

CY 2024 PBP Data Entry System Screens

Plan Benefit Package Landing Page

HPMS Health Plan Management System

Home My Account FAQs Contact Us Log Out

Plan Benefit Package HPMS > Plan Bids > Plan Benefit Package > PBP CY 2023

Plan Benefit Package

Contract ID * Z0000 - Sample Organization

Plan ID * 001 - Sample Plan Name

Section	Status	Last Updated At	Last Updated By
PBP	In Progress	8/23/2022 11:54:52 AM EDT	STE TESTER
Plan Characteristics	Completed	8/14/2022 3:50:45 PM EDT	STE TESTER
Standard Bid	Completed	8/5/2022 10:47:58 AM EDT	STE TESTER
Benefit Offerings	Completed	8/22/2022 11:33:24 PM EDT	STE TESTER
Plan Level Cost Sharing	Completed	8/17/2022 11:17:16 AM EDT	STE TESTER
Prior Authorization & Referral	Completed	8/5/2022 11:10:49 AM EDT	STE TESTER
Visitor Travel	Completed	8/22/2022 11:51:15 PM EDT	STE TESTER
Cost Share Groups	In Progress	8/23/2022 11:54:52 AM EDT	STE TESTER
VBID, MA Uniformity, SSBCI	In Progress	8/12/2022 9:20:13 AM EDT	STE TESTER
Benefit Details	In Progress	8/21/2022 8:15:07 AM EDT	STE TESTER
Rx	In Progress	8/23/2022 10:41:49 AM EDT	STE TESTER

About HPMS | Website Accessibility | Web Policies | File Formats and Plug-Ins | Rules of Behavior | System Requirements | UX Framework v9.0.3

CMS

CY 2024 PBP Data Entry System Screens

Plan Characteristics – page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

Plan Characteristics - In Progress

Standard Bid - Not Started

✓ Benefit Offerings - Not started

Plan Level Cost Share - Not started

Prior Authorization/Referrals - Not started

Visitor Travel - Not started

✓ Cost Share Groups - Not started

Plan Characteristics [View Service Areas](#)

General Information

Organization Legal Name Example legal name of the Organization	Organization Marketing Name Example marketing name of the Organization	Organization Type Sample Organization Type
Segment Name West Dallas	Plan Geographic Name North Texas	

Plan Details

Plan Type Sample Plan Type	Is this a network plan? Full Network Plan	Is this an Employer-Only plan? No
Does this plan offer Prescription drugs (Rx)? Yes	Does this plan offer Point of Service (POS)? Yes	Does this plan offer Out of Network services (OON)? No
Does this plan offer Value based Insurance Design (VBid)? Yes	Does this plan offer Part D Senior Savings Model (PDSSM)? Yes	

Special Needs Plan (SNP)

Is this a SNP? Yes	SNP Type D-SNP	SNP Institutional Type N/A
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Chronic or Disabling Conditions
Diabetes, Dialysis services, Recurring dialysis

Close

Save and Close

Save and Next

CY 2024 PBP Data Entry System Screens

Plan Characteristics – page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

Plan Characteristics - **In Progress**

- Standard Bid - Not Started
- Benefit Offerings - Not started
- Plan Level Cost Share - Not started
- Prior Authorization/Referrals - Not started
- Visitor Travel - Not started
- Cost Share Groups - Not started

Does this D-SNP offer Medicare zero-dollar cost sharing (not applicable to Part D)?

Yes

Under this D-SNP, has the state agreed to cover all Medicare premiums and cost sharing for enrollees in your D-SNP?

Yes No

Plan Attributes

Select the enrollee type:

Part A & Part B **Part B Only**

Does this plan cover hospice care?

Yes No

Indicate the total projected member months for this plan:

11234

Does this plan have a CMS-approved continuation area?

Yes No

Does this plan have the same cost sharing in the continuation area for the services included?

Yes **No**

Close Save and Close Save and Next

CY 2024 PBP Data Entry System Screens

Plan Characteristics – page 3

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

- Plan Characteristics - **In Progress**
- Standard Bid - Not Started
- Benefit Offerings - Not started
- Plan Level Cost Share - Not started
- Prior Authorization/Referrals - Not started
- Visitor Travel - Not started
- Cost Share Groups - Not started

Does this plan have the same cost sharing in the continuation area for the services included?

Yes No

Describe the cost sharing differences for the continuation area

Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Ut enim ad minim veniam, quis nostrud exercitation ullamco laboris nisi ut aliquip ex ea commodo consequat.

555/1000 characters

Does this plan intend to participate in the Platino program?

Yes No

Point of Service (POS)

Select the POS benefit type:

Mandatory Optional

Does this POS benefit service the United States and its territories? If no, please briefly describe geographic limitations in the following area.

Yes No

Notes (POS)

Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Ut enim ad minim veniam, quis

CY 2024 PBP Data Entry System Screens

Plan Characteristics – page 4

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

- Plan Characteristics - **In Progress**
- Standard Bid - Not Started
- Benefit Offerings - Not started
- Plan Level Cost Share - Not started
- Prior Authorization/Referrals - Not started
- Visitor Travel - Not started
- Cost Share Groups - Not started

Point of Service (POS)

Select the POS benefit type:

Mandatory Optional

Does this POS benefit service the United States and its territories? If no, please briefly describe geographic limitations in the following area.

Yes No

Notes (POS)

Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Ut enim ad minim veniam, quis nostrud exercitation ullamco laboris nisi ut aliquip ex ea commodo consequat.

555/1000 characters

Does this POS benefit include all practitioners who are state-licensed or state-certified and eligible to be paid by Medicare to furnish the services?

Yes No

CY 2024 PBP Data Entry System Screens

Standard Bid

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

Plan Characteristics - Completed

Standard Bid - In Progress

Benefit Offerings - Not started

Plan Level Cost Share - Not started

Prior Authorization/Referrals - Not started

Visitor Travel - Not started

Cost Share Groups - Not started

Standard Bid

Plan Characteristics

Does this plan offer a standard bid for In-Network service categories? [Ⓢ]

Yes No

Does this plan offer a standard bid for Out-of-Network service categories?

Yes No

Does this plan offer a standard bid for plan-level deductible and maximum enrollee out-of-pocket cost (MOOP)?

Yes No

CY 2024 PBP Data Entry System Screens

Benefit Offerings - page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID
✕

Very long Plan Name

- Plan Characteristics - Completed
- Standard Bid - Completed
- ^ Benefit Offerings - In Progress
- Medicare Services - In Progress
- Non Medicare Services - Not Started
- Plan Level Cost Share - Not started
- Prior Authorization/Referrals - Not started
- Visitor Travel - Not started
- ^ Cost Share Groups - Not started

Plan Characteristics

Benefit Offerings

Medicare Services

Select all the service categories that are being offered under this plan Expand All

Services	In Network (INN)	Out of Network (OON) (or POS)
^ Inpatient Hospital Services (1)		
Inpatient Hospital-Acute(1a)	Required	<input checked="" type="checkbox"/>
Inpatient Hospital Psychiatric(1b)	Required	<input checked="" type="checkbox"/>
Skilled Nursing Facility (SNF)(2)	Required	<input checked="" type="checkbox"/>
^ Cardiac and Pulmonary Rehabilitation Services(3)		
Cardiac Rehabilitation Services(3-1)	Required	<input checked="" type="checkbox"/>
Intensive Cardiac Rehabilitation Services(3-2)	Required	<input type="checkbox"/>
Pulmonary Rehabilitation Services(3-3)	Required	<input checked="" type="checkbox"/>
SET for PAD Services(3-4)	Required	<input type="checkbox"/>
^ Emergency/Urgently Needed Services(4)		
Partial Hospitalization(5)	Required	<input type="checkbox"/>
Home Health Services(6)	Required	<input checked="" type="checkbox"/>
^ Health Care Professional Services(7)		
^ Outpatient Procedures, Tests, Labs and Radiology Services(8)		
^ Outpatient Services(9)		
^ Ambulance/Transportation Services(10)		
^ DME, Prosthetics and Medical and Diabetic Supplies(11)		
Dialysis Services(12)	Required	<input checked="" type="checkbox"/>
^ Preventive and Other Defined Supplemental Services(14)		
^ Medicare Part B Dr. Device(15)		

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Screens

Benefit Offerings - page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

	Services	In Network (INN)	Out of Network (OON) (or POS)
<ul style="list-style-type: none"> Plan Characteristics - Completed Standard Bid - Completed <li style="background-color: #0056b3; color: white; padding: 2px;">^ Benefit Offerings - In Progress <li style="background-color: #0056b3; color: white; padding: 2px;">Medicare Services - In Progress Non Medicare Services - Not Started Plan Level Cost Share - Not started Prior Authorization/Referrals - Not started Visitor Travel - Not started ^ Cost Share Groups - Not started 	^ Inpatient Hospital Services (1)		
	Inpatient Hospital-Acute(1a)	Required	<input checked="" type="checkbox"/>
	Inpatient Hospital Psychiatric(1b)	Required	<input checked="" type="checkbox"/>
	Skilled Nursing Facility (SNF)(2)	Required	<input checked="" type="checkbox"/>
	^ Cardiac and Pulmonary Rehabilitation Services(3)		
	Cardiac Rehabilitation Services(3-1)	Required	<input checked="" type="checkbox"/>
	Intensive Cardiac Rehabilitation Services(3-2)	Required	<input type="checkbox"/>
	Pulmonary Rehabilitation Services(3-3)	Required	<input checked="" type="checkbox"/>
	SET for PAD Services(3-4)	Required	<input type="checkbox"/>
	^ Emergency/Urgently Needed Services(4)		
	Partial Hospitalization(5)	Required	<input type="checkbox"/>
	Home Health Services(6)	Required	<input checked="" type="checkbox"/>
	^ Health Care Professional Services(7)		
	^ Outpatient Procedures, Tests, Labs and Radiology Services(8)		
	^ Outpatient Services(9)		
	^ Ambulance/Transportation Services(10)		
	^ DME, Prosthetics and Medical and Diabetic Supplies(11)		
	Dialysis Services(12)	Required	<input checked="" type="checkbox"/>
	^ Preventive and Other Defined Supplemental Services(14)		
	^ Medicare Part B Rx Drugs(15)		
^ Dental(16)			
^ Eye Exams/Eyewear(17)			
^ Hearing Exams/Hearing Aids(18)			
Prescription Drugs (Cost Plans Only)(20)	Required	<input checked="" type="checkbox"/>	

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Screens

Benefit Offerings – Medicare Services – page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID
✕

Very long Plan Name

- Plan Characteristics - Completed
- Standard Bid - Completed
- ^ Benefit Offerings - In Progress
- Medicare Services - In Progress
- Non Medicare Services - Not Started
- Plan Level Cost Share - Not started
- Prior Authorization/Referrals - Not started
- Visitor Travel - Not started
- ^ Cost Share Groups - Not started

Benefit Offerings

Plan Characteristics

Medicare Services

Select all the service categories that are being offered under this plan Expand All

Services	In Network (INN)	Out of Network (OON) (or POS)
^ Inpatient Hospital Services (1)		
Inpatient Hospital-Acute(1a)	Required	<input checked="" type="checkbox"/>
Inpatient Hospital Psychiatric(1b)	Required	<input checked="" type="checkbox"/>
Skilled Nursing Facility (SNF)(2)	Required	<input checked="" type="checkbox"/>
^ Cardiac and Pulmonary Rehabilitation Services(3)		
Cardiac Rehabilitation Services(3-1)	Required	<input checked="" type="checkbox"/>
Intensive Cardiac Rehabilitation Services(3-2)	Required	<input type="checkbox"/>
Pulmonary Rehabilitation Services(3-3)	Required	<input checked="" type="checkbox"/>
SET for PAD Services(3-4)	Required	<input type="checkbox"/>
^ Emergency/Urgently Needed Services(4)		
Partial Hospitalization(5)	Required	<input type="checkbox"/>
Home Health Services(6)	Required	<input checked="" type="checkbox"/>
^ Health Care Professional Services(7)		
^ Outpatient Procedures, Tests, Labs and Radiology Services(8)		
^ Outpatient Services(9)		
^ Ambulance/Transportation Services(10)		
^ DME, Prosthetics and Medical and Diabetic Supplies(11)		
Dialysis Services(12)	Required	<input checked="" type="checkbox"/>
^ Preventive and Other Defined Supplemental Services(14)		
^ Medicare Part B Rx Drugs(15)		

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Screens

Benefit Offerings – Medicare Services – page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

	Services	In Network (INN)	Out of Network (OON) (or POS)
	^ Inpatient Hospital Services (1)		
	Inpatient Hospital-Acute(1a)	Required	<input checked="" type="checkbox"/>
	Inpatient Hospital Psychiatric(1b)	Required	<input checked="" type="checkbox"/>
	Skilled Nursing Facility (SNF)(2)	Required	<input checked="" type="checkbox"/>
	^ Cardiac and Pulmonary Rehabilitation Services(3)		
	Cardiac Rehabilitation Services(3-1)	Required	<input checked="" type="checkbox"/>
	Intensive Cardiac Rehabilitation Services(3-2)	Required	<input type="checkbox"/>
	Pulmonary Rehabilitation Services(3-3)	Required	<input checked="" type="checkbox"/>
	SET for PAD Services(3-4)	Required	<input type="checkbox"/>
	∨ Emergency/Urgently Needed Services(4)		
	Partial Hospitalization(5)	Required	<input type="checkbox"/>
	Home Health Services(6)	Required	<input checked="" type="checkbox"/>
	∨ Health Care Professional Services(7)		
	∨ Outpatient Procedures, Tests, Labs and Radiology Services(8)		
	∨ Outpatient Services(9)		
	∨ Ambulance/Transportation Services(10)		
	∨ DME, Prosthetics and Medical and Diabetic Supplies(11)		
	Dialysis Services(12)	Required	<input checked="" type="checkbox"/>
	∨ Preventive and Other Defined Supplemental Services(14)		
	∨ Medicare Part B Rx Drugs(15)		
	∨ Dental(16)		
	∨ Eye Exams/Eyewear(17)		
	∨ Hearing Exams/Hearing Aids(18)		
	Prescription Drugs (Cost Plans Only)(20)	Required	<input checked="" type="checkbox"/>

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Screens

Benefit Offerings – Non-Medicare Services – page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID
✕

Very long Plan Name

- Plan Characteristics - Completed
- Standard Bid - Completed
- ^ Benefit Offerings - In Progress
- Medicare Services - Completed
- Non Medicare Services - In Progress
- Plan Level Cost Share - Not started
- Prior Authorization/Referrals - Not started
- Visitor Travel - Not started
- ^ Cost Share Groups - Not started

Benefit Offerings

Non-Medicare Services

Select all the service categories that are being offered under this plan

[Expand All](#)

Services	In Network (INN)		Out of Network (OON)
	<input type="checkbox"/>	Optional/Mandatory	
^ Inpatient Hospital Services (1)			
^ Inpatient Hospital-Acute (1a)			
Additional Days for Inpatient Hospital-Acute(1a1)	<input checked="" type="checkbox"/>	Optional	
Non-Medicare-covered Stay for Inpatient Hospital-Acute(1a2)	<input checked="" type="checkbox"/>	Both	<input checked="" type="checkbox"/>
Upgrades for Inpatient Hospital-Acute(1a3)	<input checked="" type="checkbox"/>	Mandatory	<input checked="" type="checkbox"/>
^ Inpatient Hospital Psychiatric (1b)			
Additional Days for Inpatient Hospital Psychiatric(1b1)	<input type="checkbox"/>		
Non-Medicare-covered Stay for Inpatient Hospital Psychiatric(1b2)	<input checked="" type="checkbox"/>	Mandatory	<input checked="" type="checkbox"/>
^ Skilled Nursing Facility (SNF) (2)			
Additional Days beyond Medicare-covered for Skilled Nursing Facility (SNF)(2-1)	<input checked="" type="checkbox"/>	Mandatory	<input checked="" type="checkbox"/>
Non-Medicare-covered Stay for Skilled Nursing Facility (SNF)(2-2)	<input type="checkbox"/>		
v Cardiac and Pulmonary Rehabilitation Services(3)			
v Emergency/Urgently Needed Services(4)			
v Health Care Professional Services(7)			
v Outpatient Services(9)			
v Ambulance/Transportation Services(10)			
v DME, Prosthetics and Medical and Diabetic Supplies(11)			

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Screens

Benefit Offerings – Non Medicare Services – page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

Plan Characteristics - Completed	<ul style="list-style-type: none"> ^ Inpatient Hospital Services (1) <li style="padding-left: 15px;">^ Inpatient Hospital-Acute (1a) <li style="padding-left: 30px;">Additional Days for Inpatient Hospital-Acute(1a1) <input checked="" type="checkbox"/> Optional <li style="padding-left: 30px;">Non-Medicare-covered Stay for Inpatient Hospital-Acute(1a2) <input checked="" type="checkbox"/> Both <input checked="" type="checkbox"/> <li style="padding-left: 30px;">Upgrades for Inpatient Hospital-Acute(1a3) <input checked="" type="checkbox"/> Mandatory <input checked="" type="checkbox"/> <li style="padding-left: 15px;">^ Inpatient Hospital Psychiatric (1b) <li style="padding-left: 30px;">Additional Days for Inpatient Hospital Psychiatric(1b1) <input type="checkbox"/> <li style="padding-left: 30px;">Non-Medicare-covered Stay for Inpatient Hospital Psychiatric(1b2) <input checked="" type="checkbox"/> Mandatory <input checked="" type="checkbox"/> <li style="padding-left: 15px;">^ Skilled Nursing Facility (SNF) (2) <li style="padding-left: 30px;">Additional Days beyond Medicare-covered for Skilled Nursing Facility (SNF)(2-1) <input checked="" type="checkbox"/> Mandatory <input checked="" type="checkbox"/> <li style="padding-left: 30px;">Non-Medicare-covered Stay for Skilled Nursing Facility (SNF)(2-2) <input type="checkbox"/> <li style="padding-left: 15px;">v Cardiac and Pulmonary Rehabilitation Services(3) <li style="padding-left: 15px;">v Emergency/Urgently Needed Services(4) <li style="padding-left: 15px;">v Health Care Professional Services(7) <li style="padding-left: 15px;">v Outpatient Services(9) <li style="padding-left: 15px;">v Ambulance/Transportation Services(10) <li style="padding-left: 15px;">v DME, Prosthetics and Medical and Diabetic Supplies(11) <li style="padding-left: 15px;">^ Other Supplemental Services(13) <li style="padding-left: 30px;">Acupuncture(13a) <li style="padding-left: 30px;">Over-the-Counter (OTC) Items(13b) <li style="padding-left: 30px;">Meal Benefit(13c) <li style="padding-left: 30px;">Some Other User given Name (13d) <input type="text"/> <li style="padding-left: 30px;">Random Unique name service category <input type="text"/> <li style="padding-left: 30px;">Other 3(13f) <input type="text"/> <li style="padding-left: 15px;">v Preventive and Other Defined Supplemental Services(14) <li style="padding-left: 15px;">v Dental(16) <li style="padding-left: 15px;">v Eye Exams/Eyewear(17) <li style="padding-left: 15px;">v Hearing Exams/Hearing Aids(18) 			
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Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Screens

Plan Level Cost Sharing – page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

Plan Characteristics - Completed

Standard Bid - Completed

Benefit Offerings - Completed

Plan Level Cost Share - In Progress

Prior Authorization/Referrals - Not started

Visitor Travel - Not started

Cost Share Groups - Not started

Plan Level Cost Sharing

Does this plan have an In-Network plan deductible?

Yes No

Does this plan charge the Medicare-defined Part B deductible amount?

Yes No

In-Network deductible amount

\$50

Does this plan have a combined (In-Network and Out-of-Network) deductible?

Yes No

Does this plan charge the Medicare-defined Part B deductible amount?

Yes No

Combined deductible amount

\$200

Does this plan have an Out-of-Network plan deductible?

Yes No

Close Save and Close Save and Next

CY 2024 PBP Data Entry System Screens

Plan Level Cost Sharing – page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

- Plan Characteristics - Completed
- Standard Bid - Completed
- Benefit Offerings - Completed
- Plan Level Cost Share - In Progress**
- Prior Authorization/Referrals - Not started
- Visitor Travel - Not started
- Cost Share Groups - Not started

Does this plan have an Out-of-Network plan deductible?
 Yes No

Does this plan charge the Medicare-defined Part B deductible amount?
 Yes No

Out of Network Deductible Amount
\$100

Non-Network Plan Deductible?
 Yes No

Does this plan charge the Medicare-defined Part B deductible amount?
 Yes No

Non-Network Deductible Amount
\$200

Medicare Services
Select the Medicare service categories that are subject to each plan-level deductible type:

CY 2024 PBP Data Entry System Screens

Plan Level Cost Sharing – page 3

PBP CY 2024 - Contract ID / Plan ID / Segment ID
✕

Very long Plan Name

- Plan Characteristics - Completed
- Standard Bid - Completed
- Benefit Offerings - Completed
- Plan Level Cost Share - In Progress
- Prior Authorization/Referrals - Not started
- Visitor Travel - Not started
- Cost Share Groups - Not started

Medicare Services

Select the Medicare service categories that are subject to each plan-level deductible type:

Services	In Network	Combined	Out of Network	Non-Network
▼ Inpatient Hospital Services (1)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Inpatient Hospital-Acute(1a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inpatient Hospital Psychiatric(1b)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Skilled Nursing Facility (SNF)(2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▼ Cardiac and Pulmonary Rehabilitation Services(3)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cardiac Rehabilitation Services(3-1)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Intensive Cardiac Rehabilitation Services(3-2)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Pulmonary Rehabilitation Services(3-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SET for PAD Services(3-4)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
▼ Emergency/Urgently Needed Services(4)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Non-Medicare Services

Select the non-Medicare service categories that are subject to each plan-level deductible type:

Services	In Network	Combined	Out of Network	Non-Network
^ Inpatient Hospital Services (1)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
^ Inpatient Hospital-Acute (B Only)(1a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Days for Inpatient Hospital-Acute(1a1)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Medicare-covered Stay for Inpatient Hospital-Acute(1a2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Screens

Plan Level Cost Sharing – page 4

PBP CY 2024 - Contract ID / Plan ID / Segment ID
✕

Very long Plan Name

- Plan Characteristics - Completed
- Standard Bid - Completed
- Benefit Offerings - Completed
- Plan Level Cost Share - In Progress
- Prior Authorization/Referrals - Not started
- Visitor Travel - Not started
- Cost Share Groups - Not started

Emergency/Urgently Needed Services(4)

Non-Medicare Services
Select the non-Medicare service categories that are subject to each plan-level deductible type:

Services	In Network	Combined	Out of Network	Non-Network
^ Inpatient Hospital Services (I)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
^ Inpatient Hospital-Acute (B Only)(1a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Days for Inpatient Hospital-Acute(1a1)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Medicare-covered Stay for Inpatient Hospital-Acute(1a2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Upgrades for Inpatient Hospital-Acute(1a3)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
^ Inpatient Hospital Psychiatric (B Only)(1b)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Additional Days for Inpatient Hospital Psychiatric(1b1)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Non Medicare covered Stay for Inpatient Hospital Psychiatric(1b2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
^ Skilled Nursing Facility (SNF) (B Only)(2)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Additional Days beyond Medicare-covered for Skilled Nursing Facility (SNF)(2-1)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Maximum Enrollee Out-of-Pocket (MOOP)

Does this plan have an In-Network MOOP?

Yes No

What type of In-Network MOOP does your plan offer?

Lower Intermediate Mandatory

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Screens

Plan Level Cost Sharing – page 5

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

Additional Days beyond Medicare-covered for Skilled Nursing Facility (SNF)(2-1)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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Maximum Enrollee Out-of-Pocket (MOOP)

Does this plan have an In-Network MOOP?

Yes No

What type of In-Network MOOP does your plan offer?

Lower Intermediate Mandatory

In-Network MOOP amount:

Does this plan have a combined MOOP?

Yes No

What type of combined MOOP does your plan offer?

Lower Intermediate Mandatory

Combined MOOP amount:

Does this plan have an Out-of-Network MOOP?

Yes No

CY 2024 PBP Data Entry System Screens

Plan Level Cost Sharing – page 6

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

- Plan Characteristics - Completed
- Standard Bid - Completed
- Benefit Offerings - Completed
- Plan Level Cost Share - In Progress**
- Prior Authorization/Referrals - Not started
- Visitor Travel - Not started
- Cost Share Groups - Not started

Combined MOOP amount:

Does this plan have an Out-of-Network MOOP?
 Yes No

What type of Out-of-Network MOOP does your plan offer?
 Lower Intermediate Mandatory

Out-of-Network MOOP amount:

Does this plan have a Non-Network MOOP?
 Yes No

What type of Non-Network MOOP does your plan offer?
 Lower Intermediate Mandatory

Non-Network MOOP amount:

Medicare Services

Select the Medicare service categories that are subject to each MOOP type:

Services	In Network	Combined	Out of Network	Non-Network

CY 2024 PBP Data Entry System Screens

Plan Level Cost Sharing – page 7

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

S400

- Plan Characteristics - Completed
- Standard Bid - Completed
- ▼ Benefit Offerings - Completed
- ▼ Plan Level Cost Share - In Progress
- Prior Authorization/Referrals - Not started
- Visitor Travel - Not started
- ▼ Cost Share Groups - Not started

Medicare Services

Select the Medicare service categories that are subject to each MOOP type:

Services	In Network	Combined	Out of Network	Non-Network
▼ Inpatient Hospital Services (1)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Inpatient Hospital-Acute(1a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inpatient Hospital Psychiatric(1b)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Skilled Nursing Facility (SNF)(2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▼ Cardiac and Pulmonary Rehabilitation Services(3)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cardiac Rehabilitation Services(3-1)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Intensive Cardiac Rehabilitation Services(3-2)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Pulmonary Rehabilitation Services(3-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SET for PAD Services(3-4)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
▼ Emergency/Urgently Needed Services(4)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Non-Medicare Services

Select the non-Medicare service categories that are subject to each MOOP type:

Services	In Network	Combined	Out of Network	Non-Network
^ Inpatient Hospital Services (1)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
^ Inpatient Hospital-Acute (B Only)(1a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Days for Inpatient Hospital-Acute(1a1)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Medicare-covered Stay for Inpatient Hospital-Acute(1a2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Close

Save and Close

Save and Next

CY 2024 PBP Data Entry System Screens

Plan Level Cost Sharing – page 8

PBP CY 2024 - Contract ID / Plan ID / Segment ID
✕

Very long Plan Name

- Plan Characteristics - Completed
- Standard Bid - Completed
- Benefit Offerings - Completed
- Plan Level Cost Share - In Progress
- Prior Authorization/Referrals - Not started
- Visitor Travel - Not started
- Cost Share Groups - Not started

Non-Medicare Services

Select the non-Medicare service categories that are subject to each MOOP type:

Services	In Network	Combined	Out of Network	Non-Network
^ Inpatient Hospital Services (1)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
^ Inpatient Hospital-Acute (B Only)(1a)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Days for Inpatient Hospital-Acute(1a1)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Medicare-covered Stay for Inpatient Hospital-Acute(1a2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Upgrades for Inpatient Hospital-Acute(1a3)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
^ Inpatient Hospital Psychiatric (B Only)(1b)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Additional Days for Inpatient Hospital Psychiatric(1b1)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Non Medicare covered Stay for Inpatient Hospital Psychiatric(1b2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
^ Skilled Nursing Facility (SNF) (B Only)(2)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Additional Days beyond Medicare-covered for Skilled Nursing Facility (SNF)(2-1)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Tiered Cost Sharing

Does this plan have tiered cost sharing for Medicare-covered services?

Yes No

Select the Medicare-covered benefits that have tiered cost sharing:

Available

Search by terms 🔍

Selected

Search by terms 🔍

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Screens

Plan Level Cost Sharing – page 9

PBP CY 2024 - Contract ID / Plan ID / Segment ID
✕

Very long Plan Name

- Plan Characteristics - Completed
- Standard Bid - Completed
- ▼ Benefit Offerings - Completed
- ▼ Plan Level Cost Share - In Progress
- Prior Authorization/Referrals - Not started
- Visitor Travel - Not started
- ▼ Cost Share Groups - Not started

Additional Days beyond Medicare-covered for Skilled Nursing Facility (SNF)(2-1)

Tiered Cost Sharing

Does this plan have tiered cost sharing for Medicare-covered services?

Select the Medicare-covered benefits that have tiered cost sharing:

Available		Selected
<input style="width: 95%;" type="text" value="Search by terms"/>		<input style="width: 95%;" type="text" value="Search by terms"/>
Cardiac Rehabilitation Services(3-1)	>	Partial Hospitalization(5)
Intensive Cardiac Rehabilitation Services(3-2)	>>	Chiropractic Services(7b)
Pulmonary Rehabilitation Services(3-3)	<	SET for PAD Services(3-4)
Urgently Needed Services(4b)	<<	Occupational Therapy Services(7c)
Home Health Services(6)		Physician Specialist Services(7d)
Primary Care Physician Services(7a)		

Does this plan have tiered cost sharing for non-Medicare-covered services?

Select the Non-Medicare-covered benefits that have tiered cost sharing:

Available		Selected
<input style="width: 95%;" type="text" value="Search by terms"/>		<input style="width: 95%;" type="text" value="Search by terms"/>

CY 2024 PBP Data Entry System Screens

Plan Level Cost Sharing – page 10

PBP CY 2024 - Contract ID / Plan ID / Segment ID
✕

Very long Plan Name

Plan Characteristics - Completed

Standard Bid - Completed

Benefit Offerings - Completed

Plan Level Cost Share - In Progress

Prior Authorization/Referrals - Not started

Visitor Travel - Not started

Cost Share Groups - Not started

Home Health Services(6)

Primary Care Physician Services(7a)

Occupational Therapy Services(7c)

Physician Specialist Services(7d)

Does this plan have tiered cost sharing for non-Medicare-covered services?

Yes No

Select the Non-Medicare-covered benefits that have tiered cost sharing:

Available		Selected
<input type="text" value="Search by terms"/>		<input type="text" value="Search by terms"/>
Additional Cardiac Rehabilitation Services(3-1)	>	Routine Foot Care(7f)
Additional Intensive Cardiac Rehabilitation Services(3-2)	>>	Transportation Services - Plan Approved Health-related Location(10b1)
Additional Pulmonary Rehabilitation Services(3-3)	<	Transportation Services - Any Health-related Location(10b2)
Routine Chiropractic Care(7b1)	<<	
Other Chiropractic Services(7b2)		

Reductions in Cost Sharing

Does your plan offer Reductions in Cost Sharing?

Yes No

Combined Supplemental Benefits

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Screens

Plan Level Cost Sharing – page 11

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

- Plan Characteristics - Completed
- Standard Bid - Completed
- Benefit Offerings - Completed
- Plan Level Cost Share - In Progress**
- Prior Authorization/Referrals - Not started
- Visitor Travel - Not started
- Cost Share Groups - Not started

routine chiropractic care(701) <<

Other Chiropractic Services(7b2)

Reductions in Cost Sharing

Does your plan offer Reductions in Cost Sharing?

Yes No

Combined Supplemental Benefits

Do you offer Combined Supplemental Benefits?

Yes No

Plan Premium Amount

Indicate Plan Premium Amount

\$500

MSA Annual Deductible/Deposit

Are you using any of your plan's MA rebates to reduce the Part B Premium?

Yes No

Close Save and Close Save and Next

CY 2024 PBP Data Entry System Screens

Plan Level Cost Sharing – page 12

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

- Plan Characteristics - Completed
- Standard Bid - Completed
- Benefit Offerings - Completed
- Plan Level Cost Share - In Progress**
- Prior Authorization/Referrals - Not started
- Visitor Travel - Not started
- Cost Share Groups - Not started

MSA Annual Deductible/Deposit

Are you using any of your plan's MA rebates to reduce the Part B Premium?

Yes No

Indicate the Part B Premium reduction amount

\$500

Indicate Annual MSA Deductible amount

\$500

Indicate the Annual amount CMS will deposit into the Enrollee MSA

\$500

Point-of-Service (POS)

Is there a POS maximum enrollee out-of-pocket cost (MOOP)?

Yes No

POS MOOP amount

\$500

Periodicity

6 Months

Is there a POS maximum plan benefit coverage?

Yes No

CY 2024 PBP Data Entry System Screens

Plan Level Cost Sharing – page 13

PBP CY 2024 - Contract ID / Plan ID / Segment ID
✕

Very long Plan Name

- Plan Characteristics - Completed
- Standard Bid - Completed
- Benefit Offerings - Completed
- Plan Level Cost Share - In Progress
- Prior Authorization/Referrals - Not started
- Visitor Travel - Not started
- Cost Share Groups - Not started

Periodicity

6 Months

Is there a POS maximum plan benefit coverage?

Yes No

POS Maximum amount

\$500

Periodicity

6 Months

Is there Medicare-covered benefits that apply to the Maximum Plan Benefit Coverage Amount?

Yes No

Select the Medicare-covered benefits that have POS maximum plan benefit coverage:

Available		Selected
Cardiac Rehabilitation Services(3-1)	>	Partial Hospitalization(5)
Intensive Cardiac Rehabilitation Services(3-2)	>>	Chiropractic Services(7b)
Pulmonary Rehabilitation Services(3-3)	<	SET for PAD Services(3-4)
Urgently Needed Services(4b)	<<	Occupational Therapy Services(7c)
Home Health Services(6)		Physician Specialist Services(7d)
Primary Care Physician Services(7a)		

Close Save and Close Save and Next

CY 2024 PBP Data Entry System Screens

Plan Level Cost Sharing – page 14

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

- Plan Characteristics - Completed
- Standard Bid - Completed
- Benefit Offerings - Completed
- Plan Level Cost Share - In Progress**
- Prior Authorization/Referrals - Not started
- Visitor Travel - Not started
- Cost Share Groups - Not started

Is there Non-Medicare-covered benefits that apply to the Maximum Plan Benefit Coverage Amount?

Yes No

Select the Non-Medicare-covered benefits that have POS maximum plan benefit coverage:

Available		Selected
<input type="text" value="Search by terms"/>		<input type="text" value="Search by terms"/>
Additional Cardiac Rehabilitation Services(3-1)	>	Routine Foot Care(7f)
Additional Intensive Cardiac Rehabilitation Services(3-2)	>>	Transportation Services - Plan Approved Health-related
Additional Pulmonary Rehabilitation Services(3-3)	<	Location(10b1)
Routine Chiropractic Care(7b1)	<<	Transportation Services - Any Health-related Location(10b2)
Other Chiropractic Services(7b2)		

Does this plan have a POS deductible?

Yes No

POS deductible amount

CY 2024 PBP Data Entry System Screens

Annual Plan Deductible – Plan Specific (Sample Screen for LPPO/RPPO) – page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

Plan Characteristics - Completed

Standard Bid - Completed

Benefit Offerings - Completed

Plan Level Cost Share - In Progress

LPPO/RPPO Deductible - In Progress

Prior Authorization/Referrals - Not started

Visitor Travel - Not started

Cost Share Groups - Not started

Annual Plan Deductible LPPO/RPPO

Do you offer a Deductible?

Yes No

Select type

Medicare-Defined Part B Deductible amount

How is your combined Medicare-defined Part A and B Deductible applied?

Select type

Differentially applied to Part A and Part B Medicare services, reflecting Original Medicare payment structure

Do you include 14a Medicare-covered Zero Dollar Preventive Services as part of your OON Medicare-covered Services Deductible?

Yes No

Select the Service Categories that apply to your Deductible (Optional):

- In-Network Medicare-covered benefits
- In-Network Non-Medicare-covered benefits
- Out-of-Network Non=Medicare-covered benefits

Does the Deductible apply to all In-Network Medicare-covered benefits?

Yes No

Close Save and Close Save and Next

CY 2024 PBP Data Entry System Screens

Annual Plan Deductible – Plan Specific (Sample Screen for LPPO/RPPO)– page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

- Plan Characteristics - Completed
- Standard Bid - Completed
- ▼ Benefit Offerings - Completed
- ^ Plan Level Cost Share - In Progress
- ▼ LPPO/RPPO Deductible - In Progress
- Prior Authorization/Referrals - Not started
- Visitor Travel - Not started
- ▼ Cost Share Groups - Not started

Select all the In-Network Medicare-covered Service Categories to which the Deductible applies:

Available		Selected
<input style="width: 95%;" type="text" value="Search by terms"/>	<input type="button" value="Q"/>	<input style="width: 95%;" type="text" value="Search by terms"/>
Inpatient Hospital-Acute(1a)	<input type="button" value=">"/>	Partial Hospitalization(5)
Inpatient Hospital Psychiatric(1b)	<input type="button" value="»"/>	Chiropractic Services(7b)
Skilled Nursing Facility (SNF)(2)	<input type="button" value="<"/>	Individual Sessions for Outpatient Substance Abuse(9c1)
Cardiac Rehabilitation Services(3-1)	<input type="button" value="«"/>	Nursing Home Services(13h6)
Intensive Cardiac Rehabilitation Services(3-2)		Glaucoma Screening(14e1)
Pulmonary Rehabilitation Services(3-3)		

Does the Deductible apply to all In-Network Non-Medicare-covered benefits?

Select all the In-Network Non-Medicare-covered Service Categories to which the Deductible applies:

Available		Selected
<input style="width: 95%;" type="text" value="Search by terms"/>	<input type="button" value="Q"/>	<input style="width: 95%;" type="text" value="Search by terms"/>
Inpatient Hospital-Acute(1a)	<input type="button" value=">"/>	Partial Hospitalization(5)
Inpatient Hospital Psychiatric(1b)	<input type="button" value="»"/>	Chiropractic Services(7b)
Skilled Nursing Facility (SNF)(2)	<input type="button" value="<"/>	Individual Sessions for Outpatient Substance Abuse(9c1)
Cardiac Rehabilitation Services(3-1)	<input type="button" value="«"/>	Nursing Home Services(13h6)
Intensive Cardiac Rehabilitation Services(3-2)		Glaucoma Screening(14e1)

CY 2024 PBP Data Entry System Screens

Annual Plan Deductible – Plan Specific (Sample Screen for LPPO/RPPO) – page 3

BPB CY 2024 - Contract ID / Plan ID / Segment ID

✕

Very long Plan Name

<p>Plan Characteristics - Completed</p> <hr/> <p>Standard Bid - Completed</p> <hr/> <p>▼ Benefit Offerings - Completed</p> <hr/> <p>▲ Plan Level Cost Share - In Progress</p> <hr/> <p style="background-color: #0056b3; color: white; padding: 2px;">▼ LPPO/RPPO Deductible - In Progress</p> <hr/> <p>Prior Authorization/Referrals - Not started</p> <hr/> <p>Visitor Travel - Not started</p> <hr/> <p>▼ Cost Share Groups - Not started</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #f2f2f2;"> <th style="text-align: center;">Available</th> <th style="width: 50px;"></th> <th style="text-align: center;">Selected</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">Search by terms <input style="width: 90%;" type="text"/></td> <td></td> <td style="padding: 2px;">Search by terms <input style="width: 90%;" type="text"/></td> </tr> <tr> <td style="padding: 2px;">Inpatient Hospital-Acute(1a)</td> <td style="text-align: center; vertical-align: middle;">></td> <td style="padding: 2px;">Partial Hospitalization(5)</td> </tr> <tr> <td style="padding: 2px;">Inpatient Hospital Psychiatric(1b)</td> <td style="text-align: center; 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Inpatient Hospital Psychiatric(1b)	>>	Chiropractic Services(7b)																																															
Skilled Nursing Facility (SNF)(2)	<	Individual Sessions for Outpatient Substance Abuse(9c1)																																															
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Pulmonary Rehabilitation Services(3-3)																																																	

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Screens

Differential Service Category Deductibles (Unique for LPPO/RPPO) – page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

✕

- Plan Characteristics - Completed
- Standard Bid - Completed
- ▼ Benefit Offerings - Completed
- ▲ Plan Level Cost Share - In Progress
- ▲ LPPO/RPPO Deductible - In Progress
- Differential Service Category Deductibles - In Progress
- Deductible for LPPO/RPPO Mandatory Supplemental Benefits - Not started
- LPPO/RPPO Max Enrollee Cost Limit - Not started
- Prior Authorization/Referrals - Not started
- Visitor Travel - Not started
- ▼ Cost Share Groups - Not started

Plan Characteristics

Differential Service Category Deductibles

Do you have differential service category-level deductibles in addition to your In-Network Plan-level Deductible?

Yes
No

Select all the Service Categories to which the Differential Deductible applies:

Available		Selected
<input style="width: 95%; border: 1px solid #ccc;" type="text" value="Search by terms"/>		<input style="width: 95%; border: 1px solid #ccc;" type="text" value="Search by terms"/>
Intensive Cardiac Rehabilitation Services(3-2)	>	Inpatient Hospital-Acute(1a)
Pulmonary Rehabilitation Services(3-3)	>>	Inpatient Hospital Psychiatric(1b)
Partial Hospitalization(5)	<	Cardiac Rehabilitation Services(3-1)
Chiropractic Services(7b)	<<	
Individual Sessions for Outpatient Substance Abuse(9c1)		

Differential Deductible Values

Inpatient Hospital-Acute(1a)

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

Yes
No

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Screens

Differential Service Category Deductibles (Unique for LPPO/RPPO) – page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

- Plan Characteristics - Completed
- Standard Bid - Completed
- Benefit Offerings - Completed
- Plan Level Cost Share - In Progress
- LPPO/RPPO Deductible - In Progress
- Differential Service Category Deductibles - In Progress**
- Deductible for LPPO/RPPO Mandatory Supplemental Benefits - Not started
- LPPO/RPPO Max Enrollee Cost Limit - Not started
- Prior Authorization/Referrals - Not started
- Visitor Travel - Not started
- Cost Share Groups - Not started

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

Yes No

Number of tiers: Lowest cost tier:

Tier 1 Deductible Amount: Tier 2 Deductible Amount: Tier 3 Deductible Amount:

Inpatient Hospital Psychiatric(1b)

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

Yes No

Number of tiers: Lowest cost tier:

Tier 1 Deductible Amount: Tier 2 Deductible Amount: Tier 3 Deductible Amount:

Cardiac Rehabilitation Services(3-1)

Deductible Amount:

CY 2024 PBP Data Entry System Screens

Differential for LPPO/RPPO Mandatory Supplemental Benefits (Unique for LPPO/RPPO) – page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID
✕

Very long Plan Name

- Plan Characteristics - Completed
- Standard Bid - Completed
- Benefit Offerings - Completed
- Plan Level Cost Share - In Progress
- LPPO/RPPO Deductible - In Progress
- Differential Service Category Deductibles - Completed
- Deductible for LPPO/RPPO Mandatory Supplemental Benefits - In Progress
- LPPO/RPPO Max Enrollee Cost Limit - Not started
- Prior Authorization/Referrals - Not started
- Visitor Travel - Not started
- Cost Share Groups - Not started

Deductible for LPPO/RPPO Mandatory Supplemental Benefits Plan Characteristics

Do you offer a mandatory enhanced benefit enrollee deductible amount?

Yes
No

Select the mandatory enhanced benefits that have an enrollee deductible:

Available		Selected
<input style="width: 90%;" type="text" value="Search by terms"/>		<input style="width: 90%;" type="text" value="Search by terms"/>
Intensive Cardiac Rehabilitation Services(3-2)	>	Inpatient Hospital-Acute(1a)
Pulmonary Rehabilitation Services(3-3)	>>	Inpatient Hospital Psychiatric(1b)
Partial Hospitalization(5)	<	Cardiac Rehabilitation Services(3-1)
Chiropractic Services(7b)	<<	
Individual Sessions for Outpatient Substance Abuse(9c1)		

Enrollee Deductible Values

Inpatient Hospital-Acute(1a)	Deductible Amount <input style="width: 90%;" type="text" value="\$80"/>
Inpatient Hospital Psychiatric(1b)	Deductible Amount <input style="width: 90%;" type="text" value="\$80"/>

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Screens

Differential for LPPO/RPPO Mandatory Supplemental Benefits (Unique for LPPO/RPPO) – page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

- Plan Characteristics - Completed
- Standard Bid - Completed
- Benefit Offerings - Completed
- Plan Level Cost Share - In Progress
- LPPO/RPPO Deductible - In Progress
- Deductible for LPPO/RPPO Mandatory Supplemental Benefits - In Progress
- LPPO/RPPO Max Enrollee Cost Limit - Not started
- Prior Authorization/Referrals - Not started
- Visitor Travel - Not started
- Cost Share Groups - Not started

Intensive Cardiac Rehabilitation Services(3-2)

Pulmonary Rehabilitation Services(3-3)

Partial Hospitalization(5)

Chiropractic Services(7b)

Individual Sessions for Outpatient Substance Abuse(9c1)

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<<

Inpatient Hospital-Acute(1a)

Inpatient Hospital Psychiatric(1b)

Cardiac Rehabilitation Services(3-1)

Enrollee Deductible Values

Inpatient Hospital-Acute(1a)	Deductible Amount <input style="width: 80%;" type="text" value="\$80"/>
Inpatient Hospital Psychiatric(1b)	Deductible Amount <input style="width: 80%;" type="text" value="\$80"/>
Cardiac Rehabilitation Services(3-1)	Deductible Amount <input style="width: 80%;" type="text" value="\$80"/>

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Screens

Max Enrollee Cost Limit - Plan Specific (Sample Screen for LPPO/RPPO)– page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

Plan Characteristics - Completed

Standard Bid - Completed

Benefit Offerings - Completed

Plan Level Cost Share - In Progress

LPPO/RPPO Deductible - In Progress

Differential Service Category Deductibles - Completed

Deductible for LPPO/RPPO Mandatory Supplemental Benefits - Completed

LPPO/RPPO Max Enrollee Cost Limit - In Progress

Prior Authorization/Referrals - Not started

Visitor Travel - Not started

Cost Share Groups - Not started

LPPO/RPPO Max Enrollee Cost Limit

Does this plan have an In-Network MOOP?

Yes No

What type of In-Network MOOP level does your plan offer?

Lower Intermediate Mandatory

In-Network MOOP amount

\$3600

Does the In-Network Maximum Enrollee Out-of-Pocket Cost apply to all In-Network Medicare-covered plan services?

Yes No

Does the In-Network Maximum Enrollee Out-of-Pocket Cost apply to all In-Network Non-Medicare-covered plan services?

Yes No

Does this plan have a combined MOOP?

Yes No

What type of combined MOOP does your plan offer?

Lower Intermediate Mandatory

Close Save and Close Save and Next

CY 2024 PBP Data Entry System Screens

Max Enrollee Cost Limit - Plan Specific (Sample Screen for LPPO/RPPO)– page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

- Plan Characteristics - Completed
- Standard Bid - Completed
- Benefit Offerings - Completed
- Plan Level Cost Share - In Progress
- LPPO/RPPO Deductible - In Progress
- Differential Service Category Deductibles - Completed
- Deductible for LPPO/RPPO Mandatory Supplemental Benefits - Completed
- LPPO/RPPO Max Enrollee Cost Limit - In Progress**
- Prior Authorization/Referrals - Not started
- Visitor Travel - Not started
- Cost Share Groups - Not started

What type of combined MOOP does your plan offer?

Lower Intermediate Mandatory

Combined MOOP amount:

Does the Combined Maximum Enrollee Out-of-Pocket Cost apply to all In-Network Medicare-covered plan services?

Yes No

Does the Combined Maximum Enrollee Out-of-Pocket Cost apply to all In-Network Non-Medicare-covered plan services?

Yes No

Does the Combined Maximum Enrollee Out-of-Pocket Cost apply to all Out-of-Network Medicare-covered plan services?

Yes No

Does the Combined Maximum Enrollee Out-of-Pocket Cost apply to all Out-of-Network Non-Medicare-covered plan services?

Yes No

Does this plan have an Out-of-Network MOOP?

Yes No

What type of Out-of-Network MOOP does your plan offer?

CY 2024 PBP Data Entry System Screens

Max Enrollee Cost Limit - Plan Specific (Sample Screen for LPPO/RPPO)– page 3

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

- Plan Characteristics - Completed
- Standard Bid - Completed
- Benefit Offerings - Completed
- Plan Level Cost Share - In Progress
- LPPO/RPPO Deductible - In Progress
- Differential Service Category Deductibles - Completed
- Deductible for LPPO/RPPO Mandatory Supplemental Benefits - Completed
- LPPO/RPPO Max Enrollee Cost Limit - In Progress
- Prior Authorization/Referrals - Not started
- Visitor Travel - Not started
- Cost Share Groups - Not started

What type of Out-of-Network MOOP does your plan offer?

Lower
 Intermediate
 Mandatory

Does the Out-of-Network Maximum Enrollee Out-of-Pocket Cost apply to all Out-of-Network Medicare-covered plan services?

Yes
 No

Does the Out-of-Network Maximum Enrollee Out-of-Pocket Cost apply to all Out-of-Network Non-Medicare-covered plan services?

Yes
 No

Medicare Services

Select the Medicare service categories that are subject to each MOOP type:

Services	In Network	Combined In Network	Combined Out of Network	Out of Network
▼ Inpatient Hospital Services (1)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Inpatient Hospital-Acute(1a)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inpatient Hospital Psychiatric(1b)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Skilled Nursing Facility (SNF)(2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▼ Cardiac and Pulmonary Rehabilitation Services(3)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cardiac Rehabilitation Services(3-1)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Intensive Cardiac Rehabilitation Services(3-2)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Pulmonary Rehabilitation Services(3-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SET for PAD Services(3-4)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
▼ Emergency/Urgently Needed Services(4)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Screens

Max Enrollee Cost Limit - Plan Specific (Sample Screen for LPPO/RPPO)– page 4

PBP CY 2024 - Contract ID / Plan ID / Segment ID ✕

Very long Plan Name

- Plan Characteristics - Completed
- Standard Bid - Completed
- Benefit Offerings - Completed
- Plan Level Cost Share - In Progress
- LPPO/RPPO Deductible - In Progress
- Differential Service Category Deductibles - Completed
- Deductible for LPPO/RPPO Mandatory Supplemental Benefits - Completed
- LPPO/RPPO Max Enrollee Cost Limit - In Progress
- Prior Authorization/Referrals - Not started
- Visitor Travel - Not started
- Cost Share Groups - Not started

Cardiac Rehabilitation Services(3-1)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Intensive Cardiac Rehabilitation Services(3-2)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Pulmonary Rehabilitation Services(3-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SET for PAD Services(3-4)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Emergency/Urgently Needed Services(4)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Non-Medicare Services
Select the non-Medicare service categories that are subject to each MOOP type:

Services	In Network	Combined In Network	Combined Out of Network	Out of Network
^ Inpatient Hospital Services (1)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
^ Inpatient Hospital-Acute (B Only)(1a)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Days for Inpatient Hospital-Acute(1a1)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Medicare-covered Stay for Inpatient Hospital-Acute(1a2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Upgrades for Inpatient Hospital-Acute(1a3)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
^ Inpatient Hospital Psychiatric (B Only)(1b)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Additional Days for Inpatient Hospital Psychiatric(1b1)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Non Medicare covered Stay for Inpatient Hospital Psychiatric(1b2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
^ Skilled Nursing Facility (SNF) (B Only)(2)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Additional Days beyond Medicare-covered for Skilled Nursing Facility (SNF)(2-1)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

+ Add Notes

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Screens

Prior Authorization/Referrals – page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

Plan Characteristics - Completed

Standard Bid - Completed

Benefit Offerings - Completed

Plan Level Cost Sharing - Completed

Prior Authorization & Referral - Completed

Prior Authorization - Completed

Referral - Completed

Visitor Travel - Completed

Cost Share Groups - In Progress

VBID, MA Uniformity, SSBCI - In Progress

Prior Authorization & Referral

Updated by TEST USER on 8/5/2022 11:10:49 AM EDT

Prior Authorization

Is prior authorization required for any In-Network service categories? ⓘ *

Yes No

Select the In-Network service categories that require prior authorization: ⓘ *

Available		Selected
<input type="text" value="Search by terms"/>		<input type="text" value="Search by terms"/>
Inpatient Hospital-Acute(1a)	<input type="button" value=">"/>	
Inpatient Hospital Psychiatric(1b)	<input type="button" value=">>"/>	
Skilled Nursing Facility (SNF)(2)	<input type="button" value="<"/>	
Partial Hospitalization(5)	<input type="button" value="<<"/>	
Home Health Services(6)		

CY 2024 PBP Data Entry System Screens

Prior Authorization/Referrals – page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

- Plan Characteristics - Completed
- Standard Bid - Completed
- Benefit Offerings - Completed
- Plan Level Cost Sharing - Completed
- Prior Authorization & Referral - Completed**
- Prior Authorization - Completed
- Referral - Completed**
- Visitor Travel - Completed
- Cost Share Groups - In Progress
- VBID, MA Uniformity, SSBCI - In Progress

Prior Authorization & Referral

Updated by TEST USER on 8/5/2022 11:10:49 AM EDT

[Plan Characteristics](#)

Referral

Is referral required for any In-Network service categories? ⓘ *

Yes No

[+ Add Notes](#)

[Close](#) [Save and Close](#) [Save and Next](#)

CY 2024 PBP Data Entry System Screens

Visitor Travel – page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name

Plan Characteristics - Completed

Standard Bid - Completed

Benefit Offerings - Completed

Plan Level Cost Share - Completed

Prior Authorization/Referrals - Completed

Visitor Travel - In Progress

Cost Share Groups - Not started

Visitor Travel

Does this plan offer the US Visitor/Travel program (V/T)?

Yes No

Select the type of benefit:

Mandatory Optional

Select the geographic area:

In the United States and its territories Other-please define in the marketing materials