

CY 2026 PBP Data Entry System Screens

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

Plan Characteristics

VBID, MA Uniformity, SSBCI

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 (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

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

Search by terms

Q

Chronic Obstructive Pulmonary Disease (COPD)

Congestive Heart Failure (CHF)

Patient with Past Stroke

Hypertension

Coronary Artery Disease

Rheumatoid Arthritis

Dementia

Other 2

Selected

Search by terms

Q

Mood Disorders

Other 1

Diabetes

Other Diseases Description

Other Diseases

Other 1 *

Description

0/100 characters

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

☐

☐

Close

Save and Close

Save and Next

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 *

0/100 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

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

Add Package - In Progress

Select the type of benefit: *

☒ Medicare

☒ Non-Medicare

Select the Medicare benefits that apply to reduced cost sharing ⓘ *

Available

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)

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Selected

Search by terms

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

Additional Days for Inpatient Hospital-Acute (1a1)

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

Upgrades for Inpatient Hospital-Acute (1a3)

>

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Selected

Close

Save and Close

Save and Next

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01/08/2025
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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? ⓘ *

YesNo

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

YesNo

Select the type of benefit: *

☒ Medicare

☒ Non-Medicare

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

Available

Inpatient Hospital Psychiatric (1b)

Cardiac Rehabilitation Services (3-1)

Intensive Cardiac Rehabilitation Services (3-2)

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Selected

Skilled Nursing Facility (SNF) (2)

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

Close

Save and Close

Save and Next

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

Non-Medicare-covered Stay for Inpatient Hospital Psychiatric (1b2)
Additional Cardiac Rehabilitation Services (3-1)

Selected

Additional Days for Inpatient Hospital Psychiatric (1b1)

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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 2026 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

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

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

Search by terms

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

Selected

Search by terms

Autoimmune disorders
Other 1

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Other

Other Disease State

Other 1 *

0/100 characters

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

Close

Save and Close

Save and Next

Softams

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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

Search by terms

Search by terms

Close

Save and Close

Save and Next

CY 2026 PBP Data Entry System Screens

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

Add New Reduction in Cost Sharing Package

Add Package - In Progress

Select the type of benefit: *

☒ Medicare

☒ Non-Medicare

Select the Medicare benefits that apply to reduced cost sharing ⓘ *

Available

Search by terms

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Selected

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

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Selected

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

Softtrams

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

Add Package - 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

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Selected

Inpatient Hospital Psychiatric (1b)

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

Available

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Selected

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 (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

Softrams

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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 (16a) - In Progress


Non-Medicare covered Stay for Inpatient Hospital Psychiatric (16b) - 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)

Selected

Search by terms

Intensive Cardiac Rehabilitation Services (3-2)

Urgently Needed Services (4b)

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Coinsurance Values

Medicare service categories

Services	Minimum percentage	Maximum percentage
Intensive Cardiac Rehabilitation Services (3-2)	<div>Minimum Percentage </div> <div>This field is required.</div>	<div>Maximum Percentage </div> <div>This field is required.</div>
Urgently Needed Services (4b)	<div>Minimum Percentage </div> <div>This field is required.</div>	<div>Maximum Percentage </div> <div>This field is required.</div>

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 (B0) - In Progress

Non-Medicare covered Stay for Inpatient Hospital Psychiatric (B0) - Not Started

Intensive Cardiac Rehabilitation Services (3-2)

This field is required.

This field is required.

Urgently Needed Services (4b)

Minimum Percentage

This field is required.

Maximum Percentage

This field is required.

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

Available

Search by terms

>

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Selected

Search by terms

Additional Cardiac Rehabilitation Services (3-2)

Coinurance Values

Non-Medicare service categories

Services	Minimum percentage	Maximum percentage
Additional Cardiac Rehabilitation Services (3-2)	<div>Minimum Percentage </div>	<div>Maximum Percentage </div>

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 (B0) - In Progress

Non-Medicare-covered Stay for Inpatient Hospital Psychiatric (B0) - Not Started

Reduced Copayment

Select the type of benefit: *

☒ Medicare

☒ Non-Medicare

Select the Medicare benefits that will receive reduced copayment *

Available

Search by terms

Cardiac Rehabilitation Services (3-1)

Urgently Needed Services (4b)

Selected

Search by terms

Intensive Cardiac Rehabilitation Services (3-2)

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 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 (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

Search by terms

Cardiac Rehabilitation Services (3-1)

Urgently Needed Services (4b)

>

>>

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<<

Selected

Search by terms

Intensive Cardiac Rehabilitation Services (3-2)

Copayment Values

Medicare service categories

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

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 (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)

Deductible Values

Medicare service categories

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

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

Available

Selected

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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

Specialist	Minimum percentage	Maximum percentage
Allergy and Immunology	<div>Minimum Percentage </div>	<div>Maximum Percentage </div>
Gastroenterology	<div>Minimum Percentage </div>	<div>Maximum Percentage </div>
Neurology	<div>Minimum Percentage </div>	<div>Maximum Percentage </div>

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

Edit Reduction in Cost Sharing Package

Full Package - In Progress

Reduced Copayment - Completed

Physician Specialist Services - In Progress

Reduced Copayment?

** 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

Selected

Search by terms

General Surgery

Infectious Diseases

Specialist Copayment Values

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

Reduced Deductible?

CY 2026 PBP Data Entry System Screens

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

← 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

>

→

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<<

Selected

Search by terms

Geriatrics

Orthopedic Surgery

Specialist Deductible Values

Specialist	Amount
Geriatrics	<div>Amount ⓘ *</div> <div>\$</div>
Orthopedic Surgery	<div>Amount ⓘ *</div> <div>\$</div>

→ Add Notes

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 ⓘ *

3

Coinurance ⓘ *

91

End Day ⓘ *

Coinurance ⓘ *

Begin Day ⓘ *

End Day ⓘ *

Coinurance ⓘ *

Begin Day ⓘ *

End Day ⓘ *

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 *

0/2000 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 0

Number of day intervals for Non Medicare-covered stay 3

Coinsurance 0

Begin Day 1

End Day 0

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 1

End Day 0

Copayment \$

Begin Day 0

End Day 0

Copayment \$

Begin Day 0

End Day 0

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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 ⓘ *

1

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

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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

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

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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

Search by terms

Immunodeficiency and immunosuppressive disorders

Conditions associated with cognitive impairment

Conditions with functional challenges

Chronic conditions that impair vision, hearing (deafness), taste, touch, and smell

Conditions that require continued therapy services in order for individuals to maintain or retain functioning

Other 2

Other 3

Other 4

Selected

Search by terms

Autoimmune disorders

Dementia

Overweight, obesity, and metabolic syndrome

Chronic lung disorders

Other 1

Other

Other Disease State

Other 1 *

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? *

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

Counseling Services (14c9)

In-Home Safety Assessment (14c10)

Medical Nutrition Therapy (MNT) (14c12)

Post discharge In-Home Medication Reconciliation (14c13)

Re-admission Prevention (14c14)

Wigs for Hair Loss Related to Chemotherapy (14c15)

Weight Management Programs (14c16)

Selected

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

Additional Cardiac Rehabilitation Services (3-1)

Other 1 (13d)

Food and Produce (13i)

Transportation for Non-Medical Needs (13i4)

Complementary Therapies (13i7)

Meal Benefit (13c)

Acupuncture Treatments (13a)

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

Close

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Additional Benefits Packages – Sample with SSBCI – Page 3

Add New Additional Benefits Package

Add Package - In Progress

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

YesNo

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

YesNo

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

Available

Additional Cardiac Rehabilitation Services (3-1)

Acupuncture Treatments (13a)

Other 1 (13d)

Food and Produce (131)

Transportation for Non-Medical Needs (1314)

Complementary Therapies (1317)

Personal Emergency Response System (PERS) (14c1)

>

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<

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Selected

Meal Benefit (13c)

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

Is there a package level maximum coverage amount? *

YesNo

Specify the maximum benefit amount *

\$

Periodicity *

Other

Other, please specify *

Close

Save and Close

Save and Next

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Additional Benefits Packages – Sample with SSBCI – Page 4

Add New Additional Benefits Package

Add Package - In Progress

0/1000 characters

Indicate mode of delivery for maximum coverage amount *

☐ Catalogue Purchase

☒ Claims Processing

☐ Debit Card

☐ Reimbursement

☒ Other

Other, describe *

0/1000 characters

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

Available

Search by terms

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

Acupuncture Treatments (13a)

Meal Benefit (13c)

Food and Produce (13f)

Transportation for Non-Medical Needs (13f4)

Complementary Therapies (13f7)

Personal Emergency Response System (PERS) (14c1f)

>

>>

<

<<

Selected

Search by terms

Additional Cardiac Rehabilitation Services (3-1)

Other 1 (13d)

Notes (optional)

sample notes

10/2000 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) - 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 (IDU) - In Progress

100

Is there a copayment? *

Yes No

Tier 1

Number of day intervals for additional days ^

3

Copayment ⓘ *	Begin Day ⓘ *	End Day ⓘ *
\$	91	
Copayment ⓘ *	Begin Day ⓘ *	End Day ⓘ *
\$		
Copayment ⓘ *	Begin Day ⓘ *	End Day ⓘ *
\$		100

Authorization required for this benefit? ⓘ *

Yes No

Referral required for this benefit? ⓘ *

Yes No

Notes *

0/25000 characters

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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?

Visits

Periodicity

Is there a coinsurance?

Minimum coinsurance

Maximum coinsurance

Is there a copayment?

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

Close

Save and Close

Save and Next

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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

10

Periodicity

6 Months

Select type of transportation:

Type of transportation

Type 1

Indicate number of days

2

Select Mode of Transportation

☒ Taxi

☒ Rideshare services

☐ Bus/Subway

☒ Van

☒ Medical Transport

☐ Other

Close Save and Close Save and Next

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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

Close

Save and Close

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

Add New Additional Benefits Package

^ Add Package - In Progress

Non-Medicare-covered Stay for Specified Hospital Acute (13d) - In Progress

Additional Cardiac Rehabilitation Services (3-9) - Not Started

Acupuncture Treatments (13d) - Not Started

Meal Benefit (13c) - Not Started

Other 1 (13d) - In Progress

Food and Produce (13f) - Not Started

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

Complementary Therapies (137) - Not Started

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

Personal Emergency Response System (PERS) (14c1b) - Not Started

Other 1 (13d) - Non-Medicare

Plan Characteristics

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

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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 (3d) - In Progress

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

Acupuncture Treatments (13d) - Not Started

Meat Benefit (13c) - Not Started

Other I (13d) - In Progress

Food and Produce (13f) - Not Started

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

Complementary Therapies (137) - Not Started

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

Personal Emergency Response System (PERS) (14c1b) - 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

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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 (13i10) - In Progress

Other Defined Supplemental Benefits (14c) - Not Started

Personal Emergency Response System (PERS) (14c11) - Not Started

General Supports for Living (13i10) - 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

CloseSave and CloseSave and Next

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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 Impaired Hospital Acute (12i) - In Progress

Additional Cardiac Rehabilitation Services (13i) - Not Started

Acupuncture Treatments (13d) - Not Started

Meal Benefit (13c) - Not Started

Other 1 (13d) - Completed

Food and Produce (13f) - Not Started

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

Complementary Therapies (137) - Not Started

General Supports for Living (13i10) - In Progress

Other Defined Supplemental Benefits (14c) - Not Started

Personal Emergency Response System (PERS) (14c1b) - Not Started

Description *

sample description

10,000 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

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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 Hospital-Acute (1i2) - In Progress

Additional Cardiac Rehabilitation Services (3-i) - 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 (13i10) - In Progress

Other Defined Supplemental Benefits (14c) - Not Started

Personal Emergency Response System (PERS) (14c10) - Not Started

Yes

You 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

10/2000 characters

Close

Save and Close

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