

CY 2024 PBP Data Entry System Screens

VBID, MA Uniformity, SSBCI Package Selection – 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 - Completed

Cost Share Groups - In Progress

POS/OON Group(TBD) - Completed

VBID, MA Uniformity, SSBCI - In Progress

VBID WHP - Not started

VBID Hospice - Not started

VBID Rewards, Incentives, Rebates - Not started

Reduction in Cost Sharing Packages - Not started

Additional Benefits Packages - Not Started

VBID, MA Uniformity, SSBCI

Does this plan offer VBID hospice benefits?

Yes No

Does this plan offer Part C benefits under the VBID model?

Yes No

Select benefits:

- Value-based design flexibilities by condition or socioeconomic state
- Medicare Advantage rewards and incentives programs

I attest that:

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

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

Yes No

Plan Characteristics

Close Save and Close Save and Next

CY 2024 PBP Data Entry System Screens

VBID, MA Uniformity, SSBCI Package Selection – 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 - Completed
- Prior Authorization/Referrals - Completed
- Visitor Travel - Completed
- Cost Share Groups - In Progress**
- POS/OON Group(TBD) - Completed
- VBID, MA Uniformity, SSBCI - In Progress**
- VBID WHP - Not started
- VBID Hospice - Not started
- VBID Rewards, Incentives, Rebates - Not started
- Reduction in Cost Sharing Packages - Not started
- Additional Benefits Packages - Not Started

Does this plan offer Part C benefits under the VBID model?

Yes No

Select benefits:

- Value-based design flexibilities by condition or socioeconomic state
- Medicare Advantage rewards and incentives programs
- Cash or monetary Rebates

I attest that:

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

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

Yes No

Does this plan offer Special Supplemental Benefits for the Chronically Ill (SSBCI)?

Yes No

CY 2024 PBP Data Entry System Screens

VBID Wellness and Health Care Planning (WHP) – 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 - In Progress
- Prior Authorization & Referral - Completed
- Visitor Travel - Completed
- Cost Share Groups - In Progress
- VBID, MA Uniformity, SSBCI - In Progress**
- VBID WHP - Completed**
- VBID Hospice - Completed
- VBID Rewards, Incentives, Rebates - In Progress
- Reduction in Cost Sharing Packages - In Progress
- Additional Benefits Packages - Completed

VBID Wellness and Health Care Planning(WHP)

Updated by STE TESTER on 1/4/2023 2:41:24 PM EST

Describe how this plan offers Wellness and Health Care Planning (WHP) services, including Advance Care Planning: *

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

Select the WHP mode of engagement: *

- Telephonic
- In Person
- Web-based

Does your organization offer Part C Rewards or Incentives for beneficiaries under WHP services? *

Yes No

Select the type of Part C reward or incentive: *

- Gift Card
- Item
- Other

Plan Characteristics

Close Save and Close Save and Next

CY 2024 PBP Data Entry System Screens

VBID Wellness and Health Care Planning (WHP) – 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 - In Progress

Prior Authorization & Referral - Completed

Visitor Travel - Completed

Cost Share Groups - In Progress

VBID, MA Uniformity, SSBCI - In Progress

VBID WHP - Completed

VBID Hospice - Completed

VBID Rewards, Incentives, Rebates - In Progress

Reduction in Cost Sharing Packages - In Progress

Additional Benefits Packages - Completed

Select the type of Part C reward or incentive: *

Gift Card ⓘ

Item ⓘ

Other ⓘ

Part C reward or incentive amount ⓘ *

\$

Frequency of reward or incentive eligibility ⓘ *

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

Yes No

Program Connectedness. Select how your advance care plans and/ or advance directives are connected from your program to access points of care: *

Electronic Health Records or Electronic Medical Records

Provider/ Patient portals

Health Information Exchanges

Data Warehouses

Other Programs

Enter the Expected Number of Beneficiaries to be Engaged Annually ⓘ *

Close Save and Close Save and Next

CY 2024 PBP Data Entry System Screens

VBID Hospice – 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 - Completed

Cost Share Groups - In Progress

POS/OON Group(TBD) - In Progress

VBID, MA Uniformity, SSBCI - In Progress

VBID WHP - Completed

VBID Hospice - In Progress

VBID Rewards, Incentives, Rebates - Not started

Reduction in Cost Sharing Packages - Not started

Additional Benefits Packages - Not Started

VBID Hospice

[Plan Characteristics](#)

In-Network Hospice Benefit

Cost sharing for prescription drug and biologicals in hospice:

Does this plan have enrollee coinsurance?

Yes No

Minimum percentage: Maximum percentage:

Maximum cost per drug:

Does this plan have enrollee copayments?

Yes No

Minimum amount: Maximum amount:

Cost sharing for a respite care day:

Cost sharing for a respite care day:

Yes No

CY 2024 PBP Data Entry System Screens

VBID Hospice – 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 - Completed
- Prior Authorization/Referrals-Completed
- Visitor Travel - Completed
- Cost Share Groups - In Progress**
 - POS/OON Group(TBD) - In Progress
 - VBID, MA Uniformity, SSBCI - In Progress**
 - VBID WHP - Completed
 - VBID Hospice - In Progress**
 - VBID Rewards,Incentives,Rebates- Not started
 - Reduction in Cost Sharing Packages-Not started
 - Additional Benefits Packages -Not Started

Cost sharing for a respite care day:

Yes No

Minimum percentage: 4% Maximum percentage: 8%

Maximum cost per drug: \$40

Out-of-Network Hospice Benefits

Cost Sharing for prescription drugs and biologicals in hospice:

Does this plan have enrollee coinsurance?

Yes No

Minimum percentage: 4% Maximum percentage: 8%

Indicate the maximum per drug amount: \$40

Does this plan have enrollee copayments?

Yes No

Close Save and Close Save and Next

CY 2024 PBP Data Entry System Screens

VBID Hospice – 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 - Completed
- Prior Authorization/Referrals - Completed
- Visitor Travel - Completed
- Cost Share Groups - In Progress**
- POS/OON Group(TBD) - In Progress
- VBID, MA Uniformity, SSBCI - In Progress**
- VBID WHP - Completed
- VBID Hospice - In Progress**
- VBID Rewards, Incentives, Rebates - Not started
- Reduction in Cost Sharing Packages - Not started
- Additional Benefits Packages - Not Started

Does this plan have enrollee copayments?

Yes No

Minimum amount: Maximum amount:

Cost Sharing for a respite care day:

Does this plan have enrollee coinsurance?

Yes No

Minimum percentage: Maximum percentage:

Indicate the maximum per day amount:

Hospice Supplemental Benefits

Does this plan offer hospice supplemental benefits?

Yes No

Is there a maximum plan benefit amount?

Yes No

CY 2024 PBP Data Entry System Screens

VBID Hospice – 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 - Completed
- Prior Authorization/Referrals - Completed
- Visitor Travel - Completed
- Cost Share Groups - In Progress**
- POS/OON Group(TBD) - In Progress
- VBID, MA Uniformity, SSBCI - In Progress**
- VBID WHP - Completed
- VBID Hospice - In Progress**
- VBID Rewards, Incentives, Rebates - Not started
- Reduction in Cost Sharing Packages - Not started
- Additional Benefits Packages - Not Started

Is there a maximum plan benefit amount?

Yes No

Maximum plan benefit amount:

Are hospice supplemental benefits contingent upon receiving services from an In-Network provider?

Yes No

Does this plan include 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

Select the type(s) of hospice supplemental benefits offered:

Available		Selected
<input type="text" value="Search by terms"/>		<input type="text" value="Search by terms"/>
Transportation	<input type="button" value=">"/>	Home and bathroom safety devices/modifications
Support for caregivers of enrollees	<input type="button" value=">>"/>	Over-the-counter(OTC) benefits
	<input type="button" value="<"/>	Meals
	<input type="button" value="<<"/>	
<input type="button" value="+ Add Other"/>		

CY 2024 PBP Data Entry System Screens

VBID Hospice – Page 5

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 - Completed
- Cost Share Groups - In Progress**
 - POS/OON Group(TBD) - In Progress
 - VBID, MA Uniformity, SSBCI - In Progress**
 - VBID WHP - Completed
 - VBID Hospice - In Progress**
 - VBID Rewards, Incentives, Rebates - Not started
 - Reduction in Cost Sharing Packages - Not started
 - Additional Benefits Packages - Not Started

Over-the-counter (OTC) benefits

Meals

<

<<

+ Add Other

Does this plan include 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?

Yes No

Does this plan include reduced cost sharing for unrelated medical care services received during hospice election?

Yes No

Does this plan offer other mandatory supplemental benefits?

Yes No

Describe

4

Add Notes

Close Save and Close Save and Next

CY 2024 PBP Data Entry System Screens

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 - Completed
- Cost Share Groups - In Progress**
- POS/OON Group(TBD) - In Progress
- VBID, MA Uniformity, SSBCI - In Progress**
- VBID WHP - Completed
- VBID Hospice - Completed
- VBID Rewards, Incentives, In Progress**
- Reduction in Cost Sharing Packages - Not started
- Additional Benefits Packages - Not Started

VBID Rewards, Incentives

Plan Characteristics

VBID Part C Rewards and Incentives Programs

Package 1

Select the type(s) of Part C rewards and incentives:

- Gift Card
- Item
- Other

Other Amount: \$400

Notes: Lorem Ipsum doret

Part C reward or incentive amount: \$400

Frequency of Part C reward or incentive eligibility: 6 Months

Eligibility criteria: 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.

Close Save and Close Save and Next

CY 2024 PBP Data Entry System Screens

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 - Completed
- Cost Share Groups - In Progress**
 - POS/OON Group(TBD) - In Progress
 - VBID, MA Uniformity, SSBCI - In Progress**
 - VBID WHP - Completed
 - VBID Hospice - Completed
 - VBID Rewards, Incentives, In Progress**
 - Reduction in Cost Sharing Packages - Not started
 - Additional Benefits Packages - Not Started

Enter the maximum annual Part C rewards and incentives available

100

Delete Package 1

+ Add another VBID Part C Rewards and Incentives Package

Close Save and Close Save and Next

CY 2024 PBP Data Entry System Screens

Reduction in Cost Sharing Packages (VBID/MA UF/SSBCI)

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 - Completed
- ▲ Cost Share Groups - In Progress
- POS/OON Group(TBD) - Completed
- ▲ VBID, MA Uniformity, SSBCI - In Progress
- VBID WHP - Completed
- VBID Hospice - Completed
- VBID Rewards, Incentives, Rebates - Completed
- Reduction in Cost Sharing Packages - In Progress
- Additional Benefits Packages - Not Started

VBID/MA UF/SSBCI Reduction in Cost Sharing Packages
Plan Characteristics

(Max 15 groups)

Packages
+ Add New Package

Package Name	Package Description	Type of Package	Type of Benefits
Package 1	Package 1 Description	VBID	Reduction in cost sharing ✎ ✖
Package 2	Package 2 Description	SSBCI	Reduction in cost sharing ✎ ✖
Package 3	Package 3 Description	MA UF	Reduction in cost sharing ✎ ✖
Package 4	Package 4 Description	MA UF	Reduction in cost sharing ✎ ✖

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Screens

Reduction in Cost Sharing Packages – Add Package (VBID) – Page 1

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

Very long Plan Name

Plan Characteristics - C

Standard Bid - Comple

Benefit Offerings - Cor

Plan Level Cost Share

Prior Authorization/Re

Visitor Travel - Comple

Cost Share Groups - In

POS/OON Group(TB

VBID, MA Uniformit

VBID WHP - Com

VBID Hospice - C

VBID Rewards, In
Completed

Reduction in Cos
Packages - In Pro

Additional Benef
Started

Add New Package

Package Name
Package 1

Type of Package
VBID

Type of Benefit
Reduction in cost sharing

Value-Based Design Flexibilities by Condition or Socioeconomic State

Select Target Methodology

- Chronic Conditions(s)
- Socioeconomic Status

Disease state-Please choose one or more:

Available	Selected
<input type="text" value="Search by terms"/>	<input type="text" value="Search by terms"/>
Diabetes	Coronary Artery Disease
Chronic Obstructive Pulmonary Disease (COPD)	Mood Disorders
Congestive Heart Failure (CHF)	

Buttons: Cancel, Save, Close, Save and Close, Save and Next

CY 2024 PBP Data Entry System Screens

Reduction in Cost Sharing Packages – Add Package (VBID) – Page 2

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

Very long Plan Name

Plan Characteristics - C

Standard Bid - Comple

Benefit Offerings - Cor

Plan Level Cost Share

Prior Authorization/Re

Visitor Travel - Comple

Cost Share Groups - In

POS/OON Group(TB

VBID, MA Uniformit

VBID WHP - Con

VBID Hospice - C

VBID Rewards, In
Completed

Reduction in Cos
Packages - In Pro

Additional Benef
Started

Add New Package

Patient with Past Stroke
Hypertension

Dementia
Other CMS Approved Disease State

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

Yes No

Does the enrollee need to have a combination of diseases selected to qualify?

Yes No

Describe
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

Select LIS reduction level:

LIS Level 1

Cancel Save

Close Save and Close Save and Next

CY 2024 PBP Data Entry System Screens

Reduction in Cost Sharing Packages – Add Package (VBID) – Page 3

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

Very long Plan Name

Add New Package ✕

LIS Level 2

LIS Level 3

LIS Level 4

-or-

Dual -Eligible 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

Prerequisite for reduction of cost sharing for this package?

Select which prerequisites are required for this package:

High Value Provider

CY 2024 PBP Data Entry System Screens

Reduction in Cost Sharing Packages – Add Package (SSBCI) – Page 1

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

Very long Plan Name

Plan Characteristics - C

Standard Bid - Comple

Benefit Offerings - Co

Plan Level Cost Share

Prior Authorization/Re

Visitor Travel - Comple

Cost Share Groups - In

POS/OON Group(TB

VBID, MA Uniformity

VBID WHP - Com

VBID Hospice - C

VBID Rewards, In

Completed

Reduction in Cost

Packages - In Pro

Additional Benef

Started

Add New Package

Package Name
Package 2

Type of Package
SSBCI

Type of Benefit
Reduction in cost sharing

To which disease states does this benefit apply?

Available		Selected
<input type="text" value="Search by terms"/>		<input type="text" value="Search by terms"/>
Diabetes	>	Coronary Artery Disease
Chronic Obstructive Pulmonary Disease (COPD)	>>	Mood Disorders
Congestive Heart Failure (CHF)	<	Rheumatoid Arthritis
Patient with Past Stroke	<<	Dementia
Hypertension		Other CMS Approved Disease State

+ Add Other (You can add upto 5 services)

Cancel Save

Close Save and Close Save and Next

CY 2024 PBP Data Entry System Screens

Reduction in Cost Sharing Packages – Add Package (SSBCI) – Page 2

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

Very long Plan Name

Plan Characteristics - C

Standard Bid - Comple

Benefit Offerings - Con

Plan Level Cost Share

Prior Authorization/Re

Visitor Travel - Comple

Cost Share Groups - In

POS/OON Group(TB

VBID, MA Uniformity

VBID WHP - Com

VBID Hospice - C

VBID Rewards, In

Completed

Reduction in Cost

Packages - In Pro

Additional Benef

Started

Add New Package

Other CMS Approved Disease State

+ Add Other (You can add upto 5 services)

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?

Yes No

Describe

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

Prerequisite for reduction of cost sharing for this package?

Yes No

Select which prerequisites are required for this package:

Cancel Save

Close Save and Close Save and Next

CY 2024 PBP Data Entry System Screens

Reduction in Cost Sharing Packages – Add Package (MA UF) – Page 1

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

Very long Plan Name

Plan Characteristics - (

Standard Bid - Comple

Benefit Offerings - Cor

Plan Level Cost Share

Prior Authorization/Re

Visitor Travel - Comple

Cost Share Groups - In

POS/OON Group(TB

VBID, MA Uniformit

VBID WHP - Com

VBID Hospice - C

VBID Rewards, In

Completed

Reduction in Cos

Packages - In Pro

Additional Benef

Started

Add New Package

Package Name
Package 3

Type of Package
MA Uniformity Flexibility

Type of Benefit
Reduction in cost sharing

To which disease states does this benefit apply?

Available		Selected
<input type="text" value="Search by terms"/>		<input type="text" value="Search by terms"/>
Diabetes	>	Coronary Artery Disease
Chronic Obstructive Pulmonary Disease (COPD)	>>	Mood Disorders
Congestive Heart Failure (CHF)	<	Rheumatoid Arthritis
Patient with Past Stroke	<<	Dementia
Hypertension		Other CMS Approved Disease State

+ Add Other (You can add upto 5 services)

Cancel Save

Close Save and Close Save and Next

CY 2024 PBP Data Entry System Screens

Reduction in Cost Sharing Packages – Add Package (MA UF) – Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID
Very long Plan Name

Add New Package

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?
 Yes No

Describe
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

Prerequisite for reduction of cost sharing for this package?
 Yes No

Select which prerequisites are required for this package:
 High Value Provider
 Participation in a care management program

Buttons: Cancel, Save, Close, Save and Close, Save and Next

CY 2024 PBP Data Entry System Screens

Reduction in Cost Sharing Packages – Add Package (VBID/MA UF/SSBCI) Continued – Page 1

Add New Package ✕

Prerequisite for reduction of cost sharing for this package?

Yes No

Select 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 Medicare benefits that apply to reduced cost sharing:

Available		Selected
<input type="text" value="Search by terms"/>		<input type="text" value="Search by terms"/>
Inpatient Hospital-Acute(1a)	>	Partial Hospitalization(5)
Inpatient Hospital Psychiatric(1b)	>>	Home Health Services(6)
Skilled Nursing Facility (SNF)(2)	<	Chiropractic Services(7b)
Cardiac Rehabilitation Services(3-l)	<<	

CY 2024 PBP Data Entry System Screens

Reduction in Cost Sharing Packages – Add Package (VBID/MA UF/SSBCI) Continued – Page 2

Add New Package ✕

Select the Non-Medicare benefits that apply to reduced cost sharing:

Available		Selected
<input type="text" value="Search by terms"/>		<input type="text" value="Search by terms"/>
Inpatient Hospital-Acute(1a)	>	Partial Hospitalization(5)
Inpatient Hospital Psychiatric(1b)	»	Home Health Services(6)
Skilled Nursing Facility (SNF)(2)	<	Chiropractic Services(7b)
Cardiac Rehabilitation Services(3-1)	«	Occupational Therapy Services(7c)
Intensive Cardiac Rehabilitation Services(3-2)		
Pulmonary Rehabilitation Services(3-3)		

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 Medicare benefits that are exempt from the plan level deductible:

CY 2024 PBP Data Entry System Screens

Reduction in Cost Sharing Packages – Add Package (VBID/MA UF/SSBCI) Continued – Page 3

Add New Package ✕

Inpatient Hospital-Acute(1a)	>	Partial Hospitalization(5)
Inpatient Hospital Psychiatric(1b)	>>	Home Health Services(6)
Skilled Nursing Facility (SNF)(2)	<	Chiropractic Services(7b)
Cardiac Rehabilitation Services(3-1)	<<	Occupational Therapy Services(7c)
Intensive Cardiac Rehabilitation Services(3-2)		
Pulmonary Rehabilitation Services(3-3)		

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 Medicare benefits that are exempt from the plan level deductible:

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

CY 2024 PBP Data Entry System Screens

Reduction in Cost Sharing Packages – Add Package (VBID/MA UF/SSBCI) Continued – Page 4

Add New Package ✕

Skilled Nursing Facility (SNF)(2)

Cardiac Rehabilitation Services(3-1)

Intensive Cardiac Rehabilitation Services(3-2)

Pulmonary Rehabilitation Services(3-3)

<

<<

Chiropractic Services(7b)

Occupational Therapy Services(7c)

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

Available		Selected
<input style="width: 95%;" type="text" value="Search by terms"/>		<input style="width: 95%;" type="text" value="Search by terms"/>
<p>Inpatient Hospital-Acute(1a)</p> <p>Inpatient Hospital Psychiatric(1b)</p> <p>Skilled Nursing Facility (SNF)(2)</p> <p>Cardiac Rehabilitation Services(3-1)</p> <p>Intensive Cardiac Rehabilitation Services(3-2)</p> <p>Pulmonary Rehabilitation Services(3-3)</p>	<p>></p> <p>>></p> <p><</p> <p><<</p>	<p>Partial Hospitalization(5)</p> <p>Home Health Services(6)</p> <p>Chiropractic Services(7b)</p> <p>Occupational Therapy Services(7c)</p>

Reduced Coinsurance?

Yes

No

Cancel

Save

CY 2024 PBP Data Entry System Screens

Reduction in Cost Sharing Packages – Add Package (VBID/MA UF/SSBCI) Continued – Page 5

Add New Package ✕

Select the Medicare benefits that will receive reduced coinsurance:

Available		Selected
<input style="width: 95%; border: none;" type="text" value="Search by terms"/>		<input style="width: 95%; border: none;" type="text" value="Search by terms"/>
Inpatient Hospital-Acute(1a)	>	Partial Hospitalization(5)
Inpatient Hospital Psychiatric(1b)	>>	Home Health Services(6)
Skilled Nursing Facility (SNF)(2)	<	Chiropractic Services(7b)
Cardiac Rehabilitation Services(3-1)	<<	Occupational Therapy Services(7c)
Intensive Cardiac Rehabilitation Services(3-2)		
Pulmonary Rehabilitation Services(3-3)		

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

Available		Selected
<input style="width: 95%; border: none;" type="text" value="Search by terms"/>		<input style="width: 95%; border: none;" type="text" value="Search by terms"/>
Inpatient Hospital-Acute(1a)	>	Partial Hospitalization(5)
Inpatient Hospital Psychiatric(1b)	>>	Home Health Services(6)
Skilled Nursing Facility (SNF)(2)	<	Chiropractic Services(7b)
Cardiac Rehabilitation Services(3-1)	<<	Occupational Therapy Services(7c)
Intensive Cardiac Rehabilitation Services(3-2)		

CY 2024 PBP Data Entry System Screens

Reduction in Cost Sharing Packages – Add Package (VBID/MA UF/SSBCI) Continued – Page 6

Add New Package ✕

Pulmonary Rehabilitation Services(3-3)

Coinsurance Values

Partial Hospitalization(5)

Minimum percentage Maximum percentage

Home Health Services(6)

Minimum percentage Maximum percentage

Chiropractic Services(7b)

Minimum percentage Maximum percentage

Occupational Therapy Services(7c)

Minimum percentage Maximum percentage

Reduced Copayment?

CY 2024 PBP Data Entry System Screens

Reduction in Cost Sharing Packages – Add Package (VBID/MA UF/SSBCI) Continued – Page 7

Add New Package ✕

Yes No

Select the Medicare benefits that will receive reduced copayment:

Available		Selected
<input style="width: 95%;" type="text" value="Search by terms"/>		<input style="width: 95%;" type="text" value="Search by terms"/>
Inpatient Hospital-Acute(1a)	>	Partial Hospitalization(5)
Inpatient Hospital Psychiatric(1b)	>>	Home Health Services(6)
Skilled Nursing Facility (SNF)(2)	<	Chiropractic Services(7b)
Cardiac Rehabilitation Services(3-1)	<<	Occupational Therapy Services(7c)
Intensive Cardiac Rehabilitation Services(3-2)		
Pulmonary Rehabilitation Services(3-3)		

Select the Non-Medicare benefits that will receive reduced copayment:

Available		Selected
<input style="width: 95%;" type="text" value="Search by terms"/>		<input style="width: 95%;" type="text" value="Search by terms"/>
Inpatient Hospital-Acute(1a)	>	Partial Hospitalization(5)
Inpatient Hospital Psychiatric(1b)	>>	Home Health Services(6)
Skilled Nursing Facility (SNF)(2)	<	Chiropractic Services(7b)

CY 2024 PBP Data Entry System Screens

Reduction in Cost Sharing Packages – Add Package (VBID/MA UF/SSBCI) Continued – Page 8

Add New Package ✕

Cardiac Rehabilitation Services(3-1) << Occupational Therapy Services(7c)

Intensive Cardiac Rehabilitation Services(3-2)

Pulmonary Rehabilitation Services(3-3)

Copayment Values

Partial Hospitalization(5)

Minimum amount: \$4 Maximum amount: \$8

Home Health Services(6)

Minimum amount: \$4 Maximum amount: \$8

Chiropractic Services(7b)

Minimum amount: \$4 Maximum amount: \$8

Occupational Therapy Services(7c)

Minimum amount: \$4 Maximum amount: \$8

Cancel Save

CY 2024 PBP Data Entry System Screens

Reduction in Cost Sharing Packages – Add Package (VBID/MA UF/SSBCI) Continued – Page 9

Add New Package ✕

Reduced Deductible?

Yes No

Select the Medicare benefits that will receive reduced deductible:

Available		Selected
<input type="text" value="Search by terms"/>		<input type="text" value="Search by terms"/>
Inpatient Hospital-Acute(1a)	>	Partial Hospitalization(5)
Inpatient Hospital Psychiatric(1b)	>>	Home Health Services(6)
Skilled Nursing Facility (SNF)(2)	<	Chiropractic Services(7b)
Cardiac Rehabilitation Services(3-1)	<<	Occupational Therapy Services(7c)
Intensive Cardiac Rehabilitation Services(3-2)		
Pulmonary Rehabilitation Services(3-3)		

Select the Non-Medicare benefits that will receive reduced deductible:

Available	Selected
<input type="text" value="Search by terms"/>	<input type="text" value="Search by terms"/>

CY 2024 PBP Data Entry System Screens

Reduction in Cost Sharing Packages – Add Package (VBID/MA UF/SSBCI) Continued – Page 10

Add New Package ✕

Inpatient Hospital-Acute(1a)	>	Partial Hospitalization(5)
Inpatient Hospital Psychiatric(1b)	>>	Home Health Services(6)
Skilled Nursing Facility (SNF)(2)	<	Chiropractic Services(7b)
Cardiac Rehabilitation Services(3-1)	<<	Occupational Therapy Services(7c)
Intensive Cardiac Rehabilitation Services(3-2)		
Pulmonary Rehabilitation Services(3-3)		

Deductible Values

Partial Hospitalization(5)
Amount:

Home Health Services(6)
Amount:

Chiropractic Services(7b)
Amount:

Occupational Therapy Services(7c)
Amount:

CY 2024 PBP Data Entry System Screens

Reduction in Cost Sharing Packages – Add Package (VBID/MA UF/SSBCI) Continued – Page 11

Add New Package ✕

Amount

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

Type of Specialist

Select all specialists with the reduced coinsurance

Available		Selected
<input type="text" value="Search by terms"/>		<input type="text" value="Search by terms"/>
Neurology	>	Oncology
Dermatology	>>	Urology
Endocrinology	<	Ophthalmology
General Surgery	<<	NeuroSurgery
Geriatrics		
Cardiology		

Specialist Coinsurance Values

CY 2024 PBP Data Entry System Screens

Reduction in Cost Sharing Packages – Add Package (VBID/MA UF/SSBCI) Continued – Page 12

Add New Package ✕

Oncology

Minimum percentage Maximum percentage

Urology

Minimum percentage Maximum percentage

Opthamology

Minimum percentage Maximum percentage

NeuroSurgery

Minimum percentage Maximum percentage

Select all specialists with the reduced copayment

Available		Selected
<input type="text" value="Search by terms"/>		<input type="text" value="Search by terms"/>
Neurology	<input type="button" value=">"/>	Oncology
Dermatology	<input type="button" value=">>"/>	Urology

CY 2024 PBP Data Entry System Screens

Reduction in Cost Sharing Packages – Add Package (VBID/MA UF/SSBCI) Continued – Page 13

Add New Package ✕

Endocrinology	<	Ophthalmology
General Surgery	<<	NeuroSurgery
Geriatrics		
Cardiology		

Specialist Copayment Values

Oncology

Minimum amount	Maximum amount
\$4	\$8

Urology

Minimum amount	Maximum amount
\$4	\$8

Ophthalmology

Minimum amount	Maximum amount
\$4	\$8

Neurology

Minimum amount	Maximum amount
\$4	\$8

Cancel Save

CY 2024 PBP Data Entry System Screens

Reduction in Cost Sharing Packages – Add Package (VBID/MA UF/SSBCI) Continued – Page 14

Add New Package ✕

Select all specialists with the reduced deductible

Available		Selected
<input type="text" value="Search by terms"/>		<input type="text" value="Search by terms"/>
Neurology	>	Oncology
Dermatology	>>	Urology
Endocrinology	<	Ophthalmology
General Surgery	<<	NeuroSurgery
Geriatrics		
Cardiology		

Deductible Values

Oncology
Amount:

Urology
Amount:

CY 2024 PBP Data Entry System Screens

Reduction in Cost Sharing Packages – Add Package (VBID/MA UF/SSBCI) Continued – Page 15

Add New Package ✕

Oncology
Amount

Urology
Amount

Opthamology
Amount

NeuroSurgery
Amount

Is there a maximum aggregate amount of reduced cost sharing?

Yes No

Specify the maximum aggregate amount

CY 2024 PBP Data Entry System Screens

Reduction in Cost Sharing Packages – Add Package (VBID/MA UF/SSBCI) Continued – Page 16

Add New Package ✕

Is there a maximum aggregate amount of reduced cost sharing?

Yes No

Specify the maximum aggregate amount

Indicate mode of delivery for maximum coverage amount *

- Catalogue Purchase
- Claims Processing
- Debit Card
- Reimbursement
- Other

Notes (section) *

6/1000 characters

CY 2024 PBP Data Entry System Screens

Additional Benefits Packages (VBID/MA UF/SSBCI)

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

Very long Plan Name

✕

- Prior Authorization/Referrals - Completed
- Visitor Travel - Completed
- ▼ Cost Share Groups - In Progress
- Point of Service(POS) Groups - Completed
- Reduction in Cost Sharing - Completed
- Combined Supplemental Benefits - Completed
- Optional Supplemental Packages - Completed
- ^ VBID, MA Uniformity, SSBCI - In Progress
- VBID WHP - Completed
- VBID Hospice - Completed
- VBID Rewards, Incentives, Rebates - Completed
- Reduction in Cost Sharing Packages - Completed
- Additional Benefit Packages - In Progress

VBID/MA UF/SSBCI Additional Benefits Packages

(Max 15 packages)

Plan Characteristics

+ Add New Package

Package Name	Package Description	Type of Package	Status	Type of Benefits
Package 1	Package 1 Description	VBID	In progress	Additional Benefits ✎ ✖
Package 2	Package 2 Description	SSBCI	In progress	Additional Benefits ✎ ✖
Package 3	Package 3 Description	MA UF	Completed	Additional Benefits ✎ ✖
Package 4	Package 4 Description	MA UF	In progress	Additional Benefits ✎ ✖

Close

Save and Close

Save and Next

CY 2024 PBP Data Entry System Screens

Additional Benefits Packages – Add Package (VBID/MA UF/SSBCI) – VBID Example – Page 1

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

Very long Plan Name

Additional Benefits - Package 1 - In Progress

Chiropractic Services(7b) - Completed

Routine Chiropractic Care(7b) - Completed

Transportation Services(10b) - In Progress

Transportation Services - Plan Approved Health-related Location(10b1) - Not Started

Package Name:

Type of Package:

Type of Benefit: **Additional Benefits**

Value-Based Design Flexibilities by Condition or Socioeconomic State

Select Target Methodology

Chronic Conditions(s)

Socioeconomic Status

Disease state- Please choose one or more:

Available		Selected
<input type="text" value="Search by terms"/>		<input type="text" value="Search by terms"/>
Diabetes	>	Coronary Artery Disease
Chronic Obstructive Pulmonary Disease (COPD)	>>	Mood Disorders
Congestive Heart Failure (CHF)	<	Rheumatoid Arthritis
Patient with Past Stroke	<<	Dementia
Hypertension		Other CMS Approved Disease State

(You can add up to 5 services)

CY 2024 PBP Data Entry System Screens

Additional Benefits Packages – Add Package (VBID/MA UF/SSBCI) – VBID Example – Page 2

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

Very long Plan Name

Additional Benefits - Package 1 - In Progress

Chiropractic Services(7b) - Completed

Routine Chiropractic Care(7b1) - Completed

Transportation Services(10b) - In Progress

Transportation Services - Plan Approved Health-related Location(10b1) - Not Started

+ Add Other (You can add upto 5 services)

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?

Yes No

Describe

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

Select LIS reduction level:

LIS Level 1

LIS Level 2

LIS Level 3

LIS Level 4

-or-

Dual - Eligible Status

CY 2024 PBP Data Entry System Screens

Additional Benefits Packages – Add Package (VBID/MA UF/SSBCI) – VBID Example – Page 3

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

Very long Plan Name

Additional Benefits - Package 1 - In Progress

Chiropractic Services(7b) - Completed

Routine Chiropractic Care(7b1) - Completed

Transportation Services(10b) - In Progress

Transportation Services - Plan Approved Health-related Location(10b1) - Not Started

Estimated Enrollees to be Targeted and Engaged to Receive Model Benefits:

Expected Number of Enrollees to be Targeted: 1

Expected Number of Enrollees to be engaged and receive Model benefits: 1

Prerequisite for reduction of cost sharing for this package?

Yes No

Select 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:

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

CY 2024 PBP Data Entry System Screens

Additional Benefits Packages – Add Package (VBID/MA UF/SSBCI) – VBID Example – Page 4

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

Very long Plan Name ✕

Additional Benefits - Package 1 - In Progress

- ^ Chiropractic Services(7b) - Completed
- Routine Chiropractic Care(7b1) - Completed
- ^ Transportation Services(10b) - In Progress
- Transportation Services - Plan Approved Health-related Location(10b1) - Not Started

Skilled Nursing Facility (SNF)(2)

Cardiac Rehabilitation Services(3-1)

Intensive Cardiac Rehabilitation Services(3-2)

Pulmonary Rehabilitation Services(3-3)

<

<<

Chiropractic Services(7b)

Occupational Therapy Services(7c)

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:

Available		Selected
<input type="text" value="Search by terms"/>		<input type="text" value="Search by terms"/>
Inpatient Hospital-Acute(1a)	>	Partial Hospitalization(5)
Inpatient Hospital Psychiatric(1b)	>>	Home Health Services(6)
Skilled Nursing Facility (SNF)(2)	<	Chiropractic Services(7b)
Cardiac Rehabilitation Services(3-1)	<<	Occupational Therapy Services(7c)
Intensive Cardiac Rehabilitation Services(3-2)		
Pulmonary Rehabilitation Services(3-3)		

Is there a package level maximum coverage amount?

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Screens

Additional Benefits Packages – Add Package (VBID/MA UF/SSBCI) – VBID Example – Page 5

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

Very long Plan Name

Additional Benefits - Package 1 - In Progress

- Chiropractic Services(7b) - Completed
 - Routine Chiropractic Care(7b1) - Completed
- Transportation Services(10b) - In Progress
 - Transportation Services - Plan Approved Health-related Location(10b1) - Not Started

Is there a package level maximum coverage amount?

Yes No

Specify the maximum benefit amount:

Periodicity:

Indicate mode of delivery for maximum coverage amount *

- Catalogue Purchase
- Claims Processing
- Debit Card
- Reimbursement
- Other

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

Available		Selected
<input type="text" value="Search by terms"/>	<input type="button" value=">"/>	<input type="text" value="Search by terms"/>
Inpatient Hospital-Acute(1a)		Partial Hospitalization(5)

CY 2024 PBP Data Entry System Screens

Additional Benefits Packages – Add Package (VBID/MA UF/SSBCI) – VBID Example – Page 6

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

Very long Plan Name

Additional Benefits-Package 1-In Progress

Chiropractic Services(7b) - Completed

Routine Chiropractic Care(7b1) - Completed

Transportation Services(10b) - In Progress

Transportation Services - Plan Approved Health-related Location(10b1) - Not Started

Indicate mode of delivery for maximum coverage amount *

- Catalogue Purchase
- Claims Processing
- Debit Card
- Reimbursement
- Other

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

Available		Selected
<input type="text" value="Search by terms"/>		<input type="text" value="Search by terms"/>
Inpatient Hospital-Acute(1a)	>	Partial Hospitalization(5)
Inpatient Hospital Psychiatric(1b)	>>	Home Health Services(6)
Skilled Nursing Facility (SNF)(2)	<	Chiropractic Services(7b)
Cardiac Rehabilitation Services(3-1)	<<	Occupational Therapy Services(7c)
Intensive Cardiac Rehabilitation Services(3-2)		
Pulmonary Rehabilitation Services(3-3)		

Add Notes

CY 2024 PBP Data Entry System Screens

Additional Benefits Packages –Selected Benefit Screen (Routine Chiropractic Care Example – 7b1) - Page 1

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

Very long Plan Name

Additional Benefits - Package 1 - In Progress

- Chiropractic Services(7b) - In Progress
- Routine Chiropractic Care(7b1) - In Progress**
- Transportation Services(10b) - Not Started
- Transportation Services - Plan Approved Health-related Location(10b1) - Not Started

Routine Chiropractic Care(7b1)

Is this benefit unlimited?

Yes No

Visits

Periodicity

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance Maximum coinsurance

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment Maximum copayment

Is there a deductible?

CY 2024 PBP Data Entry System Screens

Additional Benefits Packages –Selected Benefit Screen (Sample Screen for Routine Chiropractic Care – 7b1) - Page 2

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

Very long Plan Name

- Additional Benefits -Package 1- In Progress
- Chiropractic Services(7b) - In Progress
- Routine Chiropractic Care(7b1) - In Progress**
- Transportation Services(10b) - Not Started
- Transportation Services - Plan Approved Health-related Location(10b1) - Not Started

Periodicity:

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance: Maximum coinsurance:

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment: Maximum copayment:

Is there a deductible?

Yes No

Deductible amount:

CY 2024 PBP Data Entry System Screens

Additional Benefits Packages –Selected Benefit Screen (Sample Screen for Transportation Services - 10b1) - Page 1

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

Very long Plan Name

Package 1 - **In Progress**

- Chiropractic Services(7b) - **Completed**
 - Routine Chiropractic Care(7b1) - **Completed**
- Transportation Services(10b) - **In Progress**
 - Transportation Services - Plan Approved Health-related Location(10b1) - In Progress**

Transportation Services - Plan Approved Health-related Location (10b1)

Is this benefit unlimited?

Yes No

Indicate number of trips:

Periodicity:

Select type of transportation:

Type of transportation:

Indicate number of days:

Select Mode of Transportation

Taxi

Rideshare services

Bus/Subway

Van

Medical Transport

Other

CY 2024 PBP Data Entry System Screens

Additional Benefits Packages –Selected Benefit Screen (Sample Screen for Transportation Services - 10b1) - Page 2

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

Very long Plan Name

Package 1 - **In Progress**

Chiropractic Services(7b) - **Completed**

Routine Chiropractic Care(7b1) - **Completed**

Transportation Services(10b) - **In Progress**

Transportation Services - Plan Approved Health-related Location(10b1) - In Progress

Describe Other _____
Other description

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

Yes No

MOOP amount _____
\$500

Periodicity _____
6 Months

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance _____ **4%** Maximum coinsurance _____ **8%**

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment _____ **\$400** Maximum copayment _____ **\$400**

Is there a deductible?

CY 2024 PBP Data Entry System Screens

Additional Benefits Packages –Selected Benefit Screen (Sample Screen for Transportation Services - 10b1) - Page 3

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

Very long Plan Name

Package 1 - **In Progress**

Chiropractic Services(7b) - **Completed**

Routine Chiropractic Care(7b1) - **Completed**

Transportation Services(10b) - **In Progress**

Transportation Services - Plan Approved Health-related Location(10b1) - In Progress

Periodicity
6 Months

Is there a coinsurance?

Yes Yes with a min & max No

Minimum coinsurance **4%** Maximum coinsurance **8%**

Is there a copayment?

Yes Yes with a min & max No

Minimum copayment **\$400** Maximum copayment **\$400**

Is there a deductible?

Yes No

Deductible amount **\$400**

+ Add Notes

CY 2024 PBP Data Entry System Screens

VBID Health Equity Plan (HEP) – 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 - Not Started
- Visitor Travel - Not Started
- Cost Share Groups - In Progress
- ^ VBID, MA Uniformity, SSBCI - In Progress**
- VBID WHP - Completed
- VBID Hospice - Completed
- VBID Rewards,Incentives,Rebates - Completed
- Reduction in Cost Sharing Packages - In Progress
- Additional Benefits Packages - In Progress

VBID Health Equity Plan (HEP)

Identify data sources you plan to use to identify disparities in access, outcomes and/or enrollee experience. (Select all that apply) *

- Internal data sources ⓘ
- External data sources ⓘ
- Patient feedback ⓘ
- Caregiver feedback ⓘ
- Provider feedback ⓘ
- Patient/caregiver/community health needs assessment ⓘ
- Other, Describe ⓘ

Describe ⓘ *

0/200 characters

Identify actions within your VBID HEP. (Select all that apply) *

- Plan to stratify measures and outcomes to compare and contrast populations and health disparities within its broader enrollee population ⓘ
- Identify priority population(s) and associated disparities that will be addressed ⓘ
- Utilize standardized screening tools and/or diagnostic codes to identify and document HRSNs ⓘ
- Assess own infrastructure, resources and ability to support implementation of HEP ⓘ

Close Save and Close Save and Next

CY 2024 PBP Data Entry System Screens

VBID Health Equity Plan (HEP) – Page 2

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

Very long Plan Name

Plan Characteristics - Completed	<p>Identify actions within your VBID HEP. (Select all that apply) *</p> <p><input type="checkbox"/> Plan to stratify measures and outcomes to compare and contrast populations and health disparities within its broader enrollee population ⓘ</p> <p><input type="checkbox"/> Identify priority population(s) and associated disparities that will be addressed ⓘ</p> <p><input type="checkbox"/> Utilize standardized screening tools and/or diagnostic codes to identify and document HRSNs ⓘ</p> <p><input type="checkbox"/> Assess own infrastructure, resources and ability to support implementation of HEP ⓘ</p> <p><input type="checkbox"/> Monitor own health equity efforts ⓘ</p> <p><input type="checkbox"/> Engage enrollees, caregivers, providers and/or communities in health equity efforts ⓘ</p> <p><input checked="" type="checkbox"/> Other, Describe ⓘ</p> <p>Describe ⓘ</p> <p>0/200 characters</p> <hr/> <p>Identify the screening tool you (the MAO or designated partner) will use to identify HRSNs in your VBID targeted enrollee populations. (Select all that apply) *</p> <p><input type="checkbox"/> Accountable Health Communities (AHC) HRSN Screening Tool ⓘ</p> <p><input type="checkbox"/> Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences (PRAPARE) Tool ⓘ</p> <p><input type="checkbox"/> North Carolina Department of Health and Human Services Healthy Opportunities Program's Social Determinants of Health (SDOH) Screening Tool ⓘ</p> <p><input checked="" type="checkbox"/> Other, Describe ⓘ</p> <p>Describe ⓘ</p> <p>0/200 characters</p>
Standard Bid - Completed	
Benefit Offerings - Completed	
Plan Level Cost Sharing - Completed	
Prior Authorization & Referral - Not Started	
Visitor Travel - Not Started	
Cost Share Groups - In Progress	
VBID, MA Uniformity, SSBCI - In Progress	
VBID WHP - Completed	
VBID Hospice - Completed	
VBID Rewards, Incentives, Rebates - Completed	
Reduction in Cost Sharing Packages - In Progress	
Additional Benefits Packages - In Progress	