

SECTION A – A-1 SCREEN

File

Organization Legal Name:

Organization Marketing Name:

Organization Web Site:

Organization Type:

Plan Type:

Service Area(s) (\* = partial county):

Contract Number:

Plan ID:

Segment ID:

Contract Period:

Plan Name:

Plan Geographic Name:

Segment Name:

Is this a network plan?  
 Full  
 No  
 Partial

Enrollee Type:  
 Part A and Part B  
 Part B only

Do you cover Hospice Care?  
 Yes  
 No

Is this an Employer-Only plan?  
 Yes  
 No

SECTION A – A-2 SCREEN

**PBP 2010 Data Entry System - Section A-2**

File

Indicate CY 2010 total estimated monthly Medicare membership for this plan:

Does this Plan have a CMS-approved Continuation Area?  
 Yes  
 No

Does this Plan have the same cost sharing in the Continuation Area for the services included?  
 Yes  
 No, describe

Notes (Describe Continuation Area Cost Sharing Differences):

Is this a Special Needs Plan?  
 Yes  
 No

Special Needs Plan Type:  
 Institutional  
 Dual-Eligible  
 Chronic or Disabling Condition

Special Needs Institutional Type:  
 Facility  
 Community Living

Percentage:  
 Exclusive  
 Disproportionate

Population:  
 \$0 Cost Share  
 All Duals  
 Full Duals  
 Medicaid Subset

Chronic or Disabling Conditions:  
 COPD: Asthma  
 COPD: Chronic bronchitis  
 COPD: Emphysema  
 CVD: Cardiac Arrhythmia  
 CVD: Chronic Heart Failure  
 CVD: Coronary Artery Disease  
 CVD: Hypertension  
 CVD: Peripheral Vascular Disease  
 Endocrine/Metabolic: Diabetes  
 Endocrine/Metabolic: Dyslipidemia  
 Endocrine/Metabolic: Obesity  
 Immune Disorders: HIV infection  
 Immune Disorders: Rheumatoid Arthritis  
 Joint Disorders: Osteoarthritis  
 Liver Disease: Chronic liver failure  
 Liver Disease: End-stage liver disease (ESL)  
 Neurologic Disorders: Dementia  
 Neurologic Disorders: Hemorrhagic stroke  
 Neurologic Disorders: Ischemic stroke  
 Psychiatric Disorders: Alcoholism  
 Psychiatric Disorders: Bipolar disorder  
 Psychiatric Disorders: Drug dependency  
 Psychiatric Disorders: Major depression  
 Psychiatric Disorders: Schizophrenia  
 Renal Disorders: Chronic renal failure  
 Renal Disorders: End-stage renal disease (E

SECTION A – A-3 SCREEN

**SECTION A – A-4 SCREEN**

PBP 2010 Data Entry System - (repaint)Section A-4

File

Section A Notes

Notes (Optional):

Import Text