

Section RX-Medicare RX General 1– Screen

File Help

<<Previous Next>> Exit (Validate) Exit (No Validate) Go To: Medicare Rx General 1

CLICK FOR DESCRIPTION OF BENEFIT

Does your plan offer a Medicare Prescription drug (Part D) benefit?

Select the type of drug benefit:

- Defined Standard Benefit
- Actuarially Equivalent Standard
- Basic Alternative
- Enhanced Alternative

The 2012 standard gap coverage benefit of 14% for generic drugs and the coverage gap discount for brand drugs applies to all benefit types and must be reflected in each plan's bid, but should not be entered into the PBP. The gap coverage section of the PBP is intended only for those enhanced alternative plans offering 'additional gap coverage' through a supplemental benefit, that is over and above the standard benefit for generic drugs and applied before the coverage gap discount for brand drugs.

Indicate number of Tiers in your Part D benefit:

Are any of your tiers an excluded drug only tier?

- Yes
- No

Excluded drug only tiers must be assigned the highest tier value(s) of all tiers offered by this plan.

Do you have a basic Part D plan (DS, AE, BA) that provides required prescription drug coverage to beneficiaries in the service area covered by this EA plan?

- Yes
- No

Does this EA plan have a zero dollar Part D supplemental premium that satisfies (for this service area) the regulatory requirement at 42CFR §423.104(f)(3)(i) to provide required prescription drug coverage?

- Yes
- No

Section RX-Medicare RX General 2– Screen

PBP Data Entry System - Section RX, Contract Z0001, Plan 001, Segment 000

File Help

<<Previous Next>> Exit (Validate) Exit (No Validate) Go To: Medicare Rx General 2

Describe the components of your network (select all that apply):

- In-Network Retail Pharmacy
- In-Network Preferred/Non-Preferred Retail Pharmacy
- Out-of-Network Pharmacy
- Mail Order Pharmacy
- Mail Order Preferred/Non-Preferred Pharmacy
- Long Term Care Pharmacy

A plan should specify both preferred and non-preferred mail order pharmacy locations if it will require different cost sharing amounts at different mail order locations, even if both preferred and non-preferred mail order pharmacies are not currently included in its network.

Are there quantity limits on certain prescription drugs?

Yes
 No

Is prior authorization required for certain prescription drugs?

Yes
 No

Do any drugs in your formulary require a step therapy plan?

Yes
 No

Do you pay for Over-the-Counter medications (OTCs) under the Utilization Management Program?

Yes
 No

If you select "Yes" to "Do you pay for Over-the-Counter medications (OTCs) under the Utilization Management Program?", you must indicate these specific medications in a flat file which will be uploaded through the Formulary Submission Module by April 18, 2011.

OTC Medication Attestation statement

Per the CY2009 Call Letter, an MAO cannot offer the same OTC drug under both its Part C supplemental benefit and its Part D benefit. I attest any OTC drugs that are covered under Part C are separate and distinct from OTC drugs covered under Part D.

Do you offer OTCs as a part of a formal Step Therapy Protocol submitted for review and approval by CMS?

Yes
 No

With respect to OTCs, a Step Therapy protocol is one that requires the use of the OTC product prior to receiving a prescription formulary drug. This is in contrast to a general utilization management strategy that offers OTCs as alternatives to prescription formulary drugs but without a requirement to try the OTC first. All OTC drugs used in either a Part D Step Therapy Protocol or a general utilization management strategy must appear in an OTC supplemental file. However, only those OTCs used in a Step Therapy Protocol must be documented in the Step Therapy Criteria text files submitted with the formulary files.

Section RX-Medicare RX General 3– Screen

PBP Data Entry System - Section RX, Contract Z0001, Plan 001, Segment 000

File Help

<<Previous Next>> Exit (Validate) Exit (No Validate) Go To: Medicare RX General 3

Do you offer a free first fill (i.e. \$0 copayment) for any drugs?

Yes
 No

Example: If your plan offers a \$0 copay for the first fill of a Lipitor prescription, you should answer 'yes' to 'Do you offer a free first fill for any drugs' and indicate the RxCDU for Lipitor in the flat file which will be uploaded through the Formulary Submission Module by April 18, 2011.

Do you prorate cost sharing for partial fills of a new prescription to provide a 'trial supply' of a new medication? (Only select yes if you and your processor can implement prorated cost sharing.)

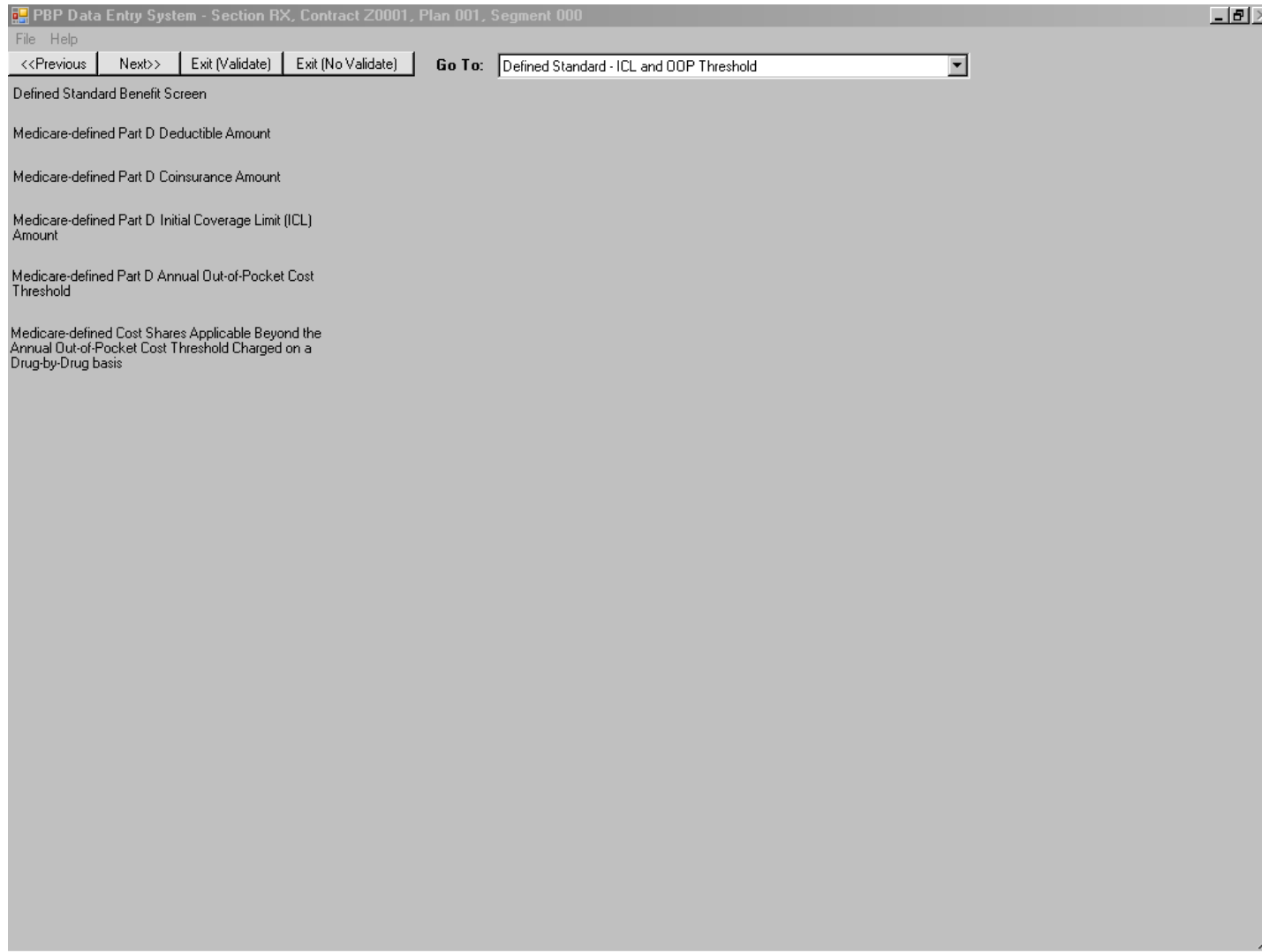
Yes
 No

Prorating cost sharing refers to a reduction in the cost share of a new prescription for a new medication not previously taken by the beneficiary, for which the beneficiary is only getting a partial fill for reasons such as determining tolerability to the new medication. This does not refer to scenarios where the pharmacy is out of stock of the new medication and therefore can only supply a partial fill or the beneficiary can only afford a partial fill at the time of dispensing.

Does this plan offer national prescription coverage?

Yes (the beneficiary can use this plan to get their prescription drugs nationally)
 No (prescription coverage only in certain areas of the country)

Section RX-Defined Standard-ICL and OOP Threshold– Screen



Section RX-Actuarially Equivalent Characteristics– Screen

PBP Data Entry System - Section RX, Contract Z0001, Plan 001, Segment 000

File Help

<<Previous Next>> Exit (Validate) Exit (No Validate) Go To: Actuarially Equivalent Characteristics

Actuarially Equivalent Benefit Screens

Medicare-defined Part D Deductible Amount

Indicate the Out-of-Network cost sharing structure for this plan:

- In-Network Copay/Coinsurance (No Differential)*
- In-Network Copay/Coinsurance plus a differential between the OON billed charge and the In-network allowable
- In-Network Copay/Coinsurance with Limited Days Supply

*If a plan chooses this option and does not utilize either a differential in cost sharing or a differential in days supply for out of network coverage, CMS' expectation is that the plan is monitoring for appropriate out of network use with either a post authorization process or alternate review tool.

Section RX-Actuarially Equivalent- Pre-ICL Screen

PBP Data Entry System - Section RX, Contract Z0001, Plan 001, Segment 000

File Help

<<Previous Next>> Exit (Validate) Exit (No Validate) Go To: Actuarially Equivalent - Pre-ICL

How do you apply your cost sharing before the Initial Coverage Limit (ICL) is reached?

Medicare-defined Part D Coinsurance amount

Cost Share Tiers

Section RX-Actuarially Equivalent- Pre-ICL Tier Type Screen

PBP Data Entry System - Section RX, Contract Z0001, Plan 001, Segment 000

File Help

<<Previous Next>> Exit (Validate) Exit (No Validate) Go To: Actuarially Equivalent - Pre-ICL Tier Type

Tier Drug type(s) (select all that apply):

- Generic
- Preferred Generic
- Non-Preferred Generic
- Brand
- Preferred Brand
- Non-Preferred Brand

Tier Includes:

- Part D Drugs Only
- Excluded drugs only (e.g., benzos, barbiturates)
- Both Part D and Excluded Drugs

Injectable Drugs Only Tier?

- Yes
- No

Specialty Tier

- Yes
- No

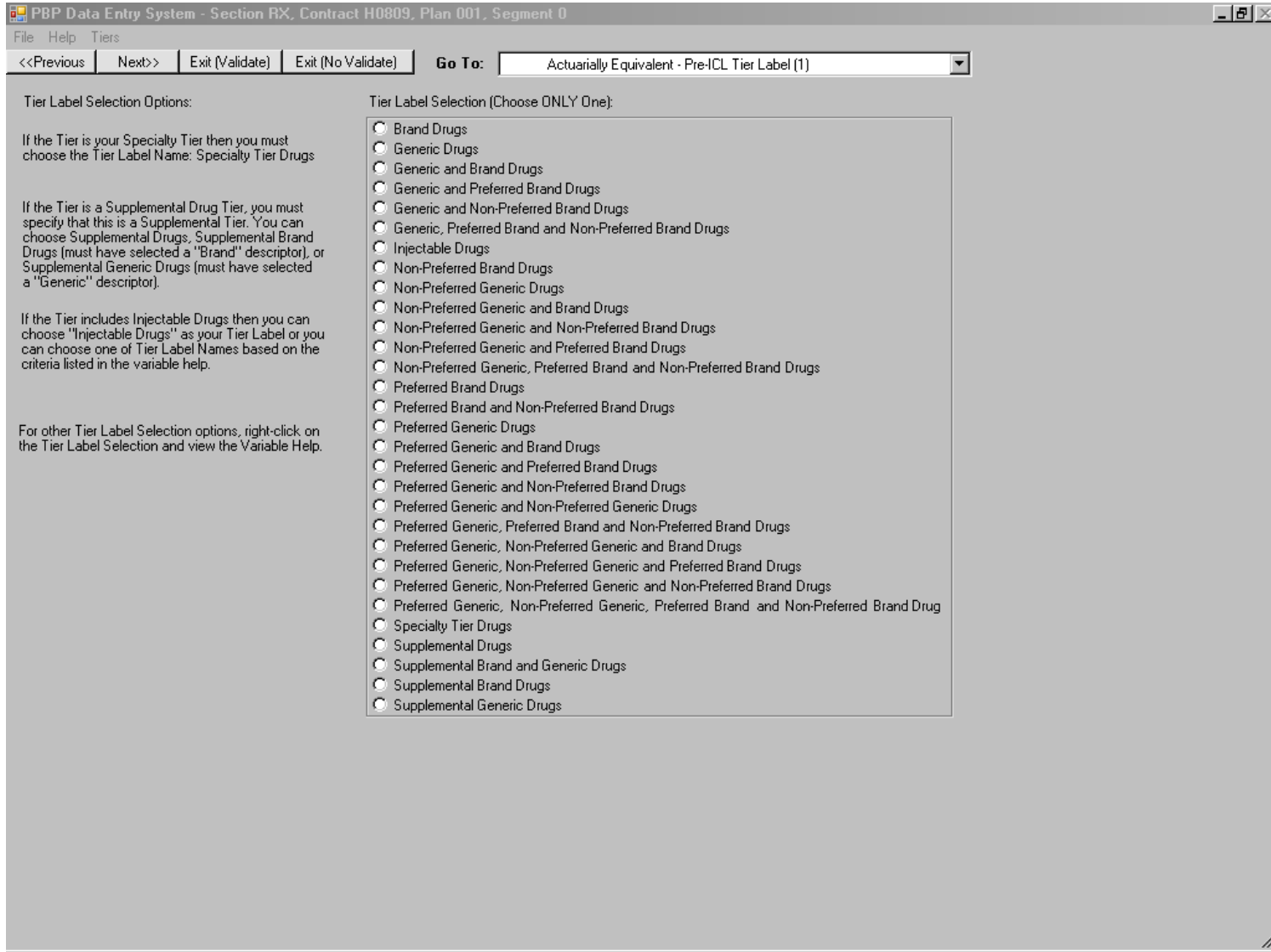
Each plan must indicate one specific cost-sharing tier from its PBP at which it will adjudicate all non-formulary drugs approved through the formulary exceptions process. Although CMS generally allows Part D sponsors to apply only one level of cost sharing from an existing formulary tier to all approved formulary exceptions, sponsors may also elect to apply a second less expensive level of cost sharing for all approved formulary exceptions for generic drugs, so long as this second level is also associated with an existing formulary tier and is uniformly applied to all approved formulary exceptions for generic drugs. When designating the exceptions tier in a PBP submission, sponsors can enter only one level of cost sharing. Thus, a sponsor that has established a second (less expensive) level of cost sharing should indicate the more expensive cost-sharing tier of the two tiers as its Exceptions Tier.

Is this Tier your Exceptions Tier?

- Yes
- No

When developing your plan's cost share tier structure, you should utilize standard industry practices. Tier 1 should be considered the lowest cost-sharing tier available to beneficiaries. Any and all subsequent tiers within the cost share tier structure should be higher cost-sharing tiers in ascending order. For example, drugs in Tier 3 should have a higher cost-share for beneficiaries than drugs in Tier 2.

Section RX-Actuarially Equivalent– Pre-ICL Tier Label Screen



Section RX-Actuarially Equivalent- Pre-ICL Tier Locations Screen

PBP Data Entry System - Section RX, Contract Z0001, Plan 001, Segment 000

File Help

<<Previous Next>> Exit [Validate] Exit [No Validate] Go To: Actuarially Equivalent - Pre-ICL Tier Locations

Enter number of days for:

	1-Month	3-Month	Other Day
In-Network Retail Pharmacy	<input type="text"/>	<input type="text"/>	<input type="text"/>
In-Network Preferred Retail Pharmacy	<input type="text"/>	<input type="text"/>	<input type="text"/>
In-Network Non-Preferred Retail Pharmacy	<input type="text"/>	<input type="text"/>	<input type="text"/>
Out-of-Network Pharmacy	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mail Order Pharmacy	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mail Order Preferred Pharmacy	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mail Order Non-Preferred Pharmacy	<input type="text"/>	<input type="text"/>	<input type="text"/>
Long Term Care Pharmacy	<input type="text"/>		

Hold down the CTRL key on your keyboard while selecting the coverage options with your MOUSE. After selecting ALL of your options release the CTRL key on your keyboard.

Select all Location/supply amount(s) that apply for this Tier:

- In-Network Retail Pharmacy - one month supply
- In-Network Retail Pharmacy - three month supply
- In-Network Retail Pharmacy - other day supply
- In-Network Preferred Retail Pharmacy - one month supply
- In-Network Preferred Retail Pharmacy - three month supply
- In-Network Preferred Retail Pharmacy - other day supply
- In-Network Non-Preferred Retail Pharmacy - one month supply
- In-Network Non-Preferred Retail Pharmacy - three month supply
- In-Network Non-Preferred Retail Pharmacy - other day supply
- Out-of-Network Pharmacy - one month supply
- Out-of-Network Pharmacy - other day supply
- Mail Order Pharmacy - one month supply
- Mail Order Pharmacy - three month supply
- Mail Order Pharmacy - other day supply
- Mail Order Preferred Pharmacy - one month supply
- Mail Order Preferred Pharmacy - three month supply
- Mail Order Preferred Pharmacy - other day supply
- Mail Order Non-Preferred Pharmacy - one month supply
- Mail Order Non-Preferred Pharmacy - three month supply
- Mail Order Non-Preferred Pharmacy - other day supply
- Long Term Care Pharmacy - one month supply

Are all of the drugs on your formulary for this tier available with an extended day supply?

Yes
 No

For example, you chose a 3-month supply at the In-Network Retail Pharmacy and/or you have an other day supply greater than your one month supply. You must answer "yes" to this question if all of the drugs on this tier are available at the extended day(s) supply.

Section RX-Actuarially Equivalent- Pre-ICL Cost Share Screen

PBP Data Entry System - Section RX, Contract Z0001, Plan 001, Segment 000

File Help

<<Previous Next>> Exit (Validate) Exit (No Validate) Go To: Actuarially Equivalent - Pre-ICL Tier Cost Share

Indicate the type of cost sharing structure for this Tier:

- Coinsurance
- Copayment
- Greater of Coinsurance and Copayment
- Lesser of Coinsurance and Copayment

Section RX-Actuarially Equivalent- Pre-ICL Tier Coinsurance Screen

	1-Month	3-Month	Other Day
Coinsurance for In-Network Retail Pharmacy	<input type="text"/>	<input type="text"/>	<input type="text"/>
Coinsurance for In-Network Preferred Retail Pharmacy	<input type="text"/>	<input type="text"/>	<input type="text"/>
Coinsurance for In-Network Non-Preferred Retail Pharmacy	<input type="text"/>	<input type="text"/>	<input type="text"/>
Coinsurance for Out-of-Network Pharmacy	<input type="text"/>		<input type="text"/>
Coinsurance for Mail Order Pharmacy	<input type="text"/>	<input type="text"/>	<input type="text"/>
Coinsurance for Mail Order Preferred Pharmacy	<input type="text"/>	<input type="text"/>	<input type="text"/>
Coinsurance for Mail Order Non-Preferred Pharmacy	<input type="text"/>	<input type="text"/>	<input type="text"/>
Coinsurance for Long Term Care Pharmacy	<input type="text"/>		

Section RX-Actuarially Equivalent- Pre-ICL Tier Copayment Screen

	1-Month	3-Month	Other Day
Copayment for In-Network Retail Pharmacy	<input type="text"/>	<input type="text"/>	<input type="text"/>
Copayment for In-Network Preferred Retail Pharmacy	<input type="text"/>	<input type="text"/>	<input type="text"/>
Copayment for In-Network Non-Preferred Retail Pharmacy	<input type="text"/>	<input type="text"/>	<input type="text"/>
Copayment for Out-of-Network Pharmacy	<input type="text"/>		<input type="text"/>
Copayment for Mail Order Pharmacy	<input type="text"/>	<input type="text"/>	<input type="text"/>
Copayment for Mail Order Preferred Pharmacy	<input type="text"/>	<input type="text"/>	<input type="text"/>
Copayment for Mail Order Non-Preferred Pharmacy	<input type="text"/>	<input type="text"/>	<input type="text"/>
Copayment for Long Term Care Pharmacy	<input type="text"/>		

Section RX-Actuarially Equivalent- OOP Threshold Screen

PBP Data Entry System - Section RX, Contract Z0001, Plan 001, Segment 000

File Help

<<Previous Next>> Exit (Validate) Exit (No Validate) Go To: Actuarially Equivalent - OOP Threshold

Medicare-defined Part D Initial Coverage Amount

Medicare-defined Part D Annual Out-of-Pocket Cost Threshold

How do you apply your cost sharing beyond the Medicare Part D Annual Out-of-Pocket Cost Threshold?

Medicare-defined Post Threshold Cost Shares

Cost Share Tiers

Section RX-Actuarially Equivalent– Post-OOP Threshold Tier Type Screen

PBP Data Entry System - Section RX, Contract Z0001, Plan 001, Segment 000

File Help

<<Previous Next>> Exit (Validate) Exit (No Validate) Go To: Actuarially Equivalent - Post-OOP Threshold Tier Type

Select drug type(s) in this Tier (select all that apply):

- Generic
- Preferred Generic
- Non-Preferred Generic
- Brand
- Preferred Brand
- Non-Preferred Brand

Indicate the type of cost sharing structure for this tier:

- Coinsurance
- Copayment
- Greater of Coinsurance and Copayment
- Lesser of Coinsurance and Copayment

Enter Coinsurance percentage:

Enter Copayment amount:

Tier Includes:

- Part D Drugs Only
- Excluded drugs only (e.g., benzos, barbiturates)
- Both Part D and Excluded drugs

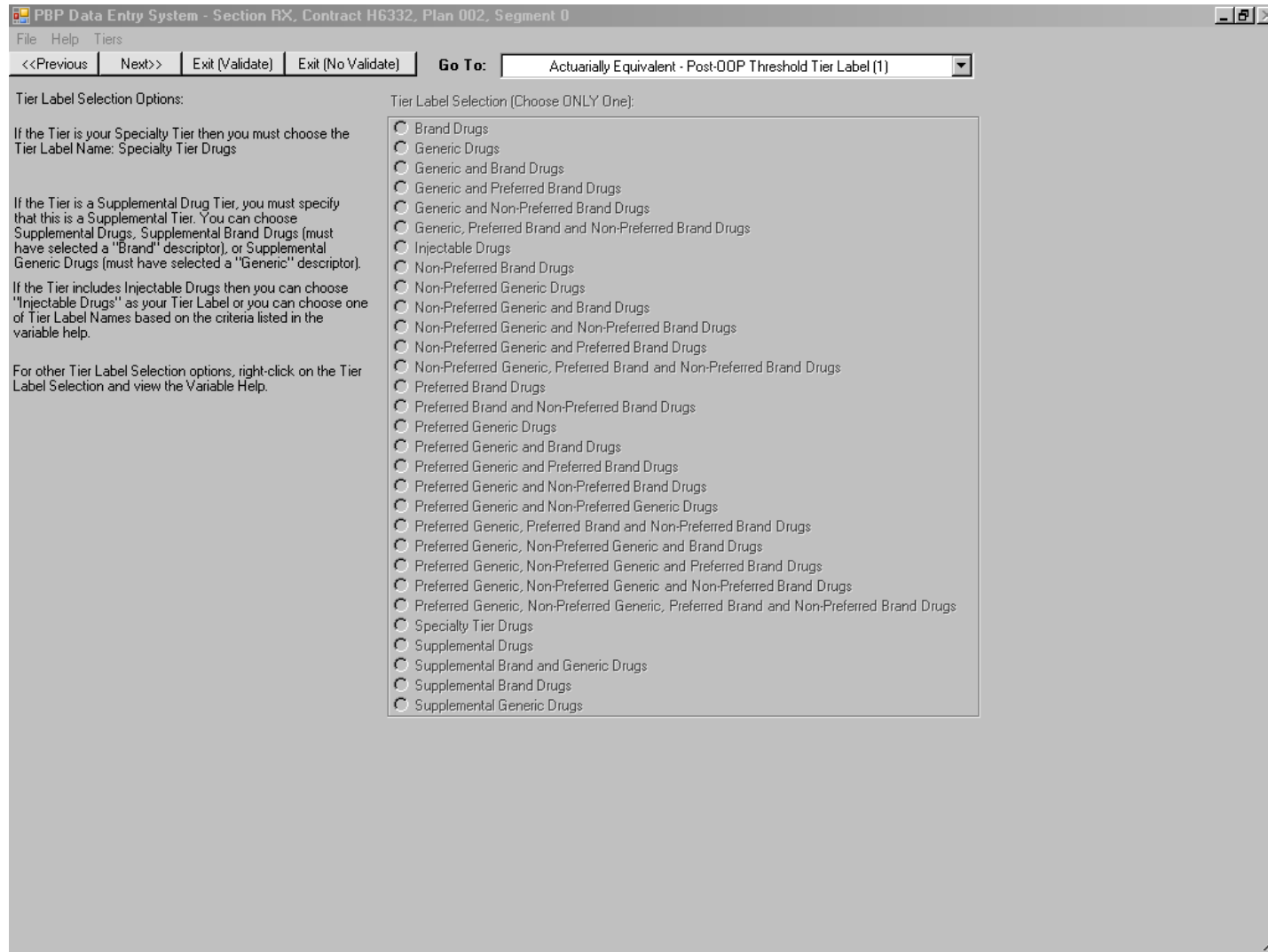
Injectable Drugs Only Tier?

- Yes
- No

Specialty Tier

- Yes
- No

Section RX-Actuarially Equivalent– Post-OOP Threshold Tier Label Screen



Section RX-Alternative– Deductible Screen

PBP Data Entry System - Section RX, Contract Z0001, Plan 001, Segment 000

File Help

<<Previous Next>> Exit (Validate) Exit (No Validate) Go To: Alternative - Deductible

Basic/Enhanced Alternative Benefit Screens

Is the tier cost share during the deductible phase the same as the Pre-ICL cost sharing for all locations?

Do you charge the Medicare-defined Part D Deductible amount?

Yes
 No, enter amount
 No Deductible

Enter Deductible Amount:

Does the Deductible apply to all tiers?

Yes
 No

Indicate each tier for which the deductible will NOT apply (select all that apply, please note that the deductible will not apply to any of the drugs on each tier selected):

Tier 1
 Tier 2
 Tier 3
 Tier 4
 Tier 5
 Tier 6

Indicate the type of cost sharing structure for this tier(s) until the deductible is reached:

Coinsurance
 Copayment
 Greater of Coinsurance and Copayment
 Lesser of Coinsurance and Copayment

Enter Coinsurance percentage: Enter Copayment amount:

Indicate the Out-of-Network cost sharing structure for this plan:

In-Network Copay/Coinsurance (No Differential)*
 In-Network Copay/Coinsurance plus a differential between the OON billed charge and the In-Network allowable
 In-Network Copay/Coinsurance with Limited Days Supply

*If a plan chooses this option and does not utilize either a differential in cost sharing or a differential in days supply for out of network coverage, CMS' expectation is that the plan is monitoring for appropriate out of network use with either a post authorization process or alternate review tool.

Section RX-Alternative– Enhanced Alternative Characteristics Screen

PBP Data Entry System - Section RX, Contract Z0001, Plan 001, Segment 000

File Help

<<Previous Next>> Exit (Validate) Exit (No Validate) Go To: Alternative - Enhanced Alternative Characteristics

Do you offer reduced Part D cost sharing as part of your supplemental Part D Benefit?

Yes
 No

Do you offer additional gap coverage as part of your supplemental benefit?

Yes
 No

Indicate the area(s) throughout the Part D benefit where the reduced Part D cost sharing is reflected (select all that apply):

Reduced deductible
 Reduced pre-ICL cost shares
 Raised ICL
 Reduced post-threshold cost shares

Do you cover excluded drugs as part of your supplemental coverage (e.g., benzodiazepines, barbiturates)? (Enhanced Alternative ONLY)

Yes
 No

If you select "Yes" to "Are any excluded drugs as part of your supplemental coverage (e.g., benzodiazepines, barbiturates)?", you must indicate these specific medications in a flat file which will be uploaded through the Formulary Submission Module by April 18, 2011.

Is there a Maximum Plan Benefit Coverage amount for excluded drugs?

Indicate Maximum Plan Benefit Coverage amount for excluded drugs:

Additional gap coverage offered by enhanced alternative plans through a supplemental benefit represents coverage that is significantly greater than the standard benefit for generic drugs and provides for additional savings on brand drugs that are applied before the coverage gap discount. The additional gap coverage entered in the PBP will be inclusive of the standard benefit (14% reduction in beneficiary cost-sharing in 2012) for generic drugs, but will be in addition to the coverage gap discount for brand drugs. For example, if a sponsor enters beneficiary cost-sharing of 30% for tier 1 generic drugs in the coverage gap, the standard generic gap benefit would be satisfied and included in the 70% reduction in cost-sharing provided through the supplemental benefit. In contrast if a sponsor enters beneficiary cost sharing of 40% for tier 2 brands in the coverage gap, this supplemental benefit would be applied first to the plan-negotiated price of the brand drug, followed by the coverage gap discount of 50% to the remaining drug cost.

Section RX-Alternative- Pre-ICL Screen

PBP Data Entry System - Section RX, Contract Z0001, Plan 001, Segment 000

File Help

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How do you apply your cost sharing before the Initial Coverage Limit (ICL) is reached?

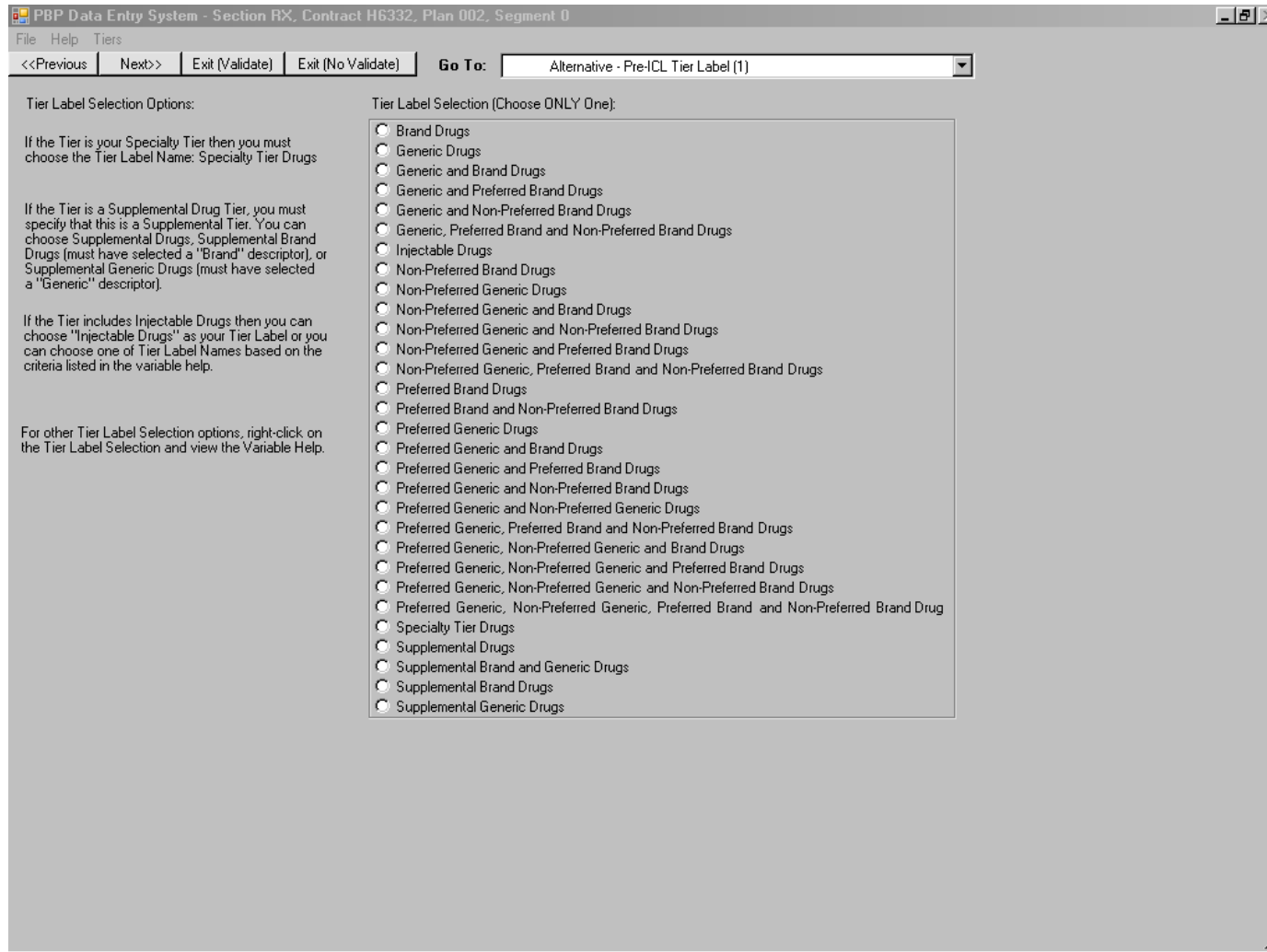
No cost sharing
 Medicare-defined Part D Coinsurance Amount
 Cost Share Tiers

Does this apply to the excluded drug only tier?

Yes
 No

Section RX-Alternative– Pre-ICL Tier Type Screen

Section RX-Alternative- Pre-ICL Tier Label Screen



Section RX-Alternative- Pre-ICL Tier Locations Screen

PBP Data Entry System - Section RX, Contract Z0001, Plan 001, Segment 000

File Help

<<Previous Next>> Exit (Validate) Exit (No Validate) Go To: Alternative - Pre-ICL Tier Locations

Enter number of days for:

	1-Month	3-Month	Other Day
In-Network Retail Pharmacy	<input type="text"/>	<input type="text"/>	<input type="text"/>
In-Network Preferred Retail Pharmacy	<input type="text"/>	<input type="text"/>	<input type="text"/>
In-Network Non-Preferred Retail Pharmacy	<input type="text"/>	<input type="text"/>	<input type="text"/>
Out-of-Network Pharmacy	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mail Order Pharmacy	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mail Order Preferred Pharmacy	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mail Order Non-Preferred Pharmacy	<input type="text"/>	<input type="text"/>	<input type="text"/>
Long Term Care Pharmacy	<input type="text"/>		

Hold down the CTRL key on your keyboard while selecting the coverage options with your MOUSE. After selecting ALL of your options release the CTRL key on your keyboard.

Select all Location/supply amount(s) that apply for this Tier:

- In-Network Retail Pharmacy - one month supply
- In-Network Retail Pharmacy - three month supply
- In-Network Retail Pharmacy - other day supply
- In-Network Preferred Retail Pharmacy - one month supply
- In-Network Preferred Retail Pharmacy - three month supply
- In-Network Preferred Retail Pharmacy - other day supply
- In-Network Non-Preferred Retail Pharmacy - one month supply
- In-Network Non-Preferred Retail Pharmacy - three month supply
- In-Network Non-Preferred Retail Pharmacy - other day supply
- Out-of-Network Pharmacy - one month supply
- Out-of-Network Pharmacy - other day supply
- Mail Order Pharmacy - one month supply
- Mail Order Pharmacy - three month supply
- Mail Order Pharmacy - other day supply
- Mail Order Preferred Pharmacy - one month supply
- Mail Order Preferred Pharmacy - three month supply
- Mail Order Preferred Pharmacy - other day supply
- Mail Order Non-Preferred Pharmacy - one month supply
- Mail Order Non-Preferred Pharmacy - three month supply
- Mail Order Non-Preferred Pharmacy - other day supply
- Long Term Care Pharmacy - one month supply

Are all of the drugs on your formulary for this tier available with an extended day supply?

Yes No

For example, you chose a 3-month supply at the In-Network Retail Pharmacy and/or you have an other day supply greater than your one month supply. You must answer "yes" to this question if all of the drugs on this tier are available at the extended day(s) supply.

Section RX-Alternative- Pre-ICL Tier Cost Share Screen

PBP Data Entry System - Section RX, Contract Z0001, Plan 001, Segment 000

File Help

<<Previous Next>> Exit (Validate) Exit (No Validate) Go To: Alternative - Pre-ICL Tier Cost Share

Indicate the type of cost sharing structure for this Tier:

- Coinsurance
- Copayment
- Greater of Coinsurance and Copayment
- Lesser of Coinsurance and Copayment

Section RX-Alternative- Pre-ICL Tier Coinsurance Screen

	1-Month	3-Month	Other Day
Coinsurance for In-Network Retail Pharmacy	<input type="text"/>	<input type="text"/>	<input type="text"/>
Coinsurance for In-Network Preferred Retail Pharmacy	<input type="text"/>	<input type="text"/>	<input type="text"/>
Coinsurance for In-Network Non-Preferred Retail Pharmacy	<input type="text"/>	<input type="text"/>	<input type="text"/>
Coinsurance for Out-of-Network Pharmacy	<input type="text"/>		<input type="text"/>
Coinsurance for Mail Order Pharmacy	<input type="text"/>	<input type="text"/>	<input type="text"/>
Coinsurance for Mail Order Preferred Pharmacy	<input type="text"/>	<input type="text"/>	<input type="text"/>
Coinsurance for Mail Order Non-Preferred Pharmacy	<input type="text"/>	<input type="text"/>	<input type="text"/>
Coinsurance for Long Term Care Pharmacy	<input type="text"/>		

Section RX-Alternative- Pre-ICL Tier Copayment Screen

PBP Data Entry System - Section RX, Contract Z0001, Plan 001, Segment 000

File Help

<<Previous Next>> Exit (Validate) Exit (No Validate) Go To: Alternative - Pre-ICL Tier Copayment

	1-Month	3-Month	Other Day
Copayment for In-Network Retail Pharmacy	<input type="text"/>	<input type="text"/>	<input type="text"/>
Copayment for In-Network Preferred Retail Pharmacy	<input type="text"/>	<input type="text"/>	<input type="text"/>
Copayment for In-Network Non-Preferred Retail Pharmacy	<input type="text"/>	<input type="text"/>	<input type="text"/>
Copayment for Out-of-Network Pharmacy	<input type="text"/>		<input type="text"/>
Copayment for Mail Order Pharmacy	<input type="text"/>	<input type="text"/>	<input type="text"/>
Copayment for Mail Order Preferred Pharmacy	<input type="text"/>	<input type="text"/>	<input type="text"/>
Copayment for Mail Order Non-Preferred Pharmacy	<input type="text"/>	<input type="text"/>	<input type="text"/>
Copayment for Long Term Care Pharmacy	<input type="text"/>		

Section RX-Alternative- ICL Screen

PBP Data Entry System - Section RX, Contract Z0001, Plan 001, Segment 000

File Help

<<Previous Next>> Exit (Validate) Exit (No Validate) Go To: Alternative - ICL

Do you apply the Medicare-defined Part D Standard Initial Coverage Limit (ICL) Amount?

Yes

No, enter amount

No ICL (Full Gap Coverage)

Enter Initial Coverage Limit (ICL) Amount:

Section RX-Alternative- Gap Coverage Screen

PBP Data Entry System - Section RX, Contract Z0001, Plan 001, Segment 000

File Help

<<Previous Next>> Exit (Validate) Exit (No Validate) Go To: Alternative - Gap Coverage

Select the tiers that include gap coverage (select all that apply):

- Tier 1
- Tier 2
- Tier 3
- Tier 4
- Tier 5
- Tier 6

Section RX-Alternative– Gap Tier Type Screen

PBP Data Entry System - Section RX, Contract Z0001, Plan 001, Segment 000

File Help

<<Previous Next>> Exit (Validate) Exit (No Validate) Go To: Alternative - Gap Tier Type

Tier Drug type(s) (select all that apply):

- Generic
- Preferred Generic
- Non-Preferred Generic
- Brand
- Preferred Brand
- Non-Preferred Brand

Tier Includes:

- Part D Drugs Only
- Excluded drugs only (e.g., benzos, barbiturates)
- Both Part D and Excluded Drugs

Injectable Drugs Only Tier?

- Yes
- No

Specialty Tier

- Yes
- No

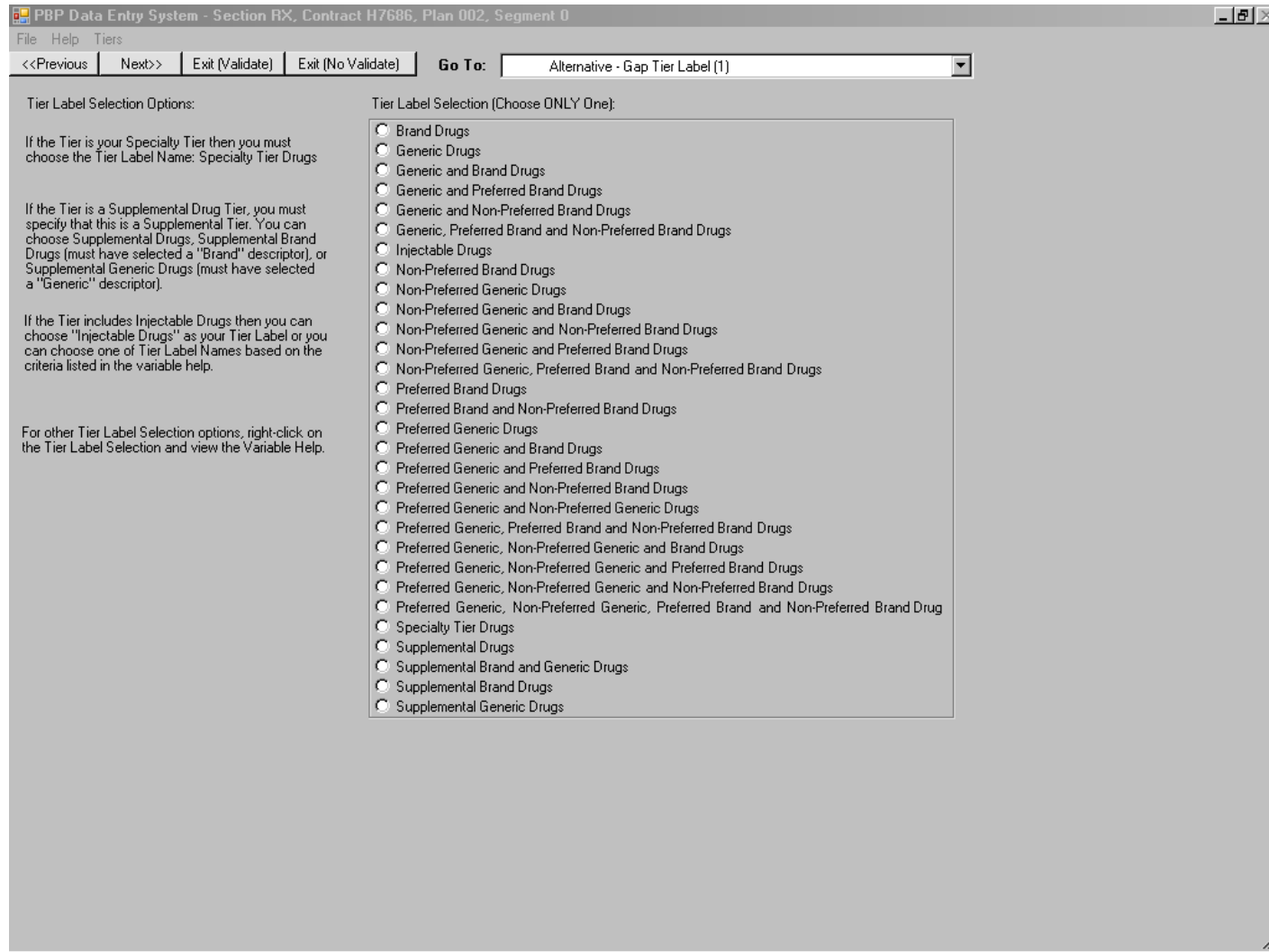
Each plan must indicate one specific cost-sharing tier from its PBP at which it will adjudicate all non-formulary drugs approved through the formulary exceptions process. Although CMS generally allows Part D sponsors to apply only one level of cost sharing from an existing formulary tier to all approved formulary exceptions, sponsors may also elect to apply a second less expensive level of cost sharing for all approved formulary exceptions for generic drugs, so long as this second level is also associated with an existing formulary tier and is uniformly applied to all approved formulary exceptions for generic drugs. When designating the exceptions tier in a PBP submission, sponsors can enter only one level of cost sharing. Thus, a sponsor that has established a second (less expensive) level of cost sharing should indicate the more expensive cost-sharing tier of the two tiers as its Exceptions Tier.

Is this Tier your Exceptions Tier?

- Yes
- No

When developing your plan's cost share tier structure, you should utilize standard industry practices. Tier 1 should be considered the lowest cost-sharing tier available to beneficiaries. Any and all subsequent tiers within the cost share tier structure should be higher cost-sharing tiers in ascending order. For example, drugs in Tier 3 should have a higher cost-share for beneficiaries than drugs in Tier 2.

Section RX-Alternative- Gap Tier Label Screen



Section RX-Alternative- Gap Tier Coverage Screen

PBP Data Entry System - Section RX, Contract Z0001, Plan 001, Segment 000

File Help

<<Previous Next>> Exit (Validate) Exit (No Validate) Go To: Alternative - Gap Tier Coverage

To what extent are any Pre-ICL covered drugs on this tier covered through the gap?

All drugs on this tier are covered through the gap (Full Tier Gap Coverage)

Some drugs from this tier are covered through the gap (Partial Tier Gap Coverage)

Are you offering any excluded drugs as part of your gap coverage?

Yes

No

Does the gap coverage on this tier only include excluded drugs?

Yes

No

The gap coverage supplemental file may not include any drugs from a tier that is fully covered in the gap.

If you select Partial Tier Gap Coverage, you must submit a gap supplemental file for drugs on the partially covered tier with the exception of excluded drugs which cannot be included on the gap supplemental file. The gap supplemental file should be uploaded through the Formulary Submission Module by April 18, 2011.

Section RX-Alternative- Gap Tier Locations Screen

PBP Data Entry System - Section RX, Contract Z0001, Plan 001, Segment 000

File Help

<<Previous Next>> Exit (Validate) Exit (No Validate) Go To: Alternative - Gap Tier Locations

Enter number of days for:

	1-Month	3-Month	Other Day
In-Network Retail Pharmacy	<input type="text"/>	<input type="text"/>	<input type="text"/>
In-Network Preferred Retail Pharmacy	<input type="text"/>	<input type="text"/>	<input type="text"/>
In-Network Non-Preferred Retail Pharmacy	<input type="text"/>	<input type="text"/>	<input type="text"/>
Out-of-Network Pharmacy	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mail Order Pharmacy	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mail Order Preferred Pharmacy	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mail Order Non-Preferred Pharmacy	<input type="text"/>	<input type="text"/>	<input type="text"/>
Long Term Care Pharmacy	<input type="text"/>		

Hold down the CTRL key on your keyboard while selecting the coverage options with your MOUSE. After selecting ALL of your options release the CTRL key on your keyboard.

Select all Location/supply amount(s) that apply for this Tier:

- In-Network Retail Pharmacy - one month supply
- In-Network Retail Pharmacy - three month supply
- In-Network Retail Pharmacy - other day supply
- In-Network Preferred Retail Pharmacy - one month supply
- In-Network Preferred Retail Pharmacy - three month supply
- In-Network Preferred Retail Pharmacy - other day supply
- In-Network Non-Preferred Retail Pharmacy - one month supply
- In-Network Non-Preferred Retail Pharmacy - three month supply
- In-Network Non-Preferred Retail Pharmacy - other day supply
- Out-of-Network Pharmacy - one month supply
- Out-of-Network Pharmacy - other day supply
- Mail Order Pharmacy - one month supply
- Mail Order Pharmacy - three month supply
- Mail Order Pharmacy - other day supply
- Mail Order Preferred Pharmacy - one month supply
- Mail Order Preferred Pharmacy - three month supply
- Mail Order Preferred Pharmacy - other day supply
- Mail Order Non-Preferred Pharmacy - one month supply
- Mail Order Non-Preferred Pharmacy - three month supply
- Mail Order Non-Preferred Pharmacy - other day supply
- Long Term Care Pharmacy - one month supply

Are all of the drugs on your formulary for this tier available with an extended day supply?

Yes
 No

For example, you chose a 3-month supply at the In-Network Retail Pharmacy and/or you have an other day supply greater than your one month supply. You must answer "yes" to this question if all of the drugs on this tier are available at the extended day(s) supply.

Section RX-Alternative- Gap Tier Cost Share Screen

PBP Data Entry System - Section RX, Contract Z0001, Plan 001, Segment 000

File Help

<<Previous Next>> Exit (Validate) Exit (No Validate) Go To: Alternative - Gap Tier Cost Share

Indicate the type of cost sharing structure for this Tier:

- Coinsurance
- Copayment
- Greater of Coinsurance and Copayment
- Lesser of Coinsurance and Copayment

Section RX-Alternative- Gap Tier Coinsurance Screen

	1-Month	3-Month	Other Day
Coinsurance for In-Network Retail Pharmacy	<input type="text"/>	<input type="text"/>	<input type="text"/>
Coinsurance for In-Network Preferred Retail Pharmacy	<input type="text"/>	<input type="text"/>	<input type="text"/>
Coinsurance for In-Network Non-Preferred Retail Pharmacy	<input type="text"/>	<input type="text"/>	<input type="text"/>
Coinsurance for Out-of-Network Pharmacy	<input type="text"/>		<input type="text"/>
Coinsurance for Mail Order Pharmacy	<input type="text"/>	<input type="text"/>	<input type="text"/>
Coinsurance for Mail Order Preferred Pharmacy	<input type="text"/>	<input type="text"/>	<input type="text"/>
Coinsurance for Mail Order Non-Preferred Pharmacy	<input type="text"/>	<input type="text"/>	<input type="text"/>
Coinsurance for Long Term Care Pharmacy	<input type="text"/>		

Section RX-Alternative- Gap Tier Copayment Screen

PBP Data Entry System - Section RX, Contract Z0001, Plan 001, Segment 000

File Help

<<Previous Next>> Exit (Validate) Exit (No Validate) Go To: Alternative - Gap Tier Copayment

	1-Month	3-Month	Other Day
Copayment for In-Network Retail Pharmacy	<input type="text"/>	<input type="text"/>	<input type="text"/>
Copayment for In-Network Preferred Retail Pharmacy	<input type="text"/>	<input type="text"/>	<input type="text"/>
Copayment for In-Network Non-Preferred Retail Pharmacy	<input type="text"/>	<input type="text"/>	<input type="text"/>
Copayment for Out-of-Network Pharmacy	<input type="text"/>		<input type="text"/>
Copayment for Mail Order Pharmacy	<input type="text"/>	<input type="text"/>	<input type="text"/>
Copayment for Mail Order Preferred Pharmacy	<input type="text"/>	<input type="text"/>	<input type="text"/>
Copayment for Mail Order Non-Preferred Pharmacy	<input type="text"/>	<input type="text"/>	<input type="text"/>
Copayment for Long Term Care Pharmacy	<input type="text"/>		

Section RX-Alternative- OOP Threshold Screen

PBP Data Entry System - Section RX, Contract Z0001, Plan 001, Segment 000

File Help

<<Previous Next>> Exit (Validate) Exit (No Validate) Go To: Alternative - OOP Threshold

Medicare-defined Part D Annual Out-of-Pocket Cost Threshold

How do you apply your cost sharing beyond the Medicare-defined Part D Annual Out-of-Pocket Cost Threshold?

No cost sharing
 Medicare-defined Post Threshold Cost Shares
 Cost Share Tiers

Does this apply to the excluded drug only tier?

Yes
 No

Section RX-Alternative– Post-OOP Threshold Tier Type Screen

PBP Data Entry System - Section RX, Contract Z0001, Plan 001, Segment 000

File Help

<<Previous Next>> Exit (Validate) Exit (No Validate) Go To: Alternative - Post-OOP Threshold Tier Type

Select drug type(s) in this Tier (select all that apply):

- Generic
- Preferred Generic
- Non-Preferred Generic
- Brand
- Preferred Brand
- Non-Preferred Brand

Indicate the type of cost sharing structure for this tier:

- Coinsurance
- Copayment
- Greater of Coinsurance and Copayment
- Lesser of Coinsurance and Copayment

Enter Coinsurance percentage: Enter Copayment amount:

Tier Includes:

- Part D Drugs Only
- Excluded drugs only (e.g., benzos, barbiturates)
- Both Part D and Excluded drugs

Injectable Drugs Only Tier?

- Yes
- No

Specialty Tier

- Yes
- No

Section RX-Alternative– Post-OOP Threshold Tier Label Screen

PBP Data Entry System - Section RX, Contract H6332, Plan 002, Segment 0

File Help Tiers

<<Previous Next>> Exit (Validate) Exit (No Validate) Go To: Alternative - Post-OOP Threshold Tier Label (1)

Tier Label Selection Options:

If the Tier is your Specialty Tier then you must choose the Tier Label Name: Specialty Tier Drugs

If the Tier is a Supplemental Drug Tier, you must specify that this is a Supplemental Tier. You can choose Supplemental Drugs, Supplemental Brand Drugs (must have selected a "Brand" descriptor), or Supplemental Generic Drugs (must have selected a "Generic" descriptor).

If the Tier includes Injectable Drugs then you can choose "Injectable Drugs" as your Tier Label or you can choose one of Tier Label Names based on the criteria listed in the variable help.

For other Tier Label Selection options, right-click on the Tier Label Selection and view the Variable Help.

Tier Label Selection (Choose ONLY One):

- Brand Drugs
- Generic Drugs
- Generic and Brand Drugs
- Generic and Preferred Brand Drugs
- Generic and Non-Preferred Brand Drugs
- Generic, Preferred Brand and Non-Preferred Brand Drugs
- Injectable Drugs
- Non-Preferred Brand Drugs
- Non-Preferred Generic Drugs
- Non-Preferred Generic and Brand Drugs
- Non-Preferred Generic and Non-Preferred Brand Drugs
- Non-Preferred Generic and Preferred Brand Drugs
- Non-Preferred Generic, Preferred Brand and Non-Preferred Brand Drugs
- Preferred Brand Drugs
- Preferred Brand and Non-Preferred Brand Drugs
- Preferred Generic Drugs
- Preferred Generic and Brand Drugs
- Preferred Generic and Preferred Brand Drugs
- Preferred Generic and Non-Preferred Brand Drugs
- Preferred Generic and Non-Preferred Generic Drugs
- Preferred Generic, Preferred Brand and Non-Preferred Brand Drugs
- Preferred Generic, Non-Preferred Generic and Brand Drugs
- Preferred Generic, Non-Preferred Generic and Preferred Brand Drugs
- Preferred Generic, Non-Preferred Generic and Non-Preferred Brand Drugs
- Preferred Generic, Non-Preferred Generic, Preferred Brand and Non-Preferred Brand Drugs
- Specialty Tier Drugs
- Supplemental Drugs
- Supplemental Brand and Generic Drugs
- Supplemental Brand Drugs
- Supplemental Generic Drugs

Section RX-General Location/Supply Screen

PBP Data Entry System - Section RX, Contract Z0001, Plan 001, Segment 000

File Help

<<Previous Next>> Exit (Validate) Exit (No Validate) Go To: General Location/Supply

Hold down the CTRL key on your keyboard while selecting the coverage options with your MOUSE. After selecting ALL of your options release the CTRL key on your keyboard.

Enter number of days for:

	1-Month	3-Month	Other Day
In-Network Retail Pharmacy	<input type="text"/>	<input type="text"/>	<input type="text"/>
In-Network Preferred Retail Pharmacy	<input type="text"/>	<input type="text"/>	<input type="text"/>
In-Network Non-Preferred Retail Pharmacy	<input type="text"/>	<input type="text"/>	<input type="text"/>
Out-of-Network Pharmacy	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mail Order Pharmacy	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mail Order Preferred Pharmacy	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mail Order Non-Preferred Pharmacy	<input type="text"/>	<input type="text"/>	<input type="text"/>
Long Term Care Pharmacy	<input type="text"/>		

Select all Location/supply amount(s) that apply:

- In-Network Retail Pharmacy - one month supply
- In-Network Retail Pharmacy - three month supply
- In-Network Retail Pharmacy - other day supply
- In-Network Preferred Retail Pharmacy - one month supply
- In-Network Preferred Retail Pharmacy - three month supply
- In-Network Preferred Retail Pharmacy - other day supply
- In-Network Non-Preferred Retail Pharmacy - one month supply
- In-Network Non-Preferred Retail Pharmacy - three month supply
- In-Network Non-Preferred Retail Pharmacy - other day supply
- Out-of-Network Pharmacy - one month supply
- Out-of-Network Pharmacy - other day supply
- Mail Order Pharmacy - one month supply
- Mail Order Pharmacy - three month supply
- Mail Order Pharmacy - other day supply
- Mail Order Preferred Pharmacy - one month supply
- Mail Order Preferred Pharmacy - three month supply
- Mail Order Preferred Pharmacy - other day supply
- Mail Order Non-Preferred Pharmacy - one month supply
- Mail Order Non-Preferred Pharmacy - three month supply
- Mail Order Non-Preferred Pharmacy - other day supply
- Long Term Care Pharmacy - one month supply

Are all of the drugs on your formulary available with an extended day supply?

Yes No

For example, you chose a 3-month supply at the In-Network Retail Pharmacy and/or you have an other day supply greater than your one month supply. You must answer "yes" to this question if all of the drugs on this tier are available at the extended day(s) supply.

Section RX-Medicare Rx-Notes Screen

