

CY 2024 PBP Data Entry System Screens

Cost Share Groups – Out of Network Groups

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
- Out of Network Groups - In Progress
- Point of Service Groups - Not started
- Combined Supplemental Benefits - Not started
- Reduction in Cost Sharing - Not started
- Optional Supplemental Packages - Not started
- ▼ VBID, MA Uniformity, SSBCI - Not started

Out-of-Network (OON) Groups Setup

(Maximum of 25 groups)

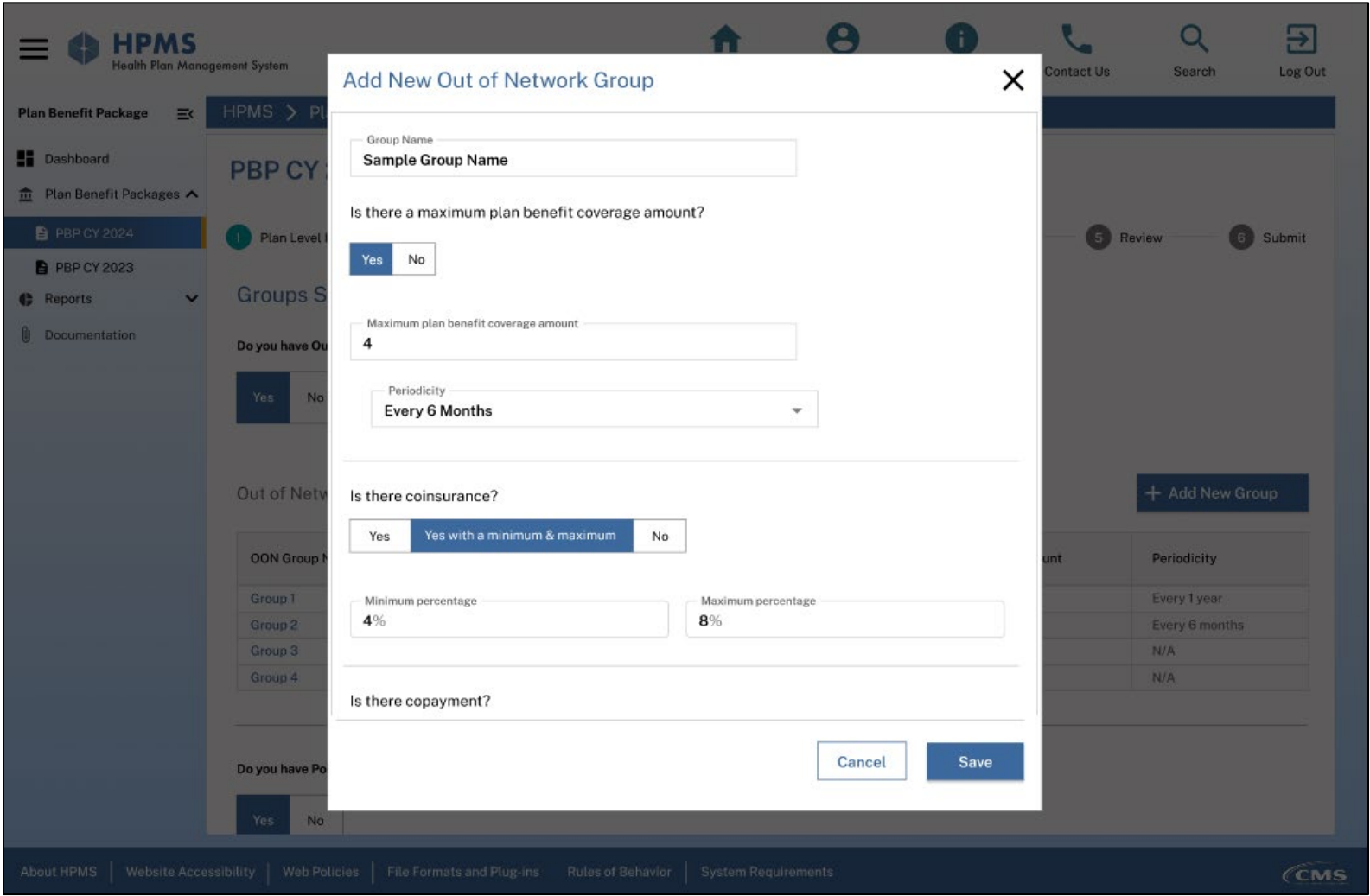
+ Add New OON Group

OON Group Name	Copayment	Coinsurance	Deductible	Maximum Plan benefit Coverage amount	Periodicity	
Group 1	\$20	5%-10%	\$200	\$10000	Every 1 year	✎ ✖
Group 2	\$23	10%	\$230	\$20000	Every 6 months	✎ ✖
Group 3	\$25	5%-10%	\$250	No	N/A	✎ ✖
Group 4	\$20	10%	\$200	No	N/A	✎ ✖

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Screens

Out of Network Groups – Add New OON Group – page 1



CY 2024 PBP Data Entry System Screens

Out of Network Groups – Add New OON Group – page 2

Add New Out of Network Group

Is there copayment?

Yes Yes with a minimum & maximum No

Minimum amount: \$400 Maximum amount: \$800

Is there a deductible?

Yes No

Deductible amount: 4

[+ Add Notes](#)

CY 2024 PBP Data Entry System Screens

Out of Network Groups – Edit Out of Network Group – page 1

Edit Out of Network Group

Group Name
Group 1

Is there a maximum plan benefit coverage amount?
 Yes No

Maximum plan benefit coverage amount
4

Periodicity
Every 6 Months

Is there coinsurance?
 Yes Yes with a minimum & maximum No

Minimum percentage
4%

Maximum percentage
8%

Is there copayment?

Cancel Save

CY 2024 PBP Data Entry System Screens

Out of Network Groups – Edit Out of Network Group – page 2

The screenshot shows the HPMS Health Plan Management System interface. A modal window titled "Edit Out of Network Group" is open, displaying the following information:

- Is there copayment?**
 - Yes Yes with a minimum & maximum No
 - Minimum amount: \$400
 - Maximum amount: \$800
- Is there a deductible?**
 - Yes No
 - Deductible amount: 4
- Service categories that are mapped to this group:**
 - Inpatient Hospital Services(1)
 - Inpatient Hospital-Acute(1a)
 - Inpatient Hospital Psychiatric(1b)
 - Skilled Nursing Facility (SNF)(2)
 - Cardiac and Pulmonary Rehabilitation Services(3)
 - Cardiac Rehabilitation Services(3-1)

Buttons for "Cancel" and "Save" are located at the bottom right of the modal.

CY 2024 PBP Data Entry System Screens

Out of Network Groups – Edit Out of Network Group – page 3

Edit Out of Network Group

Is there a deductible?

Yes No

Deductible amount

4

Service categories that are mapped to this group:

- Inpatient Hospital Services(1)
- Inpatient Hospital-Acute(1a)
- Inpatient Hospital Psychiatric(1b)
- Skilled Nursing Facility (SNF)(2)
- Cardiac and Pulmonary Rehabilitation Services(3)
- Cardiac Rehabilitation Services(3-1)
- Intensive Cardiac Rehabilitation Services(3-2)
- Pulmonary Rehabilitation Services(3-3)
- SET for PAD Services(3-4)

[+ Add Notes](#)

[Cancel](#) [Save](#)

CY 2024 PBP Data Entry System Screens

Cost Share Groups – Point of Service (POS) Groups

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
- Out of Network Groups - Completed
- Point of Service Groups - In Progress
- Combined Supplemental Benefits - Not started
- Reduction in Cost Sharing - Not started
- Optional Supplemental Packages - Not started
- ▼ VBID, MA Uniformity, SSBCI - Not started

Point of Service(POS) Groups Setup

(Maximum of 25 groups)

+ Add New POS Group

POS Group Name	Copayment	Coinsurance	Deductible	Maximum Plan benefit Coverage amount	Periodicity	
Group 1	\$20	10%	\$200	\$10000	Every 1 year	✎ ✖
Group 2	\$23	5%-10%	\$230	\$20000	Every 6 months	✎ ✖
Group 3	\$25	10%	\$250	No	N/A	✎ ✖
Group 4	\$20	5%-10%	\$200	No	N/A	✎ ✖

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Screens

Point of Service Groups – Add New POS Group – page 1

Add New Point of Service Group

Group Name
Sample Group Name

Is there a maximum plan benefit coverage amount?
 Yes No

Maximum plan benefit coverage amount
4

Periodicity
Every 6 Months

Is there coinsurance?
 Yes Yes with a minimum & maximum No

Minimum percentage
4%

Maximum percentage
8%

Is there copayment?

CY 2024 PBP Data Entry System Screens

Point of Service Groups – Add New POS Group – page 2

Add New Point of Service Group [Close]

Is there copayment?

Yes Yes with a minimum & maximum No

Minimum amount: Maximum amount:

Is there a deductible?

Yes No

Deductible Amount:

CY 2024 PBP Data Entry System Screens

Cost Share Groups – Combined Supplemental Benefits

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
- Out of Network(OON) Groups - Completed
- Point of Service(POS) Groups - Completed
- Reduction in Cost Sharing - Completed
- Combined Supplemental Benefits - In Progress
- Optional Supplemental Packages - Not started
- ▼ VBID, MA Uniformity, SSBCI - Not started

Combined Supplemental Benefits

(Max 5 groups)

+ Add New Combined Benefits Group

Group Name	Mode of delivery	Maximum Plan benefit Coverage amount	Periodicity
Group 1	Debit Card	\$10000	Every 1 year ✎ ✖
Group 2	Reimbursement	\$20000	Every 6 months ✎ ✖
Group 3	Other, described other	No	N/A ✎ ✖
Group 4	Debit Card	No	N/A ✎ ✖

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Screens

Combined Supplemental Benefits – Add New Combined Benefits Group – page 1

PBP CY 2024 - Add New Combined Benefits Group

Group Name * 0/40 characters

What is your combined supplemental benefits mode of delivery? *

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

Select which Non-Medicare covered benefits are included in your Combined Supplemental Benefit group: *

Available	Selected
<input type="text"/>	<input type="text"/>
Additional Days for Inpatient Hospital-Acute(1a1)	
Non-Medicare-covered Stay for Inpatient Hospital-Acute(1a2)	

Buttons: Cancel, Save, Close, Save and Next

CY 2024 PBP Data Entry System Screens

Combined Supplemental Benefits – Add New Combined Benefits Group – page 2

PBP CY 2024 - Add New Combined Benefits Group

Additional Intensive Cardiac Rehabilitation Services(3-7)

Is the enrollee limited to one or more of the Combined Supplemental Benefits from the group which they must select in advance? ⓘ *

Yes No

Do you offer Combined Supplemental Benefits with a shared maximum plan benefit amount? ⓘ *

Yes No

Maximum plan benefit coverage amount ⓘ *

\$

Periodicity ⓘ *

Do you offer Combined Supplemental Benefits with a shared visit/trips limits? ⓘ *

Yes No

Indicate number of shared visits/trips ⓘ *

Periodicity ⓘ *

+ Add Notes

Cancel Save Close Save and Next

CY 2024 PBP Data Entry System Screens

Cost Share Groups – Reduction in Cost Sharing (RICS) Groups

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
- Out of Network(OON) Groups -Completed
- Point of Service(POS) Groups -Completed
- Reduction in Cost Sharing - In Progress
- Combined Supplemental Benefits - Not started
- Optional Supplemental Packages - Not started
- ▼ VBID, MA Uniformity, SSBCI -Not started

Reduction in Cost Sharing Groups Setup

(Max 5 groups)

+ Add New RIC Group

RIC Group Name	Mode of delivery	Maximum Plan benefit Coverage amount	Periodicity
Group 1	Debit Card	\$10000	Every 1 year ✎ ✖
Group 2	Reimbursement	\$20000	Every 6 months ✎ ✖
Group 3	Other, described other	No	N/A ✎ ✖
Group 4	Debit Card	No	N/A ✎ ✖

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Screens

Reduction in Cost Sharing – Add New RICS Group – page 1

Add New Reduction in Cost Sharing Group

Group Name
Sample Group Name

Select the type of benefit:

Medicare services
 Non-Medicare services

Select the Medicare service categories that have Reduction in 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)	>>	Chiropractic Services(7b)
Skilled Nursing Facility (SNF)(2)	<	Individual Sessions for Outpatient Substance Abuse(9c1)
Cardiac Rehabilitation Services(3-1)	<<	Nursing Home Services(13h6)
Intensive Cardiac Rehabilitation Services(3-2)		Glaucoma Screening(14e1)
Pulmonary Rehabilitation Services(3-3)		

Select the Non-Medicare service categories that have Reduction in Cost Sharing:

Cancel Save

CY 2024 PBP Data Entry System Screens

Reduction in Cost Sharing – Add New RICS Group – page 2

Add New Reduction in Cost Sharing Group

Select the Non-Medicare service categories that have Reduction in 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)	>>	Chiropractic Services(7b)
Skilled Nursing Facility (SNF)(2)	<	Individual Sessions for Outpatient Substance Abuse(9c1)
Cardiac Rehabilitation Services(3-1)	<<	Nursing Home Services(13h6)
Intensive Cardiac Rehabilitation Services(3-2)		Glaucoma Screening(14e1)
Pulmonary Rehabilitation Services(3-3)		

Is there a maximum plan benefit coverage amount?

Yes No

Maximum plan benefit coverage amount:

Periodicity:

CY 2024 PBP Data Entry System Screens

Reduction in Cost Sharing – Add New RICS Group – page 3

Add New Reduction in Cost Sharing Group ⓘ

Periodicity ⓘ *
Every 6 Months

Is your Reductions in Cost Sharing Max Plan Benefit amount shared with a Combined Benefits package? ⓘ *

Yes No

Select Combined Supplemental Benefits Packages: *

Available		Selected
<input type="text" value="Search by terms"/>		<input type="text" value="Search by terms"/>
NCBG 1	>	
Oncology Benefits Group 1	>>	
Dental Benefits Group 2	<	
Eye Care Group 1	<<	

Cancel Save

CY 2024 PBP Data Entry System Screens

Reduction in Cost Sharing – Add New RICS Group – page 4

Add New Reduction in Cost Sharing Group ⓘ

Eye Care Group 1

<<

Can the reduction in cost sharing be applied to a deductible? *

Yes No

What is your Reductions in Cost Sharing mode of delivery? * ⓘ

Debit Card

Reimbursement

Other

+ Add Notes

Cancel Save

CY 2024 PBP Data Entry System Screens

Cost Share Groups – Optional Supplemental Packages

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
- Point of Service(POS) Groups - Completed
- Combined Supplemental Benefits - Not started
- Reduction in Cost Sharing - Not started
- Optional Supplemental Packages - In Progress
- VBID, MA Uniformity, SSBCI - Not started

Optional Supplemental Packages Setup

(Maximum of 15 packages)

+ Add New Package

Optional Supplemental Package Name	Package ID	Package Description	Deductible	Maximum Plan benefit Coverage amount	Periodicity	
Package 1	12345	Lorem Ipsum Do	\$200	\$10000	Every 1 year	✎ ✖
Package 2	23453	Lorem Ipsum Do	\$230	\$20000	Every 6 months	✎ ✖
Package 3	43534	Lorem Ipsum Do	\$250	No	N/A	✎ ✖
Package 4	83474	Lorem Ipsum Do	\$200	No	N/A	✎ ✖

Close
Save and Close
Save and Next

CY 2024 PBP Data Entry System Screens

Optional Supplemental Packages – Add New Package – page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID - In Patient Hospital Services

Very long Plan Name

Optional Supplemental Package-Package 1 - In Progress

Health Care Professional Services(7) - In Progress

Step-up Chiropractic Services(7b) - In Progress

Step-up Routine Foot Care(7f) - In Progress

Package ID: 001

Package Name: Package 1

Package Description: 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 the service categories included in this package that have optional/both supplemental benefits declared in Benefit offerings- Non-medicare section

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)	>>	Chiropractic Services(7b)
Skilled Nursing Facility (SNF)(2)	<	Routine Foot Care(7f)
Cardiac Rehabilitation Services(3-1)	<<	Transportation Services(10b)
Intensive Cardiac Rehabilitation Services(3-2)		
Pulmonary Rehabilitation Services(3-3)		

Close Save and Close Save and Next

CY 2024 PBP Data Entry System Screens

Optional Supplemental Packages – Add New Package – page 2

BPB CY 2024 - Contract ID / Plan ID / Segment ID - In Patient Hospital Services

Very long Plan Name

Optional Supplemental Package - Package 1 - In Progress

- Health Care Professional Services(7) - In Progress
- Step-up Chiropractic Services(7b) - In Progress
- Step-up Routine Foot Care(7f) - In Progress

Is there a Maximum Plan Benefit Coverage Amount for this package?

Yes No

Maximum plan benefit coverage amount: \$2800

Periodicity: 6 Months

Do the Optional Supplemental benefits in this package apply to the MOOP for this plan?

Yes No

Is there an enrollee Deductible for this package?

Yes No

Indicate deductible amount: \$400

Select the benefits to which the deductible applies:

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)	>>	Chiropractic Services(7b)

Close Save and Close Save and Next

CY 2024 PBP Data Entry System Screens

Optional Supplemental Packages – Add New Package – page 3

PBP CY 2024 - Contract ID / Plan ID / Segment ID - In Patient Hospital Services ✕

Very long Plan Name

Optional Supplemental Package -Package 1 -In Progress

- v Health Care Professional Services(7) -In Progress
- v Step-up Chiropractic Services(7b) -In Progress
- v Step-up Routine Foot Care(7f)-In Progress

Do the Optional Supplemental benefits in this package apply to the MOOP for this plan?

Yes No

Is there an enrollee Deductible for this package?

Yes No

Indicate deductible amount:

Select the benefits to which the deductible applies:

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)	>>	Chiropractic Services(7b)
Skilled Nursing Facility (SNF)(2)	<	Individual Sessions for Outpatient Substance Abuse(9c1)
Cardiac Rehabilitation Services(3-1)	<<	Nursing Home Services(13h6)
Intensive Cardiac Rehabilitation Services(3-2)		Glaucoma Screening(14e1)
Pulmonary Rehabilitation Services(3-3)		

CY 2024 PBP Data Entry System Screens

Optional Supplemental Packages– Edit Package – page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID - In Patient Hospital Services

Very long Plan Name

Optional Supplemental Package - Package 2 - In Progress

OON Optional Transportation Services(10b) - In Progress

Package ID: 002

Package Name: Package 2

Package Description: 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 the service categories included in this package that have optional/both or not offered supplemental benefits declared in Benefit offerings- Non-medicare section

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)	>>	Chiropractic Services(7b)
Skilled Nursing Facility (SNF)(2)	<	Routine Foot Care(7f)
Cardiac Rehabilitation Services(3-1)	<<	Transportation Services(10b)
Intensive Cardiac Rehabilitation Services(3-2)		
Pulmonary Rehabilitation Services(3-3)		

Close Save and Close Save and Next

CY 2024 PBP Data Entry System Screens

Optional Supplemental Packages – Edit Package – page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID - In Patient Hospital Services

Very long Plan Name

Optional Supplemental Package - Package 2 - In Progress

OOB Optional Transportation Services(10b) - In Progress

Is there a Maximum Plan Benefit Coverage Amount for this package?

Yes No

Maximum plan benefit coverage amount
\$2800

Periodicity
6 Months

Do the Optional Supplemental benefits in this package apply to the MOOP for this plan?

Yes No

Is there an enrollee Deductible for this package?

Yes No

Indicate deductible amount:
\$400

Select the benefits to which the deductible applies:

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)	>>	Chiropractic Services(7b)

Close Save and Close Save and Next

CY 2024 PBP Data Entry System Screens

Optional Supplemental Packages – Edit Package – page 3

PBP CY 2024 - Contract ID / Plan ID / Segment ID - In Patient Hospital Services

Very long Plan Name

Optional Supplemental Package - Package 2 - In Progress

OON Optional Transportation Services(10b) - In Progress

Do the Optional Supplemental benefits in this package apply to the MOOP for this plan?

Is there an enrollee Deductible for this package?

Indicate deductible amount:
\$400

Select the benefits to which the deductible applies:

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