

# CY 2026 PBP Data Entry System Screens

## VBID, MA Uniformity, SSBCI Package Selection

**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) - Not Started

Rx - In Progress

Rx Setup - In Progress

Defined Standard - Locations and Location Supply - Completed

Rx Notes - Completed

DS Insulin Cost Share - In Progress

### VBID, MA Uniformity, SSBCI

[Plan Characteristics](#)

This plan is not indicated as offering VBID in HPMS.

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).

Does this plan include MA Uniformity Flexibility with reductions in cost or additional benefits?  Yes  No

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 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.

When entering SSBCI benefits, plans should include all reduced cost sharing benefits for the chronically ill in a single SSBCI package in the VBID/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 VBID/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).

Additionally, MA plans offering SSBCI must comply with all of the following, in accordance with § 422.102(f)(4):

- 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, and
- Maintain 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.

Does this plan offer Special Supplemental Benefits for Chronically Ill?  Yes  No

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

# CY 2026 PBP Data Entry System Screens

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

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

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)

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	<a href="#">mypack</a>	MA Uniformity Flexibility	In Progress	
2	<a href="#">mypack</a>	MA Uniformity Flexibility	In Progress	
3	<a href="#">Package 2</a>	SSBCI	Completed	

Plan Characteristics

+ Add New Package

Close

Save and Close

Save and Next

# CY 2026 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 \*  
Package 3 test 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="submit" value="Q"/>	<input type="text" value="Search by terms"/> <input type="submit" value="Q"/>
Chronic Obstructive Pulmonary Disease (COPD)	Mood Disorders
Congestive Heart Failure (CHF)	Other 1
Patient with Past Stroke	Diabetes
Hypertension	
Coronary Artery Disease	
Rheumatoid Arthritis	
Dementia	
Other 2	

Other Diseases Description

Other Diseases	Description
Other 1 *	<input type="text" value=""/> <small>0/100 characters</small>

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

# CY 2026 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\*  0/1000 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 2026 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"><li>Inpatient Hospital-Acute (1a)</li><li>Inpatient Hospital Psychiatric (1b)</li><li>Skilled Nursing Facility (SNF) (2)</li><li>Cardiac Rehabilitation Services (3-1)</li><li>Intensive Cardiac Rehabilitation Services (3-2)</li><li>Pulmonary Rehabilitation Services (3-3)</li><li>SET for PAD Services (3-4)</li><li>Emergency Services (4a)</li></ul>	

**The Selected pick list cannot be left blank. Please select one or more items and move them to the Selected pick list.**

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"><li>Additional Days for Inpatient Hospital-Acute (1a1)</li><li>Non-Medicare-covered Stay for Inpatient Hospital-Acute (1a2)</li><li>Upgrades for Inpatient Hospital-Acute (1a3)</li></ul>	

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

# CY 2026 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 2026 PBP Data Entry System Screens

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

### Add New Reduction in Cost Sharing Package

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)	

> >> < <<

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 2026 PBP Data Entry System Screens

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

**Edit Reduction in Cost Sharing Package** [Close]

^ Edit Package - In Progress

Reduced Copayment - Completed

Physician Specialist Services - Not Started

Debit Card

Reimbursement

Other

Other, describe [0/200 characters]

Reduced Coinsurance? [0]\*

Yes No

Reduced Copayment? [0]\*

Yes No

Reduced Deductible? [0]\*

Yes No

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

Type of Specialist [Some specialists]

Notes (optional)

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

[58/2000 characters]

Close Save and Close Save and Next

# CY 2026 PBP Data Entry System Screens

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

**Add New Reduction in Cost Sharing Package** [Close]

**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 [Q]</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 [Q]</p> <p>Autoimmune disorders</p> <p>Other 1</p>

Other Disease State

Other 1\* 0/100 characters

Prerequisite for reduction of cost sharing for this package?

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

# CY 2026 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="button" value="Q"/>	<input type="text" value="Search by terms"/> <input type="button" value="Q"/>

# CY 2026 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"/>
	>	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"/>
	>	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 2026 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 (1b)

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 2026 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 (1b) - In Progress

Non-Medicare-covered Stay for Inpatient Hospital Psychiatric (1b7) - 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 style="color: red;">This field is required.</small>	<input style="width: 90%;" type="text" value="Maximum Percentage"/> <small style="color: red;">This field is required.</small>
Urgently Needed Services (4b)	<input style="width: 90%;" type="text" value="Minimum Percentage"/> <small style="color: red;">This field is required.</small>	<input style="width: 90%;" type="text" value="Maximum Percentage"/> <small style="color: red;">This field is required.</small>

# CY 2026 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 (B1) - In Progress
- Non-Medicare covered Stay for Inpatient Hospital Psychiatric (B2) - Not Started

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

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

[Add Notes](#)

# CY 2026 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
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# CY 2026 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)	>>	
	<	
	<<	

**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 2026 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 (B02) - 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 2026 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
- Orthopedic Surgery

>  
>>  
<  
<<

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 2026 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 2026 PBP Data Entry System Screens

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

**Edit Reduction in Cost Sharing Package**

**← Edit Package - In Progress**  
Reduced Copayment - Completed  
**Physician Specialist Services - In Progress**

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	<input type="text" value="\$"/>
Orthopedic Surgery	<input type="text" value="\$"/>

# CY 2026 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 2026 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 \*

©2000 characters

# CY 2026 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**

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

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

Yes  No

Coinsurance

Number of day intervals for Non Medicare-covered stay

Coinsurance  Begin Day  End Day

Coinsurance  Begin Day  End Day

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

Copayment  Begin Day  End Day

Copayment  Begin Day  End Day

Copayment  Begin Day  End Day

# CY 2026 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 2026 PBP Data Entry System Screens

## Additional Benefits Packages (VBID/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

Plan Characteristics
+ Add New Package

**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)

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

# CY 2026 PBP Data Entry System Screens

## 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> <ul style="list-style-type: none"><li>Immunodeficiency and immunosuppressive disorders</li><li>Conditions associated with cognitive impairment</li><li>Conditions with functional challenges</li><li>Chronic conditions that impair vision, hearing (deafness), taste, touch, and smell</li><li>Conditions that require continued therapy services in order for individuals to maintain or retain functioning</li><li>Other 2</li><li>Other 3</li><li>Other 4</li></ul>	<p>Search by terms</p> <ul style="list-style-type: none"><li>Autoimmune disorders</li><li>Dementia</li><li>Overweight, obesity, and metabolic syndrome</li><li>Chronic lung disorders</li><li>Other 1</li></ul>

Other

Other	Other Disease State
Other 1 *	<input type="text"/> <span>0/100 characters</span>

Prerequisite for any additional benefits for this package? \*

Close Save and Close Save and Next

# CY 2026 PBP Data Entry System Screens

## 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? \*

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

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? \*

Yes  No

Close Save and Close Save and Next

# CY 2026 PBP Data Entry System Screens

## Additional Benefits Packages – Sample with SSBCI – Page 3

### Add New Additional Benefits Package

Acupuncture Treatments (13a)

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 \*

Close Save and Close Save and Next

# CY 2026 PBP Data Entry System Screens

## Additional Benefits Packages – Sample with SSBCI – Page 4

### Add New Additional Benefits Package

**Add Package - In Progress**

0/2000 characters

Indicate mode of delivery for maximum coverage amount \*

Catalogue Purchase

Claims Processing

Debit Card

Reimbursement

Other

Other, describe \*

0/2000 characters

Select all the Non-Medicare-covered benefits that apply to the package level maximum coverage \*

Available	Selected
<p>Search by terms</p> <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>Search by terms</p> <p>Additional Cardiac Rehabilitation Services (3-1)</p> <p>Other 1 (13d)</p>

Notes (optional)

sample notes

12/2000 characters

Close Save and Close Save and Next

# CY 2026 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

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

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

# CY 2026 PBP Data Entry System Screens

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

**Add New Additional Benefits Package**

^- Add Package - In Progress

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

100

Is there a copayment? \*

Yes  No

Tier 1

Number of day intervals for additional days \*

3

Copayment * <p>\$</p>	Begin Day * <p>91</p>	End Day * <p></p>
Copayment * <p>\$</p>	Begin Day * <p></p>	End Day * <p></p>
Copayment * <p>\$</p>	Begin Day * <p></p>	End Day * <p>100</p>

Authorization required for this benefit? ⓘ \*

Yes  No

Referral required for this benefit? ⓘ \*

Yes  No

Notes \*

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# CY 2026 PBP Data Entry System Screens

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?

# CY 2026 PBP Data Entry System Screens

## 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 2026 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

# CY 2026 PBP Data Entry System Screens

## 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 \_\_\_\_\_

Is there a deductible?

Close Save and Close Save and Next

# CY 2026 PBP Data Entry System Screens

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 2026 PBP Data Entry System Screens

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

### Add New Additional Benefits Package

Plan Characteristics

**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

0/500 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

0/500 characters

Close Save and Close Save and Next

# CY 2026 PBP Data Entry System Screens

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

### Add New Additional Benefits Package

- ~ Add Packages - In Progress
- Non-Medicare-covered Stay for Repaired Hospital-Acute (132) - In Progress
- Additional Cardiac Rehabilitation Services (133) - Not Started
- Acupuncture Treatments (134) - Not Started
- Meat Benefit (135) - Not Started
- Other I (136) - In Progress**
- Food and Produce (138) - 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

0/200 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? ⓘ \*

Yes  No

Authorization required for this benefit? \*

Yes  No

Referral required for this benefit? \*

Yes  No

Notes \*

Close Save and Close Save and Next

# CY 2026 PBP Data Entry System Screens

## Additional Benefits Packages (VBID and 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 (13j) - 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

Close Save and Close Save and Next

# CY 2026 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
- Non-Medicare-covered Stay for Inpatient Hospital Acute (12i) - In Progress
- Additional Cardiac Rehabilitation Services (13i) - Not Started
- Acupuncture Treatments (13d) - Not Started
- Meal Benefit (13e) - Not Started
- Other 1 (13f) - Completed
- Food and Produce (13f) - Not Started
- Transportation for Non-Medical Needs (13g) - Not Started
- Complementary Therapies (13h) - Not Started
- General Supports for Living (13i10) - In Progress
- ^ Other Defined Supplemental Benefits (14c) - Not Started
- Personal Emergency Response System (PERS) (14c1) - Not Started

Description \*

sample description

10/250 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 \*

\$

\$

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

Close
Save and Close
Save and Next

# CY 2026 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

Close Save and Close Save and Next