

CY 2027 PBP Data Entry System Screens

MA Uniformity/SSBCI Package Selection

Plan Characteristics - Completed	<h3>MA Uniformity & SSBCI</h3> <p>Under MA Uniformity Flexibility plans may provide access to services (or specific cost sharing for services or items) that is tied to health status or disease state in a manner that ensures that similarly situated individuals are treated uniformly, consistent with the uniformity requirement in the MA regulations at §422.100(d).</p> <p>Does this plan include MA Uniformity Flexibility with reductions in cost or additional benefits? *</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>The Bipartisan Budget Act of 2018 (Public Law No. 115-123) amended section 1852(a)(3) of the Social Security Act to expand the types of supplemental benefits that may be offered by MA plans to the chronically ill enrollees. These benefits are referred to as Special Supplemental Benefits for the Chronically Ill (SSBCI). 42 CFR § 422.102(f)(1)(i)10 defines a chronically ill enrollee as an individual who: 1) has one or more comorbid and medically complex chronic conditions that is life threatening or significantly limits the overall health or function of the enrollee; 2) has a high risk of hospitalization or other adverse health outcomes; and 3) requires intensive care coordination. All three criteria must be met for an enrollee to be eligible for the SSBCI. SSBCI may include supplemental benefits that are not primarily health related and may be offered non-uniformly to eligible chronically ill enrollees, provided that the SSBCI, with respect to the chronically ill enrollee, has a reasonable expectation of improving or maintaining the health or overall function of the enrollee.</p> <p>When entering SSBCI benefits, plans should include all reduced cost sharing benefits for the chronically ill in a single SSBCI package in the MA Uniformity/SSBCI Reduction in Cost Sharing Packages Section. Plans should similarly include all additional benefits (including non-primarily health related benefits) in a single SSBCI package in the MA Uniformity/SSBCI Additional Benefits Packages Section. Upon request, MA organizations offering SSBCI Additional Benefits must be able to provide a bibliography of evidence supporting the SSBCI and demonstrating, through relevant acceptable evidence that each item or service has a reasonable expectation of improving or maintaining the overall health or function of an enrollee, in accordance with § 422.102(f)(3).</p> <p>Additionally, MA plans offering SSBCI must comply with all of the following, in accordance with § 422.102(f)(4):</p> <ol style="list-style-type: none">Have written policies for determining enrollee eligibility and must document its determination that an enrollee is a chronically ill enrollee based on the definition in § 422.102(f)(1)(i).Make information and documentation related to determining enrollee eligibility available to CMS upon request.A. Have and apply written policies based on objective criteria for determining a chronically ill enrollee's eligibility to receive a particular SSBCI; and B. Document the written policies specified in paragraph (iii)(A) and the objective criteria on which the written policies are based.Document each eligibility determination for an enrollee, whether eligible or ineligible, to receive a specific SSBCI and make this information available to CMS upon request, andMaintain without modification, as it relates to an SSBCI, evidentiary standards for a specific enrollee to be determined eligible for a particular SSBCI, or the specific objective criteria used by a plan as part of SSBCI eligibility determinations for the full coverage year. <p>Does this plan offer Special Supplemental Benefits for the Chronically Ill? *</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
Standard Bid - Completed	
Benefit Offerings - Completed	
Plan Level Cost Sharing - In Progress	
Prior Authorization & Referral - Completed	
Visitor Travel - Completed	
Cost Share Groups - In Progress	
MA Uniformity & SSBCI - In Progress	
Reduction in Cost Sharing Packages (19a) - Completed	
Additional Benefits Packages (19b) - Not Started	
Rx - Completed	

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

CY 2027 PBP Data Entry System Screens

Reduction in Cost Sharing Packages (MA UF/SSBCI) – 19a

- 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
- ^ MA Uniformity & SSBCI - In Progress
- Reduction in Cost Sharing Packages (19a) - In Progress
- Additional Benefits Packages (19b) - In Progress
- ▼ Rx - Completed

Plan Characteristics
+ Add New Package

MA UF/SSBCI Reduction in Cost Sharing Packages (19a)

(Maximum of 15 across both RIC and Additional Benefits packages)

When entering the MA Uniformity Flexibility/SSBCI maximum and minimum cost sharing for a service category, list only the cost sharing that would apply to enrollees qualifying for the benefit package. Cost sharing ranges should reflect only the services within the service category or specialty selected that are eligible for reduced cost sharing. If the reduced cost sharing is being offered through reimbursement, the cost sharing range should represent what the enrollee pays after reimbursement, and the note should describe the benefit and any limitations. If there is a maximum aggregate amount of reduced cost sharing, the cost sharing entered should reflect only the costs paid by the enrollee prior to reaching the maximum aggregate amount of reduced cost sharing.

When entering MA Uniformity Flexibility benefit packages, create a separate package for each unique benefit offering, or combination of benefit offerings. MA Uniformity Flexibility packages may be targeted to single or multiple clinical condition groups. When entering an SSBCI benefit package, include all reduced cost sharing in MA UF/SSBCI Reduction in Cost Sharing Packages Section and all additional SSBCI benefits in a single package in MA UF/SSBCI Additional Benefits Packages Section.

Package ID	Package Name	Type of Package	Status	Actions
1	Reduction in Cost Sharing Package 1	MA Uniformity Flexibility	Completed	
2	SSBCI RICS Package 2	SSBCI	Completed	

Close
Save and Close
Save and Next

CY 2027 PBP Data Entry System Screens

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

Add New Reduction in Cost Sharing Package

Add Package - In Progress

Package Name *
MAUF Package 1
14/50 characters

Type of Package *
MA Uniformity Flexibility

Type of Benefit
Reduction in cost sharing

Disease state - Please choose one or more *

Available	Selected
<input type="text" value="Search by terms"/>	<input type="text" value="Search by terms"/>
Other 3	Other 1
Other 4	Dementia
Other 5	Congestive Heart Failure (CHF)
Other 6	Patient with Past Stroke
Other 7	
Other 8	
Other 9	
Other 10	

Other Diseases Description

Other Diseases	Description
Other 1 *	<input type="text"/> <small>14/50 characters</small>

Does the enrollee need to have all diseases selected to qualify? *

Close Save and Close Save and Next

CY 2027 PBP Data Entry System Screens

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

Add New Reduction in Cost Sharing Package

Add Package - In Progress

Other 1* 0/100 characters

Does the enrollee need to have all diseases selected to qualify? *

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

Describe* 0/1000 characters

Prerequisite for reduction of cost sharing for this package? ⓘ *

Select which prerequisites are required for this package *

High value provider

Participation in a Care Management Program

Other, Describe

Other, Describe* 0/300 characters

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

Select the type of benefit: *

CY 2027 PBP Data Entry System Screens

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

Add New Reduction in Cost Sharing Package [Close]

Add Package - In Progress

Select the type of benefit: *

- Medicare
- Non-Medicare

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"/>
<ul style="list-style-type: none">Inpatient Hospital-Acute (1a)Inpatient Hospital Psychiatric (1b)Skilled Nursing Facility (SNF) (2)Cardiac Rehabilitation Services (3-1)Intensive Cardiac Rehabilitation Services (3-2)Pulmonary Rehabilitation Services (3-3)SET for PAD Services (3-4)Emergency Services (4a)	
<p>The Selected pick list cannot be left blank. Please select one or more items and move them to the Selected pick list.</p>	

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"/>
<ul style="list-style-type: none">Additional Days for Inpatient Hospital-Acute (1a1)Non-Medicare-covered Stay for Inpatient Hospital-Acute (1a2)Upgrades for Inpatient Hospital-Acute (1a3)	

[Close] [Save and Close] [Save and Next]

CY 2027 PBP Data Entry System Screens

Reduction in Cost Sharing Packages (MA UF) – Add Package – Page 4

Add New Reduction in Cost Sharing Package

Add Package - In Progress

Additional SET for PAD Services (3-4)
Worldwide Emergency Coverage (4c1)

Do the benefits in this package apply to OON/POS? ⓘ*

Are any benefits exempt from the plan-level deductible? ⓘ*

Select the type of benefit: *

Medicare

Non-Medicare

Select the Medicare benefits that are exempt from the plan level deductible ⓘ*

Available	Selected
<input type="text"/> Inpatient Hospital Psychiatric (1b) Cardiac Rehabilitation Services (3-1) Intensive Cardiac Rehabilitation Services (3-2)	<input type="text"/> Skilled Nursing Facility (SNF) (2)

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

CY 2027 PBP Data Entry System Screens

Reduction in Cost Sharing Packages (MA UF) – Add Package – Page 5

Add New Reduction in Cost Sharing Package [Close]

Add Package - In Progress

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

Available	Selected
<input type="text"/>	<input type="text"/>
Non-Medicare-covered Stay for Inpatient Hospital Psychiatric (tb2)	Additional Days for Inpatient Hospital Psychiatric (tb1)
Additional Cardiac Rehabilitation Services (3-1)	

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Is there a maximum aggregated amount of reduced cost sharing? *

Yes No

Specify the maximum aggregated amount of reduced cost sharing: *

\$

Indicate mode of delivery for maximum coverage amount *

- Catalogue Purchase
- Claims Processing
- Debit Card
- Reimbursement

[Close] [Save and Close] [Save and Next]

CY 2027 PBP Data Entry System Screens

Reduction in Cost Sharing Packages (MA UF) – Add Package – Page 6

Edit Reduction in Cost Sharing Package

^ Edit Package - In Progress

Reduced Copayment - Completed

Physician Specialist Services - Not Started

Debit Card

Reimbursement

Other

Other, describe

0/200 characters

Reduced Coinsurance? Yes No

Reduced Copayment? Yes No

Reduced Deductible? Yes No

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

Type of Specialist

Notes (optional)

\$0 cost share for metered-dose inhaler spacer device only.

58/2000 characters

Close Save and Close Save and Next

CY 2027 PBP Data Entry System Screens

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

Add New Reduction in Cost Sharing Package

Add Package - In Progress

Package Name *
New 3/50 characters

Type of Package *
SSBCI

Type of Benefit
Reduction in cost sharing

Chronic Conditions - Please choose one or more *

Available	Selected
<p>Search by terms</p> <p>Post-organ transplantation</p> <p>Immunodeficiency and Immunosuppressive disorders</p> <p>Conditions associated with cognitive impairment</p> <p>Conditions with functional challenges</p> <p>Chronic conditions that impair vision, hearing (deafness), taste, touch, and smell</p> <p>Conditions that require continued therapy services in order for individuals to maintain or retain functioning</p> <p>Other 2</p> <p>Other 3</p>	<p>Search by terms</p> <p>Autoimmune disorders</p> <p>Other 1</p>

Other

Other 1* 0/100 characters

Other Disease State

Prerequisite for reduction of cost sharing for this package?

Close Save and Close Save and Next

CY 2027 PBP Data Entry System Screens

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

Add New Reduction in Cost Sharing Package

Add Package - In Progress

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

Other, Describe ⓘ *

0/200 characters

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

Yes No

Select the type of benefit: *

Medicare

Non-Medicare

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"/>

CY 2027 PBP Data Entry System Screens

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

Add New Reduction in Cost Sharing Package [Close]

Add Package - In Progress

Select the type of benefit: *

- Medicare
- Non-Medicare

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"/>
	<input type="button" value=">"/>
	<input type="button" value=">>"/>
	<input type="button" value="<"/>
	<input type="button" value="<<"/>
	Inpatient Hospital-Acute (1a)
	Inpatient Hospital Psychiatric (1b)
	Skilled Nursing Facility (SNF) (2)
	Cardiac Rehabilitation Services (3-1)
	Intensive Cardiac Rehabilitation Services (3-2)
	Pulmonary Rehabilitation Services (3-3)
	SET for PAD Services (3-4)
	Emergency Services (4a)

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"/>
	<input type="button" value=">"/>
	<input type="button" value=">>"/>
	<input type="button" value="<"/>
	Additional Days for Inpatient Hospital-Acute (1a1)
	Non-Medicare-covered Stay for Inpatient Hospital-Acute (1a2)
	Upgrades for Inpatient Hospital-Acute (1a3)

CY 2027 PBP Data Entry System Screens

Reduction in Cost Sharing Packages (SSBCI) – Add Package – Page 4

Add New Reduction in Cost Sharing Package

Add Packages - In Progress

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 type of benefit: *

Medicare
 Non-Medicare

Select the Medicare benefits that are exempt from the plan level deductible *

Available	Selected
<input type="text"/>	<input type="text"/>
	Inpatient Hospital Psychiatric (Ib)

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

Available	Selected
<input type="text"/>	<input type="text"/>
Non-Medicare-covered Stay for Inpatient Hospital-Acute (Ia2) Additional Days for Inpatient Hospital Psychiatric (Ib1)	Upgrades for Inpatient Hospital-Acute (Ia3)

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Close Save and Close Save and Next

CY 2027 PBP Data Entry System Screens

Reduction in Cost Sharing Packages (SSBCI) – Add Package – Page 5

Add New Reduction in Cost Sharing Package

Add Package - In Progress

Non-Medicare-covered Stay for Inpatient Hospital-Acute (1a2)

Additional Days for Inpatient Hospital Psychiatric (1b1)

Upgrades for Inpatient Hospital-Acute (1a3)

Is there a maximum aggregated amount of reduced cost sharing? *

Yes No

Specify the maximum aggregated amount of reduced cost sharing: *

Indicate mode of delivery for maximum coverage amount *

Catalogue Purchase

Claims Processing

Debit Card

Reimbursement

Other

Other, describe: *

Notes (optional) *

Close Save and Close Save and Next

CY 2027 PBP Data Entry System Screens

Reduction in Cost Sharing Packages – Reduced Coinsurance Screen – Page 1

Add New Reduction in Cost Sharing Package

← Add Package - In Progress

Reduced Coinsurance - In Progress

Reduced Copayment - Not Started

Reduced Deductible - Not Started

Additional Days for Inpatient Hospital Psychiatric (16) - In Progress

Non-Medicare-covered Stay for Inpatient Hospital Psychiatric (16) - Not Started

Reduced Coinsurance

Select the type of benefit:*

Medicare

Non-Medicare

Select the Medicare benefits that will receive reduced coinsurance ⊕*

Available

Search by terms

Cardiac Rehabilitation Services (3-1)

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Selected

Search by terms

Intensive Cardiac Rehabilitation Services (3-2)

Urgently Needed Services (4b)

Coinsurance Values

Medicare service categories

Services	Minimum percentage	Maximum percentage
Intensive Cardiac Rehabilitation Services (3-2)	<input style="width: 90%;" type="text" value="Minimum Percentage"/> <small>This field is required.</small>	<input style="width: 90%;" type="text" value="Maximum Percentage"/> <small>This field is required.</small>
Urgently Needed Services (4b)	<input style="width: 90%;" type="text" value="Minimum Percentage"/> <small>This field is required.</small>	<input style="width: 90%;" type="text" value="Maximum Percentage"/> <small>This field is required.</small>

CY 2027 PBP Data Entry System Screens

Reduction in Cost Sharing Packages – Reduced Coinsurance Screen – Page 2

Add New Reduction in Cost Sharing Package

- Add Package - In Progress
- Reduced Coinsurance - In Progress
- Reduced Copayment - Not Started
- Reduced Deductible - Not Started
- Additional Days for Inpatient Hospital Psychiatric (0b) - In Progress
- Non-Medicare covered Stay for Inpatient Hospital Psychiatric (0b2) - Not Started

Intensive Cardiac Rehabilitation Services (3-2)	<input type="text"/>	<input type="text"/>
	This field is required.	This field is required.
Urgently Needed Services (4b)	<input type="text"/>	<input type="text"/>
	This field is required.	This field is required.

Select the Non-Medicare benefits that will receive reduced coinsurance

Available

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Selected

Additional Cardiac Rehabilitation Services (3-1)

Coinsurance Values

Non-Medicare service categories

Services	Minimum percentage	Maximum percentage
Additional Cardiac Rehabilitation Services (3-1)	<input type="text"/>	<input type="text"/>

[Add Notes](#)

CY 2027 PBP Data Entry System Screens

Reduction in Cost Sharing Packages – Reduced Copayment Screen – Page 1

Edit Reduction in Cost Sharing Package

~ Edit Package - In Progress

- Reduced Coinsurance - In Progress
- Reduced Copayment - In Progress**
- Reduced Deductible - Not Started
- Additional Days for Inpatient Hospital Psychiatric (B2) - In Progress
- Non-Medicare-covered Stay for Inpatient Hospital Psychiatric (B2) - Not Started

Reduced Copayment

Select the type of benefit: *

- Medicare
- Non-Medicare

Select the Medicare benefits that will receive reduced copayment *

Available	Selected
<input type="text" value="Search by terms"/>	<input type="text" value="Search by terms"/>
Cardiac Rehabilitation Services (3-1)	Intensive Cardiac Rehabilitation Services (3-2)
Urgently Needed Services (4b)	

Copayment Values

Medicare service categories

Services	Minimum amount	Maximum amount
Intensive Cardiac Rehabilitation Services (3.2)	<input type="text" value="\$"/>	<input type="text" value="\$"/>

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

Available	Selected

CY 2027 PBP Data Entry System Screens

Reduction in Cost Sharing Packages – Reduced Copayment Screen – Page 2

Edit Reduction in Cost Sharing Package

~ Edit Package - In Progress

- Reduced Coinsurance - In Progress
- Reduced Copayment - In Progress**
- Reduced Deductible - Not Started
- Additional Days for Inpatient Hospital Psychiatric (B3) - In Progress
- Non-Medicare covered Stay for Inpatient Hospital Psychiatric (B2) - Not Started

Reduced Copayment

Select the type of benefit: *

- Medicare
- Non-Medicare

Select the Medicare benefits that will receive reduced copayment *

Available		Selected
<input type="text" value="Search by terms"/>		<input type="text" value="Search by terms"/>
Cardiac Rehabilitation Services (3-1)	>	Intensive Cardiac Rehabilitation Services (3-2)
Urgently Needed Services (4b)	>>	
	<	
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Copayment Values

Medicare service categories

Services	Minimum amount	Maximum amount
Intensive Cardiac Rehabilitation Services (3-2)	\$ <input type="text" value="0"/>	\$ <input type="text" value="0"/>

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

Available	Selected

CY 2027 PBP Data Entry System Screens

Reduction in Cost Sharing Packages – Reduced Deductible Screen

Edit Reduction in Cost Sharing Package

← Edit Package - In Progress

- Reduced Coinsurance - In Progress
- Reduced Copayment - In Progress
- Reduced Deductible - In Progress**
- Additional Days for Inpatient Hospital Psychiatric (B0) - In Progress
- Non-Medicare covered Stay for Inpatient Hospital Psychiatric (B0) - Not Started

Reduced Deductible

Select the type of benefit: *

- Medicare
- Non-Medicare

Select the Medicare benefits that will receive reduced deductible *

Available

Search by terms

Intensive Cardiac Rehabilitation Services (3-2)

Urgently Needed Services (4b)

Selected

Search by terms

Cardiac Rehabilitation Services (3-1)

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Deductible Values

Medicare service categories

Services	Amount
Cardiac Rehabilitation Services (3-1)	Amount <input type="text" value="\$"/>

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

Available

Selected

CY 2027 PBP Data Entry System Screens

Reduction in Cost Sharing Packages – Physician Specialist Services Screen – Page 1

Edit Reduction in Cost Sharing Package

~ Edit Package - In Progress

Reduced Copayment - Completed

Physician Specialist Services - In Progress

Physician Specialist Services

Reduced Coinsurance? Yes No

** Please list the provider's actual specialty in the Notes
Select all specialists with the reduced coinsurance *

Available

Search by terms

- Gynecology, OB/GYN
- Infectious Diseases
- Nephrology
- Neurosurgery
- Oncology - Medical, Surgical
- Oncology - Radiation/ Radiation Oncology
- Ophthalmology
- Otolaryngologic Surgery

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Selected

Search by terms

- Allergy and Immunology
- Gastroenterology
- Neurology

Specialist Coinsurance Values

Specialists	Minimum percentage	Maximum percentage
Allergy and Immunology	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Gastroenterology	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Neurology	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>

CY 2027 PBP Data Entry System Screens

Reduction in Cost Sharing Packages – Physician Specialist Services Screen – Page 2

Edit Reduction in Cost Sharing Package

- Edit Package - In Progress

Reduced Copayment - Completed

Physician Specialist Services - In Progress

Reduced Copayment? Yes No

** Please list the provider's actual specialty in the Notes
Select all specialists with the reduced copayment

Available

Search by terms

- Endocrinology
- ENT/Otolaryngology
- Gastroenterology
- Gynecology, OB/GYN
- Nephrology
- Neurology
- Neurosurgery
- Oncology - Medical, Surgical

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Selected

Search by terms

- General Surgery
- Infectious Diseases

Specialist Copayment Values

Specialists	Minimum amount	Maximum amount
General Surgery	Minimum Amount <input type="text" value="\$"/>	Maximum Amount <input type="text" value="\$"/>
Infectious Diseases	Minimum Amount <input type="text" value="\$"/>	Maximum Amount <input type="text" value="\$"/>

Reduced Deductible? Yes No

CY 2027 PBP Data Entry System Screens

Reduction in Cost Sharing Packages – Physician Specialist Services Screen – Page 3

Edit Reduction in Cost Sharing Package

Reduced Deductible? *

Yes No

** Please list the provider's actual specialty in the Notes
Select all specialists with the reduced deductible *

Available

Search by terms

- Neurology
- Neurosurgery
- Oncology - Medical, Surgical
- Oncology - Radiation/ Radiation Oncology
- Ophthalmology
- Physiatry, Rehabilitative Medicine
- Plastic Surgery
- Pulmonology

Selected

Search by terms

- Geriatrics
- Orthopedic Surgery

Specialist Deductible Values

Specialist	Amount
Geriatrics	\$
Orthopedic Surgery	\$

[Add Notes](#)

CY 2027 PBP Data Entry System Screens

Reduction in Cost Sharing Packages – Sample with Service 1b1 – Page 1

Edit Reduction in Cost Sharing Package

- ^ Edit Package - In Progress
- Reduced Coinsurance - In Progress
- Reduced Copayment - In Progress
- Reduced Deductible - In Progress
- Additional Days for Inpatient Hospital Psychiatric (1b1) - In Progress**
- Non-Medicare-covered Stay for Inpatient Hospital Psychiatric (1b2) - Not Started

Additional Days for Inpatient Hospital Psychiatric (1b1) - Non-Medicare

Plan Characteristics

Is this benefit unlimited? *

Yes No

Indicate number of Additional Days per benefit period *

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

Yes No

Is there a coinsurance? *

Yes No

Tier 1

Number of day intervals for additional days *

Coinurance *	Begin Day *	End Day *
<input type="text"/>	<input type="text" value="91"/>	<input type="text"/>
Coinurance *	Begin Day *	End Day *
<input type="text"/>	<input type="text"/>	<input type="text"/>
Coinurance *	Begin Day *	End Day *
<input type="text"/>	<input type="text"/>	<input type="text" value="999"/>

Is there a copayment? *

Yes No

CY 2027 PBP Data Entry System Screens

Reduction in Cost Sharing Packages – Sample with Service 1b1 – Page 2

Edit Reduction in Cost Sharing Package

^ Edit Package - In Progress

Reduced Coinsurance - In Progress

Reduced Copayment - In Progress

Reduced Deductible - In Progress

Additional Days for Inpatient Hospital Psychiatric (1b1) - In Progress

Non-Medicare-covered Stay for Inpatient Hospital Psychiatric (1b2) - Not Started

Is there a copayment? *

Yes No

Tier 1

Number of day intervals for additional days *

3

Copayment \$	Begin Day 91	End Day
Copayment \$	Begin Day	End Day
Copayment \$	Begin Day	End Day 999

Authorization required for this benefit? *

Yes No

Referral required for this benefit? *

Yes No

Notes *

0/2000 characters

CY 2027 PBP Data Entry System Screens

Reduction in Cost Sharing Packages – Sample with Service 1b2 – Page 1

Edit Reduction in Cost Sharing Package

^ Edit Package - In Progress

Reduced Coinsurance - In Progress

Reduced Copayment - In Progress

Reduced Deductible - In Progress

Additional Days for Inpatient Hospital Psychiatric (1b1) - Completed

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

Plan Characteristics

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

Is the coinsurance structured for the non Medicare-covered stay the same as the coinsurance structure for the Medicare covered stay? *

Yes No

Coinsurance 0

Number of day intervals for Non Medicare-covered stay *

3

Coinsurance 0	Begin Day 0	End Day 0
1		
Coinsurance 0	Begin Day 0	End Day 0
Coinsurance 0	Begin Day 0	End Day 0

Is the copayment structured for the non Medicare-covered stay the same as the copayment structure for the Medicare covered stay? *

Yes No

Copayment \$

Number of day intervals for Non Medicare-covered stay *

3

Copayment \$	Begin Day 0	End Day 0
1		
Copayment \$	Begin Day 0	End Day 0
Copayment \$	Begin Day 0	End Day 0

CY 2027 PBP Data Entry System Screens

Reduction in Cost Sharing Packages – Sample with Service 1b2 – Page 2

Edit Reduction in Cost Sharing Package

^ Edit Package - In Progress

Reduced Coinsurance - In Progress

Reduced Copayment - In Progress

Reduced Deductible - In Progress

Additional Days for Inpatient Hospital Psychiatric (1b1) - Completed

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

Coinsurance ⓘ *

Begin Day ⓘ *

End Day ⓘ *

Is the copayment structured for the non Medicare-covered stay the same as the copayment structure for the Medicare covered stay? *

Yes No

Copayment ⓘ *

Number of day intervals for Non-Medicare-covered stay *

3

Copayment ⓘ *

Begin Day ⓘ *

End Day ⓘ *

Copayment ⓘ *

Begin Day ⓘ *

End Day ⓘ *

Copayment ⓘ *

Begin Day ⓘ *

End Day ⓘ *

Authorization required for this benefit? ⓘ *

Yes No

Referral required for this benefit? ⓘ *

Yes No

+ Add Notes

CY 2027 PBP Data Entry System Screens

Additional Benefits Packages (MA UF/SSBCI) – 19b

- Plan Characteristics - Completed
- Standard Bid - Completed
- Benefit Offerings - Completed
- Plan Level Cost Sharing - In Progress
- Prior Authorization & Referral - In Progress
- Visitor Travel - In Progress
- Cost Share Groups - In Progress
- ^ VBID, MA Uniformity, SSBCI - In Progress
- Reduction in Cost Sharing Packages (19a) - In Progress
- Additional Benefits Packages (19b) - In Progress
- Rx - In Progress

VBID/MA UF/SSBCI Additional Benefits Packages (19b) ⓘ

Updated by HPMS TEST USER F on 1/7/2025 8:24:03 AM EST

(Maximum of 15 across both RIC and Additional Benefits packages)

Plan Characteristics

+ Add New Package

When entering the VBID/MA Uniformity Flexibility/SSBCI maximum and minimum cost sharing for a service category, list only the cost sharing that would apply to enrollees qualifying for the benefit package. Cost sharing ranges should reflect only the services within the service category or specialty selected that are eligible for reduced cost sharing. If the reduced cost sharing is being offered through reimbursement, the cost sharing range should represent what the enrollee pays after reimbursement, and the note should describe the benefit and any limitations. If there is a maximum aggregate amount of reduced cost sharing, the cost sharing entered should reflect only the costs paid by the enrollee prior to reaching the maximum aggregate amount of reduced cost sharing.

When entering VBID/MA Uniformity Flexibility benefit packages, create a separate package for each unique benefit offering, or combination of benefit offerings. VBID/MA Uniformity Flexibility packages may be targeted to single or multiple clinical condition groups. When entering an SSBCI benefit package, include all reduced cost sharing in VBID/MA UF/SSBCI Reduction in Cost Sharing Packages Section and all additional SSBCI benefits in a single package in VBID/MA UF/SSBCI Additional Benefits Packages Section.

Package ID	Package Name	Type of Package	Status	Actions
1	mypack	MA Uniformity Flexibility	Completed	✎ ✖
2	mypack	MA Uniformity Flexibility	Completed	✎ ✖
3	Package 3	SSBCI	In Progress	✎ ✖

Close

Save and Close

Save and Next

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Additional Benefits Packages – Sample with SSBCI – Page 1

Add New Additional Benefits Package

Add Package - In Progress

Package Name *
Package 3 9/50 characters

Type of Package *
SSBCI

Type of Benefit
Additional Benefits

Chronic Conditions - Please choose one or more *

Available	Selected
<p>Search by terms</p> <p>Immunodeficiency and immunosuppressive disorders</p> <p>Conditions associated with cognitive impairment</p> <p>Conditions with functional challenges</p> <p>Chronic conditions that impair vision, hearing (deafness), taste, touch, and smell</p> <p>Conditions that require continued therapy services in order for individuals to maintain or retain functioning</p> <p>Other 2</p> <p>Other 3</p> <p>Other 4</p>	<p>Search by terms</p> <p>Autoimmune disorders</p> <p>Dementia</p> <p>Overweight, obesity, and metabolic syndrome</p> <p>Chronic lung disorders</p> <p>Other 1</p>

Other

Other 1 * 0/100 characters

Other Disease State

Other Disease State 0/100 characters

Prerequisite for any additional benefits for this package? *

Close Save and Close Save and Next

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Additional Benefits Packages – Sample with SSBCI – Page 2

Add New Additional Benefits Package

Add Package - In Progress

Prerequisite for any additional benefits for this package? *

Select which prerequisites are required for this package *

High value provider

Participation in a Care Management Program

Other, Describe

Other, describe *

0/200 characters

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

Available		Selected
<input type="text"/>		<input type="text"/>
Counseling Services (14c9)	>	Non-Medicare-covered Stay for Inpatient Hospital-Acute (1a2)
In-Home Safety Assessment (14c10)	>>	Additional Cardiac Rehabilitation Services (3-1)
Medical Nutrition Therapy (MNT) (14c12)	<	Other 1 (13d)
Post discharge In-Home Medication Reconciliation (14c13)	<<	Food and Produce (13i)
Re-admission Prevention (14c14)		Transportation for Non-Medical Needs (13i4)
Wigs for Hair Loss Related to Chemotherapy (14c15)		Complementary Therapies (13i7)
Weight Management Programs (14c16)		Meal Benefit (13c)
		Acupuncture Treatments (13a)

Do the benefits in this package apply to OON/POS? *

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Additional Benefits Packages – Sample with SSBCI – Page 3

Add New Additional Benefits Package

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 benefits that are exempt from the plan level deductible *

Available		Selected
<input type="text"/>		<input type="text"/>
Additional Cardiac Rehabilitation Services (3-1)	>	Meal Benefit (13c)
Acupuncture Treatments (13a)	>>	Non-Medicare-covered Stay for Inpatient Hospital-Acute (1a2)
Other 1 (13d)	<	
Food and Produce (131)	<<	
Transportation for Non-Medical Needs (1314)		
Complementary Therapies (1317)		
Personal Emergency Response System (PERS) (14c1)		

Is there a package level maximum coverage amount? *

Yes No

Specify the maximum benefit amount *

\$

Periodicity *

Other

Other, please specify *

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Additional Benefits Packages – Sample with SSBCI – Page 4

Add New Additional Benefits Package

Add Package - In Progress

Indicate mode of delivery for maximum coverage amount *

Catalogue Purchase

Claims Processing

Debit Card

Reimbursement

Other

Other, describe *

Select all 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"/>
<p>Non-Medicare-covered Stay for Inpatient Hospital-Acute (1a2)</p> <p>Acupuncture Treatments (13a)</p> <p>Meal Benefit (13c)</p> <p>Food and Produce (13f)</p> <p>Transportation for Non-Medical Needs (13f4)</p> <p>Complementary Therapies (13f7)</p> <p>Personal Emergency Response System (PERS) (14c1)</p>	<p>Additional Cardiac Rehabilitation Services (3-1)</p> <p>Other 1 (13d)</p>

Notes (optional) *

sample notes

Close Save and Close Save and Next

CY 2027 PBP Data Entry System Screens

Additional Benefits Packages – Sample with Service 1b1 – Page 1

Add New Additional Benefits Package

^ Add Package - In Progress

Additional Days for Inpatient Hospital Psychiatric (1b1) - Non-Medicare Plan Characteristics

Is this benefit unlimited? *

Yes No

Indicate number of Additional Days per benefit period: *

10

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

Yes No

Is there a coinsurance? *

Yes No

Tier 1

Number of day intervals for additional days *

3

Coinsurance *	Begin Day *	End Day *
	91	
Coinsurance *	Begin Day *	End Day *
Coinsurance *	Begin Day *	End Day *
		100

Is there a copayment? *

Yes No

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Additional Benefits Packages – Sample with Service 1b1 – Page 2

Add New Additional Benefits Package

^- Add Package - In Progress

Additional Days for Inpatient Hospital Psychiatric (1b1) - In Progress

_____ | _____ | 100

Is there a copayment? *

Yes No

Tier 1

Number of day intervals for additional days *

3

Copayment <input type="text" value="\$"/>	Begin Day <input type="text" value="91"/>	End Day <input type="text"/>
Copayment <input type="text" value="\$"/>	Begin Day <input type="text"/>	End Day <input type="text"/>
Copayment <input type="text" value="\$"/>	Begin Day <input type="text"/>	End Day <input type="text" value="100"/>

Authorization required for this benefit? ⓘ *

Yes No

Referral required for this benefit? ⓘ *

Yes No

Notes *

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Additional Benefits Packages – Sample with Service 7b1 – Page 1

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?

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Additional Benefits Packages – Sample with Service 7b1 – Page 2

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
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 2027 PBP Data Entry System Screens

Additional Benefits Packages – Sample with Service 10b1 – Page 1

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

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Additional Benefits Packages – Sample with Service 10b1 – Page 2

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?

Close **Save and Close** **Save and Next**

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Additional Benefits Packages – Sample with Service 10b1 – Page 3

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 2027 PBP Data Entry System Screens

Additional Benefits Packages – Sample with Service 13d – Page 1

Add New Additional Benefits Package

^ Add Package - In Progress

- Non-Medicare-covered Stay for Inpatient Hospital-Acute (132) - In Progress
- Additional Cardiac Rehabilitation Services (3-1) - Not Started
- Acupuncture Treatments (13a) - Not Started
- Meal Benefit (13c) - Not Started
- Other 1 (13d) - In Progress**
- Food and Produce (13f) - Not Started
- Transportation for Non-Medical Needs (13d4) - Not Started
- Complementary Therapies (13f7) - Not Started
- ^ Other Defined Supplemental Benefits (14c) - Not Started**
- Personal Emergency Response System (PERS) (14c1f) - Not Started

Other 1 (13d) - Non-Medicare

Service Name *
This field is required.

Is there a maximum plan benefit coverage? ⓘ *

Yes No

Maximum amount *
Periodicity *
Other, Describe

Description *
Enter description
0/200 characters

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

Yes No

MOOP amount *
Periodicity *
Other, Describe

Description *
Enter description
0/200 characters

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Additional Benefits Packages – Sample with Service 13d – Page 2

Add New Additional Benefits Package

^ Add Package - In Progress

Non-Medicare-covered Stay for Inpatient Hospital-Acute (1627) - In Progress

Additional Cardiac Rehabilitation Services (3-1) - Not Started

Acupuncture Treatments (13d) - Not Started

Ment Benefit (13c) - Not Started

Other 1 (13d) - In Progress

Food and Produce (131) - Not Started

Transportation for Non-Medical Needs (134) - Not Started

Complementary Therapies (137) - Not Started

^ Other Defined Supplemental Benefits (14c) - Not Started

Personal Emergency Response System (PERS) (14c1) - Not Started

0/300 characters

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? ⓪ *

Yes No

Authorization required for this benefit? *

Yes No

Referral required for this benefit? *

Yes No

Notes *

CY 2027 PBP Data Entry System Screens

Additional Benefits Packages (SSBCI) – Sample with Service General Supports for Living (13i10) – Page 1

Edit Additional Benefits Package

^ Edit Package - In Progress

- Non-Medicare-covered Stay for Inpatient Hospital-Acute (1a2) - In Progress
- Additional Cardiac Rehabilitation Services (3-1) - Not Started
- Acupuncture Treatments (13a) - Not Started
- Meal Benefit (13c) - Not Started
- Other 1 (13d) - Completed
- Food and Produce (13i) - Not Started
- Transportation for Non-Medical Needs (13d) - Not Started
- Complementary Therapies (137) - Not Started
- General Supports for Living (13i0) - In Progress**
- Other Defined Supplemental Benefits (14c) - Not Started
 - Personal Emergency Response System (PERS) (14c1) - Not Started

General Supports for Living (13i0) - Non-Medicare Plan Characteristics

Is there a maximum plan benefit coverage amount? ⓘ *

Yes No

Maximum amount *
\$

Periodicity *
Other, Describe

Description *
Enter description
0/300 characters

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

Yes No

MOOP amount *
\$ 4000.00

Periodicity *
Other, Describe

Description *
sample description
18/300 characters

CY 2027 PBP Data Entry System Screens

Additional Benefits Packages (SSBCI) – Sample with Service General Supports for Living (13i10) – Page 2

Edit Additional Benefits Package

^ Edit Package - In Progress	Description * sample description <small>18/300 characters</small>
Non-Medicare-covered Stay for Inpatient Hospital-Acute (152) - In Progress	
Additional Cardiac Rehabilitation Services (13-1) - Not Started	
Acupuncture Treatments (13a) - Not Started	
Meal Benefit (13c) - Not Started	
Other I (13d) - Completed	
Food and Produce (13f) - Not Started	
Transportation for Non-Medical Needs (13h) - Not Started	
Complementary Therapies (13i7) - Not Started	
General Supports for Living (13i10) - In Progress	
^ Other Defined Supplemental Benefits (14c) - Not Started	
Personal Emergency Response System (PEERS) (14c1) - Not Started	

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 * \$

Are you offering housing support such as rent or mortgage assistance as a covered benefit under General Supports for Living? *

Yes
 No

Are you offering utilities assistance as a covered benefit under General Supports for Living? *

Yes
 No

Is there a deductible? ⓘ *

Yes
 No

CY 2027 PBP Data Entry System Screens

Additional Benefits Packages (SSBCI) – Sample with Service General Supports for Living (13i10) – Page 3

Edit Additional Benefits Package ✕

^ Edit Package - In Progress

Non-Medicare-covered Stay for Inpatient Hospice-Acute (1i2) - In Progress

Additional Cardiac Rehabilitation Services (3 1) - Not Started

Acupuncture Treatments (13a) - Not Started

Meal Benefit (13c) - Not Started

Other 1 (13d) - Completed

Food and Produce (13f) - Not Started

Transportation for Non-Medical Needs (13h) - Not Started

Complementary Therapies (13j) - Not Started

General Supports for Living (13i) - In Progress

Other Defined Supplemental Benefits (14) - Not Started

Personal Emergency Response System (PERS) (14c) - Not Started

Yes Yes with a min & max No

Minimum copayment *

Maximum copayment *

Are you offering housing support such as rent or mortgage assistance as a covered benefit under General Supports for Living? *

Yes No

Are you offering utilities assistance as a covered benefit under General Supports for Living? *

Yes No

Is there a deductible? ⓘ *

Yes No

Authorization required for this benefit? *

Yes No

Referral required for this benefit? *

Yes No

Notes *

sample notes

12/2000 characters

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Additional Benefits Packages (SSBCI) – Sample with Food and Produce (13i1) – Page 1

Edit Additional Benefits Package

^ Edit Package - Completed

Non-Medicare-covered Stay for Inpatient Hospital-Acute (1a2) - Completed

Food and Produce (13i1) - Completed

General Supports for Living (13i0) - Completed

^ Prescription Hearing Aids (18b) - In Progress

Prescription Hearing Aids - Inner Ear (18b2) - Completed

OTC Hearing Aids (18c) - Completed

Food and Produce (13i1) - Non-Medicare Plan Characteristics

Is there a maximum plan benefit coverage amount? ⓘ *

Yes No

Maximum amount * \$ 0.00

Periodicity * Every Month

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

Yes No

MOOP amount * \$

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

Copayment amount * \$ 0.00

Close Save and Close Save and Next

CY 2027 PBP Data Entry System Screens

Additional Benefits Packages (SSBCI) – Sample with Food and Produce (13i1) – Page 2

Edit Additional Benefits Package

^ Edit Package - Completed

Non-Medicare-covered Stay for Inpatient Hospital-Acute (1a2) - Completed

Food and Produce (E3B) - Completed

General Supports for Living (13i0) - Completed

^ Prescription Hearing Aids (18b) - In Progress

Prescription Hearing Aids - Inner Ear (18b2) - Completed

OTC Hearing Aids (18c) - Completed

Co-payment amount *
\$ 0.00

Is there a deductible? ⓘ *

Yes No

Indicate mode of delivery for Food and Produce *

Reimbursement
 Debit Card
 Claims Processing
 Catalogue Purchase
 Other

Authorization required for this benefit? *

Yes No

Referral required for this benefit? *

Yes No

Notes *

229/2000 characters

Close Save and Close Save and Next