

CY 2026 PBP Data Entry System Screens

Point of Service (POS) Groups Setup

Plan Characteristics - Completed

Standard Bid - Completed

Benefit Offerings - Completed

Plan Level Cost Sharing - Completed

Prior Authorization & Referral - Completed

Visitor Travel - Completed

Cost Share Groups - In Progress

Point of Service Groups - In Progress

Combined Supplemental Benefits - In Progress

Reduction in Cost Sharing - In Progress

Optional Supplemental Packages - In Progress

VBID, MA Uniformity, SSBCI - In Progress

Point-of-Service (POS) Groups Setup

(Maximum of 25 groups)

Plan Characteristics

+ Add New POS Group

Group ID	Group Name	Copayment	Coinsurance	Deductible	Maximum Plan Benefit Coverage amount	Periodicity	Status	Actions
1	Group Name 1 - POS	No	No	No	No	N/A	In Progress	 
2	Dental, Vision, Hearing Wrap	\$20.00	10%	\$25.00	No	N/A	In Progress	 

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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?

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

Add New Point of Service 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](#)

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

HPMS > PBP CY 2026

Plan Level 1

Groups Summary

Do you have Out of Network?

☒ Yes ☐ No

Out of Network Group

OOON Group 1

Group 1

Group 2

Group 3

Group 4

Do you have Point of Service?

☒ Yes ☐ No

5 Review 6 Submit

[+ Add New Group](#)

Amount	Periodicity
	Every 1 year
	Every 6 months
	N/A
	N/A

Web Policies | File Formats and Plug-ins | Rules of Behavior | System Requirements

CMS

CY 2026 PBP Data Entry System Screens

Combined Supplemental Benefits Group Setup

Plan Characteristics - Completed

Standard Bid - Completed

Benefit Offerings - Completed

Plan Level Cost Sharing - Completed

Prior Authorization & Referral - Completed

Visitor Travel - Completed

Cost Share Groups - In Progress

Point of Service Groups - In Progress

Combined Supplemental Benefits - In Progress

Reduction in Cost Sharing - In Progress

Optional Supplemental Packages - In Progress

VBID, MA Uniformity, SSBCI - In Progress

Combined Supplemental Benefits ⓘ

Plan Characteristics

(Maximum of 5 groups)

+ Add New Combined Supplemental Benefits Group

Group ID	Group Name	Mode of Delivery	Maximum Plan Benefit Coverage amount	Periodicity	Status	Actions
1	Combined Supplemental Benefits 1	Other	\$1000	Every Year	In Progress	 
2	Combined Supplemental Benefits Group 2	Debit Card	\$600.00	Every Year	In Progress	 

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Combined Supplemental Benefits – Add New Group – Page 1

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
Additional Days for Inpatient Hospital-Acute(1a1)		
Non-Medicare-covered Stay for Inpatient Hospital-Acute(1a2)	➤	

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Combined Supplemental Benefits – Add New Group – Page 2

Add New Combined Benefits Group ⓘ

Additional Intensive Cardiac Rehabilitation Services(3-2)

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 2026 PBP Data Entry System Screens

Reduction in Cost Sharing (RICS) Groups Setup

Plan Characteristics - Completed

Standard Bid - Completed

Benefit Offerings - Completed

Plan Level Cost Sharing - Completed

Prior Authorization & Referral - Completed

Visitor Travel - Completed

Cost Share Groups - Completed

Combined Supplemental Benefits - Completed

Reduction in Cost Sharing - Completed

Reduction in Cost Sharing Groups Setup ⓘ

Updated on 5/31/2024 2:20:06 PM EDT

(Maximum of 5 groups)

Plan Characteristics

+Add New RICS Group

Group ID	Group Name	Mode of Delivery	Maximum Plan Benefit Coverage amount	Periodicity	Status	Actions
1	Flex Spend Card - OTC/Copays/Fitness/HSD	DEC	\$250.00	Every Year	Completed	 
2	Flexible Spending Card - DVH	DEC	\$250.00	Every Year	Completed	 

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

Add New Reduction in Cost Sharing Group ⓘ

Group Name *

Sample Group Name

17/40 characters

Select the type of benefit: *

☒ Medicare

☒ Non-Medicare

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

Available

Search by terms

Q

Inpatient Hospital-Acute (1a)

Inpatient Hospital Psychiatric (1b)

Pulmonary Rehabilitation Services (3-3)

Emergency Services (4a)

Urgently Needed Services (4b)

Intensive Outpatient Program Services (5b)

Primary Care Physician Services (7a)

Chiropractic Services (7b)

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Selected

Search by terms

Q

Skilled Nursing Facility (SNF) (2)

Cardiac Rehabilitation Services (3-1)

SET for PAD Services (3-4)

Intensive Cardiac Rehabilitation Services (3-2)

Home Health Services (6)

Partial Hospitalization Program (5a)

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

Available

Selected

Cancel

Save

Save and Close

CY 2026 PBP Data Entry System Screens

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

Add New Reduction in Cost Sharing Group ⓘ

Chiropractic Services (7b)

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

Available

Search by terms

Additional Days for Inpatient Hospital-Acute (1a1)

Upgrades for Inpatient Hospital-Acute (1a3)

Additional Days for Inpatient Hospital Psychiatric (1b1)

Non-Medicare-covered Stay for Inpatient Hospital Psychiatric (1b2)

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

Additional Cardiac Rehabilitation Services (3-1)

Additional Intensive Cardiac Rehabilitation Services (3-2)

Additional Pulmonary Rehabilitation Services (3-3)

Selected

Search by terms

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Maximum plan benefit coverage amount *

\$ 1500.00

Periodicity *

Other, Describe

Description *

Enter description

This field is required.

Cancel

Save

Softtrams

CY2026 PBP – Cost Share Groups
01/08/2025
CMS SENSITIVE INFORMATION - REQUIRES SPECIAL HANDLING

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

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Upd
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Gr

1

2

Add New Reduction in Cost Sharing Group ⓘ

Description *

Description

11/300 characters

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

Yes

No

Select Combined Supplemental Benefits Packages *

Available

Search by terms

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Selected

Search by terms

Combined Benefits 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

Plan Characteristics

+ Add New RICS Group

Actions

Close

Save and Close

Save and

Softrams

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CY 2026 PBP Data Entry System Screens

Optional Supplemental Packages Setup

Plan Characteristics - Completed

Standard Bid - Completed

Benefit Offerings - Completed

Plan Level Cost Sharing - In Progress

Prior Authorization & Referral - In Progress

Visitor Travel - Completed

Cost Share Groups - In Progress

Point of Service Groups - In Progress

Combined Supplemental Benefits - In Progress

Reduction in Cost Sharing - In Progress

Optional Supplemental Packages - In Progress

VBID, MA Uniformity, SSBCI - In Progress

Rx - In Progress

Optional Supplemental Packages Setup

(Maximum of 5 packages)

Plan Characteristics

+ Add New Package

Package Name	Package ID	Package Description	Deductible	Maximum Plan Benefit Coverage amount	Periodicity	Status	Actions
Op Sup 1	1	special benefits	\$100.00	\$1000.00	Every 3 Years	Completed	 

CY 2026 PBP Data Entry System Screens

Optional Supplemental Packages – Add New Package – Page 1

Add New Optional Supplemental Package

Add Package - In Progress

Package Name *

Op Supp Package 1

17/50 characters

Package Description *

Sample Description

18/1000 characters

Important: The following examples cannot be an optional supplemental benefit:

- (f) Cost-Share buy-down of original Medicare benefits and (2) State Medicaid wraparound benefits.
- Please refer to Chapter 4 of the Medicare Managed Care Manual and the MA Regulation (CFR § 422.102) for additional information.

Select all the Non-Medicare-covered benefits offered in this package *

Available

Search by terms

Point of Service (POS)

Visitor Travel (V/T)

Non-Medicare-covered Stay for Inpatient Hospital Psychiatric (1b2)

Worldwide Emergency Coverage (4c1)

Worldwide Urgent Coverage (4c2)

Fitness Benefit (14c4)

Counseling Services (14c9)

Therapeutic Massage (14c18)

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Selected

Search by terms

Additional Days for Inpatient Hospital-Acute (1a1)

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

Upgrades for Inpatient Hospital-Acute (1a3)

Telemonitoring Services (14c6)

Medical Nutrition Therapy (MNT) (14c12)

Alternative Therapies (14c17)

In-Home Support Services (14c21)

Wigs for Hair Loss Related to Chemotherapy (14c15)

Is there a Maximum Plan Benefit Coverage amount for this package? *

Yes

No

Maximum Plan Benefit Coverage amount *

\$ 1000.00

Periodicity *

Other

Close

Save and Close

Save and Next

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Optional Supplemental Packages – Add New Package – Page 2

Add New Optional Supplemental Package

Add Package - In Progress

Is there a Maximum Plan Benefit Coverage amount for this package? *

Yes

No

Maximum Plan Benefit Coverage amount *

\$ 1000.00

Priority *

Other

Describe *

Sample Description

16/2000 (characters)

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

Search by terms

Additional Days for Inpatient Hospital-Acute (1a1)

Telemonitoring Services (14c6)

Medical Nutrition Therapy (MNT) (14c12)

Alternative Therapies (14c17)

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Search by terms

Upgrades for Inpatient Hospital-Acute (1a3)

In-Home Support Services (14c27)

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

Wigs for Hair Loss Related to Chemotherapy (14c15)

+ Add Notes

Close

Save and Close

Save and Next

Softtrams

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CY 2026 PBP Data Entry System Screens

Optional Supplemental Packages – Add Package with Service 4c (sample) - Page 1

Add New Optional Supplemental Package

^ Add Package - Op Sup 1 - In Progress

^ Worldwide Emergency/Urgent Coverage (4c) - In Progress

Worldwide Urgent Coverage (4c2) - Not Started

Worldwide Emergency/Urgent Coverage (4c) - Non-Medicare

Plan Characteristics

Is your optional supplemental cost-sharing the same as your in-network mandatory supplemental cost-sharing? ⓘ *

Yes

No

Is there a maximum plan benefit coverage? ⓘ *

Yes

No

Is the maximum plan benefit coverage amount unlimited? ⓘ *

Yes

No

Maximum amount ⓘ *

\$

Does this plan have a service specific maximum enrollee out-of-pocket cost (MOOP)? ⓘ *

Yes

No

MOOP amount ⓘ *

\$

Periodicity ⓘ *

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Optional Supplemental Packages – Add Package with Service 4c (sample) – Page 2

Add New Optional Supplemental Package

^ Add Package - Op Sup 1 - In Progress

^ Worldwide Emergency/Urgent Coverage (4c) - In Progress

Worldwide Urgent Coverage (4c2) - Not Started

Is the maximum plan benefit coverage amount unlimited? ⓘ *

Yes

No

Maximum amount ⓘ *

\$

Does this plan have a service specific maximum enrollee out-of-pocket cost (MOOP)? ⓘ *

Yes

No

MOOP amount ⓘ *

\$

Periodicity ⓘ *

▼

Is there a deductible? ⓘ *

Yes

No

Deductible amount ⓘ *

\$

+ Add Notes

CY 2026 PBP Data Entry System Screens

Optional Supplemental Packages – Add Package with Service 4c2 (sample) - Page 1

Add New Optional Supplemental Package

^ Add Package - Op Sup 1 - In Progress

^ Worldwide Emergency/Urgent Coverage (4c) - In Progress

Worldwide Urgent Coverage (4c2) - In Progress

Worldwide Urgent Coverage (4c2) - Non-Medicare

Plan Characteristics

Is your optional supplemental cost-sharing the same as your in-network mandatory supplemental cost-sharing? ⓘ *

Yes No

Is there a coinsurance? ⓘ *

Yes Yes with a min & max No

Minimum coinsurance ⓘ *Maximum coinsurance ⓘ *

Is this Coinsurance waived if admitted to hospital? ⓘ *

Yes No

Is there a copayment? ⓘ *

Yes Yes with a min & max No

Minimum copayment ⓘ *Maximum copayment ⓘ *

CY 2026 PBP Data Entry System Screens

Optional Supplemental Packages – Add Package with Service 4c2 (sample) - Page 2

Add New Optional Supplemental Package

^ Add Package - Op Sup 1 - In Progress

^ Worldwide Emergency/Urgent Coverage (4c) - In Progress

Worldwide Urgent Coverage (4c2) - In Progress

Minimum copayment ⓘ *

\$

Maximum copayment ⓘ *

\$

Is this Copayment waived if admitted to hospital? ⓘ *

Yes

No

Additional OON cost share information

Does this category include Out-of-Network benefits? ⓘ *

Yes

No

Are the OON cost shares the same as the In-Network cost shares? ⓘ *

Yes

No

Is there an OON coinsurance? ⓘ *

Yes

Yes with a min & max

No

Minimum coinsurance ⓘ *

Maximum coinsurance ⓘ *

Is there an OON copayment? ⓘ *

Yes

Yes with a min & max

No

Softrams

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Optional Supplemental Packages – Add Package with Service 4c2 (sample) - Page 3

Add New Optional Supplemental Package

^ Add Package - Op Sup1 - In Progress

^ Worldwide Emergency/Urgent Coverage (4c) - In Progress

Worldwide Urgent Coverage (4c2) - In Progress

Additional OON cost share information

Does this category include Out-of-Network benefits? ⓘ *

Yes

No

Are the OON cost shares the same as the In-Network cost shares? ⓘ *

Yes

No

Is there an OON coinsurance? ⓘ *

Yes

Yes with a min & max

No

Minimum coinsurance ⓘ *

Maximum coinsurance ⓘ *

Is there an OON copayment? ⓘ *

Yes

Yes with a min & max

No

Minimum copayment ⓘ *

Maximum copayment ⓘ *

Notes *