

CY 2027 PBP Data Entry System Screens

Point of Service (POS) Groups Setup

Plan Characteristics - Completed

Standard Bid - Completed

Benefit Offerings - Completed

Plan Level Cost Sharing - Completed

Prior Authorization & Referral - Completed

Visitor Travel - Completed

Cost Share Groups - In Progress

Point of Service Groups - In Progress

Combined Supplemental Benefits - In Progress

Reduction in Cost Sharing - In Progress

Optional Supplemental Packages - In Progress

Point-of-Service (POS) Groups Setup

Plan Characteristics

+ Add New POS Group

(Maximum of 25 groups)

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

Softrams

CY2027 PBP – Cost Share Groups
09/05/2025
CMS SENSITIVE INFORMATION - REQUIRES SPECIAL HANDLING

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

Add New Point of Service Group

Group Name
Sample Group Name

Is there a maximum plan benefit coverage amount?
☒ Yes ☐ No

Maximum plan benefit coverage amount
4

Periodicity
Every 6 Months

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

Minimum percentage
4%

Maximum percentage
8%

Is there copayment?

Cancel Save

CY 2027 PBP Data Entry System Screens

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

Add New Point of Service Group

Is there copayment?

☐ Yes ☒ Yes with a minimum & maximum ☐ No

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

Is there a deductible?

☒ Yes ☐ No

Deductible Amount: 4

[+ Add Notes](#)

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

HPMS > PBP CY 2027

Plan Level 1

Groups Summary

Do you have Out of Network?

☒ Yes ☐ No

Out of Network Group

OOON Group 1

Group 1

Group 2

Group 3

Group 4

Do you have Point of Service?

☒ Yes ☐ No

5 Review 6 Submit

[+ Add New Group](#)

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

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

CMS

CY 2027 PBP Data Entry System Screens

Combined Supplemental Benefits Group Setup

Plan Characteristics - Completed

Standard Bid - Completed

Benefit Offerings - Completed

Plan Level Cost Sharing - Completed

Prior Authorization & Referral - Completed

Visitor Travel - Completed

Cost Share Groups - In Progress

Point of Service Groups - In Progress

Combined Supplemental Benefits - In Progress

Reduction in Cost Sharing - In Progress





Optional Supplemental Packages - In Progress

Combined Supplemental Benefits ⓘ

Plan Characteristics

(Maximum of 5 groups)

+ Add New Combined Supplemental Benefits Group

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

Combined Supplemental Benefits – Add New Group – Page 1

Add New Combined Benefits Group ⓘ

Group Name *

0/40 characters

What is your combined supplemental benefits mode of delivery? *

☐ Catalogue Purchase

☐ Claims Processing

☐ Debit Card

☐ Reimbursement

☐ Other

A new question will be added asking users to select which service categories from Additional MA UF and/or SSBCI benefits packages are included in the Combined Supplemental (CSB) group.

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

Available

Search by terms

Additional Days for Inpatient Hospital-Acute (1a1)

Additional Cardiac Rehabilitation Services (3-1)

Additional Intensive Cardiac Rehabilitation Services (3-2)

Additional Pulmonary Rehabilitation Services (3-3)

Additional SET for PAD Services (3-4)

Worldwide Emergency Coverage (4c1)

Worldwide Urgent Coverage (4c2)

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Selected

Search by terms

Cancel

Save

Plan Characteristics

Combined Supplemental Benefits Group

Actions

Save and Close

Save and Next

CY 2027 PBP Data Entry System Screens

Combined Supplemental Benefits – Add New Group – Page 2

Worldwide Emergency Transportation (4c3)

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

☐ Yes ☐ No

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

☐ Yes ☐ No

Maximum plan benefit coverage amount *

\$

Periodicity *

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

☐ Yes ☐ No

Indicate number of shared visits/trips ⓘ *

Periodicity *

+ Add Notes

Cancel Save

The following question will be added "Are the benefits combined such that a single benefit maximum available to all enrollees in the benefit details section is extended to an SSBCI or MA UF benefit for eligible enrollees?"

The following question will be added "Are the benefits combined such that a single visit or trip limit available to all enrollees in the benefit details section is extended to an SSBCI or MA UF benefit for eligible enrollees?"

CY 2027 PBP Data Entry System Screens

Reduction in Cost Sharing (RICS) Groups Setup

Plan Characteristics - Completed

Standard Bid - Completed

✓ Benefit Offerings - Completed

✓ Plan Level Cost Sharing - Completed

✓ Prior Authorization & Referral - Completed

Visitor Travel - Completed

✓ Cost Share Groups - Completed

Combined Supplemental Benefits - Completed

Reduction in Cost Sharing - Completed





Reduction in Cost Sharing Groups Setup ⓘ

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

(Maximum of 5 groups)

Plan Characteristics

+Add New RICS Group

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

CY 2027 PBP Data Entry System Screens

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

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Progress

Add New Reduction in Cost Sharing Group ⓘ

Group Name *

Sample Group Name

17/40 characters

Select the type of benefit: *

☒ Medicare

☒ Non-Medicare

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

Available

Search by terms

Q

Inpatient Hospital-Acute (1a)

Inpatient Hospital Psychiatric (1b)

Pulmonary Rehabilitation Services (3-3)

Emergency Services (4a)

Urgently Needed Services (4b)

Intensive Outpatient Program Services (5b)

Primary Care Physician Services (7a)

Chiropractic Services (7b)

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Selected

Search by terms

Q

Skilled Nursing Facility (SNF) (2)

Cardiac Rehabilitation Services (3-1)

SET for PAD Services (3-4)

Intensive Cardiac Rehabilitation Services (3-2)

Home Health Services (6)

Partial Hospitalization Program (5a)

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

Available

Selected

Cancel

Save

Save and Close

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

Add New Reduction in Cost Sharing Group ⓘ

Chiropractic Services (7b)

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

Available

Search by terms

Additional Days for Inpatient Hospital-Acute (1a1)

Upgrades for Inpatient Hospital-Acute (1a3)

Additional Days for Inpatient Hospital Psychiatric (1b1)

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

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

Additional Cardiac Rehabilitation Services (3-1)

Additional Intensive Cardiac Rehabilitation Services (3-2)

Additional Pulmonary Rehabilitation Services (3-3)

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Selected

Search by terms

Maximum plan benefit coverage amount *

\$ 1500.00

Periodicity *

Other, Describe

Description *

Enter description

This field is required.

Cancel

Save

Softrams

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

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(Mat)

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1

2

Add New Reduction in Cost Sharing Group ⓘ

Description *

Description

11/300 characters

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

Yes

No

Select Combined Supplemental Benefits Packages *

Available

Search by terms

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Selected

Search by terms

Combined Benefits 1

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

Yes

No

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

☐ Debit Card

☐ Reimbursement

☐ Other

+ Add Notes

Cancel

Save

Plan Characteristics

+ Add New RICS Group

Actions

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Optional Supplemental Packages Setup

Plan Characteristics - Completed

Standard Bid - Completed

Benefit Offerings - Completed

Plan Level Cost Sharing - In Progress

Prior Authorization & Referral - In Progress

Visitor Travel - Completed

Cost Share Groups - In Progress

Point of Service Groups - In Progress

Combined Supplemental Benefits - In Progress

Reduction in Cost Sharing - In Progress

Optional Supplemental Packages - In Progress

Optional Supplemental Packages Setup

(Maximum of 5 packages)

Plan Characteristics

+ Add New Package

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

CY 2027 PBP Data Entry System Screens

Optional Supplemental Packages – Add New Package – Page 1

Add New Optional Supplemental Package

Add Package - In Progress

Package Name *

Op Supp Package 1

17/50 characters

Package Description *

Sample Description

18/1000 characters

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

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

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

Available

Search by terms

Point of Service (POS)

Visitor Travel (V/T)

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

Worldwide Emergency Coverage (4c1)

Worldwide Urgent Coverage (4c2)

Fitness Benefit (14c4)

Counseling Services (14c9)

Therapeutic Massage (14c18)

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Selected

Search by terms

Additional Days for Inpatient Hospital-Acute (1a1)

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

Upgrades for Inpatient Hospital-Acute (1a3)

Telemonitoring Services (14c6)

Medical Nutrition Therapy (MNT) (14c12)

Alternative Therapies (14c17)

In-Home Support Services (14c21)

Wigs for Hair Loss Related to Chemotherapy (14c15)

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

Yes

No

Maximum Plan Benefit Coverage amount *

\$ 1000.00

Periodicity *

Other

Close

Save and Close

Save and Next

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Optional Supplemental Packages – Add New Package – Page 2

Add New Optional Supplemental Package

Add Package - In Progress

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

Yes

No

Maximum Plan Benefit Coverage amount *

\$ 1000.00

Priority *

Other

Describe *

Sample Description

16/2000 (characters)

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

Yes

No

Is there an enrollee Deductible for this package? *

Yes

No

Indicate deductible amount *

\$

Select the benefits to which the deductible applies *

Available

Selected

Search by terms

Additional Days for Inpatient Hospital-Acute (1a1)

Telemonitoring Services (14c6)

Medical Nutrition Therapy (MNT) (14c12)

Alternative Therapies (14c17)

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Search by terms

Upgrades for Inpatient Hospital-Acute (1a3)

In-Home Support Services (14c27)

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

Wigs for Hair Loss Related to Chemotherapy (14c15)

+ Add Notes

Close

Save and Close

Save and Next

Softtrams

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

Add New Optional Supplemental Package

^ Add Package - Op Sup 1 - In Progress

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

Worldwide Urgent Coverage (4c2) - Not Started

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

Plan Characteristics

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

Yes

No

Is there a maximum plan benefit coverage? ⓘ *

Yes

No

Is the maximum plan benefit coverage amount unlimited? ⓘ *

Yes

No

Maximum amount ⓘ *
\$

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

Yes

No

MOOP amount ⓘ *
\$

Periodicity ⓘ *
▼

CY 2027 PBP Data Entry System Screens

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

Add New Optional Supplemental Package

^ Add Package - Op Sup 1 - In Progress

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

Worldwide Urgent Coverage (4c2) - Not Started

Is the maximum plan benefit coverage amount unlimited? ⓘ *

Yes

No

Maximum amount ⓘ *

\$

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

Yes

No

MOOP amount ⓘ *

\$

Periodicity ⓘ *

▼

Is there a deductible? ⓘ *

Yes

No

Deductible amount ⓘ *

\$

+ Add Notes

CY 2027 PBP Data Entry System Screens

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

Add New Optional Supplemental Package

^ Add Package - Op Sup 1 - In Progress

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

Worldwide Urgent Coverage (4c2) - In Progress

Worldwide Urgent Coverage (4c2) - Non-Medicare

Plan Characteristics

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

Yes

No

Is there a coinsurance? ⓘ *

Yes

Yes with a min & max

No

Minimum coinsurance ⓘ *

Maximum coinsurance ⓘ *

Is this Coinsurance waived if admitted to hospital? ⓘ *

Yes

No

Is there a copayment? ⓘ *

Yes

Yes with a min & max

No

Minimum copayment ⓘ *

Maximum copayment ⓘ *

CY 2027 PBP Data Entry System Screens

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

Add New Optional Supplemental Package

^ Add Package - Op Sup 1 - In Progress

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

Worldwide Urgent Coverage (4c2) - In Progress

Minimum copayment ⓘ *

\$

Maximum copayment ⓘ *

\$

Is this Copayment waived if admitted to hospital? ⓘ *

Yes

No

Additional OON cost share information

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

Yes

No

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

Yes

No

Is there an OON coinsurance? ⓘ *

Yes

Yes with a min & max

No

Minimum coinsurance ⓘ *

Maximum coinsurance ⓘ *

Is there an OON copayment? ⓘ *

Yes

Yes with a min & max

No

CY 2027 PBP Data Entry System Screens

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

Add New Optional Supplemental Package

^ Add Package - Op Sup 1 - In Progress

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

Worldwide Urgent Coverage (4c2) - In Progress

Additional OON cost share information

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

Yes

No

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

Yes

No

Is there an OON coinsurance? ⓘ *

Yes

Yes with a min & max

No

Minimum coinsurance ⓘ *

Maximum coinsurance ⓘ *

Is there an OON copayment? ⓘ *

Yes

Yes with a min & max

No

Minimum copayment ⓘ *

Maximum copayment ⓘ *

Notes *