicate the number of Additional Days beyond Medicare-covered per benefit period:

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

Mandatory  
 Optional

Do you allow less than 3 day inpatient hospital stay prior to SNF admission?

Yes  
 No

Indicate the Number of Hospital Days Required Prior to SNF Admission (0-2):

Zero  
 One  
 Two

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

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

Yes  
 No

Indicate Maximum Enrollee Out-of-Pocket Cost amount:

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

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

# CY 2023 PBP Data Entry System Screens

VBID/UF/SSBCI 19A #2 SNF – Base 2

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

File Help

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

Previous Next Exit (Validate) Exit (No Validate)

Does this plan's Medicare-covered benefit cost sharing vary by the Skilled Nursing Facility in which an enrollee obtains care?

Yes  
 No

How many cost sharing tiers do you offer?

What is your lowest cost tier?

Tier 1  
 Tier 2  
 Tier 3

Is there an enrollee Coinsurance?

Yes  
 No

Medicare-covered Coinsurance Cost Sharing for Tier 1:

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

Yes  
 No

Indicate Coinsurance percentage for the Medicare-covered stay:

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

Zero (No Coinsurance per Day)  
 One  
 Two  
 Three

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

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

# CY 2023 PBP Data Entry System Screens

VBID/UF/SSBCI 19A #2 SNF – Base 3

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

File Help

Go To: VBID/UF/SSBCI 19A #2 SNF - Base 3

Previous Next Exit (Validate) Exit (No Validate)

**Medicare-covered Coinsurance Cost Sharing for Tier 2:**

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

Yes  
 No

Indicate Coinsurance percentage for the Medicare-covered stay:

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

Zero (No Coinsurance per Day)  
 One  
 Two  
 Three

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

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

**Medicare-covered Coinsurance Cost Sharing for Tier 3:**

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

Yes  
 No

Indicate Coinsurance percentage for the Medicare-covered stay:

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

Zero (No Coinsurance per Day)  
 One  
 Two  
 Three

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

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



# CY 2023 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:

# CY 2023 PBP Data Entry System Screens

VBID/UF/SSBCI 19A #2 SNF – Base 5

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

File Help

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

Previous Next Exit (Validate) Exit (No Validate)

Additional Days Coinsurance Cost Sharing for Tier 3:

Indicate the number of day intervals for Additional Days:

Zero (No Coinsurance per Day)  
 One  
 Two  
 Three

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

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

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

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

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

Yes  
 No

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

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

Zero (No Coinsurance per Day)  
 One  
 Two  
 Three

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

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

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

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

# CY 2023 PBP Data Entry System Screens

VBID/UF/SSBCI 19A #2 SNF – Base 6

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

File Help

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

Previous Next Exit (Validate) Exit (No Validate)

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

Is there an enrollee Deductible?  
 Yes  
 No

Indicate Deductible Amount Tier 1:

Indicate Deductible Amount Tier 2:

Indicate Deductible Amount Tier 3:

Is there an enrollee Copayment?  
 Yes  
 No

Medicare-covered Copayment Cost Sharing for Tier 1:  
Do you charge the Medicare-defined cost shares? (These are the total charges for all services provided to the enrollee in the SNF.)  
 Yes  
 No

Indicate Copayment amount for Medicare-covered stay:

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

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

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

# CY 2023 PBP Data Entry System Screens

VBID/UF/SSBCI 19A #2 SNF – Base 7

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

File Help

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

Previous Next Exit (Validate) Exit (No Validate)

**Medicare-covered Copayment Cost Sharing for Tier 2:**

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

Yes  
 No

Indicate Copayment amount for Medicare-covered stay:

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

Zero (No Copayment per Day)  
 One  
 Two  
 Three

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

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

**Medicare-covered Copayment Cost Sharing for Tier 3:**

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

Yes  
 No

Indicate Copayment amount for Medicare-covered stay:

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

Zero (No Copayment per Day)  
 One  
 Two  
 Three

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

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

# CY 2023 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 2023 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

Previous Next Exit (Validate) Exit (No Validate) Go To: VBID/UF/SSBCI 19A #2 SNF - Base 9

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 2023 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 "Previous", "Next", "Exit (Validate)", and "Exit (No Validate)" buttons. A "Go To:" dropdown menu is set to "VBID/UF/SSBCI 19A #2 SNF - Base 10".

The main content area contains the following sections:

- What is your SNF benefit period?**
  - Original Medicare
  - Annual
  - Per Admission or Per Stay
  - Other, Describe

If "Other, Describe" is selected enter description below:
- Do you charge cost sharing on the day of discharge?**
  - Yes
  - No
- Is authorization required?**
  - Yes
  - No
- Is a referral required for SNF Services?**
  - Yes
  - No
- SNF Notes**

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

Notes:

# CY 2023 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 2023 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 2023 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 2023 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)

**CHECK FOR DESCRIPTION OF BENEFIT**

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

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

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

Select enhanced benefit:  
 Number of Treatments

Select type of benefit for Number of Treatments:  
 Mandatory  
 Optional

Is this benefit unlimited for Number of Treatments?  
 Yes  
 No

Indicate limit for Number of Treatments:

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

Indicate Maximum Plan Benefit Coverage amount:

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

Indicate Maximum Enrollee Out-of-Pocket Cost amount:

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

# CY 2023 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)

<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 per treatment: <input type="text"/></p> <p>Indicate Maximum Copayment amount per treatment: <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 Acupuncture?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>

# CY 2023 PBP Data Entry System Screens

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

The screenshot shows a web-based data entry application window. The title bar reads "PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000". The interface includes a menu bar with "File" and "Help". Below the menu is a navigation bar with four buttons: "Previous" (left arrow), "Next" (right arrow), "Exit (Validate)" (green checkmark), and "Exit (No Validate)" (red X). To the right of these buttons is a "Go To:" dropdown menu currently displaying "VBID/UF/SSBCI 19B #13a Acupuncture - Base 3". The main content area is titled "Acupuncture Notes" and contains a text box with the instruction: "Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry." Below this instruction is a large, empty text area labeled "Notes:" with a vertical scrollbar on the right side.

# CY 2023 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 2023 PBP Data Entry System Screens

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

# CY 2023 PBP Data Entry System Screens

## VBID/UF/SSBCI 19B #13b OTC Items – 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 #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 2023 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 limited duration Meal Benefit as a supplemental benefit under Part C? Note: Only primarily health-related meals offered in accordance with Chapter 4 of the MMCM should be entered in this section.

Yes  
 No

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:

Select type of benefit for Meals:

Mandatory  
 Optional

Select the type of primarily health related meals benefit offered:

Immediately following surgery or inpatient hospitalization  
 For a chronic illness  
 For a medical condition or potential medical condition that requires the enrollee to remain at home for a period of time

Select Maximum Plan Benefit Coverage periodicity:

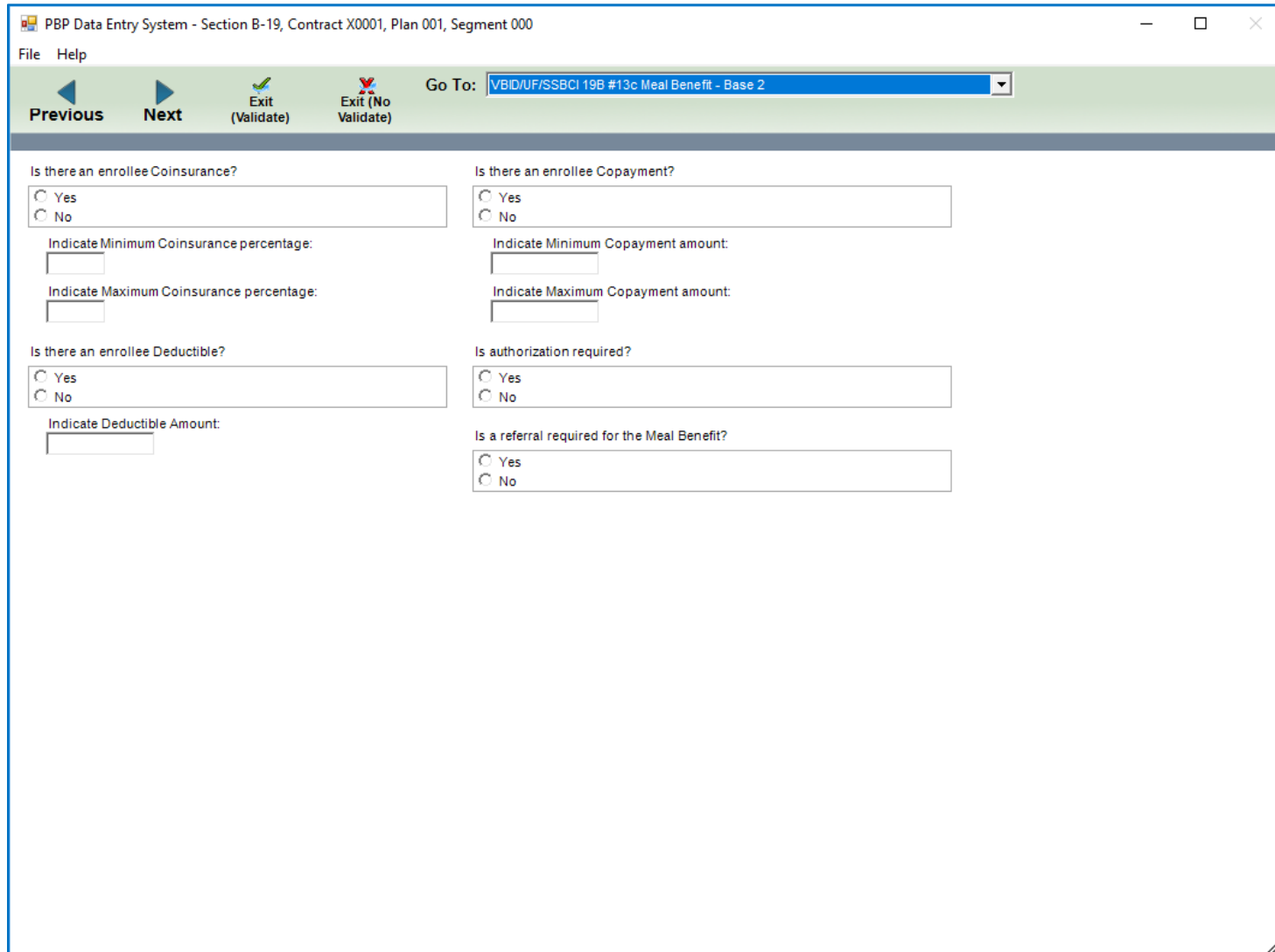
Every three years  
 Every two years  
 Every year  
 Every six months  
 Every three months  
 Other, Describe

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 2023 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 2023 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

Previous Next Exit (Validate) Exit (No Validate) Go To: VBID/UF/SSBCI 19B #13c Meal Benefit - Base 3

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 box with vertical scrollbar]

# CY 2023 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:

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 2023 PBP Data Entry System Screens

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

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

File Help

Go To: VBID/UF/SSBCI 19B #13d Other 1 - Base 2

Previous Next Exit (Validate) Exit (No Validate)

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 2023 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 large, empty text area labeled "Notes:" with a vertical scrollbar on the right side.

# CY 2023 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

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

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

Yes

No

# CY 2023 PBP Data Entry System Screens

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

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

File Help

Go To: VBID/UF/SSBCI 19B #13e Other 2 - Base 2

Previous Next Exit (Validate) Exit (No Validate)

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

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

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

Is authorization required?  
 Yes  
 No

Is a referral required for Other Services?  
 Yes  
 No



# CY 2023 PBP Data Entry System Screens

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

The screenshot displays a software window titled "PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000". The interface includes a menu bar with "File" and "Help", and a toolbar with "Previous", "Next", "Exit (Validate)", and "Exit (No Validate)" buttons. A "Go To:" dropdown menu is set to "VBID/UF/SSBCI 19B #13e Other 2 - Base 3". The main content area is labeled "Other 2 Notes" and contains the instruction: "Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry." Below this is a large, empty text area for notes, with a vertical scrollbar on the right side.

# CY 2023 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 2023 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 2023 PBP Data Entry System Screens

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

The screenshot shows a software window titled "PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000". The interface includes a menu bar with "File" and "Help". Below the menu bar is a navigation toolbar with buttons for "Previous", "Next", "Exit (Validate)", and "Exit (No Validate)". A "Go To:" dropdown menu is set to "VBID/UF/SSBCI 19B #13f Other 3 - Base 3". The main content area is titled "Other 3 Notes" and contains a text box with a vertical scrollbar. The text box is currently empty, and the text above it reads: "Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry."

# CY 2023 PBP Data Entry System Screens

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

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

File Help

Go To: VBID/UF/SSBCI 19B #13i Non-Primarily Health Related Benefits for the Chronically III - T

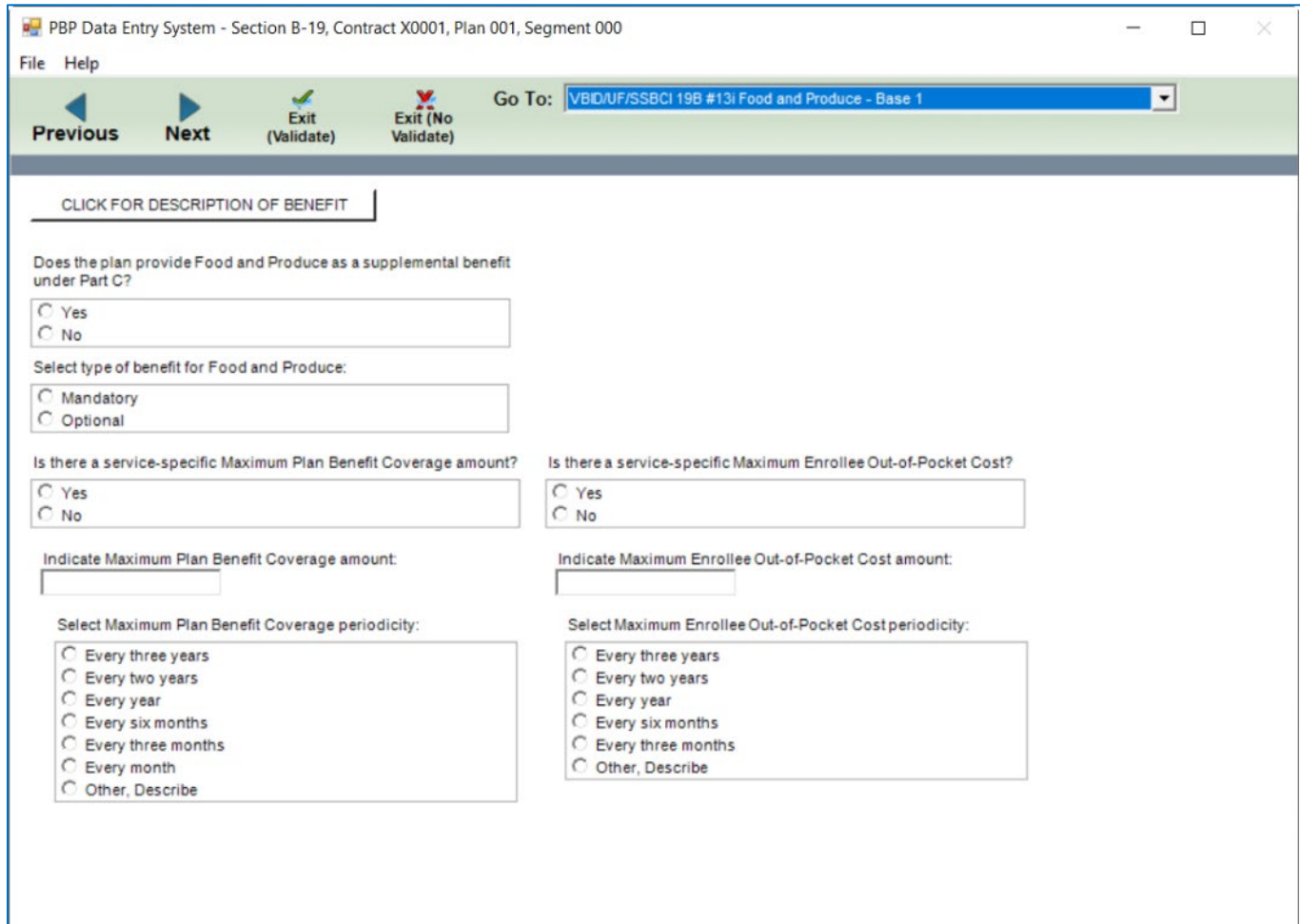
Previous Next Exit (Validate) Exit (No Validate)

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 2023 PBP Data Entry System Screens

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



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

File Help

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

Previous Next Exit (Validate) Exit (No Validate)

CLICK FOR DESCRIPTION OF BENEFIT

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

Yes  
 No

Select type of benefit for Food and Produce:

Mandatory  
 Optional

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

Yes  
 No

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  
 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 2023 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 2023 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 large, empty text area labeled "Notes:" with a vertical scrollbar on the right side.



# CY 2023 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

Is the meal benefit unlimited?

Yes  
 No

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  
 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 2023 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)

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 Meals (beyond limited basis)?  
 Yes  
 No

# CY 2023 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #13i Meals (beyond limited basis) – 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 Meals (beyond limited basis) - Base 3

Meals (beyond limited basis) Notes

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

Notes:

# CY 2023 PBP Data Entry System Screens

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

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

File Help

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

Previous Next Exit (Validate) Exit (No Validate)

[CLICK FOR DESCRIPTION OF BENEFIT](#)

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

Yes  
 No

Select type of benefit for Pest Control:

Mandatory  
 Optional

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

Yes  
 No

Indicate Maximum Plan Benefit Coverage amount:

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

Yes  
 No

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  
 Every month  
 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 2023 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 2023 PBP Data Entry System Screens

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

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

# CY 2023 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 2023 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:</p> <input type="text"/>	<p>Is there a service-specific Maximum Enrollee Out-of-Pocket Cost?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Indicate Maximum Enrollee Out-of-Pocket Cost amount:</p> <input type="text"/>	<p>Is there an enrollee Coinsurance?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Indicate Minimum Coinsurance percentage:</p> <input type="text"/>
<p>Select Maximum Plan Benefit Coverage periodicity:</p> <p><input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Every month <input type="radio"/> Other, Describe</p>	<p>Select Maximum Enrollee Out-of-Pocket Cost periodicity:</p> <p><input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe</p>	<p>Indicate Maximum Coinsurance percentage:</p> <input type="text"/>
		<p>Is there an enrollee Deductible?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Indicate Deductible Amount:</p> <input type="text"/>



# CY 2023 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 2023 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

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  
 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 2023 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #13i Indoor Air Quality Equipment and Services – Base 2

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 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:

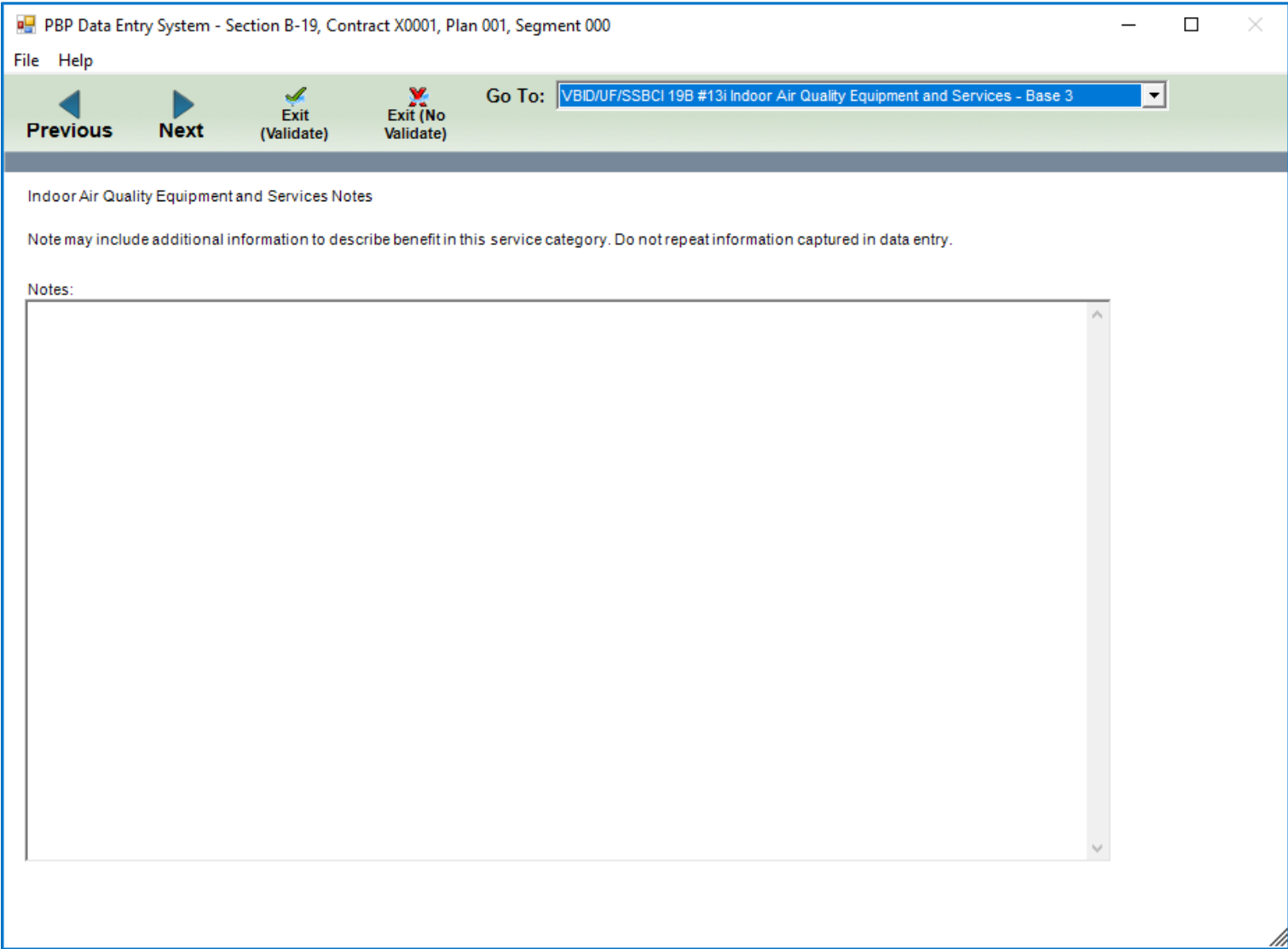
Is there an enrollee Deductible?  
 Yes  
 No  
Indicate Deductible Amount:

Is authorization required?  
 Yes  
 No

Is a referral required for Indoor Air Quality Equipment and Services?  
 Yes  
 No

# CY 2023 PBP Data Entry System Screens

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



# CY 2023 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  
 Every month  
 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 2023 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)

<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 Social Needs Benefit?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>

# CY 2023 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 window has a menu bar with "File" and "Help". Below the menu bar is a navigation toolbar with four buttons: "Previous" (left arrow), "Next" (right arrow), "Exit (Validate)" (green checkmark), and "Exit (No Validate)" (red X). To the right of these buttons is a "Go To:" dropdown menu currently displaying "VBID/UF/SSBCI 19B #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 is a text input field labeled "Notes:" which is currently empty.

# CY 2023 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  
 Every month  
 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 2023 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 2023 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 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 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.

# CY 2023 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

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  
 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 2023 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 2023 PBP Data Entry System Screens

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

Services Supporting Self-Direction Notes

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

Notes:

[Empty text box with vertical scrollbar]

# CY 2023 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  
 Every month  
 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 2023 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:

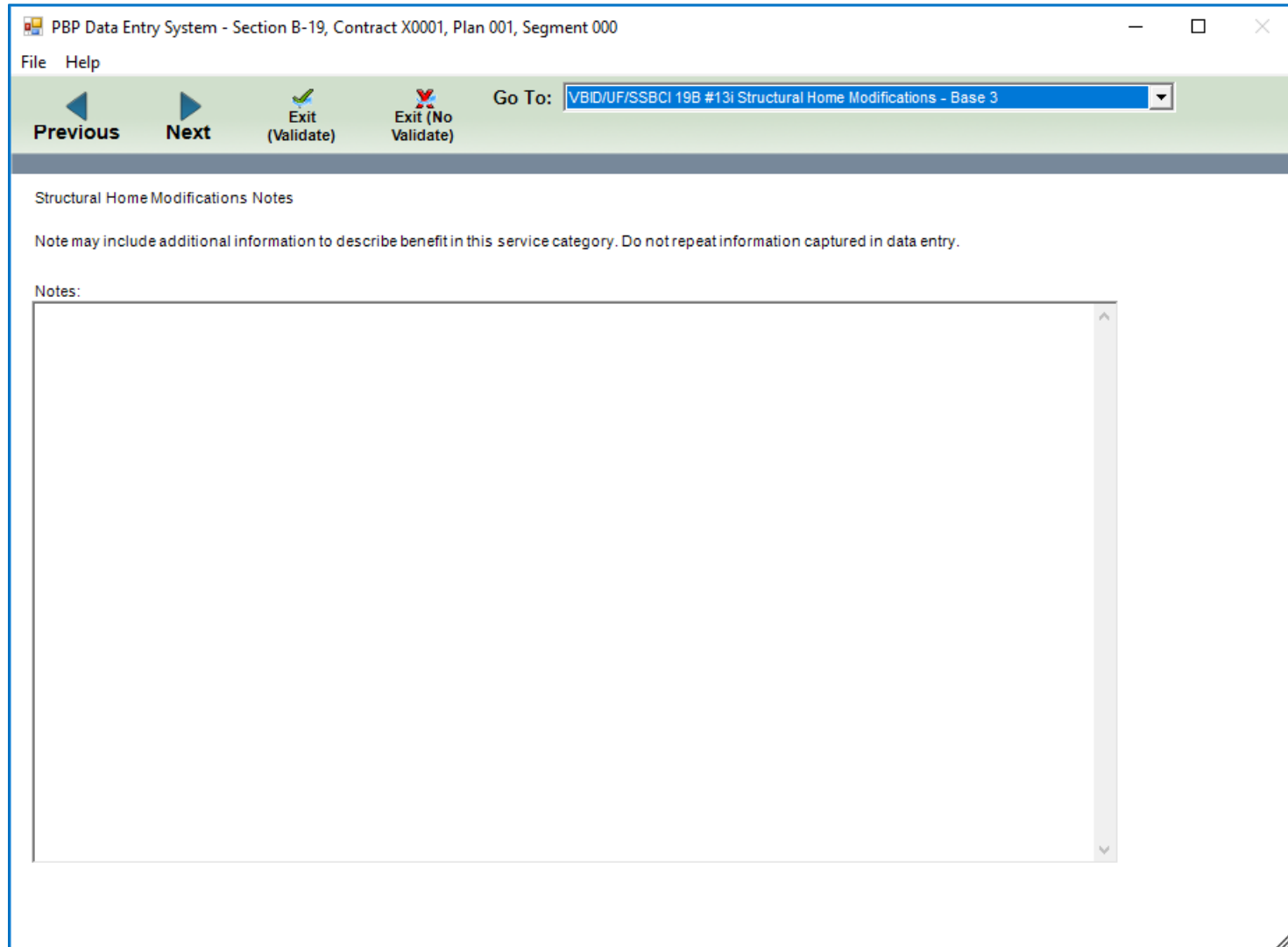
Is there an enrollee Deductible?  
 Yes  
 No  
Indicate Deductible Amount:

Is authorization required?  
 Yes  
 No

Is a referral required for Structural Home Modifications?  
 Yes  
 No

# CY 2023 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #13i Structural Home Modifications – Base 3





# CY 2023 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:

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

Yes  
 No

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  
 Every month  
 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 2023 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)

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 General Supports for Living?  
 Yes  
 No

# CY 2023 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #13i General Supports for Living - 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 is a navigation bar with "Previous" and "Next" buttons, "Exit (Validate)" and "Exit (No Validate)" buttons, and a "Go To:" dropdown menu currently set to "VBID/UF/SSBCI 19B #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 followed by a large, empty text input area with a vertical scrollbar on the right side.

# CY 2023 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, Other". The main content area contains the following text and options:

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

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

# CY 2023 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 2023 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 2023 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 2023 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?

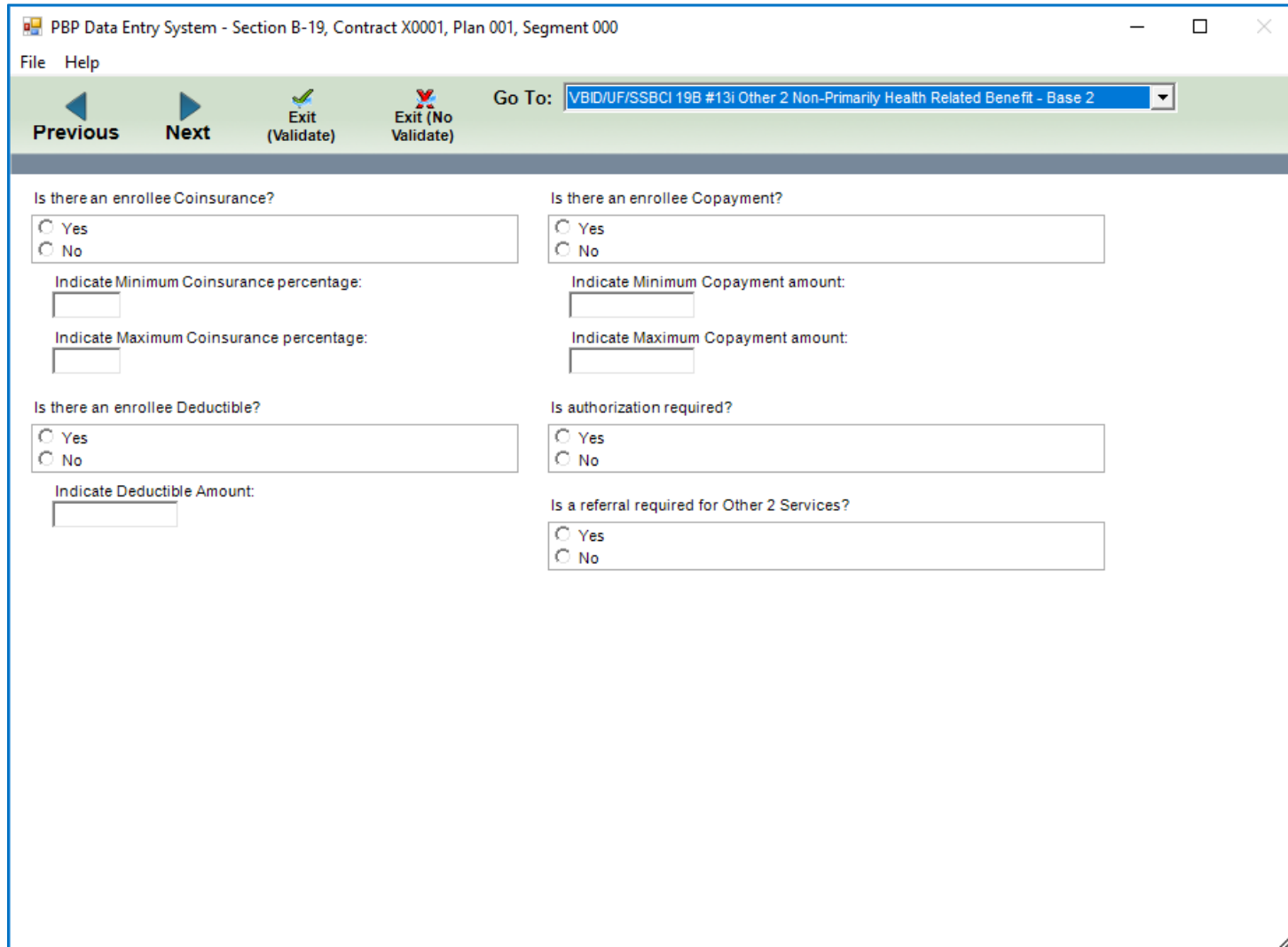
Indicate Maximum Enrollee Out-of-Pocket Cost amount:

Select Maximum Enrollee Out-of-Pocket Cost periodicity:



# CY 2023 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 2023 PBP Data Entry System Screens

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

The screenshot displays a software window titled "PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000". The interface includes a menu bar with "File" and "Help", and a toolbar with "Previous", "Next", "Exit (Validate)", and "Exit (No Validate)" buttons. A "Go To:" dropdown menu is set to "VBID/UF/SSBCI 19B #13i Other 2 Non-Primarily Health Related Benefit - Base 3". The main content area is titled "Other 2 Notes" and contains the instruction: "Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry." Below this is a large, empty text area labeled "Notes:" with a vertical scrollbar on the right side.

# CY 2023 PBP Data Entry System Screens

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

# CY 2023 PBP Data Entry System Screens

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

The screenshot shows a web-based data entry form 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 #13i Other 3 Non-Primarily Health Related Benefit - Base 2".

The form 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 3 Services?**
  - Yes
  - No

# CY 2023 PBP Data Entry System Screens

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

The screenshot shows a web-based data entry application window. The title bar reads "PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000". The interface includes a menu bar with "File" and "Help". Below the menu is a navigation bar with four buttons: "Previous" (left arrow), "Next" (right arrow), "Exit (Validate)" (green checkmark), and "Exit (No Validate)" (red X). To the right of these buttons is a "Go To:" dropdown menu currently displaying "VBID/UF/SSBCI 19B #13i Other 3 Non-Primarily Health Related Benefit - Base 3". The main content area is titled "Other 3 Notes" and contains the instruction: "Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry." Below this is a large, empty text area labeled "Notes:" with a vertical scrollbar on the right side.

# CY 2023 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

Previous Next Exit (Validate) Exit (No Validate) Go To: VBID/UF/SSBCI 19B #13i Other 4 Non-Primarily Health Related Benefit - Base 1

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  
 Every month  
 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 2023 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 2023 PBP Data Entry System Screens

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

Previous Next Exit (Validate) Exit (No Validate)

Other 4 Notes

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

Notes:



# CY 2023 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

Previous Next Exit (Validate) Exit (No Validate) Go To: VBID/UF/SSBCI 19B #13i Other 5 Non-Primarily Health Related Benefit - Base 1

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:

# CY 2023 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 2023 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 2023 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 2023 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 2023 PBP Data Entry System Screens

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

[Empty text area with scroll bar]

# CY 2023 PBP Data Entry System Screens

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

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

File Help

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

---

CLICK FOR DESCRIPTION OF BENEFIT

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

Yes  
 No

Select enhanced benefit (Select all that apply):

- Health Education
- Nutritional/Dietary Benefit
- Additional Sessions of Smoking and Tobacco Cessation Counseling
- Fitness Benefit\*
- Enhanced Disease Management
- Telemonitoring Services\*
- Remote Access Technologies (including Web/Phone-based technologies and Nursing Hotline)\*
- 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 2023 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:



# CY 2023 PBP Data Entry System Screens

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

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

File Help

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

Previous Next Exit (Validate) Exit (No Validate)

Select type of benefit for Therapeutic Massage:  
 Mandatory  
 Optional

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

Is this benefit unlimited?  
 Yes  
 No

Indicate limit for number of sessions

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

Indicate the number of sessions periodicity:  
 Every three years  
 Every two years  
 Every year  
 Every six months  
 Every three months  
 Other, Describe

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

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

Select the type of benefit offered:  
 Respite Care  
 Caregiver Training  
 Other

Other description:

# CY 2023 PBP Data Entry System Screens

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

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

File Help

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

---

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 Counseling
- Fitness Benefit
- Enhanced Disease Management
- Telemonitoring Services
- Remote Access Technologies (including Web/Phone-based technologies)
- 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

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 2023 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 Remote Access Technologies (including Web/Phone-based technologies and Nursing Hotline):</p> <input type="text"/>	<p>Indicate Maximum Plan Benefit Coverage amount for In-Home Safety Assessment:</p> <input type="text"/>	<p>Indicate Maximum Plan Benefit Coverage amount for Post discharge In-Home Medication Reconciliation:</p> <input type="text"/>
<p>Select Maximum Plan Benefit Coverage periodicity for Remote Access Technologies (including Web/Phone-based technologies and Nursing Hotline):</p> <p><input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe</p>	<p>Select Maximum Plan Benefit Coverage periodicity for In-Home Safety Assessment:</p> <p><input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe</p>	<p>Select Maximum Plan Benefit Coverage periodicity for Post discharge In-Home Medication Reconciliation:</p> <p><input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe</p>
<p>Indicate Maximum Plan Benefit Coverage amount for Home and Bathroom Safety Devices and Modifications:</p> <input type="text"/>	<p>Indicate Maximum Plan Benefit Coverage amount for Personal Emergency Response System (PERS):</p> <input type="text"/>	<p>Indicate Maximum Plan Benefit Coverage amount for Re-admission Prevention:</p> <input type="text"/>
<p>Select Maximum Plan Benefit Coverage periodicity for Home and Bathroom Safety Devices and Modifications:</p> <p><input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe</p>	<p>Select Maximum Plan Benefit Coverage periodicity for Personal Emergency Response System (PERS):</p> <p><input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe</p>	<p>Select Maximum Plan Benefit Coverage periodicity for Re-admission Prevention:</p> <p><input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe</p>
<p>Indicate Maximum Plan Benefit Coverage amount for Counseling Services:</p> <input type="text"/>	<p>Indicate Maximum Plan Benefit Coverage amount for Medical Nutrition Therapy (MNT):</p> <input type="text"/>	<p>Indicate Maximum Plan Benefit Coverage amount for Wigs for Hair Loss Related to Chemotherapy:</p> <input type="text"/>
<p>Select Maximum Plan Benefit Coverage periodicity for Counseling Services:</p> <p><input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe</p>	<p>Select Maximum Plan Benefit Coverage periodicity for Medical Nutrition Therapy (MNT):</p> <p><input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe</p>	<p>Select Maximum Plan Benefit Coverage periodicity for Wigs for Hair Loss Related to Chemotherapy:</p> <p><input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe</p>

# CY 2023 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

Previous Next Exit (Validate) Exit (No Validate)

Indicate Maximum Plan Benefit Coverage amount for Weight Management Programs: <input type="text"/>	Indicate Maximum Plan Benefit Coverage amount for Adult Day Health Services: <input type="text"/>	Indicate Maximum Plan Benefit Coverage amount for Support for Caregivers of Enrollees: <input type="text"/>
Select Maximum Plan Benefit Coverage periodicity for Weight Management Programs: <input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe	Select Maximum Plan Benefit Coverage periodicity for Adult Day Health Services: <input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe	Select Maximum Plan Benefit Coverage periodicity for Support for Caregivers of Enrollees: <input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe
Indicate Maximum Plan Benefit Coverage amount for Alternative Therapies: <input type="text"/>	Indicate Maximum Plan Benefit Coverage amount for Home-Based Palliative Care: <input type="text"/>	
Select Maximum Plan Benefit Coverage periodicity for Alternative Therapies: <input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe	Select Maximum Plan Benefit Coverage periodicity for Home-Based Palliative Care: <input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe	
Indicate Maximum Plan Benefit Coverage amount for Therapeutic Massage: <input type="text"/>	Indicate Maximum Plan Benefit Coverage amount for In-Home Support Services: <input type="text"/>	
Select Maximum Plan Benefit Coverage periodicity for Therapeutic Massage: <input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe	Select Maximum Plan Benefit Coverage periodicity for In-Home Support Services: <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 2023 PBP Data Entry System Screens

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

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

File Help

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

<p>Is there a service-specific Maximum Enrollee Out-of-Pocket Cost for Other Defined Supplemental Benefits?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Select which Other Defined Supplemental Benefits have a Maximum Enrollee Out-of-Pocket Cost (Select all that apply):</p> <div style="border: 1px solid gray; padding: 2px; min-height: 150px;"> <ul style="list-style-type: none"> <li>Health Education</li> <li>Nutritional/Dietary Benefit</li> <li>Additional Sessions of Smoking and Tobacco Cessation Counsel</li> <li>Fitness Benefit</li> <li>Enhanced Disease Management</li> <li>Telemonitoring Services</li> <li>Remote Access Technologies (including Web/Phone-based tech)</li> <li>Home and Bathroom Safety Devices and Modifications</li> <li>Counseling Services</li> <li>In-Home Safety Assessment</li> <li>Personal Emergency Response System (PERS)</li> <li>Medical Nutrition Therapy (MNT)</li> <li>Post discharge In-Home Medication Reconciliation</li> <li>Re-admission Prevention</li> <li>Wigs for Hair Loss Related to Chemotherapy</li> <li>Weight Management Programs</li> <li>Alternative Therapies</li> </ul> </div> <p>Indicate Maximum Enrollee Out-of-Pocket Cost amount for Health Education:</p> <input style="width: 100%;" type="text"/> <p>Select the Maximum Enrollee Out-of-Pocket Cost periodicity for Health Education:</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 Enrollee Out-of-Pocket Cost amount for Nutritional/Dietary Benefit:</p> <input style="width: 100%;" type="text"/> <p>Select the Maximum Enrollee Out-of-Pocket Cost periodicity for Nutritional/Dietary Benefit:</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 Enrollee Out-of-Pocket Cost amount for Additional Sessions of Smoking and Tobacco Cessation Counseling:</p> <input style="width: 100%;" type="text"/> <p>Select the Maximum Enrollee Out-of-Pocket Cost periodicity for Additional Sessions of Smoking and Tobacco Cessation Counseling:</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 Enrollee Out-of-Pocket Cost amount for Fitness Benefit:</p> <input style="width: 100%;" type="text"/> <p>Select the Maximum Enrollee Out-of-Pocket Cost periodicity for Fitness Benefit:</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 Enrollee Out-of-Pocket Cost amount for Enhanced Disease Management:</p> <input style="width: 100%;" type="text"/> <p>Select the Maximum Enrollee Out-of-Pocket Cost periodicity for Enhanced Disease Management:</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 Enrollee Out-of-Pocket Cost amount for Telemonitoring Services:</p> <input style="width: 100%;" type="text"/> <p>Select the Maximum Enrollee Out-of-Pocket Cost periodicity for Telemonitoring 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>Indicate Maximum Enrollee Out-of-Pocket Cost amount for Remote Access Technologies (including Web/Phone-based technologies and Nursing Hotline):</p> <input style="width: 100%;" type="text"/> <p>Select the Maximum Enrollee Out-of-Pocket Cost periodicity for Remote Access Technologies (including Web/Phone-based technologies and Nursing Hotline):</p> <p><input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe</p> <p>Indicate Maximum Enrollee Out-of-Pocket Cost amount for Home and Bathroom Safety Devices and Modifications:</p> <input style="width: 100%;" type="text"/> <p>Select the Maximum Enrollee Out-of-Pocket Cost periodicity for Home and Bathroom Safety Devices and Modifications:</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 Enrollee Out-of-Pocket Cost amount for Counseling Services:</p> <input style="width: 100%;" type="text"/> <p>Select the Maximum Enrollee Out-of-Pocket Cost periodicity for Counseling Services:</p> <p><input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe</p> <p>Indicate Maximum Enrollee Out-of-Pocket Cost amount for In-Home Safety Assessment:</p> <input style="width: 100%;" type="text"/> <p>Select the Maximum Enrollee Out-of-Pocket Cost periodicity for In-Home Safety Assessment:</p> <p><input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe</p>
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# CY 2023 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

Indicate Maximum Enrollee Out-of-Pocket Cost amount for Personal Emergency Response System (PERS): <input type="text"/>	Indicate Maximum Enrollee Out-of-Pocket Cost amount for Re-admission Prevention: <input type="text"/>	Indicate Maximum Enrollee Out-of-Pocket Cost amount for Alternative Therapies: <input type="text"/>
Select the Maximum Enrollee Out-of-Pocket Cost periodicity for Personal Emergency Response System (PERS): <input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe	Select the Maximum Enrollee Out-of-Pocket Cost periodicity for Re-admission Prevention: <input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe	Select the Maximum Enrollee Out-of-Pocket Cost periodicity for Alternative Therapies: <input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe
Indicate Maximum Enrollee Out-of-Pocket Cost amount for Medical Nutrition Therapy (MNT): <input type="text"/>	Indicate Maximum Enrollee Out-of-Pocket Cost amount for Wigs for Hair Loss Related to Chemotherapy: <input type="text"/>	Indicate Maximum Enrollee Out-of-Pocket Cost amount for Therapeutic Massage: <input type="text"/>
Select the Maximum Enrollee Out-of-Pocket Cost periodicity for Medical Nutrition Therapy (MNT): <input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe	Select the Maximum Enrollee Out-of-Pocket Cost periodicity for Wigs for Hair Loss Related to Chemotherapy: <input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe	Select the Maximum Enrollee Out-of-Pocket Cost periodicity for Therapeutic Massage: <input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe
Indicate Maximum Enrollee Out-of-Pocket Cost amount for Post discharge In-Home Medication Reconciliation: <input type="text"/>	Indicate Maximum Enrollee Out-of-Pocket Cost amount for Weight Management Programs: <input type="text"/>	Indicate Maximum Enrollee Out-of-Pocket Cost amount for Adult Day Health Services: <input type="text"/>
Select the Maximum Enrollee Out-of-Pocket Cost periodicity for Post discharge In-Home Medication Reconciliation: <input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe	Select the Maximum Enrollee Out-of-Pocket Cost periodicity for Weight Management Programs: <input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe	Select the Maximum Enrollee Out-of-Pocket Cost periodicity for Adult Day Health Services: <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 2023 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

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 2023 PBP Data Entry System Screens

## VBIID/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: VBIID/UF/SSBCI 19B #14c Other Defined Supplemental Benefits - Base 10

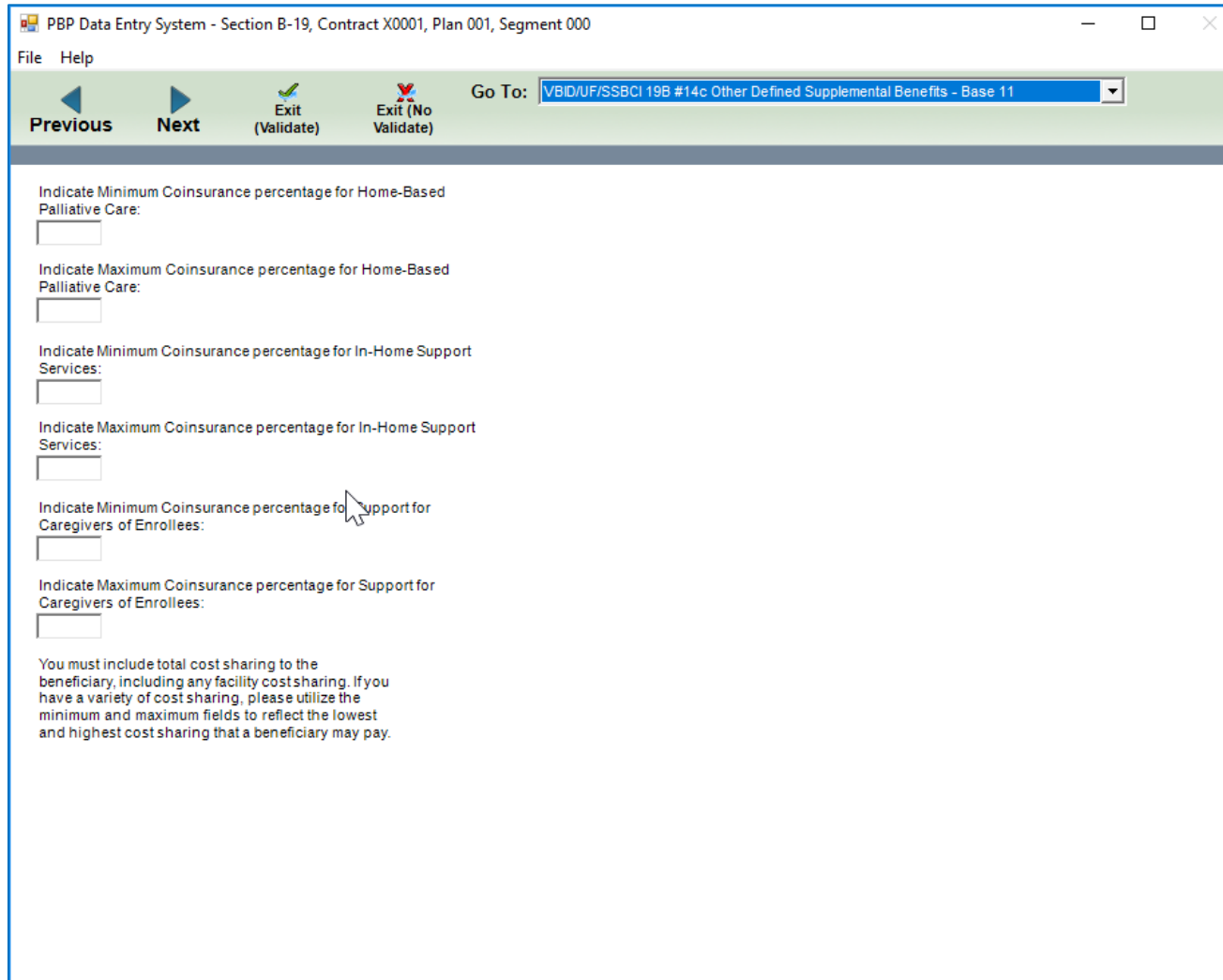
◀ Previous
Next ▶
✔ Exit (Validate)
✖ Exit (No Validate)

<p>Is there an enrollee Coinsurance?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Select which Other Defined Supplemental Benefits have a Coinsurance (Select all that apply):</p> <div style="border: 1px solid gray; padding: 2px; min-height: 150px;"> <ul style="list-style-type: none"> <li>Health Education</li> <li>Nutritional/Dietary Benefit</li> <li>Additional Sessions of Smoking and Tobacco Cessation Counsel</li> <li>Fitness Benefit</li> <li>Enhanced Disease Management</li> <li>Telemonitoring Services</li> <li>Remote Access Technologies (including Web/Phone-based techn</li> <li>Home and Bathroom Safety Devices and Modifications</li> <li>Counseling Services</li> <li>In-Home Safety Assessment</li> <li>Personal Emergency Response System (PERS)</li> <li>Medical Nutrition Therapy (MNT)</li> <li>Post discharge In-Home Medication Reconciliation</li> <li>Re-admission Prevention</li> <li>Wigs for Hair Loss Related to Chemotherapy</li> </ul> </div>	<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 Home and Bathroom Safety Devices and Modifications: <input type="text"/></p> <p>Indicate Maximum Coinsurance percentage for Home and Bathroom Safety Devices and Modifications: <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>
<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>			



# CY 2023 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

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 2023 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

<p>Is there an enrollee Deductible?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Indicate Deductible Amount: <input type="text"/></p> <p>Is there an enrollee Copayment?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Select which Other Defined Supplemental Benefits have a Copayment (Select all that apply):</p> <div style="border: 1px solid gray; padding: 2px;"> <ul style="list-style-type: none"> <li>Health Education</li> <li>Nutritional/Dietary Benefit</li> <li>Additional Sessions of Smoking and Tobacco Cessation Counsel</li> <li>Fitness Benefit</li> <li>Enhanced Disease Management</li> <li>Telemonitoring Services</li> <li>Remote Access Technologies (including Web/Phone-based tech)</li> <li>Home and Bathroom Safety Devices and Modifications</li> <li>Counseling Services</li> <li>In-Home Safety Assessment</li> <li>Personal Emergency Response System (PERS)</li> <li>Medical Nutrition Therapy (MNT)</li> <li>Post discharge In-Home Medication Reconciliation</li> <li>Re-admission Prevention</li> <li>Wigs for Hair Loss Related to Chemotherapy</li> <li>Weight Management Programs</li> <li>Alternative Therapies</li> </ul> </div> <p>Indicate Minimum Copayment amount for Health Education: <input type="text"/></p> <p>Indicate Maximum Copayment amount for Health Education: <input type="text"/></p> <p>Indicate Minimum Copayment amount for Nutritional/Dietary Benefit: <input type="text"/></p> <p>Indicate Maximum Copayment amount for Nutritional/Dietary Benefit: <input type="text"/></p>	<p>Indicate Minimum Copayment amount for Additional Sessions of Smoking and Tobacco Cessation Counseling: <input type="text"/></p> <p>Indicate Maximum Copayment amount for Additional Sessions of Smoking and Tobacco Cessation Counseling: <input type="text"/></p> <p>Indicate Minimum Copayment amount for Fitness Benefit: <input type="text"/></p> <p>Indicate Maximum Copayment amount for Fitness Benefit: <input type="text"/></p> <p>Indicate Minimum Copayment amount for Enhanced Disease Management: <input type="text"/></p> <p>Indicate Maximum Copayment amount for Enhanced Disease Management: <input type="text"/></p> <p>Indicate Minimum Copayment amount for Remote Access Technologies (Web/Phone-based technologies): <input type="text"/></p> <p>Indicate Maximum Copayment amount for Remote Access Technologies (Web/Phone-based technologies): <input type="text"/></p> <p>Indicate Minimum Copayment amount for Remote Access Technologies (Nursing Hotline): <input type="text"/></p> <p>Indicate Maximum Copayment amount for Remote Access Technologies (Nursing Hotline): <input type="text"/></p>	<p>Indicate Minimum Copayment amount for Home and Bathroom Safety Devices and Modifications: <input type="text"/></p> <p>Indicate Maximum Copayment amount for Home and Bathroom Safety Devices and Modifications: <input type="text"/></p> <p>Indicate Minimum Copayment amount for Counseling Services: <input type="text"/></p> <p>Indicate Maximum Copayment amount for Counseling Services: <input type="text"/></p> <p>Indicate Minimum Copayment amount for In-Home Safety Assessment: <input type="text"/></p> <p>Indicate Maximum Copayment amount for In-Home Safety Assessment: <input type="text"/></p> <p>Indicate Minimum Copayment amount for Personal Emergency Response System (PERS): <input type="text"/></p> <p>Indicate Maximum Copayment amount for Personal Emergency Response System (PERS): <input type="text"/></p> <p>Indicate Minimum Copayment amount for Medical Nutrition Therapy (MNT): <input type="text"/></p> <p>Indicate Maximum Copayment amount for Medical Nutrition Therapy (MNT): <input type="text"/></p> <p>Indicate Minimum Copayment amount for Post discharge In-Home Medication Reconciliation: <input type="text"/></p> <p>Indicate Maximum Copayment amount for Post discharge In-Home Medication Reconciliation: <input type="text"/></p>	<p>Indicate Minimum Copayment amount for Re-admission Prevention: <input type="text"/></p> <p>Indicate Maximum Copayment amount for Re-admission Prevention: <input type="text"/></p> <p>Indicate Minimum Copayment amount for Wigs for Hair Loss Related to Chemotherapy: <input type="text"/></p> <p>Indicate Maximum Copayment amount for Wigs for Hair Loss Related to Chemotherapy: <input type="text"/></p> <p>Indicate Minimum Copayment amount for Weight Management Programs: <input type="text"/></p> <p>Indicate Maximum Copayment amount for Weight Management Programs: <input type="text"/></p> <p>Indicate Minimum Copayment amount for Alternative Therapies: <input type="text"/></p> <p>Indicate Maximum Copayment amount for Alternative Therapies: <input type="text"/></p> <p>Indicate Minimum Copayment amount for Therapeutic Massage: <input type="text"/></p> <p>Indicate Maximum Copayment amount for Therapeutic Massage: <input type="text"/></p> <p>Indicate Minimum Copayment amount for Adult Day Health Services: <input type="text"/></p> <p>Indicate Maximum Copayment amount for Adult Day Health Services: <input type="text"/></p>
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# CY 2023 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)

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 2023 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)

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 2023 PBP Data Entry System Screens

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

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 15

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 2023 PBP Data Entry System Screens

## VBID/UF/SSBCI 19B #14c Other Defined Supplemental Benefits – Base 16

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 16

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 2023 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 2023 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 there a service-specific Maximum Plan Benefit Coverage amount?  
 Yes  
 No

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

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

Other Description:



# CY 2023 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>Other Description:</p> <input type="text"/>	<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>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 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 2023 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 2023 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.

Office Visit Notes:

Oral Exams Notes:

Prophylaxis (Cleaning) Notes:

Flouride Treatment Notes:

Dental X-Rays Notes:

# CY 2023 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

[CLICK FOR DESCRIPTION OF BENEFIT](#)

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

Does the plan provide Comprehensive Dental Items as a supplemental benefit under Part C?

Yes  
 No

Select enhanced benefits:

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

<p>Select type of benefit for Non-routine Services:</p> <p><input type="radio"/> Mandatory <input type="radio"/> Optional</p> <p>Is this benefit unlimited for Non-routine Services?</p> <p><input type="radio"/> Yes <input type="radio"/> No, indicate number</p> <p>Indicate number of visits for Non-routine Services:</p> <input style="width: 40px;" type="text"/> <p>Select the Non-routine Services periodicity:</p> <p><input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe</p>	<p>Select type of benefit for Diagnostic Services:</p> <p><input type="radio"/> Mandatory <input type="radio"/> Optional</p> <p>Is this benefit unlimited for Diagnostic Services?</p> <p><input type="radio"/> Yes <input type="radio"/> No, indicate number</p> <p>Indicate number of visits for Diagnostic Services:</p> <input style="width: 40px;" type="text"/> <p>Select the Diagnostic Services periodicity:</p> <p><input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe</p>	<p>Select type of benefit for Restorative Services:</p> <p><input type="radio"/> Mandatory <input type="radio"/> Optional</p> <p>Is this benefit unlimited for Restorative Services?</p> <p><input type="radio"/> Yes <input type="radio"/> No, indicate number</p> <p>Indicate number of visits for Restorative Services:</p> <input style="width: 40px;" type="text"/> <p>Select the Restorative Services periodicity:</p> <p><input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe</p>
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# CY 2023 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 2023 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

Other Description:

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

Other Description:

# CY 2023 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

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

Indicate Deductible Amount:

# CY 2023 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

◀ Previous
▶ Next
✔ Exit (Validate)
✖ Exit (No Validate)
Go To: VBID/UF/SSBCI 19B #16b Comprehensive Dental - Base 5

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 2023 PBP Data Entry System Screens

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

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

File Help

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

Previous Next Exit (Validate) Exit (No Validate)

Is authorization required?  
 Yes  
 No

Is a referral required for Comprehensive Dental Services?  
 Yes  
 No

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

Medicare-covered Benefits Notes:

Non-routine Services Notes:

Diagnostic Services Notes:

Restorative Services Notes:

Endodontics Notes:

Periodontics Notes:

Extractions Notes:

Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services Notes:

# CY 2023 PBP Data Entry System Screens

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

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

File Help

Go To: VBID/UF/SSBCI 19B #17a Eye Exams - Base 1

Previous Next Exit (Validate) Exit (No Validate)

**CLICK FOR DESCRIPTION OF BENEFIT**

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

Select enhanced benefit:  
 Routine Eye Exams  
 Other

Select type of benefit for Routine Eye Exams:  
 Mandatory  
 Optional

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

Indicate number of exams for Routine Eye Exams:

Select the Routine Eye Exams periodicity:  
 Every three years  
 Every two years  
 Every year  
 Every six months  
 Every three months  
 Other, Describe

Enter name of Other Service:

Select type of benefit for Other Service:  
 Mandatory  
 Optional

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

Indicate quantity for Other Service:

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

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

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

Indicate Maximum Plan Benefit Coverage amount:

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

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

Indicate Maximum Enrollee Out-of-Pocket Cost amount:

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

# CY 2023 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 2023 PBP Data Entry System Screens

## VBID/UF/SSBCI 19B #17a Eye Exams – 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 #17a Eye Exams - Base 3

Is authorization required?

Yes  
 No

Is a referral required for Eye Exams?

Yes  
 No

Eye Exams Notes

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

Notes:

# CY 2023 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 2023 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 2023 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

◀ Previous
Next ▶
✔ Exit (Validate)
✖ Exit (No Validate)
Go To: VBID/UF/SSBCI 19B #17b Eyewear - Base 3

<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 style="width: 100%;" 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 style="width: 100%;" 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>Indicate Max Plan Benefit Coverage amount for Eyeglasses (lenses and frames):</p> <input style="width: 100%;" type="text"/> <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>Indicate Max Plan Benefit Coverage amount for Eyeglass lenses:</p> <input style="width: 100%;" 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>Indicate Max Plan Benefit Coverage amount for Eyeglass frames:</p> <input style="width: 100%;" type="text"/> <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 Upgrades:</p> <input style="width: 100%;" type="text"/> <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>
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# CY 2023 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

<p>Is there a service-specific Maximum Enrollee Out-of-Pocket Cost?</p> <input type="radio"/> Yes <input type="radio"/> No	<p>Indicate Minimum Coinsurance percentage for Medicare-covered Benefits:</p> <input style="width: 50px;" type="text"/>	<p>Indicate Minimum Coinsurance percentage for Eyeglass frames:</p> <input style="width: 50px;" type="text"/>
<p>Select the Maximum Enrollee Out-of-Pocket Cost type:</p> <input type="radio"/> Covered under Eye Exams Category 17a <input type="radio"/> Plan-specified amount per period	<p>Indicate Maximum Coinsurance percentage for Medicare-covered Benefits:</p> <input style="width: 50px;" type="text"/>	<p>Indicate Maximum Coinsurance percentage for Eyeglass frames:</p> <input style="width: 50px;" type="text"/>
<p>Indicate Maximum Enrollee Out-of-Pocket Cost amount:</p> <input style="width: 80px;" type="text"/>	<p>Indicate Minimum Coinsurance percentage for Contact lenses:</p> <input style="width: 50px;" type="text"/>	<p>Indicate Minimum Coinsurance percentage for Upgrades:</p> <input style="width: 50px;" 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 Maximum Coinsurance percentage for Contact lenses:</p> <input style="width: 50px;" type="text"/>	<p>Indicate Maximum Coinsurance percentage for Upgrades:</p> <input style="width: 50px;" type="text"/>
<p>Is there an enrollee Coinsurance?</p> <input type="radio"/> Yes <input type="radio"/> No	<p>Indicate Minimum Coinsurance percentage for Eyeglasses (lenses and frames):</p> <input style="width: 50px;" type="text"/>	
<p>Select which Eyewear Benefits have a Coinsurance (Select all that apply):</p> <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	<p>Indicate Maximum Coinsurance percentage for Eyeglasses (lenses and frames):</p> <input style="width: 50px;" type="text"/>	
	<p>Indicate Minimum Coinsurance percentage for Eyeglass lenses:</p> <input style="width: 50px;" type="text"/>	
	<p>Indicate Maximum Coinsurance percentage for Eyeglass lenses:</p> <input style="width: 50px;" type="text"/>	



# CY 2023 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:

Is there an enrollee Copayment?  
 Yes  
 No

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

Indicate Minimum Copayment amount for Medicare-covered Benefits:

Indicate Maximum Copayment amount for Medicare-covered Benefits:

Indicate Minimum Copayment amount for Contact lenses:

Indicate Maximum Copayment amount for Contact lenses:

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

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

Indicate Minimum Copayment amount for Eyeglass lenses:

Indicate Maximum Copayment amount for Eyeglass lenses:

Indicate Minimum Copayment amount for Eyeglass frames:

Indicate Maximum Copayment amount for Eyeglass frames:

Indicate Minimum Copayment amount for Upgrades:

Indicate Maximum Copayment amount for Upgrades:

# CY 2023 PBP Data Entry System Screens

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

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

File Help

Previous Next Exit (Validate) Exit (No Validate) Go To: VBID/UF/SSBCI 19B #17b Eyewear - Base 6

Is authorization required?

Yes  
 No

Is a referral required for Eyewear?

Yes  
 No

Eyewear Notes

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

Notes:

# CY 2023 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 2023 PBP Data Entry System Screens

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

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

File Help

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

Previous Next Exit (Validate) Exit (No Validate)

<p>Is there a service-specific Maximum Plan Benefit Coverage amount?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>Is there a service-specific Maximum Enrollee Out-of-Pocket Cost?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>Indicate the Minimum Coinsurance percentage for Medicare-covered Benefits:</p> <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> <p><input type="radio"/> In-network services only <input type="radio"/> Both In-network and Out-of-network services</p>	<p>Indicate Maximum Enrollee Out-of-Pocket Cost amount:</p> <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> <p><input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe</p>	<p>Indicate Minimum Coinsurance percentage for Routine Hearing Exams:</p> <input type="text"/>
<p>Select the Maximum Plan Benefit Coverage periodicity:</p> <p><input type="radio"/> Every three years <input type="radio"/> Every two years <input type="radio"/> Every year <input type="radio"/> Every six months <input type="radio"/> Every three months <input type="radio"/> Other, Describe</p>	<p>Is there an enrollee Coinsurance?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>Indicate Maximum Coinsurance percentage for Routine Hearing Exams:</p> <input type="text"/>
<p>Is there an enrollee Deductible?</p> <p><input type="radio"/> Yes <input type="radio"/> No</p>	<p>Select which Hearing Exam Benefits have a Coinsurance (Select all that apply):</p> <p><input type="checkbox"/> Medicare-covered Benefits <input type="checkbox"/> Routine Hearing Exams <input type="checkbox"/> Fitting/Evaluation for Hearing Aid</p>	<p>Indicate Minimum Coinsurance percentage for Fitting/Evaluation for Hearing Aid:</p> <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 2023 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 2023 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". Below the menu bar is a navigation toolbar with four buttons: "Previous" (left arrow), "Next" (right arrow), "Exit (Validate)" (checkmark), and "Exit (No Validate)" (X). To the right of these buttons is a "Go To:" dropdown menu currently displaying "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 instruction is a large, empty text input field labeled "Notes:" with a vertical scrollbar on the right side.

# CY 2023 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

Benefit Type	Select type of benefit	Is this benefit unlimited?	Indicate quantity	Select Hearing Aids periodicity
Hearing Aids (all types)	<input type="radio"/> Mandatory <input type="radio"/> Optional	<input type="radio"/> Yes <input type="radio"/> No, indicate number	<input type="text"/>	<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
Hearing Aids - Inner Ear	<input type="radio"/> Mandatory <input type="radio"/> Optional	<input type="radio"/> Yes <input type="radio"/> No, indicate number	<input type="text"/>	<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
Hearing Aids - Outer Ear	<input type="radio"/> Mandatory <input type="radio"/> Optional	<input type="radio"/> Yes <input type="radio"/> No, indicate number	<input type="text"/>	<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 2023 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 2023 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 2023 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:

Is there an enrollee Deductible?  
 Yes  
 No

Indicate Deductible Amount:

# CY 2023 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 2023 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 2023 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 2023 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>	<table border="0" style="width: 100%;"> <tr> <td style="border-bottom: 1px solid black; width: 50%;"></td> <td style="border-bottom: 1px solid black; width: 50%;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> </table>																	<table border="0" style="width: 100%;"> <tr> <td style="border-bottom: 1px solid black; width: 50%;"></td> <td style="border-bottom: 1px solid black; width: 50%;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> <tr> <td style="border-bottom: 1px solid black;"></td> <td style="border-bottom: 1px solid black;"></td> </tr> </table>																

# CY 2023 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 "Previous", "Next", "Exit (Validate)", and "Exit (No Validate)" buttons. 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 questions and fields:

- Is authorization required?  
 Yes  
 No
- Is a referral required for Cardiac and Pulmonary Rehabilitation Services?  
 Yes  
 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:

# CY 2023 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 2023 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"/>
--	--	---

# CY 2023 PBP Data Entry System Screens

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

The screenshot shows a web-based data entry application window. The title bar reads "PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000". The interface includes a menu bar with "File" and "Help". Below the menu is a navigation bar with four buttons: "Previous" (left arrow), "Next" (right arrow), "Exit (Validate)" (green checkmark), and "Exit (No Validate)" (red X). To the right of these buttons is a "Go To:" dropdown menu currently displaying "VBID/UF/SSBCI 19B #4c Worldwide Emergency/Urgent Coverage - Base 3".

The main content area contains the following text:

- Authorization is not applicable for this Service Category.
- Referral is not applicable for this Service Category.
- Worldwide Emergency/Urgent Coverage Notes
- Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry.

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

# CY 2023 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

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 2023 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?	Is there an enrollee Copayment?	Is there an enrollee Deductible?
<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Select which Chiropractic Services have a Coinsurance (Select all that apply): <input type="checkbox"/> Medicare-covered Chiropractic Services <input type="checkbox"/> Routine Care <input type="checkbox"/> Other	Select which Chiropractic Services have a Copayment (Select all that apply): <input type="checkbox"/> Medicare-covered Chiropractic Services <input type="checkbox"/> Routine Care <input type="checkbox"/> Other	Indicate Deductible Amount: <input type="text"/>
Indicate Minimum Coinsurance percentage per visit for Medicare-covered Benefits: <input type="text"/>	Indicate Minimum Copayment amount for Medicare-covered Benefits: <input type="text"/>	Is authorization required? <input type="radio"/> Yes <input type="radio"/> No
Indicate Maximum Coinsurance percentage per visit for Medicare-covered Benefits: <input type="text"/>	Indicate Maximum Copayment amount for Medicare-covered Benefits: <input type="text"/>	Is a referral required for Chiropractic Services? <input type="radio"/> Yes <input type="radio"/> No
Indicate the Minimum Coinsurance percentage per visit for Routine Care: <input type="text"/>	Indicate Minimum Copayment amount per visit for Routine Care: <input type="text"/>	
Indicate the Maximum Coinsurance percentage per visit for Routine Care: <input type="text"/>	Indicate Maximum Copayment amount per visit for Routine Care: <input type="text"/>	
Indicate the Minimum Coinsurance percentage per visit for Other Service: <input type="text"/>	Indicate Minimum Copayment amount per visit for Other Service: <input type="text"/>	
Indicate the Maximum Coinsurance percentage per visit for Other Service: <input type="text"/>	Indicate Maximum Copayment amount per visit for Other Service: <input type="text"/>	

# CY 2023 PBP Data Entry System Screens

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

The screenshot shows a software window titled "PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000". The interface includes a menu bar with "File" and "Help", and a toolbar with "Previous", "Next", "Exit (Validate)", and "Exit (No Validate)" buttons. A "Go To:" dropdown menu is set to "VBID/UF/SSBCI 19B #7b Chiropractic Services - Base 3". Below the toolbar, the section is titled "Chiropractic Services Notes" with a sub-header "Notes:". A text area is provided for entering notes, with a small instruction: "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 2023 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 2023 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 2023 PBP Data Entry System Screens

## VBID/UF/SSBCI 19B #7f Podiatry Services – Base 3

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 3

Previous Next Exit (Validate) Exit (No Validate)

Is authorization required?

Yes  
 No

Is a referral required for Podiatrist Services?

Yes  
 No

Podiatry Services Notes

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

Notes:



# CY 2023 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 2023 PBP Data Entry System Screens

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

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 #9d Outpatient Blood Services - Base 2".

The main content area contains several form fields and a notes section:

- 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 2023 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

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

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 2023 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

Previous Next Exit (Validate) Exit (No Validate)

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

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

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

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

Does this plan's Medicare-covered benefit 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	Begin Day Interval	End Day Interval
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 2023 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):

Coinurance % 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):

Coinurance % 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 2023 PBP Data Entry System Screens

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

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

File Help

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

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

<p>Medicare-covered Lifetime Reserve Days Tier 1</p> <p>Indicate the number of day intervals for the Medicare-covered Lifetime Reserve Days:</p> <div style="border: 1px solid gray; padding: 5px; margin-bottom: 10px;"> <input type="radio"/> Zero (No Coinsurance per Day)  <input type="radio"/> One  <input type="radio"/> Two  <input type="radio"/> Three         </div> <p>Indicate the coinsurance percentage and day interval(s) for the 60 Medicare-covered Lifetime Reserve Days (i.e., 1 - 60):</p> <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th></th> <th style="text-align: center;">Interval Days</th> <th></th> <th></th> </tr> <tr> <th></th> <th style="text-align: center;">Coinsurance %</th> <th style="text-align: center;">Begin Day</th> <th style="text-align: center;">End Day</th> </tr> </thead> <tbody> <tr> <td>Interval 1:</td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td>Interval 2:</td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td>Interval 3:</td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> </tr> </tbody> </table>		Interval Days				Coinsurance %	Begin Day	End Day	Interval 1:	<input type="text"/>	<input type="text"/>	<input type="text"/>	Interval 2:	<input type="text"/>	<input type="text"/>	<input type="text"/>	Interval 3:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<p>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 gray; 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# CY 2023 PBP Data Entry System Screens

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

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

File Help

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

Previous Next Exit (Validate) Exit (No Validate)

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

Yes  
 No

How many cost sharing tiers do you offer?

What is your lowest cost tier?

Tier 1  
 Tier 2  
 Tier 3

Additional Days Coinsurance Cost Sharing for Tier 1:

Indicate the number of day intervals for Additional Days:

Zero (No Coinsurance per Day)  
 One  
 Two  
 Three

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

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

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

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

Additional Days Coinsurance Cost Sharing for Tier 2:

Indicate the number of day intervals for Additional Days:

Zero (No Coinsurance per Day)  
 One  
 Two  
 Three

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

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

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

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

# CY 2023 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

File Help

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Exit (Validate)
Exit (No Validate)
Go To: VBID/UF/SSBCI 19B #1a Inpatient Hospital-Acute - Base 6

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Additional Days Coinsurance Cost Sharing for Tier 3:

Indicate the number of day intervals for Additional Days:

Zero (No Coinsurance per Day)  
 One  
 Two  
 Three

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

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

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

Yes  
 No

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

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

Zero (No Coinsurance per Day)  
 One  
 Two  
 Three

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

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

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

Yes  
 No

Indicate Coinsurance percentage for Upgrades:

Softrams

CY2023 PBP – Section B VBID/UF/SSBCI  
12/27/2021

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**CMS SENSITIVE INFORMATION - REQUIRES SPECIAL HANDLING**



# CY 2023 PBP Data Entry System Screens

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

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

File Help

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

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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

Medicare-covered Copayment Cost Sharing for Tier 1:

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

 Yes  
 No

Indicate Deductible Amount for Tier 1:

Indicate Copayment amount for the Medicare-covered stay:

Indicate Deductible Amount for Tier 2:

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

 Zero (No Copayment per Day)  
 One  
 Two  
 Three

Indicate Deductible Amount for Tier 3:

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

Is there an enrollee Copayment?

 Yes  
 No

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

# CY 2023 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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Exit (Validate)
Exit (No Validate)
Go To: VBID/UF/SSBCI 19B #1a Inpatient Hospital-Acute - Base 8

---

**Medicare-covered Copayment Cost Sharing for Tier 2:**

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

Yes  
 No

Indicate Copayment amount for the Medicare-covered stay:

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

Zero (No Copayment per Day)  
 One  
 Two  
 Three

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

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

**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: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
Copayment Amt Interval 2	Begin Day Interval 2:	End Day Interval 2:
<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
Copayment Amt Interval 3	Begin Day Interval 3:	End Day Interval 3:
<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>

# CY 2023 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

File Help

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

---

Medicare-covered Lifetime Reserve Days Tier 1

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

Zero (No Copayment per Day)  
 One  
 Two  
 Three

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

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

Medicare-covered Lifetime Reserve Days Tier 2

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

Zero (No Copayment per Day)  
 One  
 Two  
 Three

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

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

Medicare-covered Lifetime Reserve Days Tier 3

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

Zero (No Copayment per Day)  
 One  
 Two  
 Three

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

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

# CY 2023 PBP Data Entry System Screens

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

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

File Help

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

Previous Next Exit (Validate) Exit (No Validate)

Additional Days Copayment Cost Sharing for Tier 1:

Indicate the number of day intervals for Additional Days:

Zero (No Copayment per Day)  
 One  
 Two  
 Three

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

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

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 2023 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

File Help

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

Previous Next Exit (Validate) Exit (No Validate)

Additional Days Copayment Cost Sharing for Tier 3:

Indicate the number of day intervals for Additional Days:

Zero (No Copayment per Day)  
 One  
 Two  
 Three

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

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

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

Yes  
 No

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

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

Zero (No Copayment per Day)  
 One  
 Two  
 Three

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

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

# CY 2023 PBP Data Entry System Screens

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

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

File Help

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

Previous Next Exit (Validate) Exit (No Validate)

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

Yes  
 No

Indicate Copayment amount for Upgrades per stay:

Indicate Copayment amount for Upgrades per day:

What is your Inpatient Hospital-Acute benefit period?

Original Medicare  
 Annual  
 Per Admission or Per Stay  
 Other, Describe

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

Do you charge cost sharing on the day of discharge?

Yes  
 No

Is authorization required?

Yes  
 No

Is a referral required for Inpatient Hospital-Acute Services?

Yes  
 No

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

Notes:

# CY 2023 PBP Data Entry System Screens

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

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

File Help

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

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 2023 PBP Data Entry System Screens

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

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

File Help

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

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:
<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 2023 PBP Data Entry System Screens

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

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

File Help

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

Previous Next Exit (Validate) Exit (No Validate)

Medicare-covered Coinsurance Cost Sharing for Tier 2:

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

Yes  
 No

Indicate Coinsurance percentage for the Medicare-covered stay:

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

Zero (No Coinsurance per Day)  
 One  
 Two  
 Three

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

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

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

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

Medicare-covered Coinsurance Cost Sharing for Tier 3:

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

Yes  
 No

Indicate Coinsurance percentage for the Medicare-covered stay:

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

Zero (No Coinsurance per Day)  
 One  
 Two  
 Three

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

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

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

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

# CY 2023 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

File Help

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

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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):

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

Medicare-covered Lifetime Reserve Days Tier 2

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

Zero (No Coinsurance per Day)  
 One  
 Two  
 Three

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

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

Medicare-covered Lifetime Reserve Days Tier 3

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

Zero (No Coinsurance per Day)  
 One  
 Two  
 Three

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

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

# CY 2023 PBP Data Entry System Screens

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

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

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

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Next ▶

✓ Exit (Validate)
✗ Exit (No Validate)

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

 Yes  
 No

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?

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:

What is your lowest cost tier?

 Tier 1  
 Tier 2  
 Tier 3

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

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

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

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 2023 PBP Data Entry System Screens

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

PBP Data Entry System - Section B-19, Contract X0001, Plan 001, Segment 000
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✍ Exit (Validate)
✖ Exit (No Validate)
Go To: VBID/UF/SSBCI 19B #1b Inpatient Hospital Psychiatric - Base 6

Additional Days Coinsurance Cost Sharing for Tier 3:

Indicate the number of day intervals for Additional Days:

Zero (No Coinsurance per Day)  
 One  
 Two  
 Three

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

Coinsurance% Interval 1	Begin Day Interval 1:	End Day Interval 1:
<input 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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CY2023 PBP – Section B VBID/UF/SSBCI  
12/27/2021

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**CMS SENSITIVE INFORMATION - REQUIRES SPECIAL HANDLING**

# CY 2023 PBP Data Entry System Screens

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

Previous Next Exit (Validate) Exit (No Validate)

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

Is there an enrollee Deductible?

Yes  
 No

Indicate Deductible Amount for Tier 1:

Indicate Deductible Amount for Tier 2:

Indicate Deductible Amount for Tier 3:

Is there an enrollee Copayment?

Yes  
 No

Medicare-covered Copayment Cost Sharing for Tier 1:

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

Yes  
 No

Indicate Copayment amount for the Medicare-covered stay:

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

Zero (No Copayment per Day)  
 One  
 Two  
 Three

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

Copayment Amt Interval 1	Begin Day Interval 1:	End Day Interval 1:
<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 2023 PBP Data Entry System Screens

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

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

 Exit (No Validate)
 
Go To: VBID/UF/SSBCI 19B #1b Inpatient Hospital Psychiatric - Base 8

<p>Medicare-covered Copayment Cost Sharing for Tier 2:</p> <p>Do you charge the Medicare-defined cost shares? (These are the total charges for all services provided to the enrollee in the inpatient facility.)</p> <p> <input type="radio"/> Yes  <input type="radio"/> No                 </p> <p>Indicate Copayment amount for the Medicare-covered stay:</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 2023 PBP Data Entry System Screens

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

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

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

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✓ Exit (Validate)
✗ Exit (No Validate)

<p>Medicare-covered Lifetime Reserve Days Tier 1</p> <p>Indicate the number of day intervals for the Medicare-covered Lifetime Reserve Days:</p> <div style="border: 1px solid gray; padding: 5px; margin-bottom: 10px;"> <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 the 60 Medicare-covered Lifetime Reserve Days (i.e., 1 - 60):</p> <table border="0" style="width: 100%; text-align: center;"> <tr> <td></td> <td colspan="3">Interval Days</td> </tr> <tr> <td></td> <td>Copay Amount</td> <td>Begin Day</td> <td>End Day</td> </tr> <tr> <td>Interval 1:</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Interval 2:</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Interval 3:</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>		Interval Days				Copay Amount	Begin Day	End Day	Interval 1:	<input type="text"/>	<input type="text"/>	<input type="text"/>	Interval 2:	<input type="text"/>	<input type="text"/>	<input type="text"/>	Interval 3:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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 gray; padding: 5px; margin-bottom: 10px;"> <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 the 60 Medicare-covered Lifetime Reserve Days (i.e., 1 - 60):</p> <table border="0" style="width: 100%; text-align: center;"> <tr> <td></td> <td colspan="3">Interval Days</td> </tr> <tr> <td></td> <td>Copay Amount</td> <td>Begin Day</td> <td>End Day</td> </tr> <tr> <td>Interval 1:</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Interval 2:</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Interval 3:</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>		Interval Days				Copay Amount	Begin Day	End Day	Interval 1:	<input type="text"/>	<input type="text"/>	<input type="text"/>	Interval 2:	<input type="text"/>	<input type="text"/>	<input type="text"/>	Interval 3:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<p>Medicare-covered Lifetime Reserve Days Tier 3</p> <p>Indicate the number of day intervals for the Medicare-covered Lifetime Reserve Days:</p> <div style="border: 1px solid gray; padding: 5px; margin-bottom: 10px;"> <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 the 60 Medicare-covered Lifetime Reserve Days (i.e., 1 - 60):</p> <table border="0" style="width: 100%; text-align: center;"> <tr> <td></td> <td colspan="3">Interval Days</td> </tr> <tr> <td></td> <td>Copay Amount</td> <td>Begin Day</td> <td>End Day</td> </tr> <tr> <td>Interval 1:</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Interval 2:</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Interval 3:</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>		Interval Days				Copay Amount	Begin Day	End Day	Interval 1:	<input type="text"/>	<input type="text"/>	<input type="text"/>	Interval 2:	<input type="text"/>	<input type="text"/>	<input type="text"/>	Interval 3:	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Interval 3:	<input type="text"/>	<input type="text"/>	<input type="text"/>																																																											

# CY 2023 PBP Data Entry System Screens

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

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

File Help

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

Previous Next Exit (Validate) Exit (No Validate)

Additional Days Copayment Cost Sharing for Tier 1:

Indicate the number of day intervals for Additional Days:

Zero (No Copayment per Day)  
 One  
 Two  
 Three

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

Copayment Amt Interval 1	Begin Day Interval 1:	End Day Interval 1:
<input type="text"/>	<input type="text"/>	<input type="text"/>
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 2023 PBP Data Entry System Screens

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

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

File Help

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

Previous Next Exit (Validate) Exit (No Validate)

Additional Days Copayment Cost Sharing for Tier 3:

Indicate the number of day intervals for Additional Days:

Zero (No Copayment per Day)  
 One  
 Two  
 Three

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

Copayment Amt Interval 1	Begin Day Interval 1:	End Day Interval 1:
<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 2023 PBP Data Entry System Screens

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

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

File Help

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

Previous Next Exit (Validate) Exit (No Validate)

What is your Inpatient Hospital Psychiatric benefit period?

Original Medicare  
 Annual  
 Per Admission or Per Stay  
 Other, Describe

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

Do you charge cost sharing on the day of discharge?

Yes  
 No

Is authorization required?

Yes  
 No

Is a referral required for Inpatient Psychiatric Hospital Services?

Yes  
 No

Inpatient Hospital Psychiatric Notes

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

Notes:

# CY 2023 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #2 SNF – Base 1

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

File Help

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

Previous Next Exit (Validate) Exit (No Validate)

CLICK FOR DESCRIPTION OF BENEFIT

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

Yes  
 No

Select enhanced benefits:

Additional days beyond Medicare-covered  
 Non-Medicare-covered stay (MMP Only)

Select type of benefit for Additional Days beyond Medicare-covered:

Mandatory  
 Optional

Is this benefit unlimited for Additional Days?

Yes  
 No, indicate number

Indicate the number of Additional Days beyond Medicare-covered per benefit period:

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

Mandatory  
 Optional

Do you allow less than 3 day inpatient hospital stay prior to SNF admission?

Yes  
 No

Indicate the Number of Hospital Days Required Prior to SNF Admission (0-2):

Zero  
 One  
 Two

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

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

Yes  
 No

Indicate Maximum Enrollee Out-of-Pocket Cost amount:

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

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

# CY 2023 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

File Help

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

Previous Next Exit (Validate) Exit (No Validate)

Does this plan's Medicare-covered benefit cost sharing vary by the Skilled Nursing Facility in which an enrollee obtains care?

Yes  
 No

How many cost sharing tiers do you offer?

What is your lowest cost tier?

Tier 1  
 Tier 2  
 Tier 3

Is there an enrollee Coinsurance?

Yes  
 No

Medicare-covered Coinsurance Cost Sharing for Tier 1:

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

Yes  
 No

Indicate Coinsurance percentage for the Medicare-covered stay:

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

Zero (No Coinsurance per Day)  
 One  
 Two  
 Three

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

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

# CY 2023 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
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File Help

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

Go To: VBID/UF/SSBCI 19B #2 SNF - Base 3

<p><b>Medicare-covered Coinsurance Cost Sharing for Tier 2:</b></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> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Coinsurance % 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 type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Coinsurance % Interval 2:</td> <td>Begin Day Interval 2:</td> <td>End Day Interval 2:</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Coinsurance % Interval 3:</td> <td>Begin Day Interval 3:</td> <td>End Day Interval 3:</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	Coinsurance % Interval 1:	Begin Day Interval 1:	End Day Interval 1:	<input type="text"/>	<input type="text"/>	<input type="text"/>	Coinsurance % Interval 2:	Begin Day Interval 2:	End Day Interval 2:	<input type="text"/>	<input type="text"/>	<input type="text"/>	Coinsurance % Interval 3:	Begin Day Interval 3:	End Day Interval 3:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<p><b>Medicare-covered Coinsurance Cost Sharing for Tier 3:</b></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> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Coinsurance % 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 type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Coinsurance % Interval 2:</td> <td>Begin Day Interval 2:</td> <td>End Day Interval 2:</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Coinsurance % Interval 3:</td> <td>Begin Day Interval 3:</td> <td>End Day Interval 3:</td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	Coinsurance % Interval 1:	Begin Day Interval 1:	End Day Interval 1:	<input type="text"/>	<input type="text"/>	<input type="text"/>	Coinsurance % Interval 2:	Begin Day Interval 2:	End Day Interval 2:	<input type="text"/>	<input type="text"/>	<input type="text"/>	Coinsurance % Interval 3:	Begin Day Interval 3:	End Day Interval 3:	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Coinsurance % Interval 3:	Begin Day Interval 3:	End Day Interval 3:																																			
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# CY 2023 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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File Help

Go To: VBID/UF/SSBCI 19B #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 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 2023 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

Previous Next Exit (Validate) Exit (No Validate) Go To: VBID/UF/SSBCI 19B #2 SNF - Base 5

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

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

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

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

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

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

# CY 2023 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 2023 PBP Data Entry System Screens

VBID/UF/SSBCI 19B #2 SNF – Base 7

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

◀ Previous
Next ▶
✔ Exit (Validate)
✖ Exit (No Validate)
Go To: VBID/UF/SSBCI 19B #2 SNF - Base 7 ▾

<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 SNF.)</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Indicate Copayment amount for Medicare-covered stay: <input style="width: 100px;" type="text"/></p> <p>Indicate the number of day intervals for the Medicare-covered stay:</p> <p><input type="radio"/> Zero (No Copayment per Day) <input type="radio"/> One <input type="radio"/> Two <input type="radio"/> Three</p> <p>Indicate the copayment amount and day interval(s) for Medicare-covered stay (e.g.; 1 to 20; 21 to 100): For more information on cost share limitations please view the variable help.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Copayment Amt Interval 1:</td> <td style="width: 33%;">Begin Day Interval 1:</td> <td style="width: 33%;">End Day Interval 1:</td> </tr> <tr> <td><input style="width: 100px;" type="text"/></td> <td><input style="width: 100px;" type="text"/></td> <td><input style="width: 100px;" 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: 100px;" type="text"/></td> <td><input style="width: 100px;" type="text"/></td> <td><input style="width: 100px;" 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: 100px;" type="text"/></td> <td><input style="width: 100px;" type="text"/></td> <td><input style="width: 100px;" type="text"/></td> </tr> </table>	Copayment Amt Interval 1:	Begin Day Interval 1:	End Day Interval 1:	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	Copayment Amt Interval 2:	Begin Day Interval 2:	End Day Interval 2:	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	Copayment Amt Interval 3:	Begin Day Interval 3:	End Day Interval 3:	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<p>Medicare-covered Copayment Cost Sharing for Tier 3:</p> <p>Do you charge the Medicare-defined cost shares? (These are the total charges for all services provided to the enrollee in the SNF.)</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p>Indicate Copayment amount for Medicare-covered stay: <input style="width: 100px;" type="text"/></p> <p>Indicate the number of day intervals for the Medicare-covered stay:</p> <p><input type="radio"/> Zero (No Copayment per Day) <input type="radio"/> One <input type="radio"/> Two <input type="radio"/> Three</p> <p>Indicate the copayment amount and day interval(s) for Medicare-covered stay (e.g.; 1 to 20; 21 to 100): For more information on cost share limitations please view the variable help.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Copayment Amt Interval 1:</td> <td style="width: 33%;">Begin Day Interval 1:</td> <td style="width: 33%;">End Day Interval 1:</td> </tr> <tr> <td><input style="width: 100px;" type="text"/></td> <td><input style="width: 100px;" type="text"/></td> <td><input style="width: 100px;" 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: 100px;" type="text"/></td> <td><input style="width: 100px;" type="text"/></td> <td><input style="width: 100px;" 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: 100px;" type="text"/></td> <td><input style="width: 100px;" type="text"/></td> <td><input style="width: 100px;" type="text"/></td> </tr> </table>	Copayment Amt Interval 1:	Begin Day Interval 1:	End Day Interval 1:	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	Copayment Amt Interval 2:	Begin Day Interval 2:	End Day Interval 2:	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	Copayment Amt Interval 3:	Begin Day Interval 3:	End Day Interval 3:	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
Copayment Amt Interval 1:	Begin Day Interval 1:	End Day Interval 1:																																			
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# CY 2023 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

File Help

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

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., 101 to 999): 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 1: Begin Day Interval 1: End Day Interval 1:

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

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

# CY 2023 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

File Help

Previous Next Exit (Validate) Exit (No Validate) Go To: VBID/UF/SSBCI 19B #2 SNF - Base 9

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 2023 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 bar 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 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: