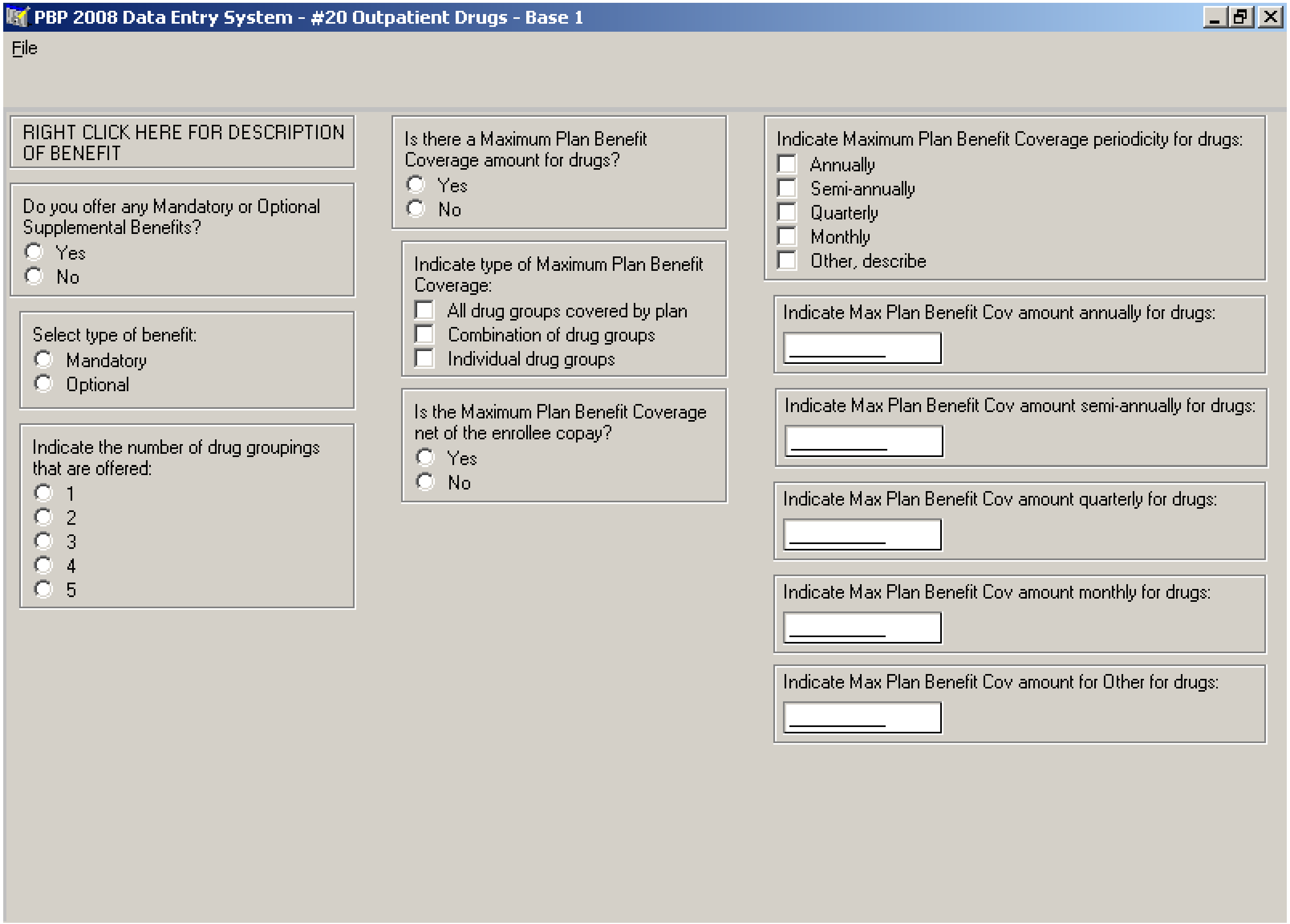
SECTION B – 20 – OUTPNT DRUGS – BASE 1 SCREEN



SECTION B – 20 – OUTPNT DRUGS – BASE 2 SCREEN

PBP 2008 Data Entry System - #20 Outpatient Drugs - Base 2

File

Can any unused amounts be carried forward to the next period within the contract period?

- ○ Yes
- ○ No

Select what combination of drug groups are included in the Maximum Plan Benefit:

- ☐ Group 1
- ☐ Group 2
- ☐ Group 3
- ☐ Group 4
- ☐ Group 5

Indicate Maximum Plan Benefit Coverage periodicity for combination of drug groups:

- ☐ Annually
- ☐ Semi-annually
- ☐ Quarterly
- ☐ Monthly
- ☐ Other, describe

Indicate Max Plan Benefit Cov amount annually for combination of drug groups:

Indicate Max Plan Benefit Cov amount semi-annually for combination of drug groups:

Indicate Max Plan Benefit Cov amount quarterly for combination of drug groups:

Indicate Max Plan Benefit Cov amount monthly for combination of drug groups:

Indicate Max Plan Benefit Cov amount for Other for combination of drug groups:

SECTION B – 20 – OUTPNT DRUGS – BASE 3 SCREEN

PBP 2008 Data Entry System - #20 Outpatient Drugs - Base 3

File

Select the Coverage Basis for the Maximum Plan Benefit Coverage for all drug types and/or a combination of drug groups:

- ○ Discount (__%) of Published Retail Price
- ○ Published Retail Price
- ○ Published Wholesale Price
- ○ Published National Average Wholesale Price (AWP)
- ○ Published National AWP plus Dispensing Fee ($__)
- ○ Discount (__%) of Published National AWP
- ○ Medicare Fee Schedule
- ○ MA Organization Acquisition Cost Plus ($__)
- ○ Published MA Organization Fee/Charge Schedule
- ○ Other, describe

Indicate percentage Discount of Published Retail Price for Maximum Plan Benefit Coverage for combination of drug groups: __

Indicate Minimum Dispensing Fee amount for Maximum Plan Benefit Coverage for combination of drug groups: ____

Indicate Maximum Dispensing Fee amount for Maximum Plan Benefit Coverage for combination of drug groups: ____

Indicate percentage Discount of AWP for Maximum Plan Benefit Coverage for combination of drug groups: __

Indicate amount over MA Organization Acquisition Cost for Maximum Plan Benefit Coverage for combination of drug groups: ____

Is a selected group unlimited after the combination Maximum Plan Benefit Coverage amount has been reached?

- ○ Yes
- ○ No

Indicate the selected group(s) for which the Maximum Plan Benefit Coverage is waived:

- ☐ Group 1
- ☐ Group 2
- ☐ Group 3
- ☐ Group 4
- ☐ Group 5

Does the enrollee incur a cost in addition to the Coinsurance or Copay for selecting a higher priced drug when a less expensive drug is available?

- ○ Yes
- ○ No

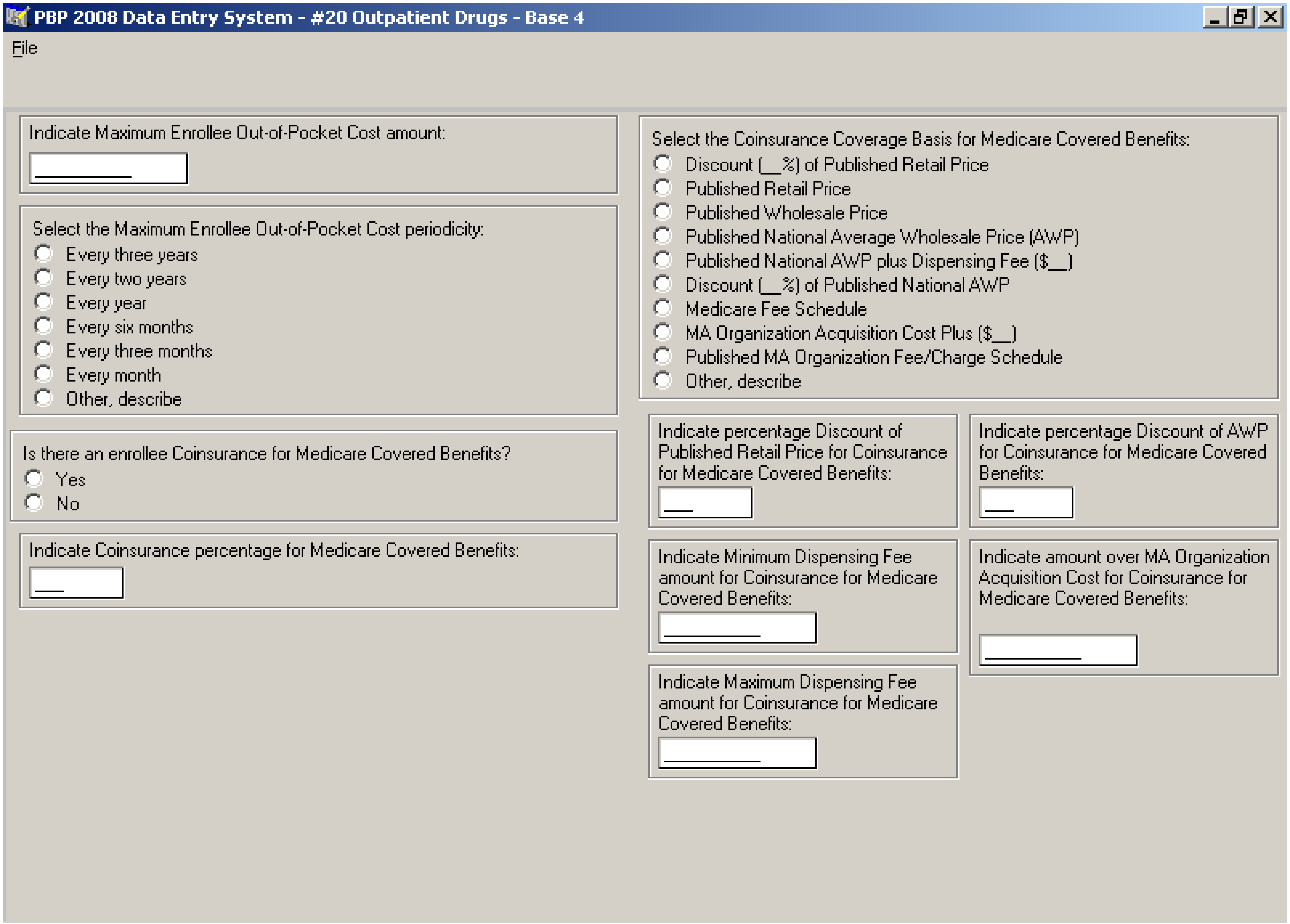
Is there a Maximum Enrollee Out-of-Pocket Cost?

- ○ Yes
- ○ No

Select what combination of drug groups applies for Maximum Enrollee Out-of-Pocket Cost:

- ☐ Group 1
- ☐ Group 2
- ☐ Group 3
- ☐ Group 4
- ☐ Group 5
- ☐ Medicare Covered Benefits

SECTION B – 20 – OUTPNT DRUGS – BASE 5 SCREEN


PBP 2008 Data Entry System - #20 Outpatient Drugs - Base 4

File

Indicate Maximum Enrollee Out-of-Pocket Cost amount:

Select the Maximum Enrollee Out-of-Pocket Cost periodicity:
- Every three years
- Every two years
- Every year
- Every six months
- Every three months
- Every month
- Other, describe

Is there an enrollee Coinsurance for Medicare Covered Benefits?
- Yes
- No

Indicate Coinsurance percentage for Medicare Covered Benefits:

Select the Coinsurance Coverage Basis for Medicare Covered Benefits:
- Discount (__%) of Published Retail Price
- Published Retail Price
- Published Wholesale Price
- Published National Average Wholesale Price (AWP)
- Published National AWP plus Dispensing Fee ($__)
- Discount (__%) of Published National AWP
- Medicare Fee Schedule
- MA Organization Acquisition Cost Plus ($__)
- Published MA Organization Fee/Charge Schedule
- Other, describe

Indicate percentage Discount of Published Retail Price for Coinsurance for Medicare Covered Benefits:

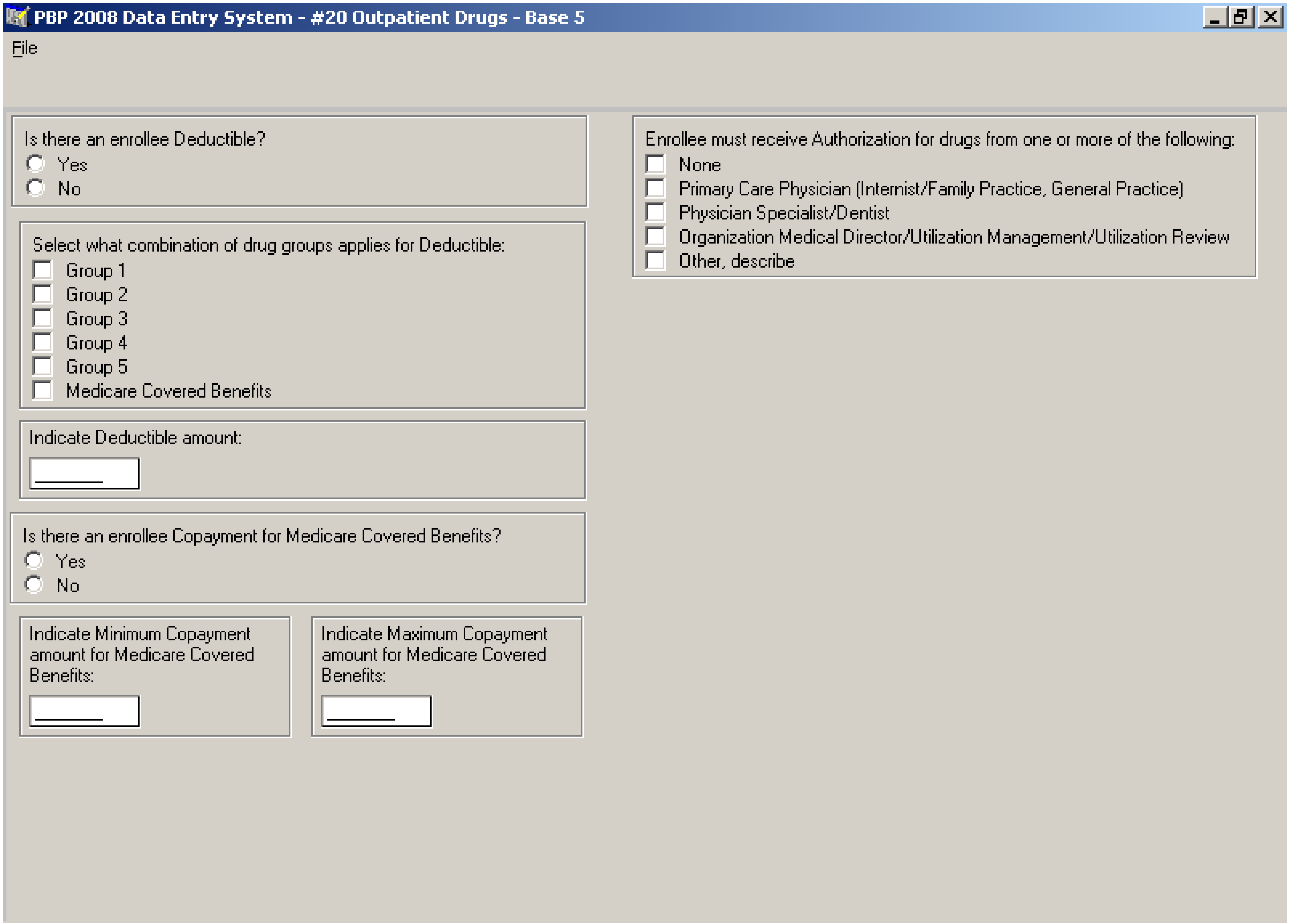
Indicate percentage Discount of AWP for Coinsurance for Medicare Covered Benefits:

Indicate Minimum Dispensing Fee amount for Coinsurance for Medicare Covered Benefits:

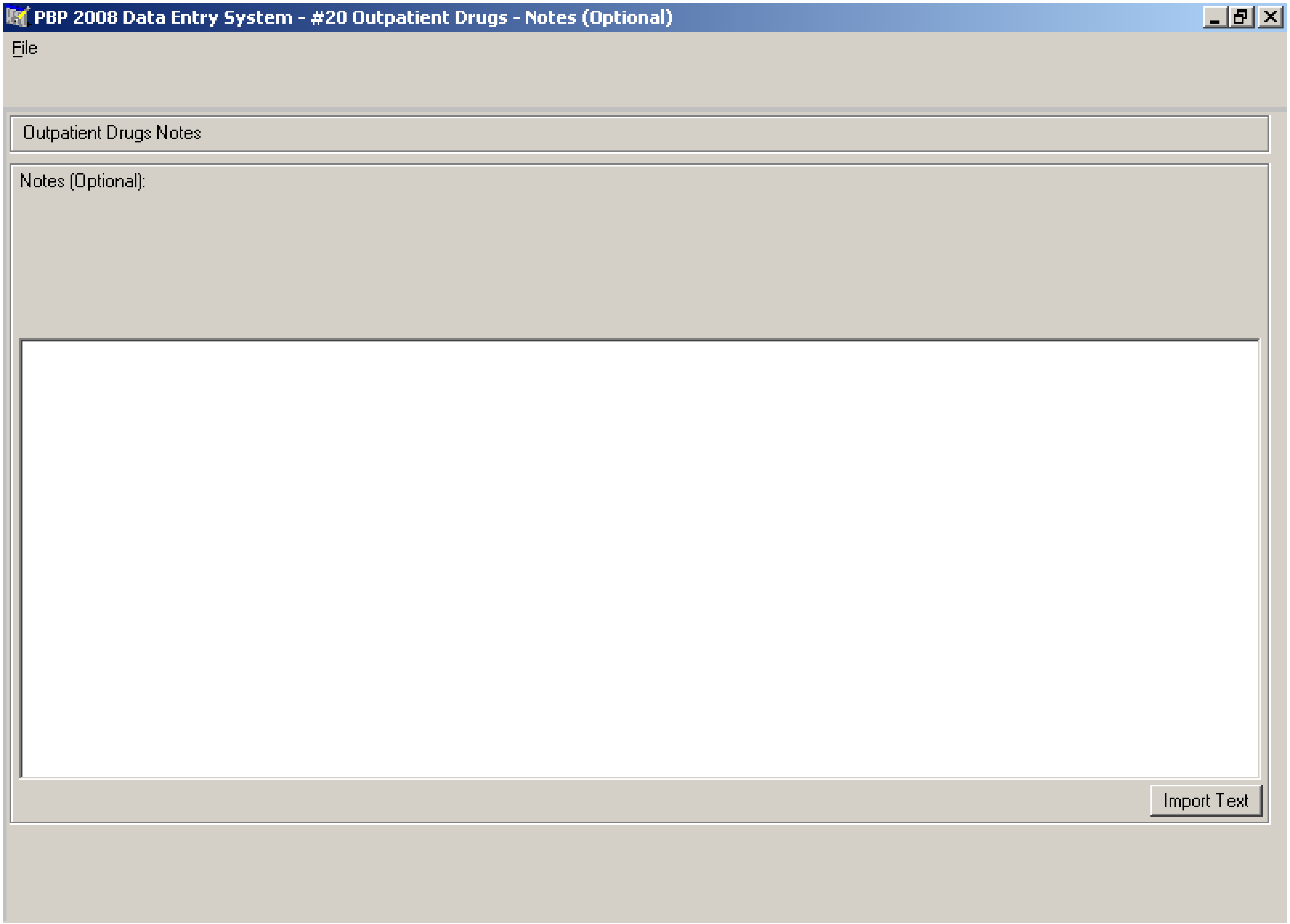
Indicate amount over MA Organization Acquisition Cost for Coinsurance for Medicare Covered Benefits:

Indicate Maximum Dispensing Fee amount for Coinsurance for Medicare Covered Benefits:

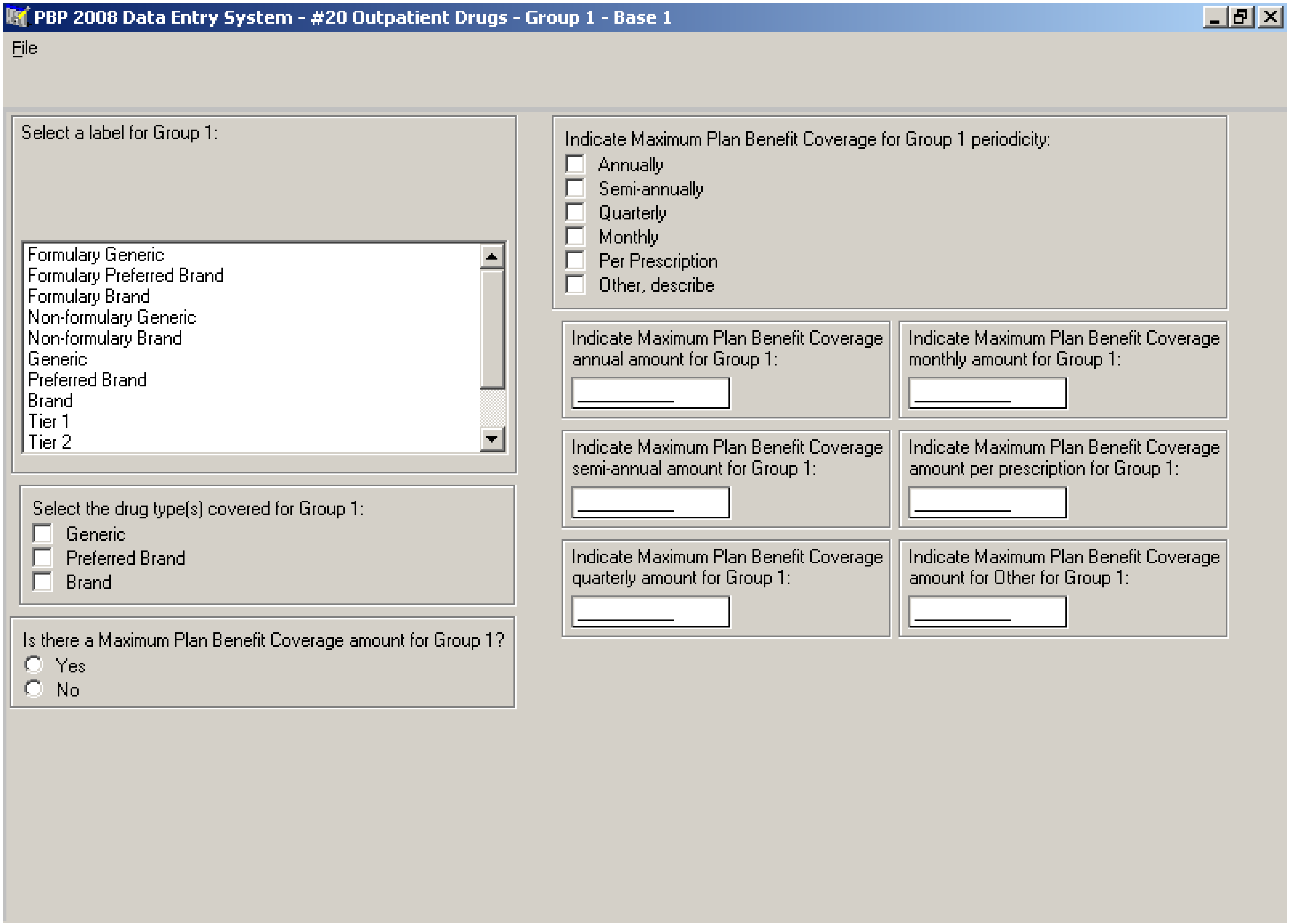
SECTION B – 20 – OUTPNT DRUGS – BASE 5 SCREEN



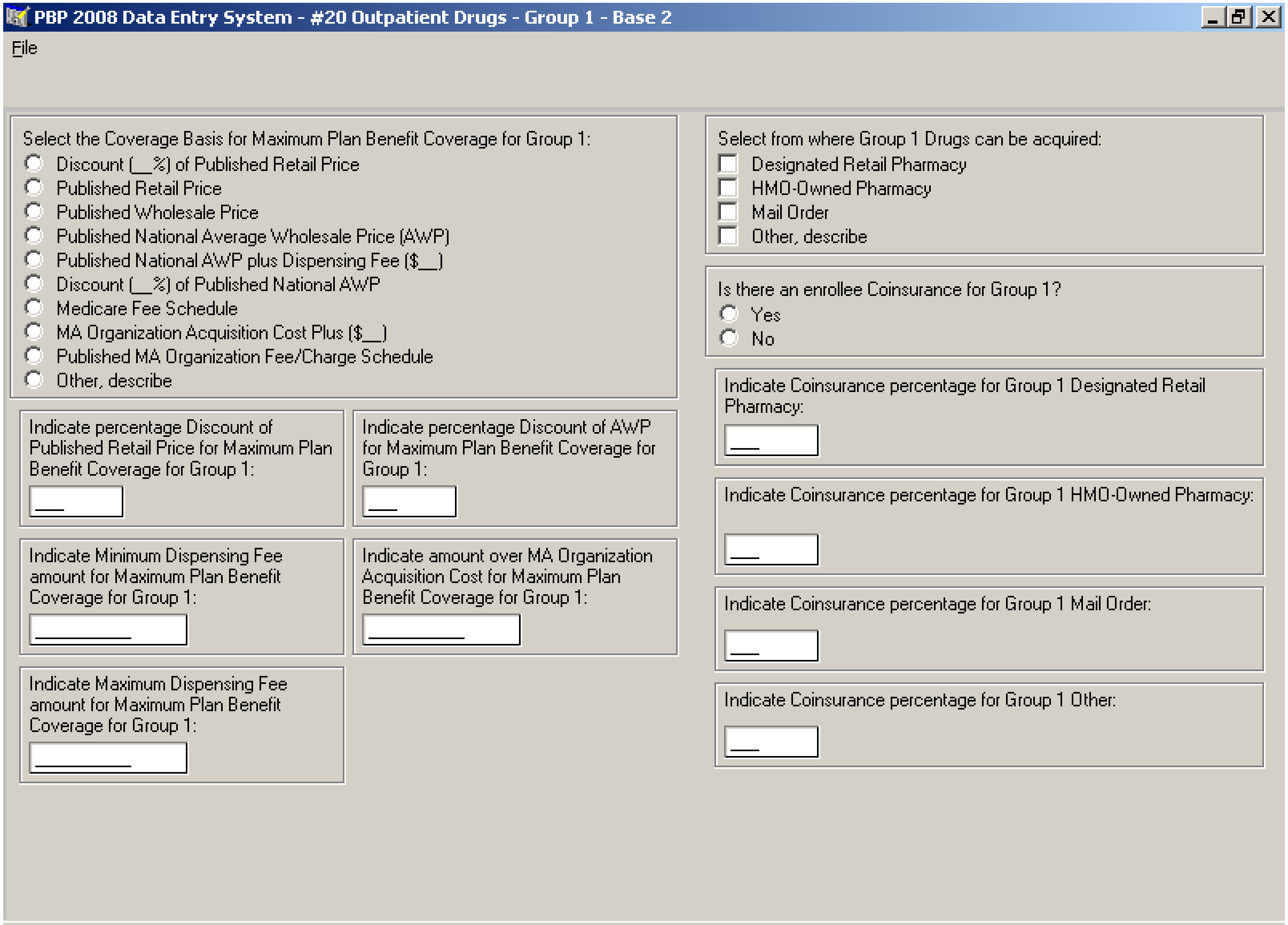
Section B – 20 – Outpnt Drugs – Notes (Optional)



SECTION B – 20 – OUTPNT DRUGS – GROUP 1- BASE 1 SCREEN



SECTION B – 20 – OUTPNT DRUGS – GROUP 1- BASE 2 SCREEN


PBP 2008 Data Entry System - #20 Outpatient Drugs - Group 1 - Base 2

File

Select the Coverage Basis for Maximum Plan Benefit Coverage for Group 1:

- Discount (__%) of Published Retail Price
- Published Retail Price
- Published Wholesale Price
- Published National Average Wholesale Price (AWP)
- Published National AWP plus Dispensing Fee ($__)
- Discount (__%) of Published National AWP
- Medicare Fee Schedule
- MA Organization Acquisition Cost Plus ($__)
- Published MA Organization Fee/Charge Schedule
- Other, describe

Indicate percentage Discount of Published Retail Price for Maximum Plan Benefit Coverage for Group 1: ___

Indicate percentage Discount of AWP for Maximum Plan Benefit Coverage for Group 1: ___

Indicate Minimum Dispensing Fee amount for Maximum Plan Benefit Coverage for Group 1: ________

Indicate amount over MA Organization Acquisition Cost for Maximum Plan Benefit Coverage for Group 1: ________

Indicate Maximum Dispensing Fee amount for Maximum Plan Benefit Coverage for Group 1: ________

Select from where Group 1 Drugs can be acquired:

- Designated Retail Pharmacy
- HMO-Owned Pharmacy
- Mail Order
- Other, describe

Is there an enrollee Coinsurance for Group 1?

- Yes
- No

Indicate Coinsurance percentage for Group 1 Designated Retail Pharmacy: ___

Indicate Coinsurance percentage for Group 1 HMO-Owned Pharmacy: ___

Indicate Coinsurance percentage for Group 1 Mail Order: ___

Indicate Coinsurance percentage for Group 1 Other: ___

SECTION B – 20 – OUTPNT DRUGS – GROUP 1- BASE 3 SCREEN

PBP 2008 Data Entry System - #20 Outpatient Drugs - Group 1 - Base 3

File

Select the Coinsurance Coverage Basis for Group 1:

- Discount (__%) of Published Retail Price
- Published Retail Price
- Published Wholesale Price
- Published National Average Wholesale Price (AWP)
- Published National AWP plus Dispensing Fee ($__)
- Discount (__%) of Published National AWP
- Medicare Fee Schedule
- MA Organization Acquisition Cost Plus ($__)
- Published MA Organization Fee/Charge Schedule
- Other, describe

Indicate percentage Discount of Published Retail Price for Coinsurance for Group 1: ___

Indicate percentage Discount of AWP for Coinsurance for Group 1: ___

Indicate Minimum Dispensing Fee amount for Coinsurance for Group 1: __________

Indicate amount over MA Organization Acquisition Cost for Coinsurance for Group 1: __________

Indicate Maximum Dispensing Fee amount for Coinsurance for Group 1: __________

Is there an enrollee Copayment for Group 1?

- Yes
- No

Indicate Copayment amount for Group 1 Designated Retail Pharmacy: _______

Indicate Copayment amount for Group 1 HMO-Owned Pharmacy: _______

Indicate Copayment amount for Group 1 Mail Order: _______

Indicate Copayment amount for Group 1 Other: _______

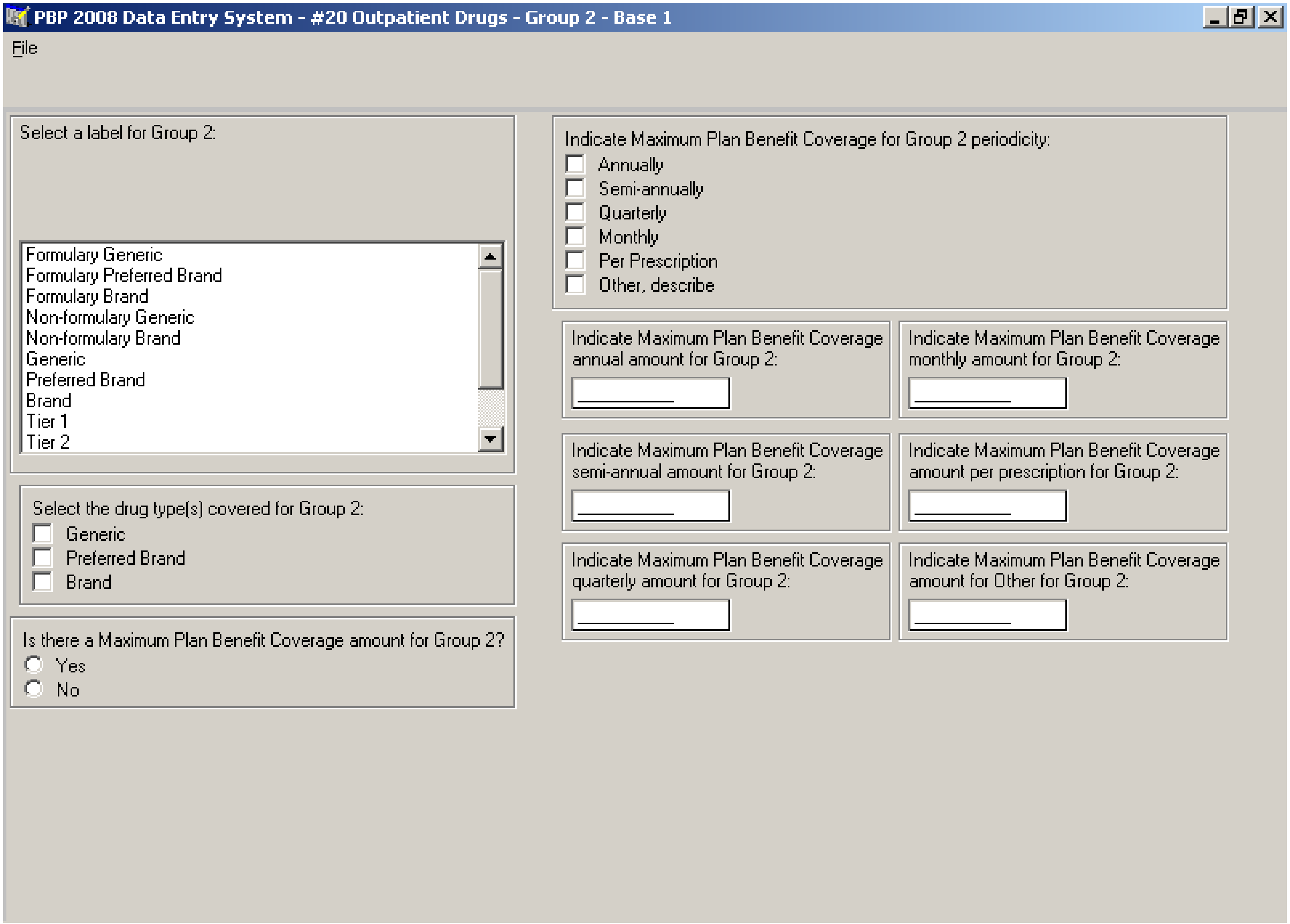
Up to a _____ day supply covered for Group 1 Designated Retail Pharmacy: ____

Up to a _____ day supply covered for Group 1 HMO-Owned Pharmacy: ____

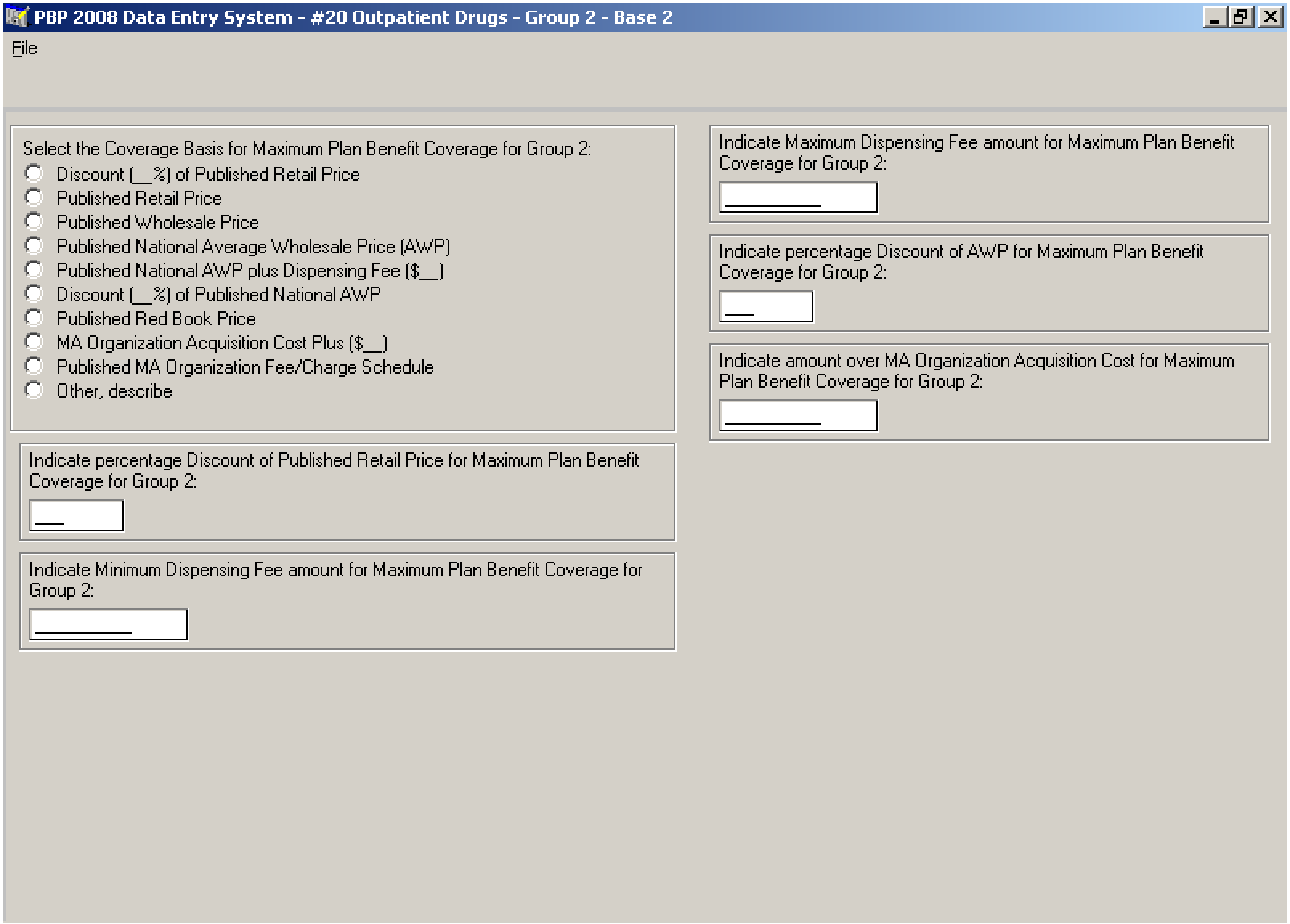
Up to a _____ day supply covered for Group 1 Mail Order: ____

Up to a _____ day supply covered for Group 1 Other: ____

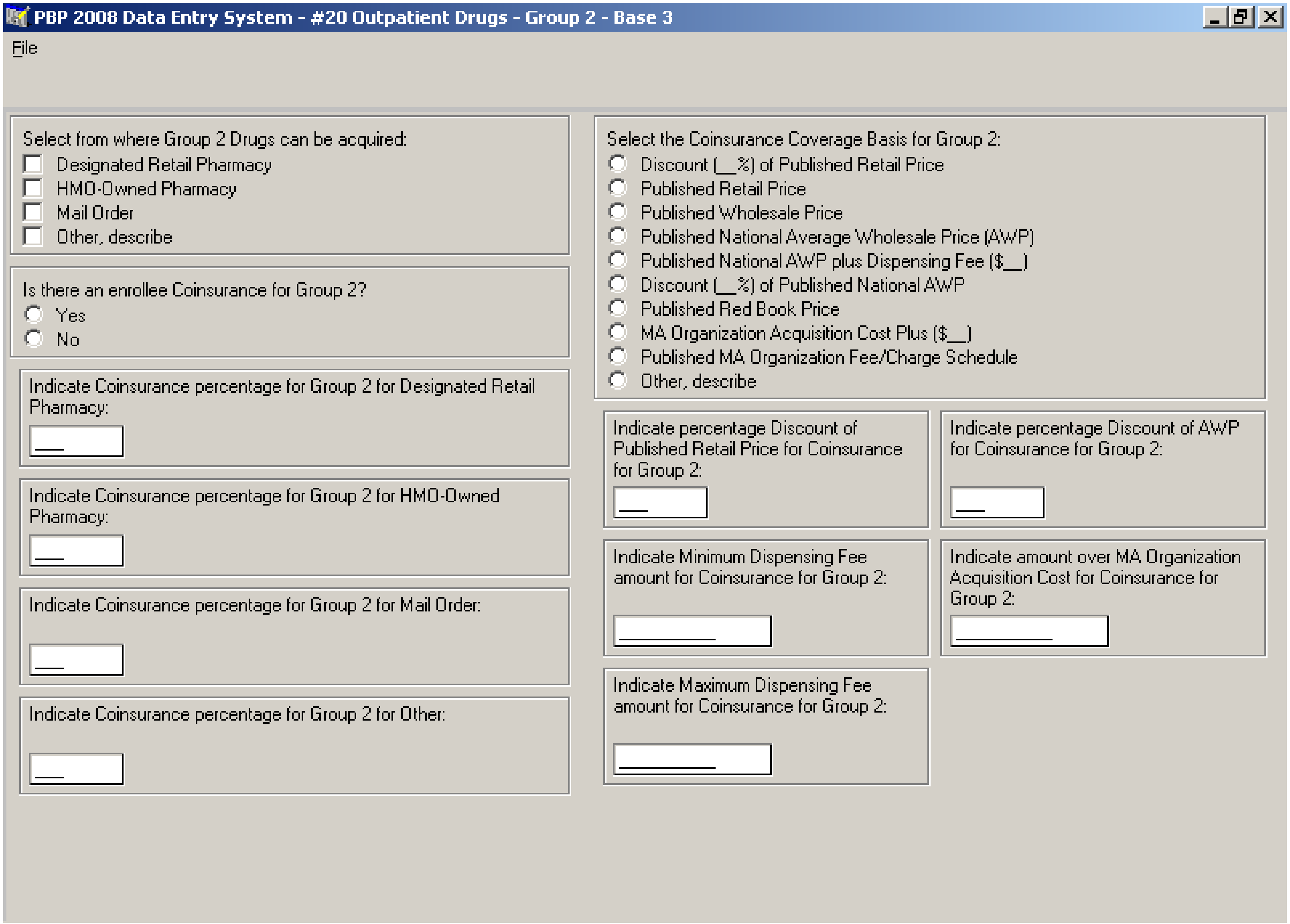
Section B – 20 – Outpnt Drugs – Group 2- Base 1 Screen



SECTION B – 20 – OUTPNT DRUGS – GROUP 2- BASE 2 SCREEN



SECTION B – 20 – OUTPNT DRUGS – GROUP 2- BASE 3 SCREEN


PBP 2008 Data Entry System - #20 Outpatient Drugs - Group 2 - Base 3

File

Select from where Group 2 Drugs can be acquired:
- Designated Retail Pharmacy
- HMO-Owned Pharmacy
- Mail Order
- Other, describe

Is there an enrollee Coinsurance for Group 2?
- Yes
- No

Indicate Coinsurance percentage for Group 2 for Designated Retail Pharmacy: ___

Indicate Coinsurance percentage for Group 2 for HMO-Owned Pharmacy: ___

Indicate Coinsurance percentage for Group 2 for Mail Order: ___

Indicate Coinsurance percentage for Group 2 for Other: ___

Select the Coinsurance Coverage Basis for Group 2:
- Discount (__%) of Published Retail Price
- Published Retail Price
- Published Wholesale Price
- Published National Average Wholesale Price (AWP)
- Published National AWP plus Dispensing Fee ($__)
- Discount (__%) of Published National AWP
- Published Red Book Price
- MA Organization Acquisition Cost Plus ($__)
- Published MA Organization Fee/Charge Schedule
- Other, describe

Indicate percentage Discount of Published Retail Price for Coinsurance for Group 2: ___

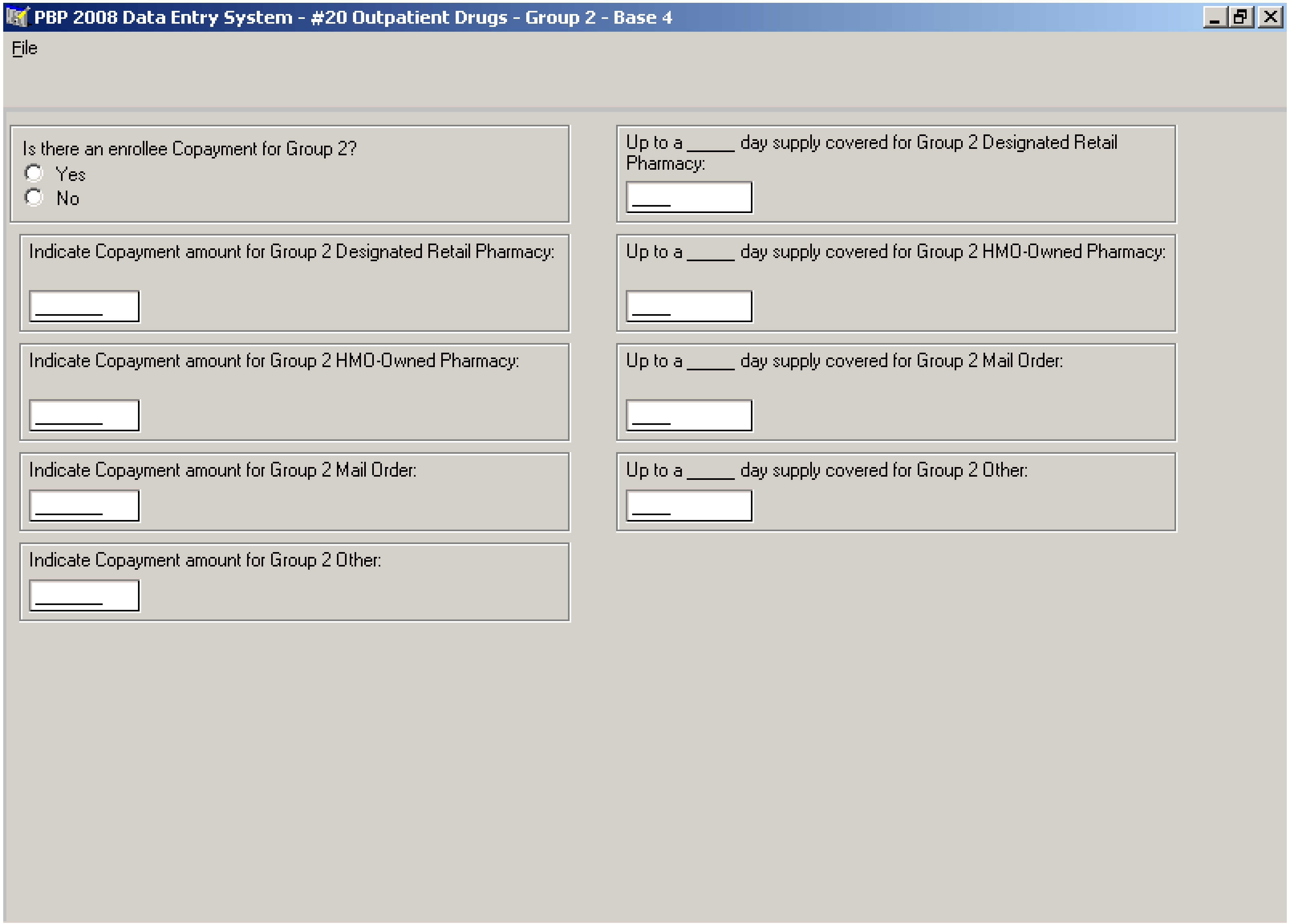
Indicate percentage Discount of AWP for Coinsurance for Group 2: ___

Indicate Minimum Dispensing Fee amount for Coinsurance for Group 2: ________

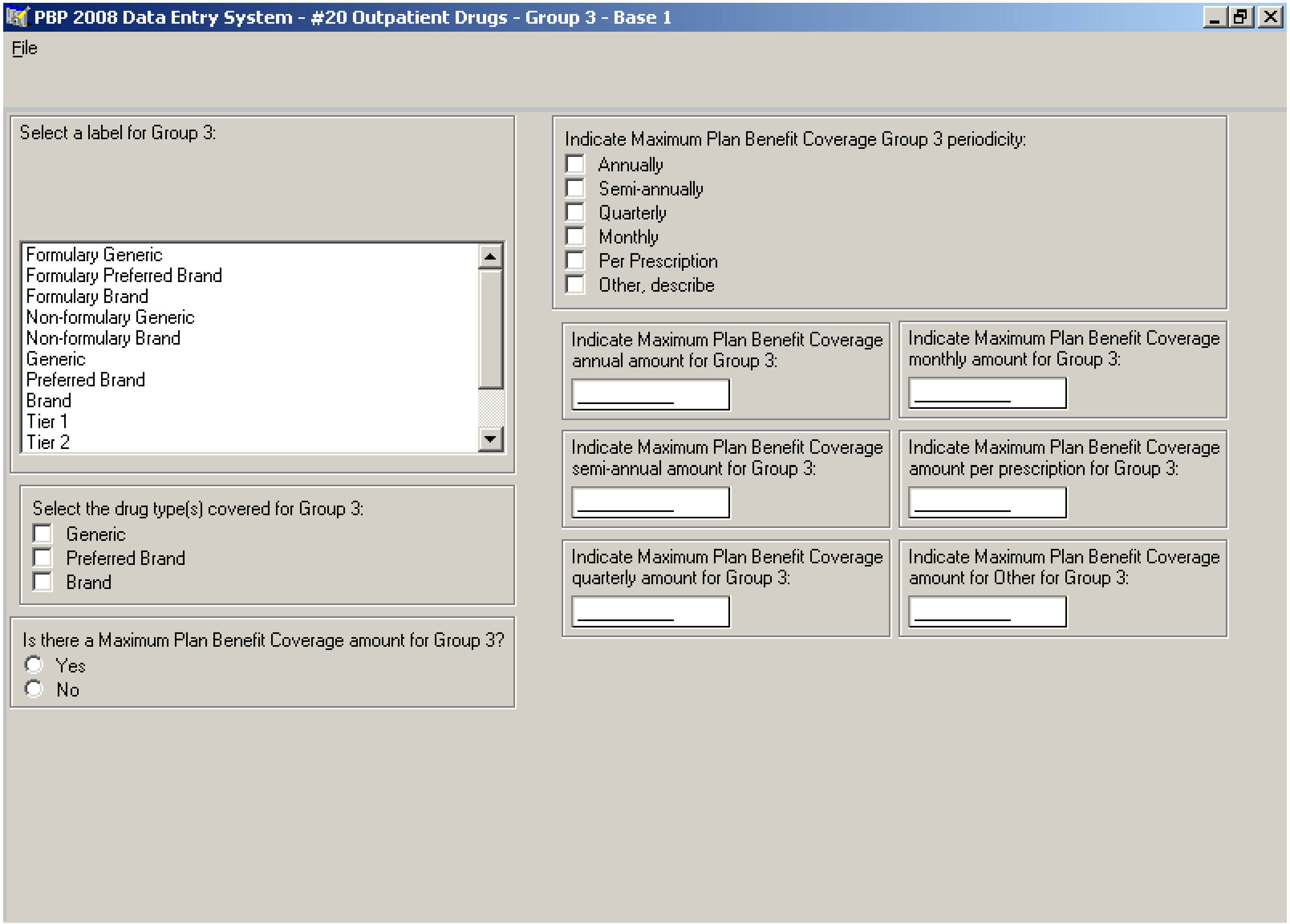
Indicate amount over MA Organization Acquisition Cost for Coinsurance for Group 2: ________

Indicate Maximum Dispensing Fee amount for Coinsurance for Group 2: ________

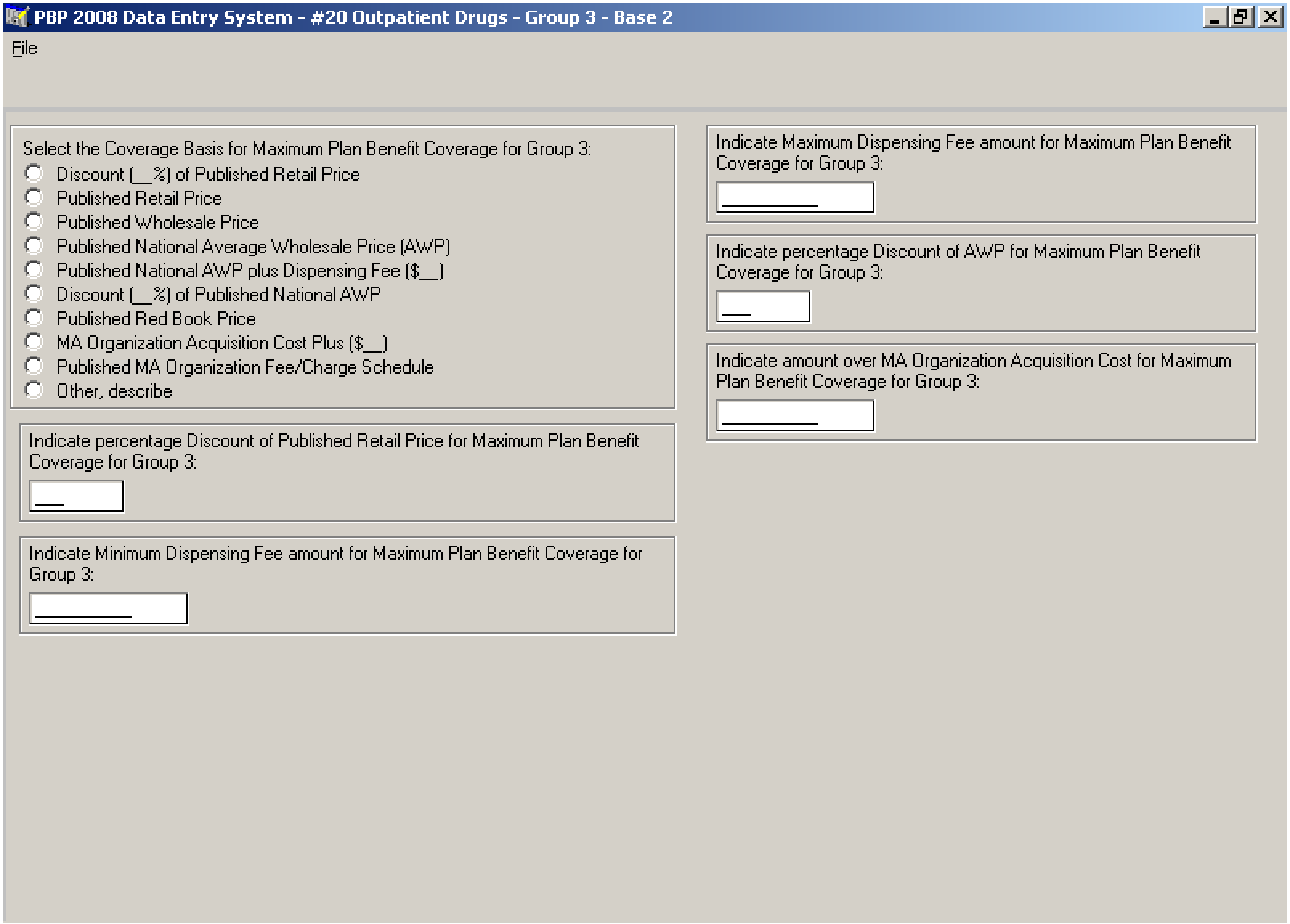
SECTION B – 20 – OUTPNT DRUGS – GROUP 2- BASE 4 SCREEN



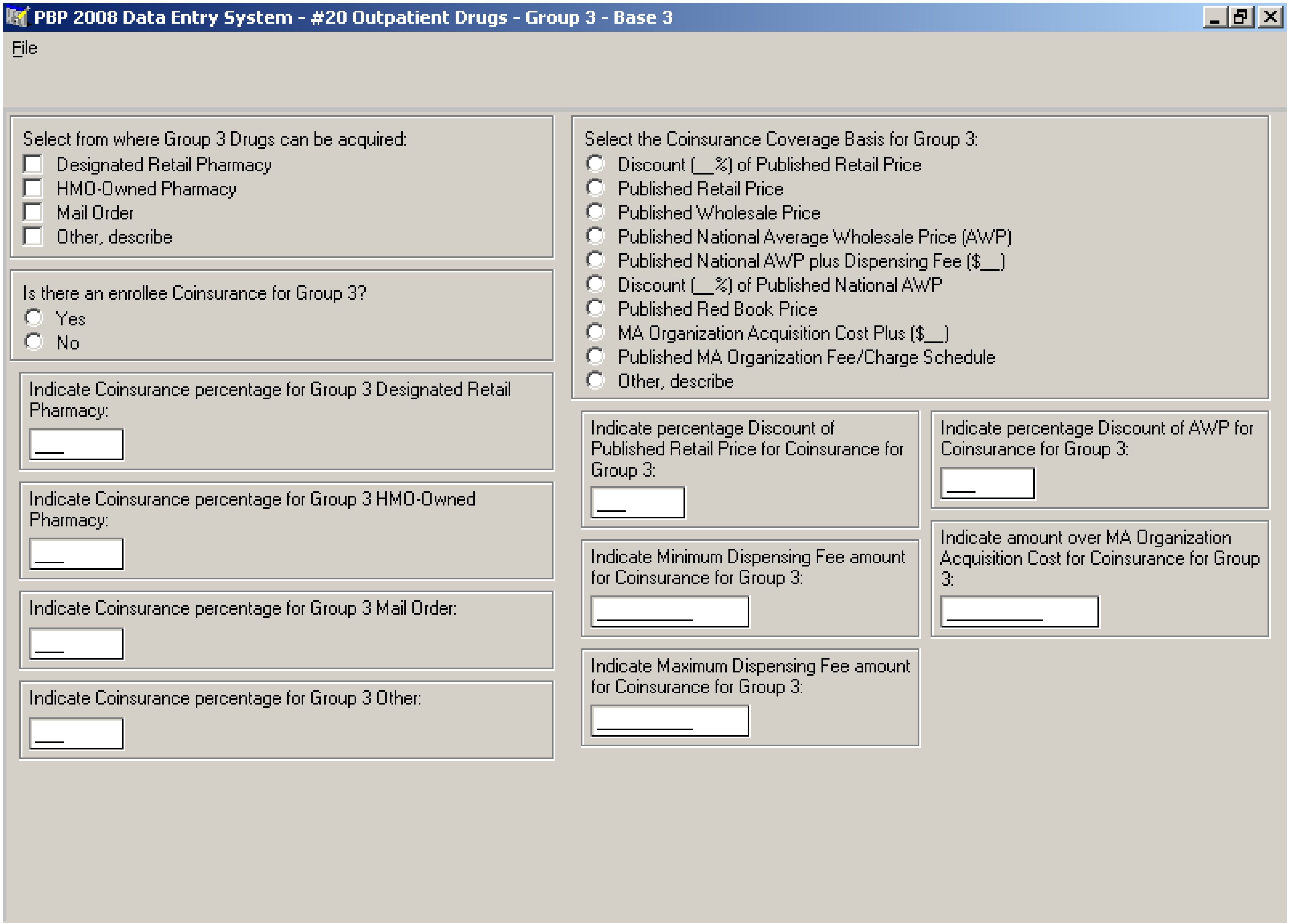
SECTION B – 20 – OUTPNT DRUGS – GROUP 3- BASE 1 SCREEN



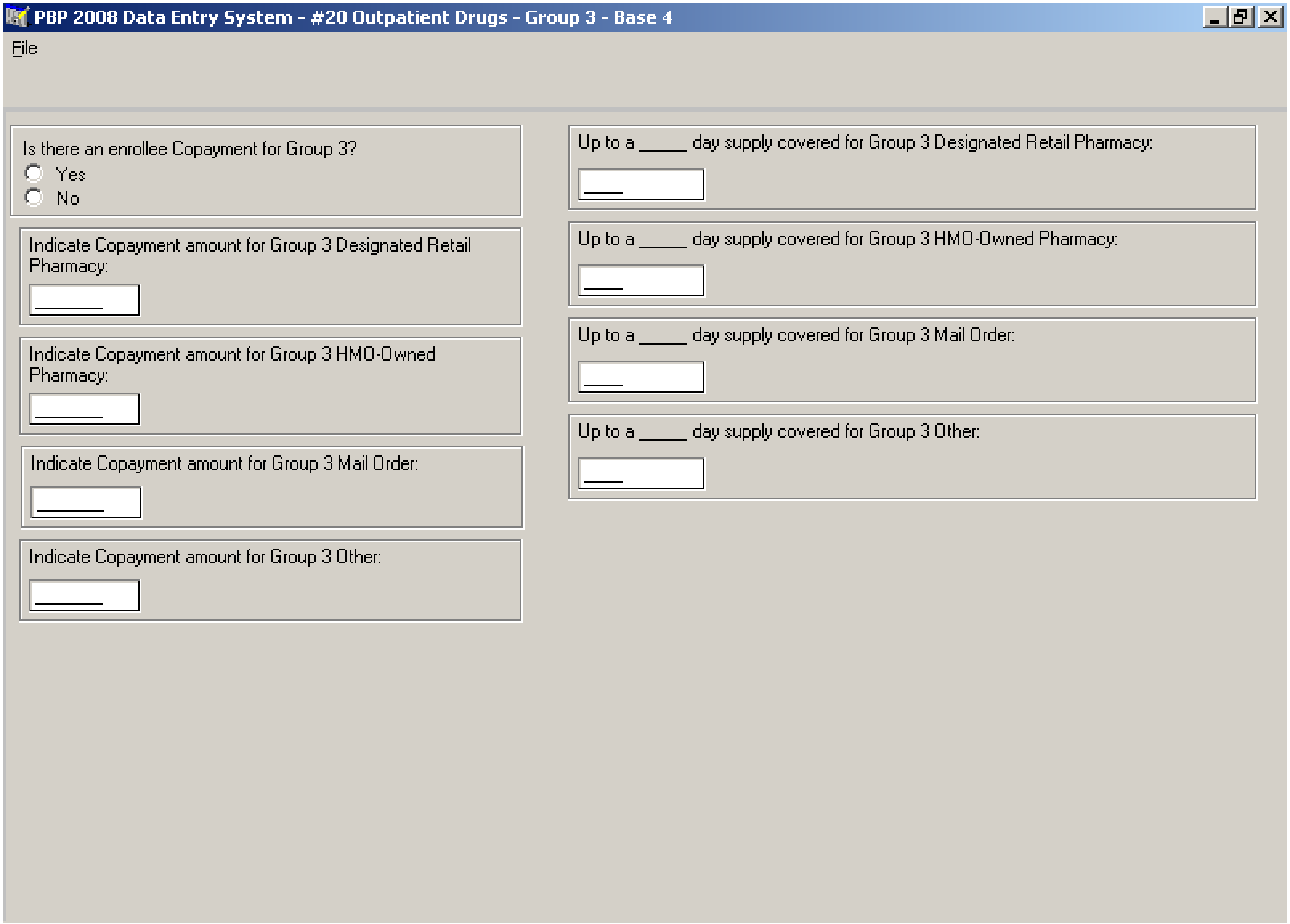
SECTION B – 20 – OUTPNT DRUGS – GROUP 3- BASE 2 SCREEN



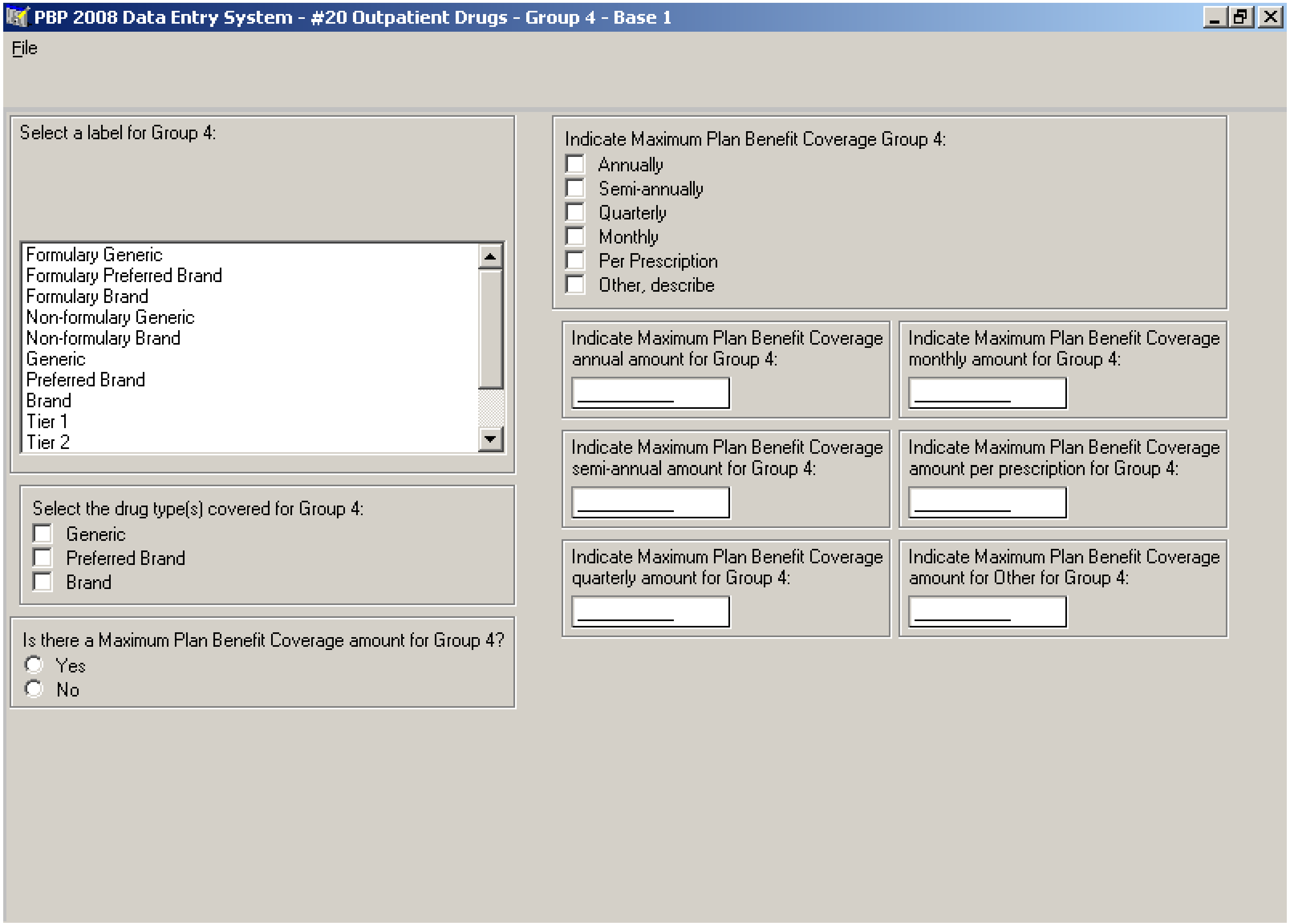
SECTION B – 20 – OUTPNT DRUGS – GROUP 3- BASE 3 SCREEN



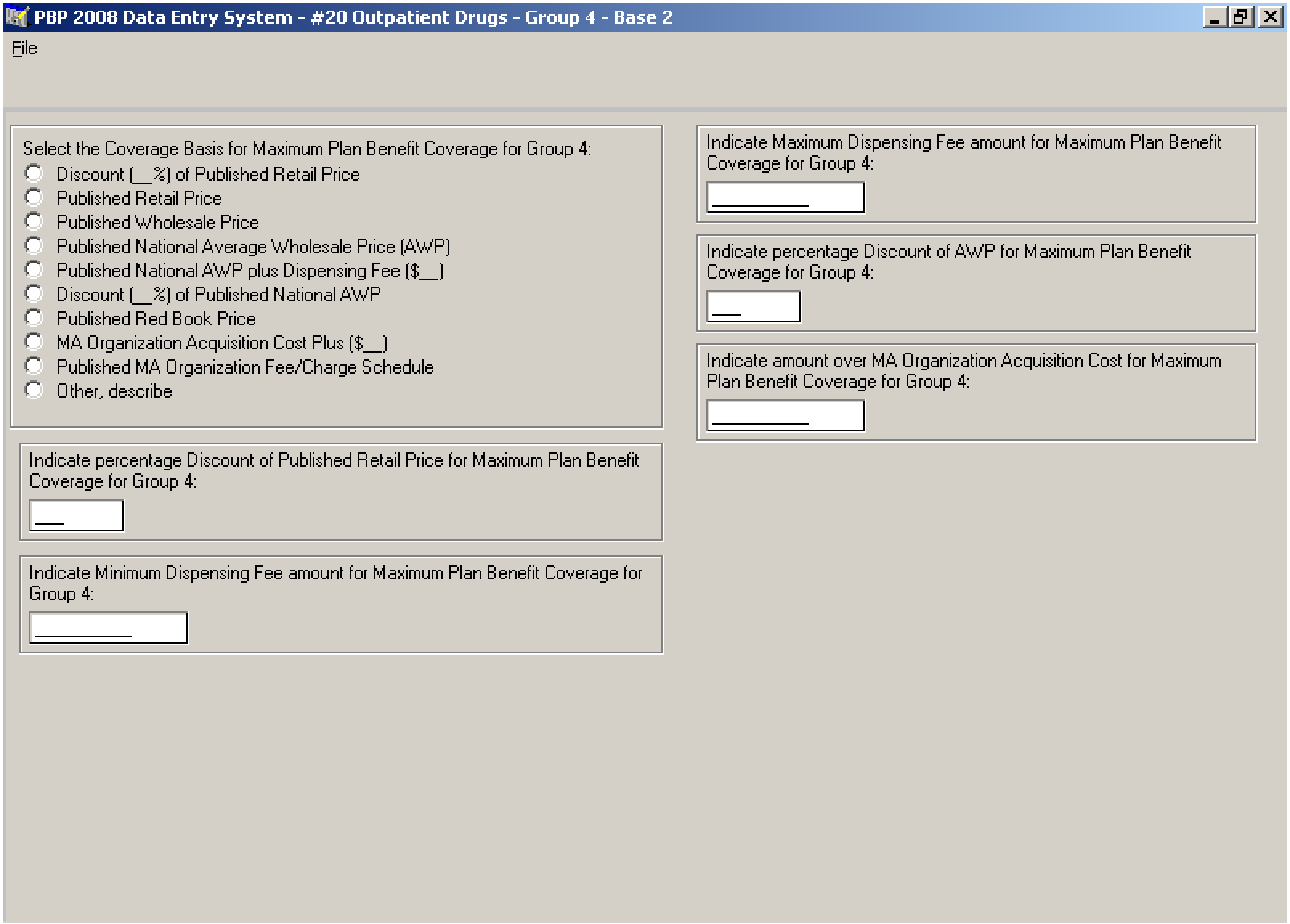
SECTION B – 20 – OUTPNT DRUGS – GROUP 3- BASE 4 SCREEN



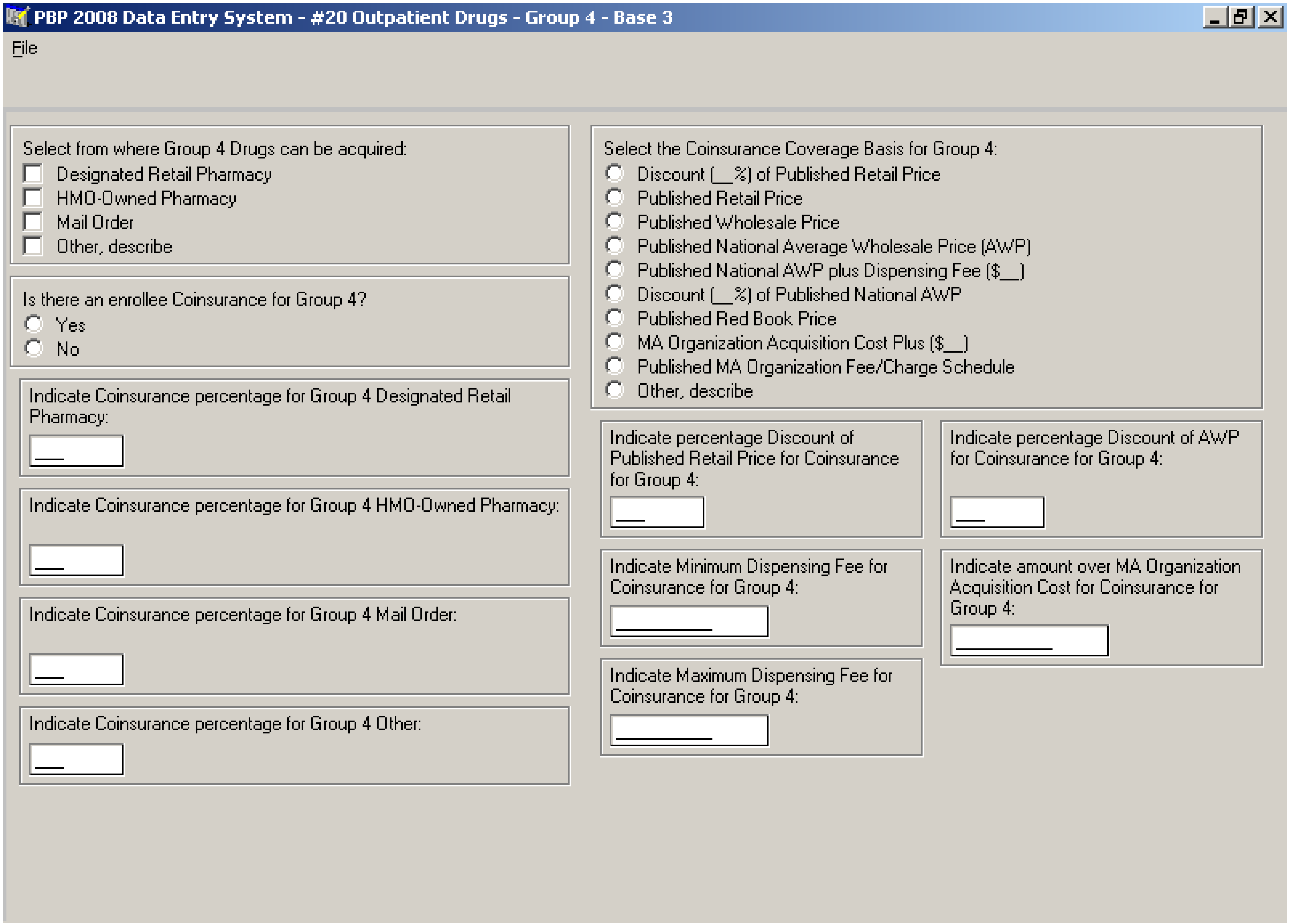
SECTION B – 20 – OUTPNT DRUGS – GROUP 4- BASE 1 SCREEN



SECTION B – 20 – OUTPNT DRUGS – GROUP 4- BASE 2 SCREEN



SECTION B – 20 – OUTPNT DRUGS – GROUP 4- BASE 3 SCREEN


PBP 2008 Data Entry System - #20 Outpatient Drugs - Group 4 - Base 3

File

Select from where Group 4 Drugs can be acquired:
- [ ] Designated Retail Pharmacy
- [ ] HMO-Owned Pharmacy
- [ ] Mail Order
- [ ] Other, describe

Is there an enrollee Coinsurance for Group 4?
- ( ) Yes
- ( ) No

Indicate Coinsurance percentage for Group 4 Designated Retail Pharmacy:
___

Indicate Coinsurance percentage for Group 4 HMO-Owned Pharmacy:
___

Indicate Coinsurance percentage for Group 4 Mail Order:
___

Indicate Coinsurance percentage for Group 4 Other:
___

Select the Coinsurance Coverage Basis for Group 4:
- ( ) Discount (__%) of Published Retail Price
- ( ) Published Retail Price
- ( ) Published Wholesale Price
- ( ) Published National Average Wholesale Price (AWP)
- ( ) Published National AWP plus Dispensing Fee ($__)
- ( ) Discount (__%) of Published National AWP
- ( ) Published Red Book Price
- ( ) MA Organization Acquisition Cost Plus ($__)
- ( ) Published MA Organization Fee/Charge Schedule
- ( ) Other, describe

Indicate percentage Discount of Published Retail Price for Coinsurance for Group 4:
___

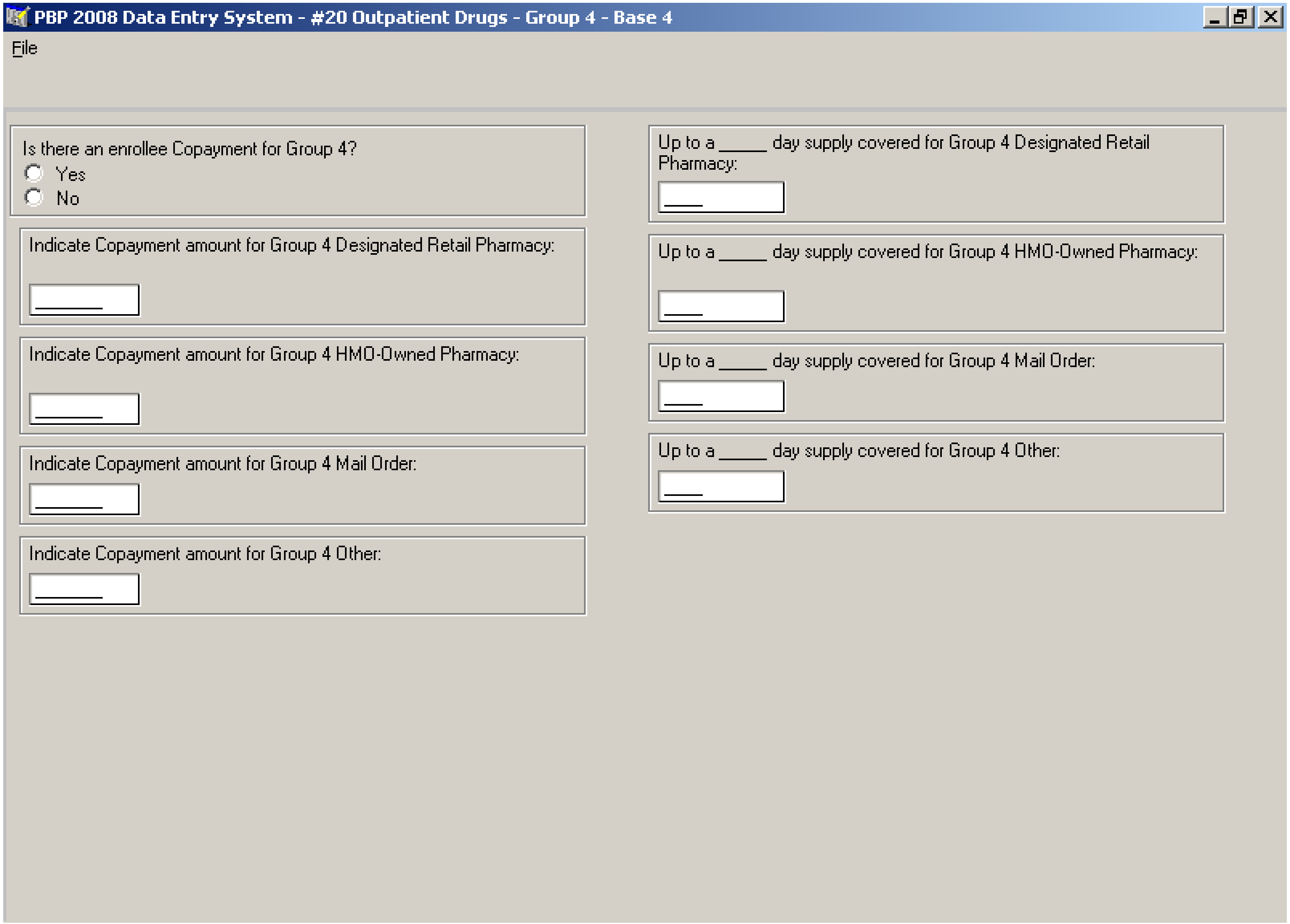
Indicate percentage Discount of AWP for Coinsurance for Group 4:
___

Indicate Minimum Dispensing Fee for Coinsurance for Group 4:
____

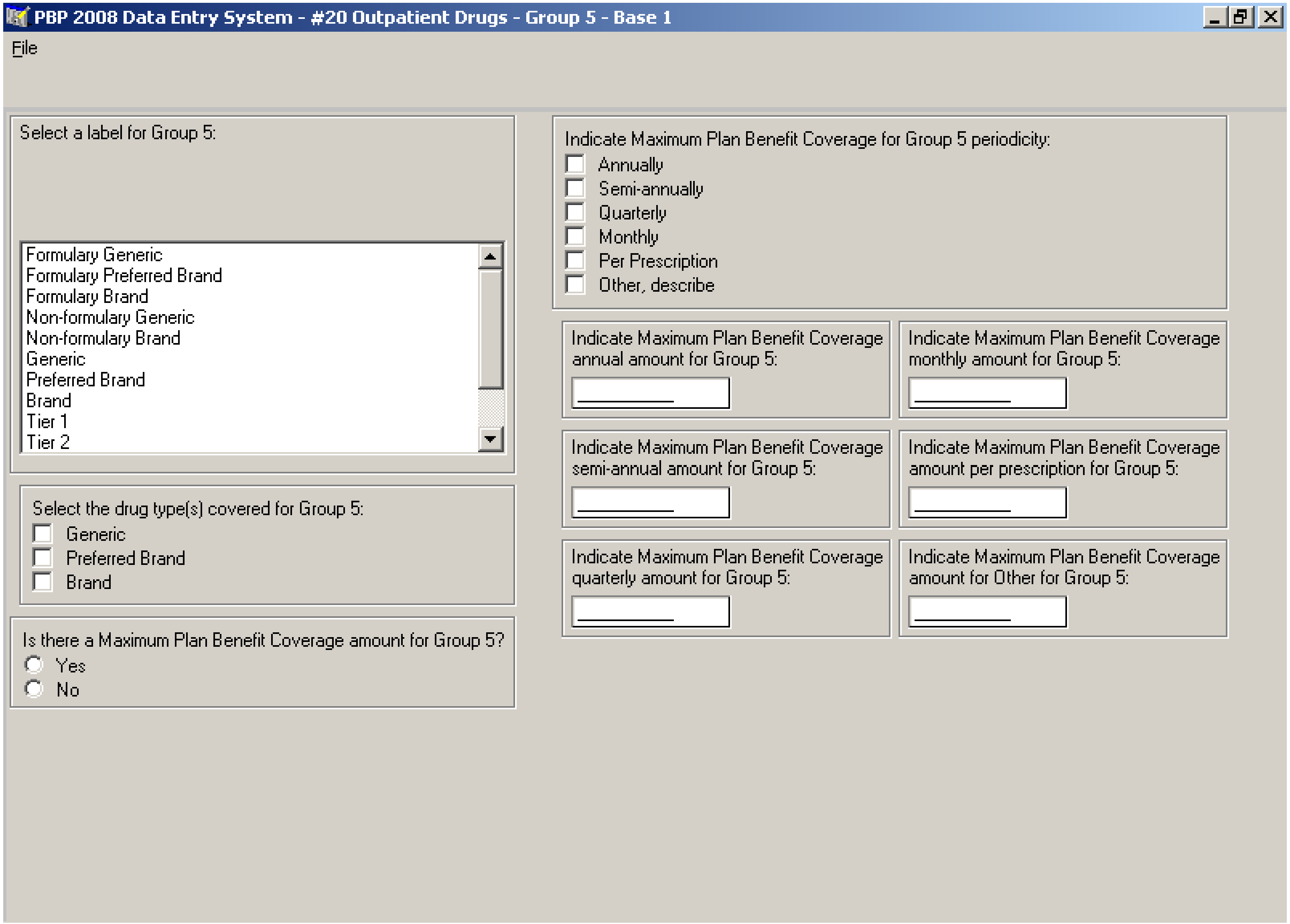
Indicate amount over MA Organization Acquisition Cost for Coinsurance for Group 4:
____

Indicate Maximum Dispensing Fee for Coinsurance for Group 4:
____

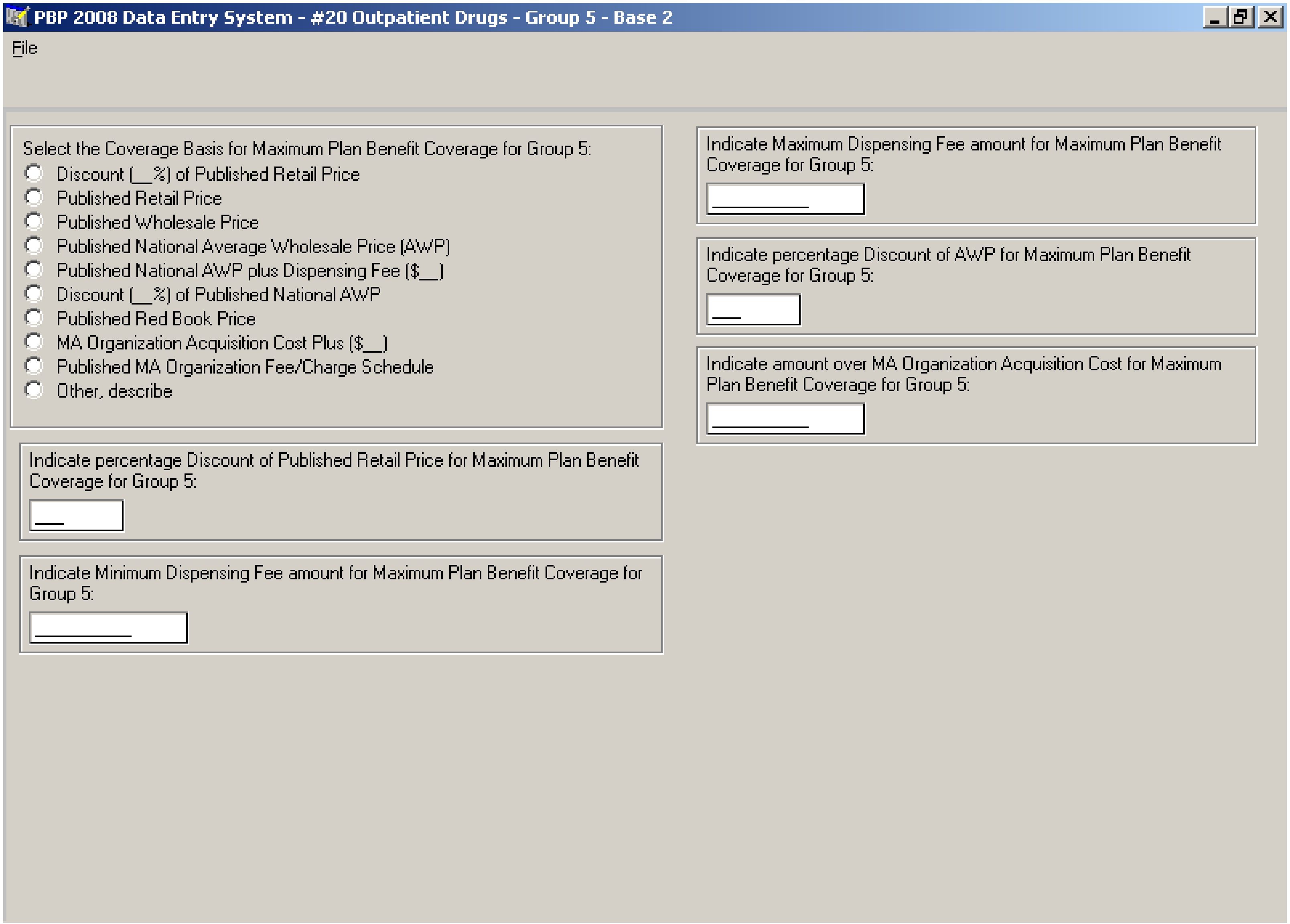
SECTION B – 20 – OUTPNT DRUGS – GROUP 4- BASE 4 SCREEN



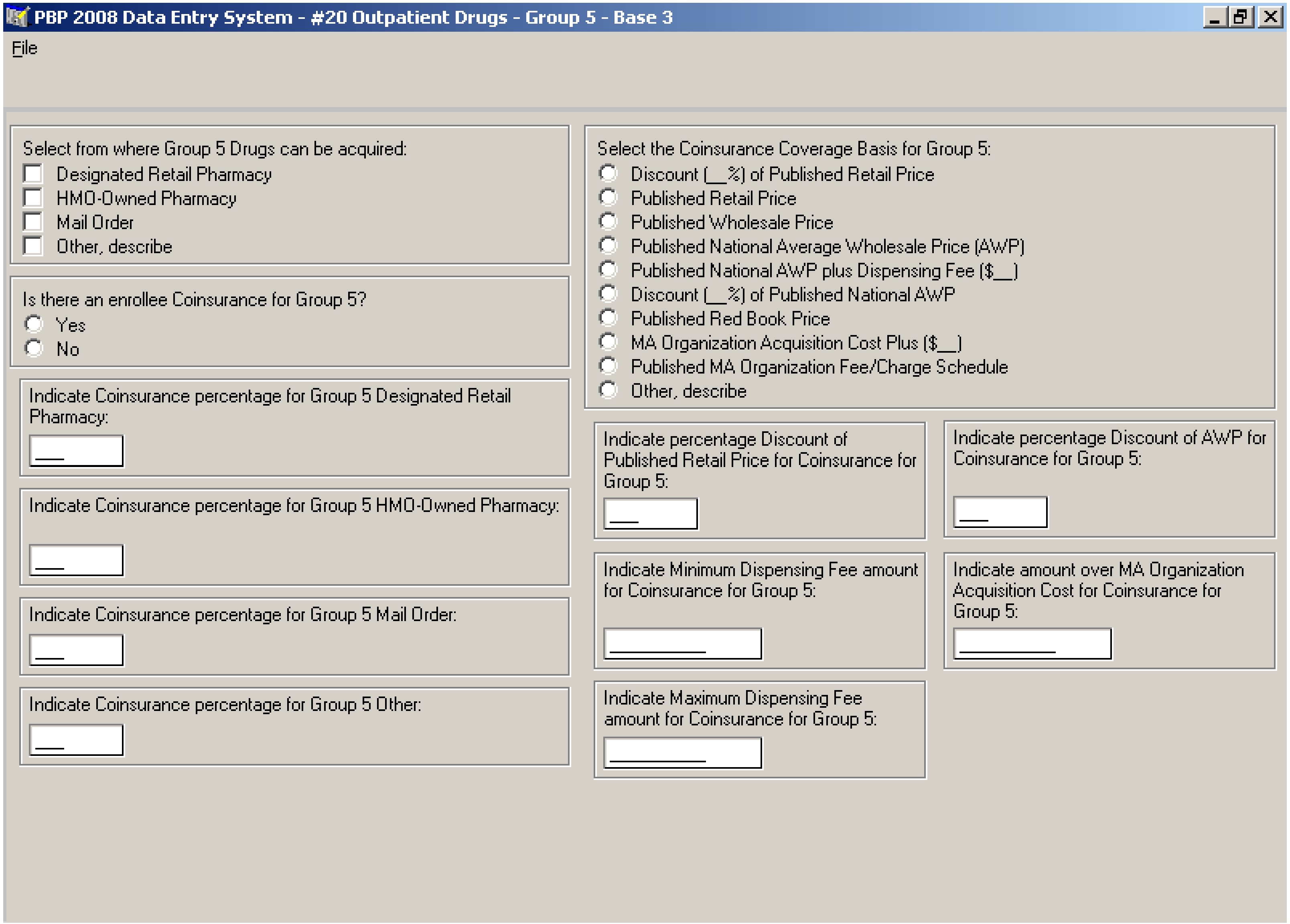
SECTION B – 20 – OUTPNT DRUGS – GROUP 5- BASE 1 SCREEN



SECTION B – 20 – OUTPNT DRUGS – GROUP 5- BASE 2 SCREEN



SECTION B – 20 – OUTPNT DRUGS – GROUP 5- BASE 3 SCREEN



SECTION B – 20 – OUTPNT DRUGS – GROUP 5- BASE 4 SCREEN