

Section A- A-1 Screen

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

File Help

<<Previous Next>> Exit (Validate) Exit (No Validate) Go To: Section A-1

Organization Legal Name: Contract Number:

Organization Marketing Name: Plan ID:

Organization Web Site: Segment ID:

Plan Name: Contract Period:

Organization Type: Service Area(s) (* = partial county): Plan Geographic Name:

Plan Type: Segment Name:

Is this a network plan? Is this an Employer-Only plan?

Enrollee Type:
 Part A and Part B
 Part B only

Do you cover Hospice Care?
 Yes
 No

Section A- A-2 Screen

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

File Help

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Indicate CY 2013 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):

Do you intend to participate in the PLATINO program?
 Yes
 No

Is this a Special Needs Plan?

Special Needs Plan Type:

Special Needs Institutional Type:

Percentage:

Population:

Chronic or Disabling Conditions:
Chronic alcohol and other drug dependence
Autoimmune disorders
Cancer excluding pre-cancer conditions or in-situ status
Cardiovascular disorders
Chronic heart failure
Dementia
Diabetes mellitus
End-stage liver disease
End-stage renal disease requiring dialysis (any mode of dialysis)
Severe hematologic disorders
HIV/AIDS
Chronic lung disorders

Section A- A-3 Screen

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

File Help

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Pharmacy Web Address:

Online Provider Directory Web Address:

Formulary Web Address:

Customer Service Contact Phone Number for Current Medicare Beneficiaries: Extension:

Customer Service Contact Local Phone Number for Current Medicare Beneficiaries: Extension:

Customer Service Contact Phone Number for Prospective Medicare Beneficiaries: Extension:

Customer Service Contact Local Phone Number for Prospective Medicare Beneficiaries: Extension:

Customer Service Contact Phone Number for Current Part D Medicare Beneficiaries: Extension:

Customer Service Contact Local Phone Number for Current Part D Medicare Beneficiaries: Extension:

Customer Service Contact Phone Number for Prospective Part D Medicare Beneficiaries: Extension:

Section A- A-4 Screen

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

File Help

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Customer Service Contact Local Phone Number for Prospective Part D Medicare Beneficiaries:	Extension:
<input type="text"/>	<input type="text"/>
Customer Service Contact TTY/TDD for Current Medicare Beneficiaries:	Extension:
<input type="text"/>	<input type="text"/>
Customer Service Contact Local TTY/TDD for Current Medicare Beneficiaries:	Extension:
<input type="text"/>	<input type="text"/>
Customer Service Contact TTY/TDD for Prospective Medicare Beneficiaries:	Extension:
<input type="text"/>	<input type="text"/>
Customer Service Contact Local TTY/TDD for Prospective Medicare Beneficiaries:	Extension:
<input type="text"/>	<input type="text"/>
Customer Service Contact TTY/TDD for Current Part D Medicare Beneficiaries:	Extension:
<input type="text"/>	<input type="text"/>
Customer Service Contact Local TTY/TDD for Current Part D Medicare Beneficiaries:	Extension:
<input type="text"/>	<input type="text"/>
Customer Service Contact TTY/TDD for Prospective Part D Medicare Beneficiaries:	Extension:
<input type="text"/>	<input type="text"/>
Customer Service Contact Local TTY/TDD for Prospective Part D Medicare Beneficiaries:	Extension:
<input type="text"/>	<input type="text"/>

Section A- A-5 Screen

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

File Help

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Select the variable help for a complete description of the Standard Bid definitions.

Is your organization filing a standard bid for Section B of the PBP?

Yes
 No

Do any of these services require prior authorization?
 Yes
 No

Do any of these services require referrals?
 Yes
 No

Select all of the Service Categories that require authorization:

- 1a: Inpatient Hospital Acute:
- 1b: Inpatient Hospital Psychiatric:
- 2: Skilled Nursing Facility (SNF):
- 3: Cardiac Rehabilitation Services:
- 3: Intensive Cardiac Rehabilitation Services:
- 3: Pulmonary Rehabilitation Services:
- 5: Partial Hospitalization:
- 6: Home Health Services:
- 7b: Chiropractic Services:
- 7c: Occupational Therapy Services:
- 7d: Physician Specialist Services:
- 7e: Mental Health Specialty Services:
- 7f: Podiatry Services:
- 7g: Other Health Care Professional:
- 7h: Psychiatric Services:
- 7i: Physical Therapy and Speech-Language Pathology Services:
- 8a: Outpatient Diagnostic Procedures:
- 8b1: Diagnostic Radiological Services:
- 8b2: Therapeutic Radiological Services:
- 8b3: Outpatient X-Rays:
- 9a: Outpatient Hospital Services:
- 9b: Ambulatory Surgical Center (ASC):
- 9c: Outpatient Substance Abuse:
- 9d: Outpatient Blood Services:
- 10a: Ambulance Services:
- 12: End-Stage Renal Disease:
- 14a: Medicare-covered Preventive Services:
- 14d: Kidney Disease Education Services:
- 14e: Diabetes Self-Management Training:

Is your organization filing a standard bid for Section C of the PBP?

Yes
 No

Do any of these services require prior authorization?
 Yes
 No

Do any of these services require referrals?
 Yes
 No

Select all of the Service Categories that require authorization:

- 1a: Inpatient Hospital Acute:
- 1b: Inpatient Hospital Psychiatric:
- 2: Skilled Nursing Facility (SNF):
- 3: Cardiac Rehabilitation Services:
- 3: Intensive Cardiac Rehabilitation Services:
- 3: Pulmonary Rehabilitation Services:
- 5: Partial Hospitalization:
- 6: Home Health Services:
- 7b: Chiropractic Services:
- 7c: Occupational Therapy Services:
- 7d: Physician Specialist Services:
- 7e: Mental Health Specialty Services:
- 7f: Podiatry Services:
- 7g: Other Health Care Professional:
- 7h: Psychiatric Services:
- 7i: Physical Therapy and Speech-Language Pathology Services:
- 8a: Outpatient Diagnostic Procedures:
- 8b1: Diagnostic Radiological Services:
- 8b2: Therapeutic Radiological Services:
- 8b3: Outpatient X-Rays:
- 9a: Outpatient Hospital Services:
- 9b: Ambulatory Surgical Center (ASC):
- 9c: Outpatient Substance Abuse:
- 9d: Outpatient Blood Services:
- 10a: Ambulance Services:
- 12: End-Stage Renal Disease:
- 14a: Medicare-covered Preventive Services:
- 14d: Kidney Disease Education Services:
- 14e: Diabetes Self-Management Training:

Section A- A-6 Screen

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

File Help

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Is your organization filing a standard bid for Section D of the PBP?

Yes
 No

Section A Notes

Note may include additional information to describe benefit in this service category. Do not repeat information captured in data entry.

Notes (Optional):