CY 2026 PBP Data Entry System Screens

VBID, MA Uniformity, SSCBI Package Selection

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)

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	In Progress	✏️ 🗑️
2	mypack	MA Uniformity Flexibility	In Progress	✏️ 🗑️
3	Package 2	SSBCI	Completed	✏️ 🗑️

Close   Save and Close   Save and Next

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
Search by terms 🔍	Search by terms 🔍
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	

Buttons: `>` `»` `<` `«`

Other Diseases Description

Other Diseases	Description
Other 1 *	(blank) 0/100 characters

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

Close | Save and Close | Save and Next

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? *

Yes | **No**

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

Yes | No

Describe *

0/1000 characters

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

Yes | No

Select which prerequisites are required for this package *

☐ High value provider

☐ Participation in a Care Management Program

☑ 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? *

Yes | **No**

Select the type of benefit: *

Close | Save and Close | Save and Next

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

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? ⓘ *

| 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
🔍	🔍
Inpatient Hospital Psychiatric (1b)	Skilled Nursing Facility (SNF) (2)
Cardiac Rehabilitation Services (3-1)	
Intensive Cardiac Rehabilitation Services (3-2)	

〉
》
〈
《

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

| Close | Save and Close | Save and Next |

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
🔍	🔍
Non-Medicare-covered Stay for Inpatient Hospital Psychiatric (1b2)	Additional Days for Inpatient Hospital Psychiatric (1b1)
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]

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

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

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
Search by terms 🔍	Search by terms 🔍

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

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

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

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 *

0/300 characters

Notes (section) *

0/2000 characters

Close   Save and Close   Save and Next

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

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

CY 2026 PBP Data Entry System Screens

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

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

Reduction in Cost Sharing Packages – Reduced Deductible Screen

01/08/2025
CMS SENSITIVE INFORMATION - REQUIRES SPECIAL HANDLING

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

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

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

CY 2026 PBP Data Entry System Screens

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

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

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

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

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		

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

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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**

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
Search by terms 🔍	Search by terms 🔍

Available		Selected
Immunodeficiency and Immunosuppressive disorders	›	Autoimmune disorders
Conditions associated with cognitive impairment	»	Dementia
Conditions with functional challenges	‹	Overweight, obesity, and metabolic syndrome
Chronic conditions that impair vision, hearing (deafness), taste, touch, and smell	«	Chronic lung disorders
Conditions that require continued therapy services in order for individuals to maintain or retain functioning		Other 1
Other 2		
Other 3		
Other 4		

Other	Other Disease State
Other 1 *	
	0/100 characters

Prerequisite for any additional benefits for this package? *

Close   Save and Close   Save and Next

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 * ─────────────────────────────────┐
│   │
│   │
│   │
└───┘
                                              0/300 characters

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

Available	Selected
🔍	🔍
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 (13i1)
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? *

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

Additional Benefits Packages – Sample with SSBCI – Page 3

Add New Additional Benefits Package ✕

Add Package - In Progress

| | 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
🔍	🔍
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 (13i1)	
Transportation for Non-Medical Needs (13i4)	
Complementary Therapies (13i7)	
Personal Emergency Response System (PERS) (14c11)	

[>] [>>] [<] [<<]

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]

Additional Benefits Packages – Sample with SSBCI – Page 4

Add New Additional Benefits Package   ✕

Add Package - In Progress

0/300 characters

Indicate mode of delivery for maximum coverage amount *

☐ Catalogue Purchase

☑ Claims Processing

☐ Debit Card

☐ Reimbursement

☑ Other

Other, Describe *

0/300 characters

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

Available		Selected
Search by terms 🔍		Search by terms 🔍
Non-Medicare-covered Stay for Inpatient Hospital-Acute (1a2)	›	Additional Cardiac Rehabilitation Services (3-1)
Acupuncture Treatments (13a)		Other 1 (13d)
Meal Benefit (13c)	››	
Food and Produce (13l)	‹	
Transportation for Non-Medical Needs (13i4)	‹‹	
Complementary Therapies (13i7)		
Personal Emergency Response System (PERS) (14c11)		

Notes (section) *

sample notes

12/2000 characters

Close   Save and Close   Save and Next

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

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

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

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

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

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

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

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

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 (13a2) - 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 (13l1) - Not Started

Transportation for Non-Medical Needs (13l4) - Not Started

Complementary Therapies (13l7) - Not Started

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

Personal Emergency Response System (PERS) (14c1l) - 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? ⓘ *

[Yes] [No]

Authorization required for this benefit? *

[Yes] [No]

Referral required for this benefit? *

[Yes] [No]

Notes *

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

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

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

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