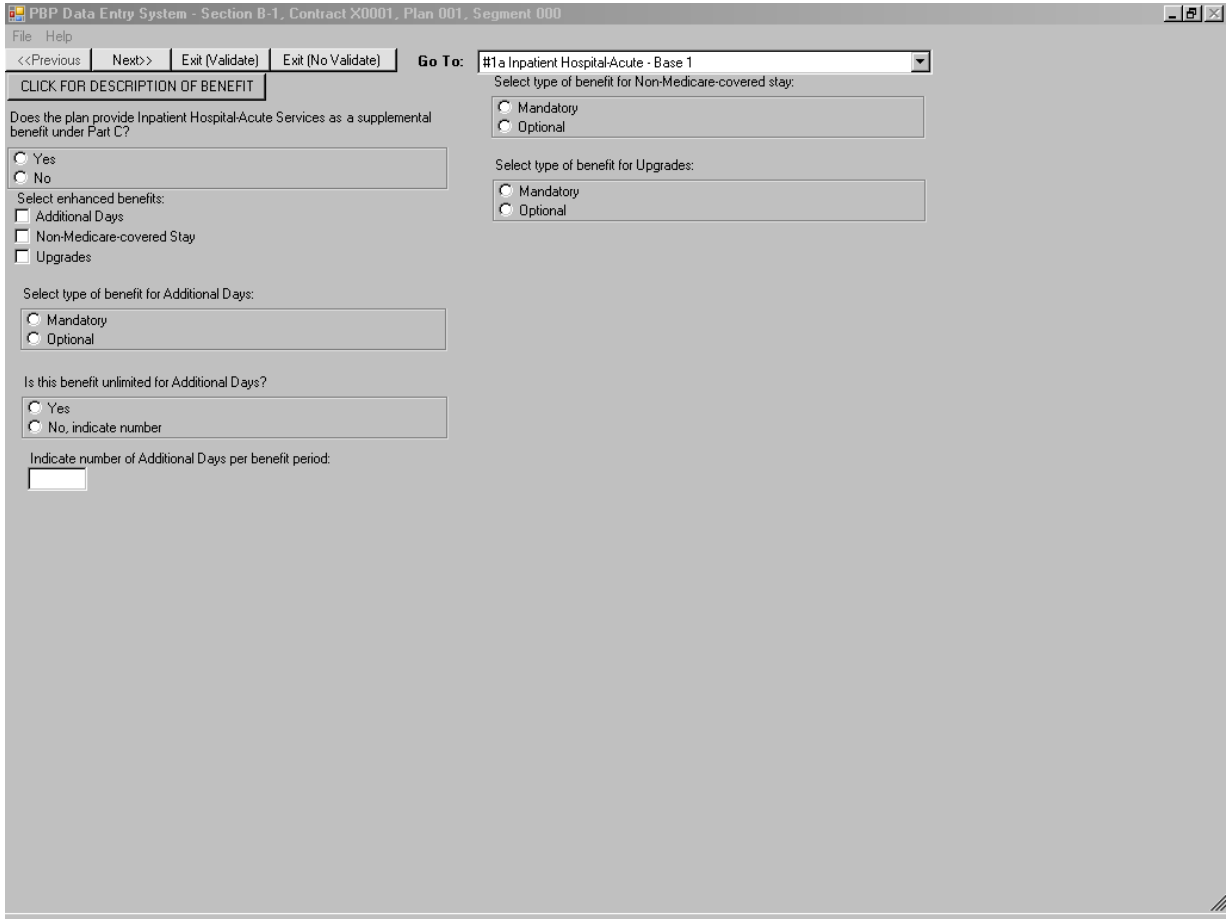
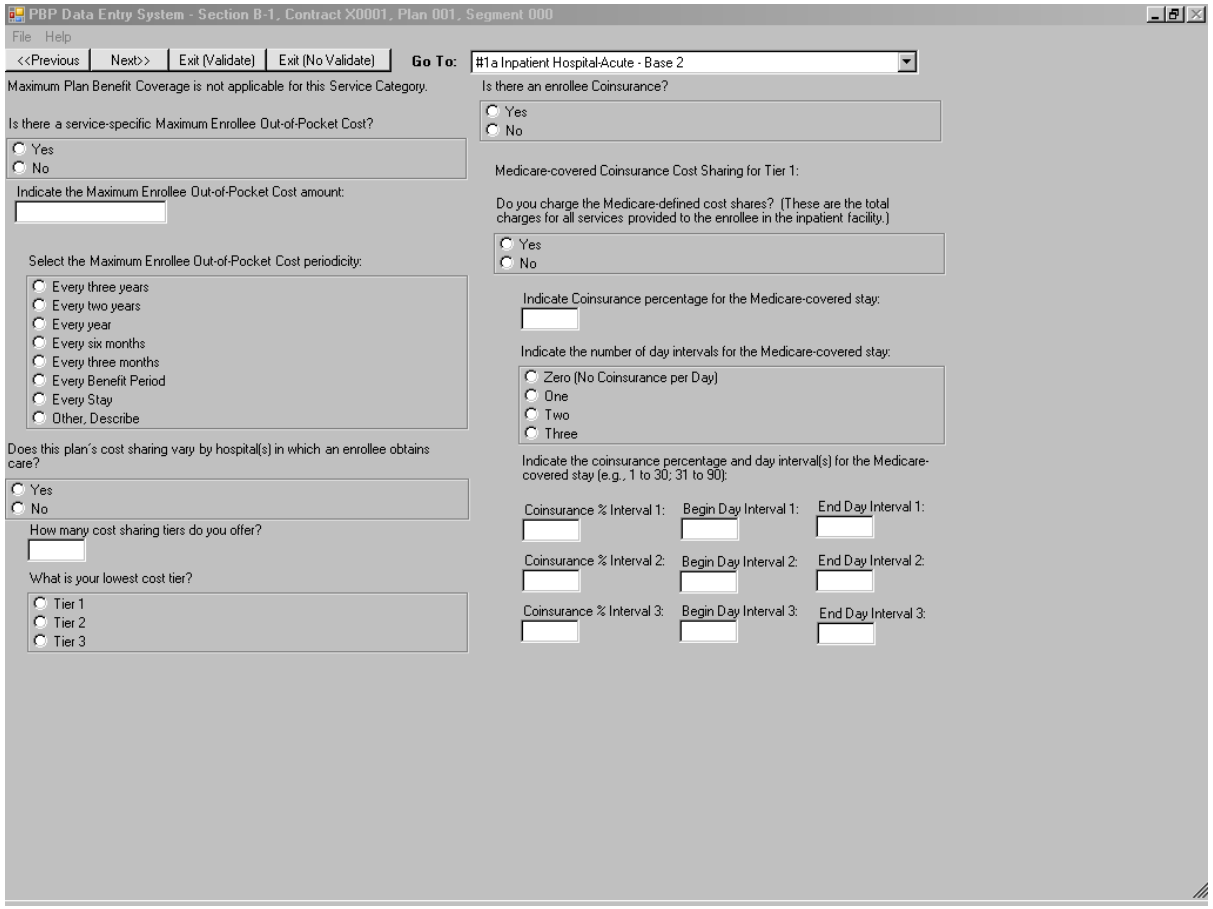
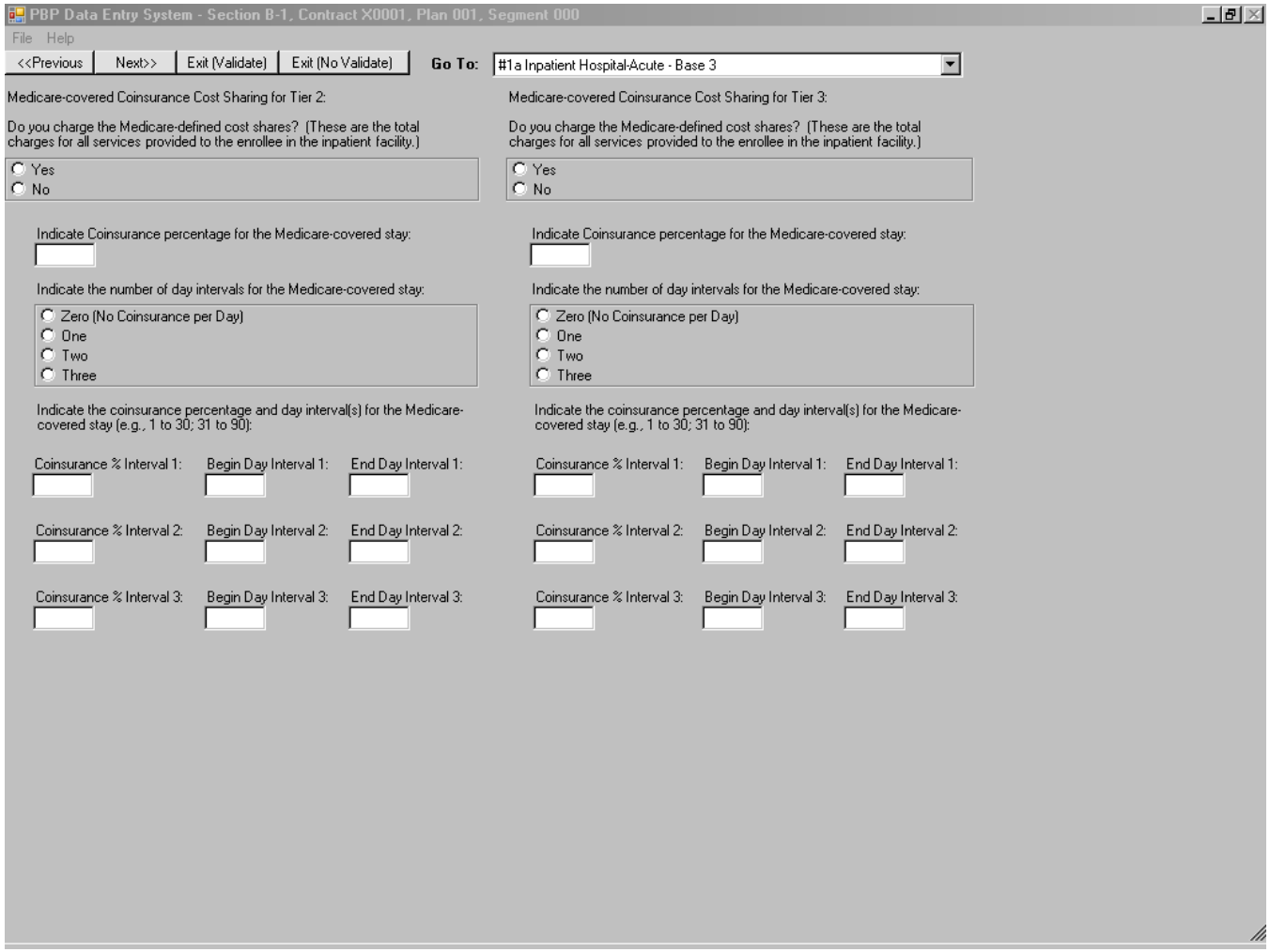
Section B - 1A - Inpatient Hospital-Acute – Base 1 Screen



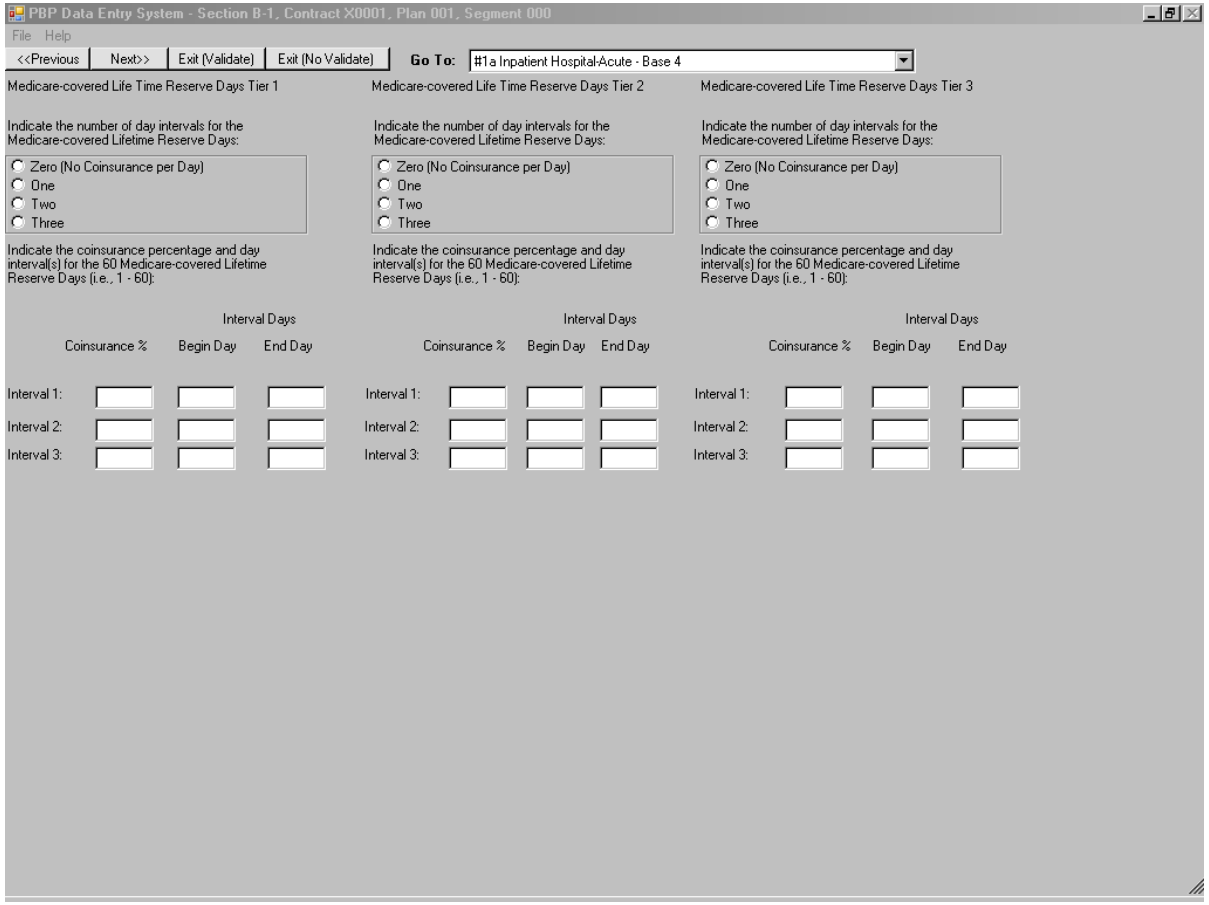
Section B - 1A - Inpatient Hospital-Acute – Base 2 Screen



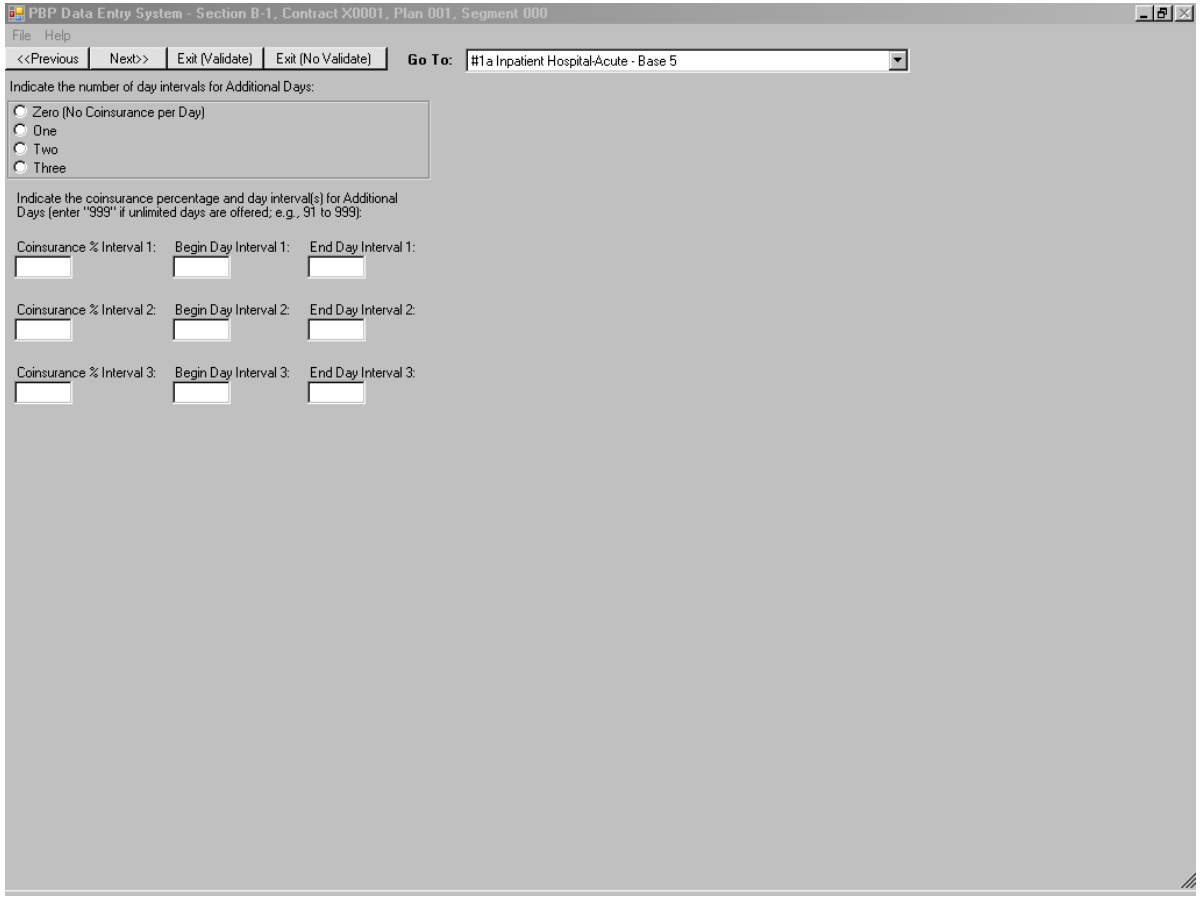
Section B - 1A - Inpatient Hospital-Acute – Base 3 Screen



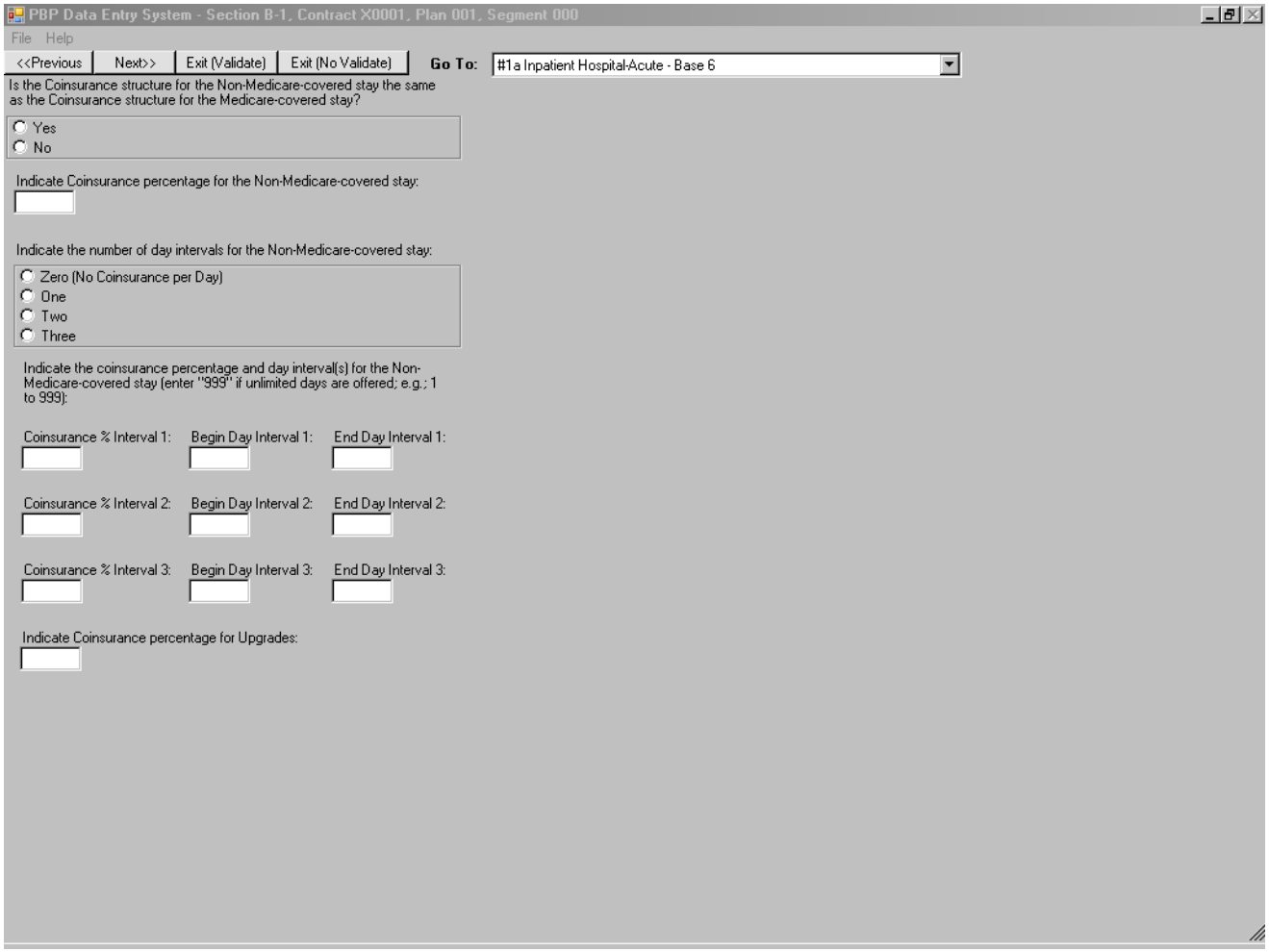
Section B - 1A - Inpatient Hospital-Acute – Base 4 Screen



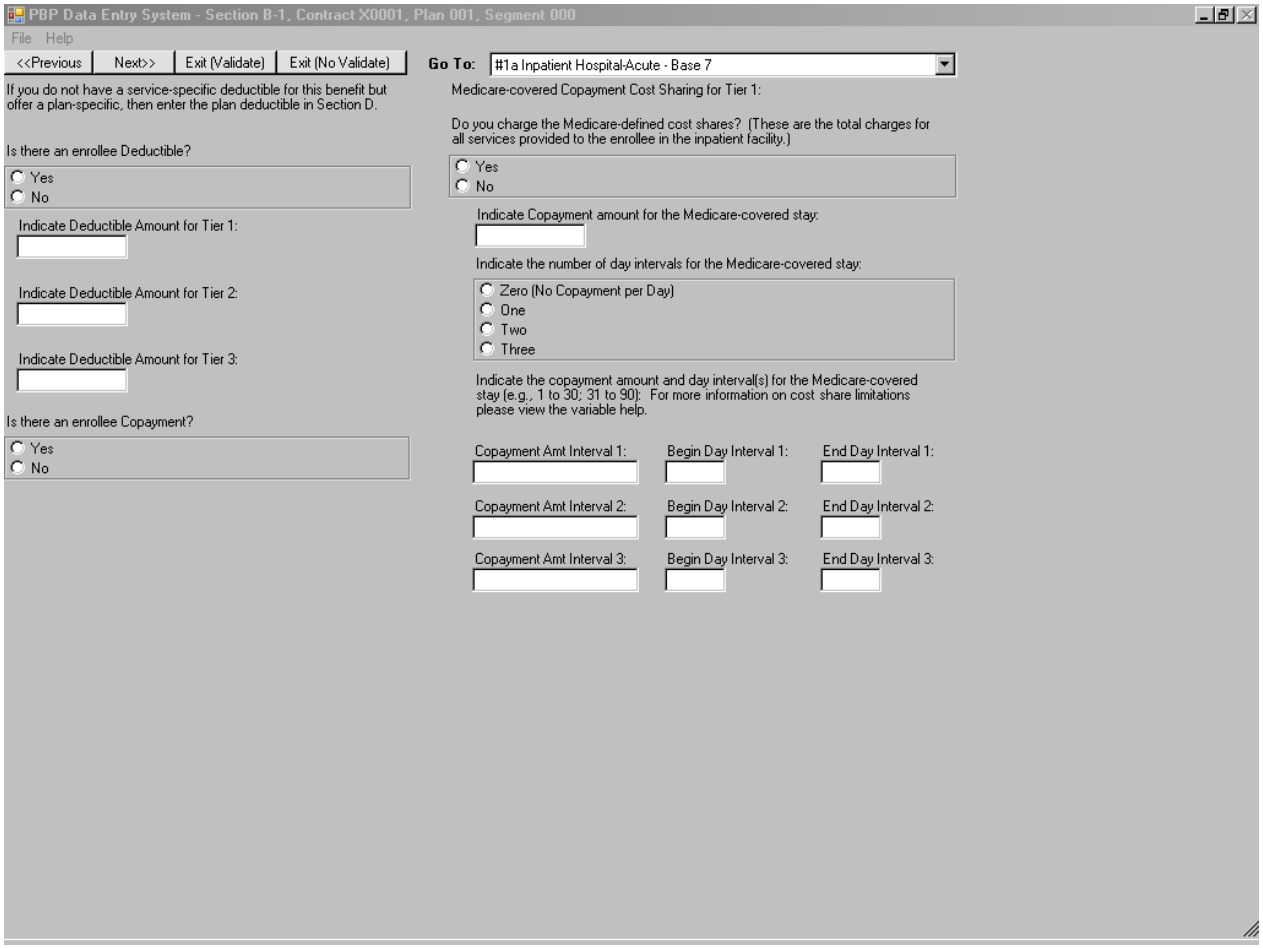
Section B - 1A - Inpatient Hospital-Acute – Base 5 Screen



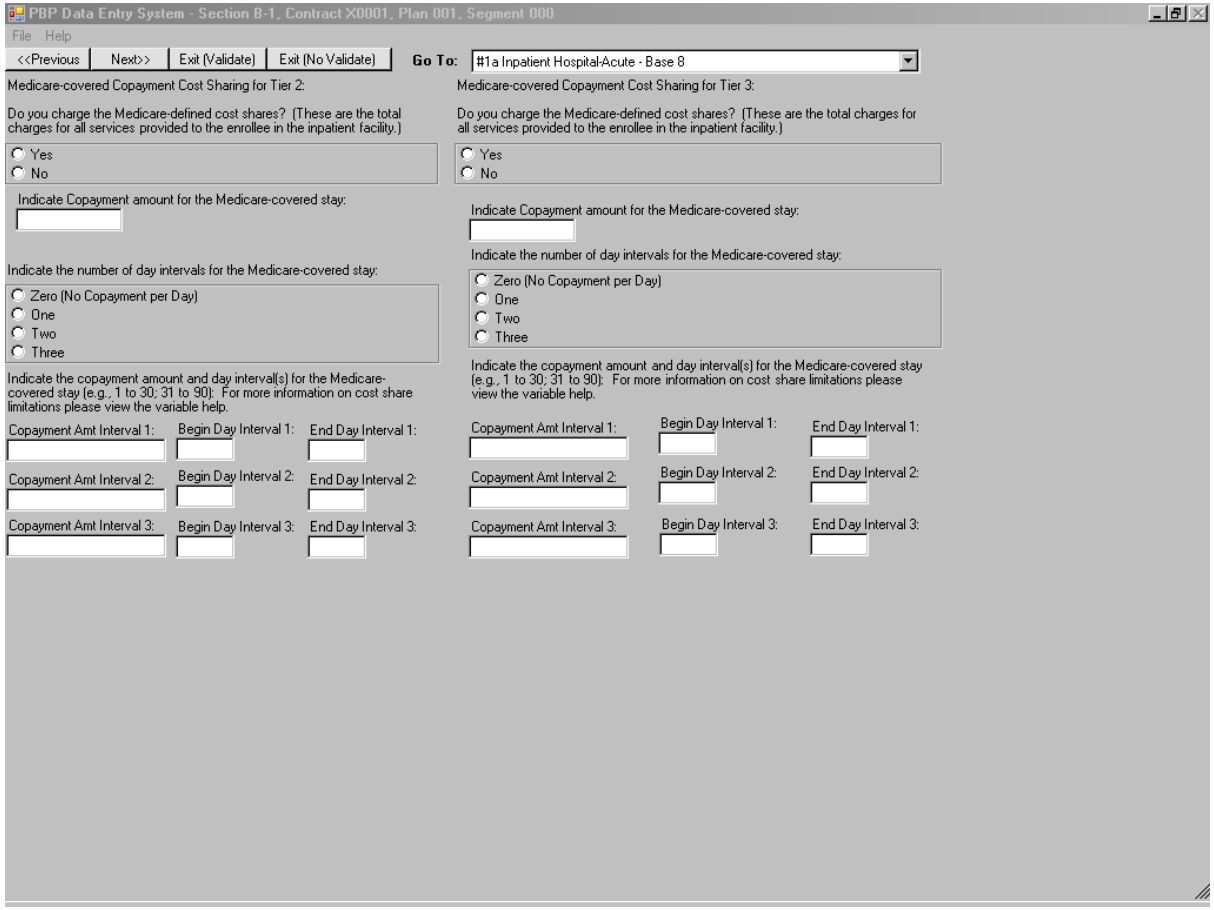
Section B - 1A - Inpatient Hospital-Acute – Base 6 Screen



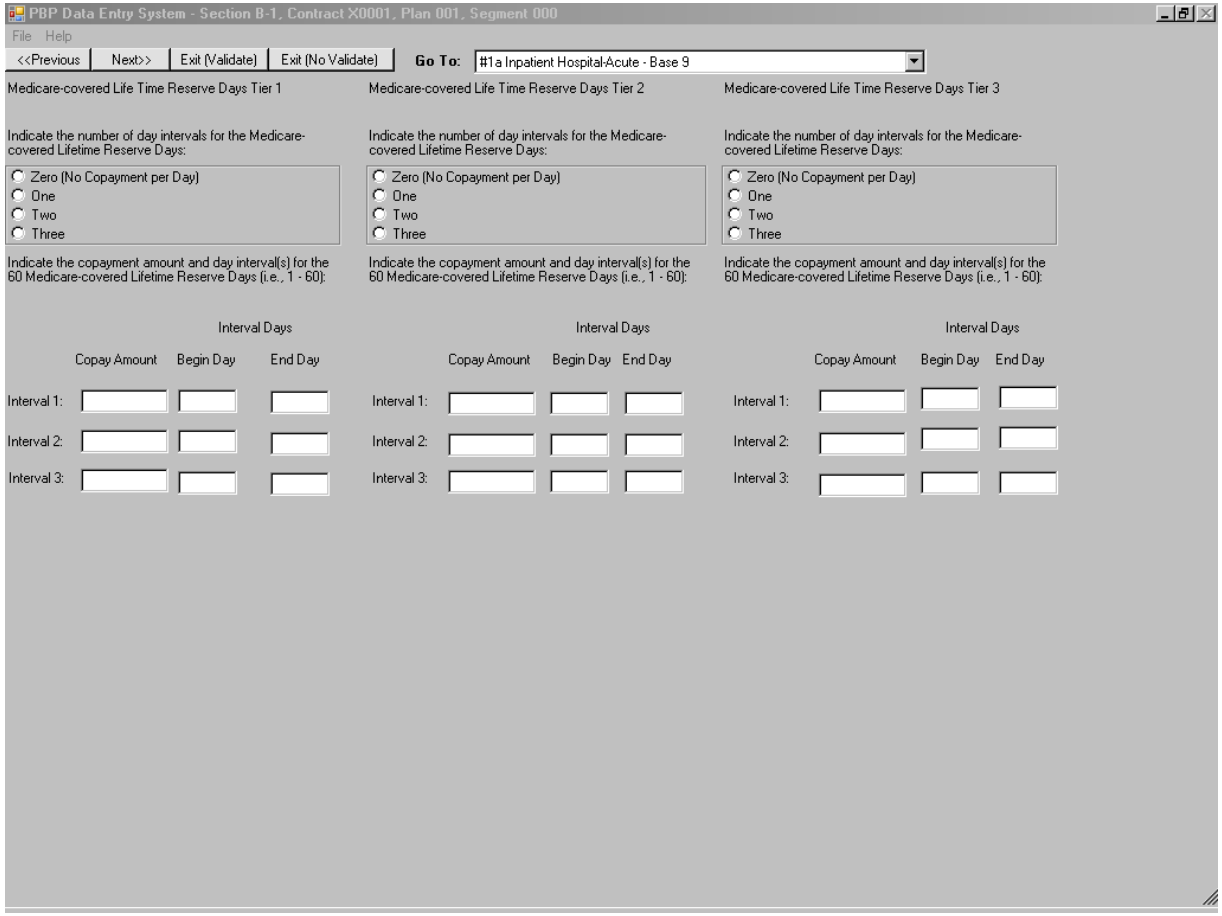
Section B - 1A - Inpatient Hospital-Acute – Base 7 Screen



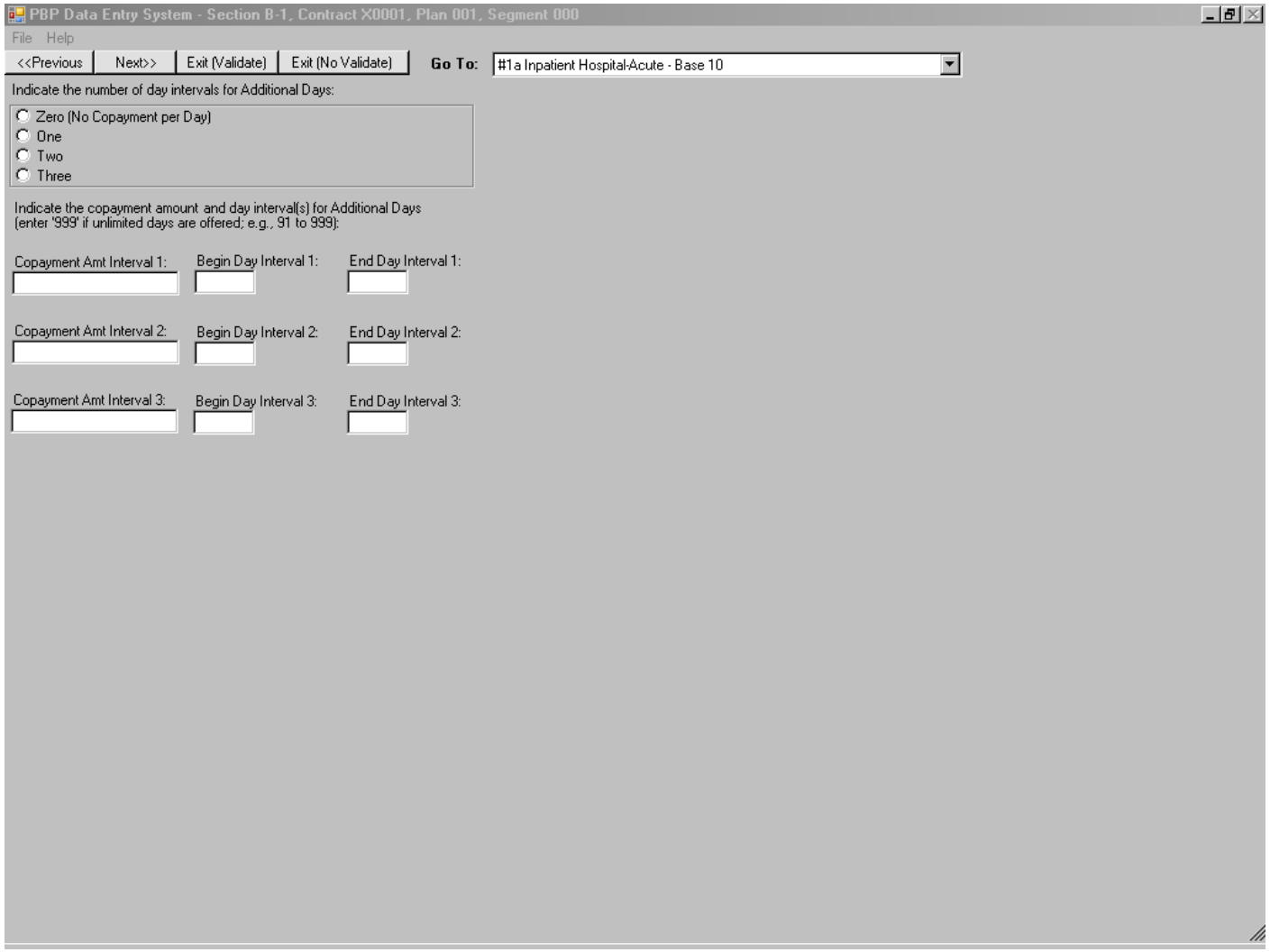
Section B - 1A - Inpatient Hospital-Acute – Base 8 Screen



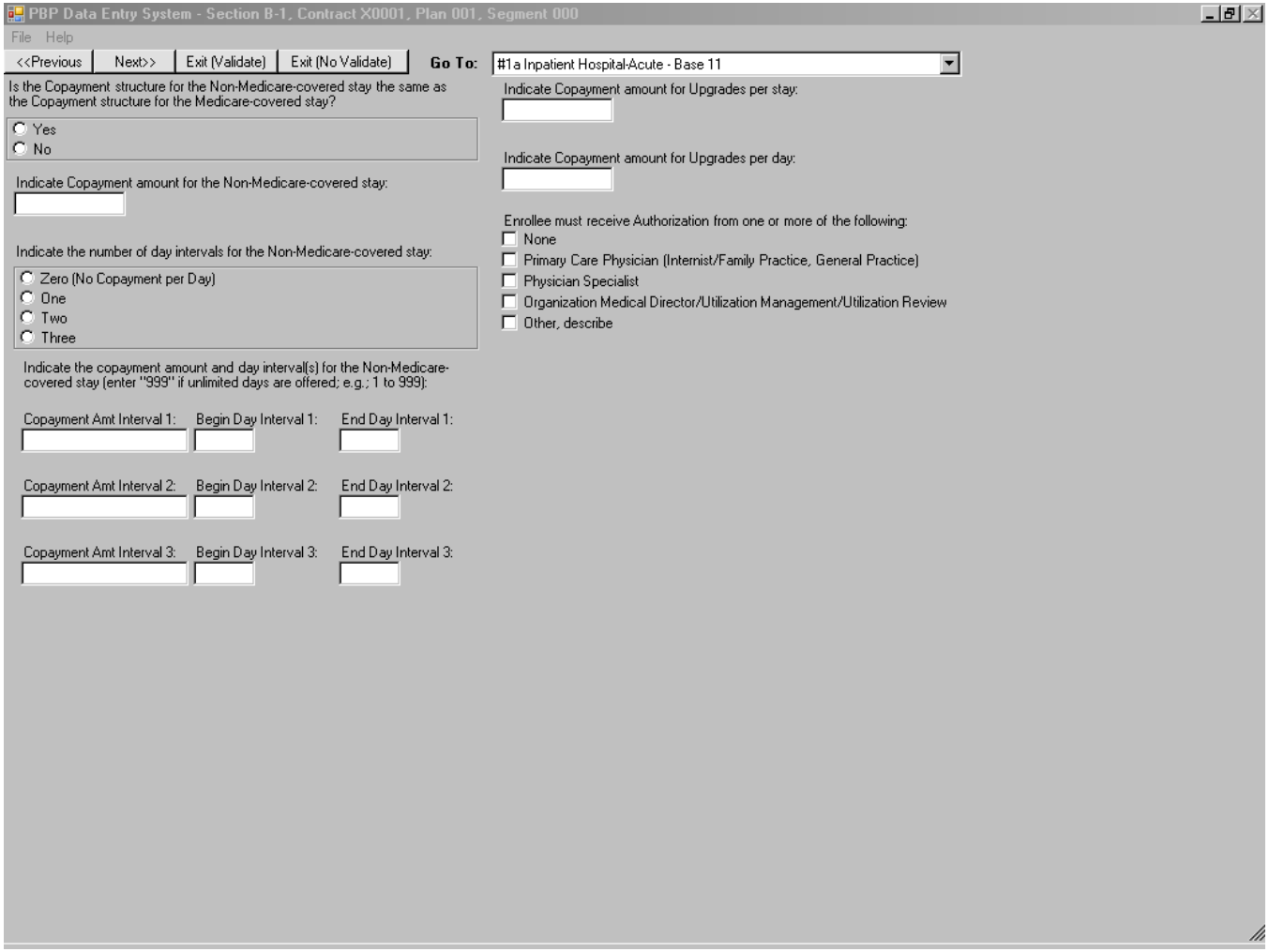
Section B – 1B - Inpatient Hospital Psychiatric – Base 9 Screen



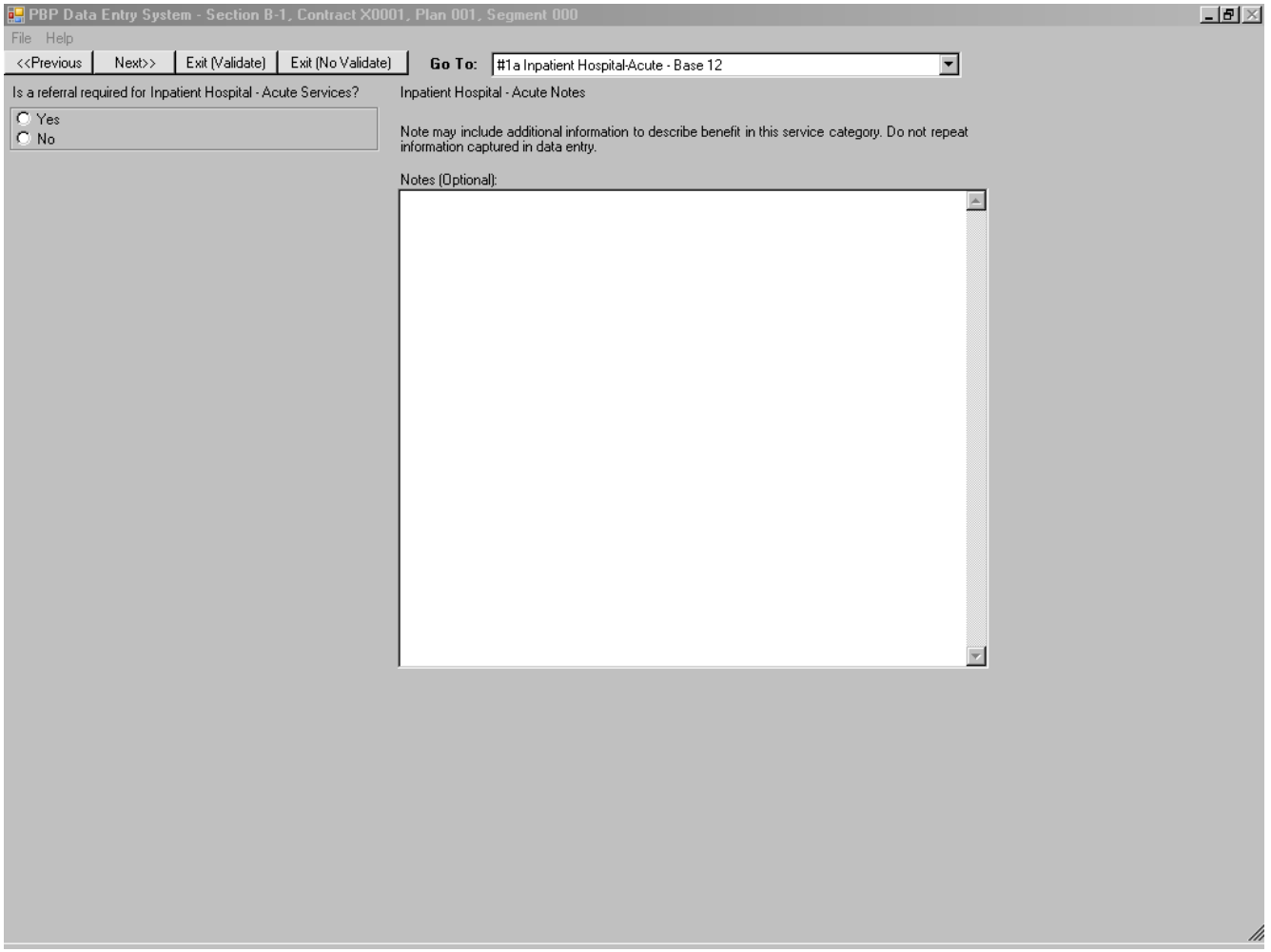
Section B – 1B - Inpatient Hospital Psychiatric – Base 10 Screen



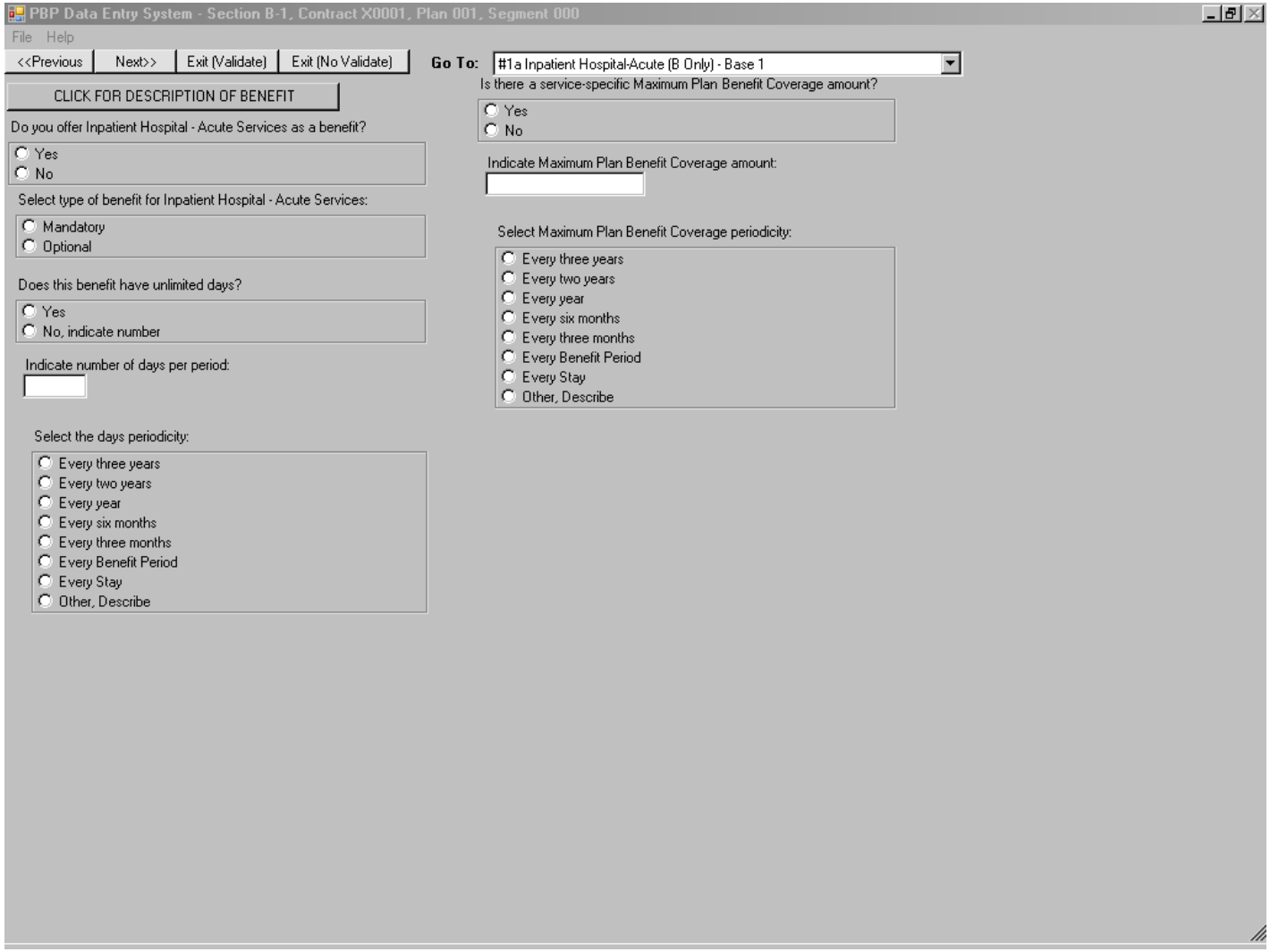
Section B – 1B - Inpatient Hospital Psychiatric – Base 11 Screen



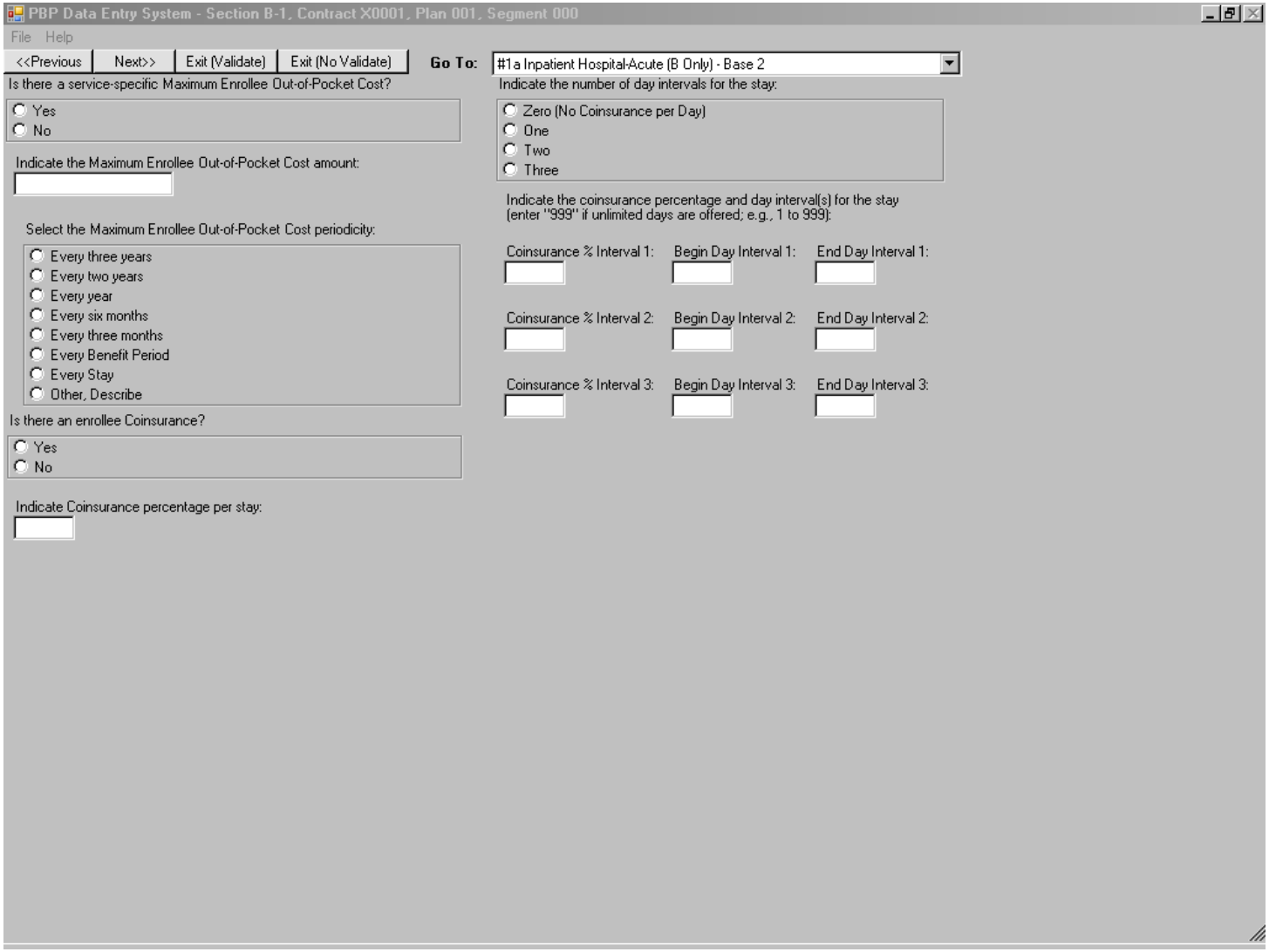
Section B – 1B - Inpatient Hospital Psychiatric – Base 12 Screen



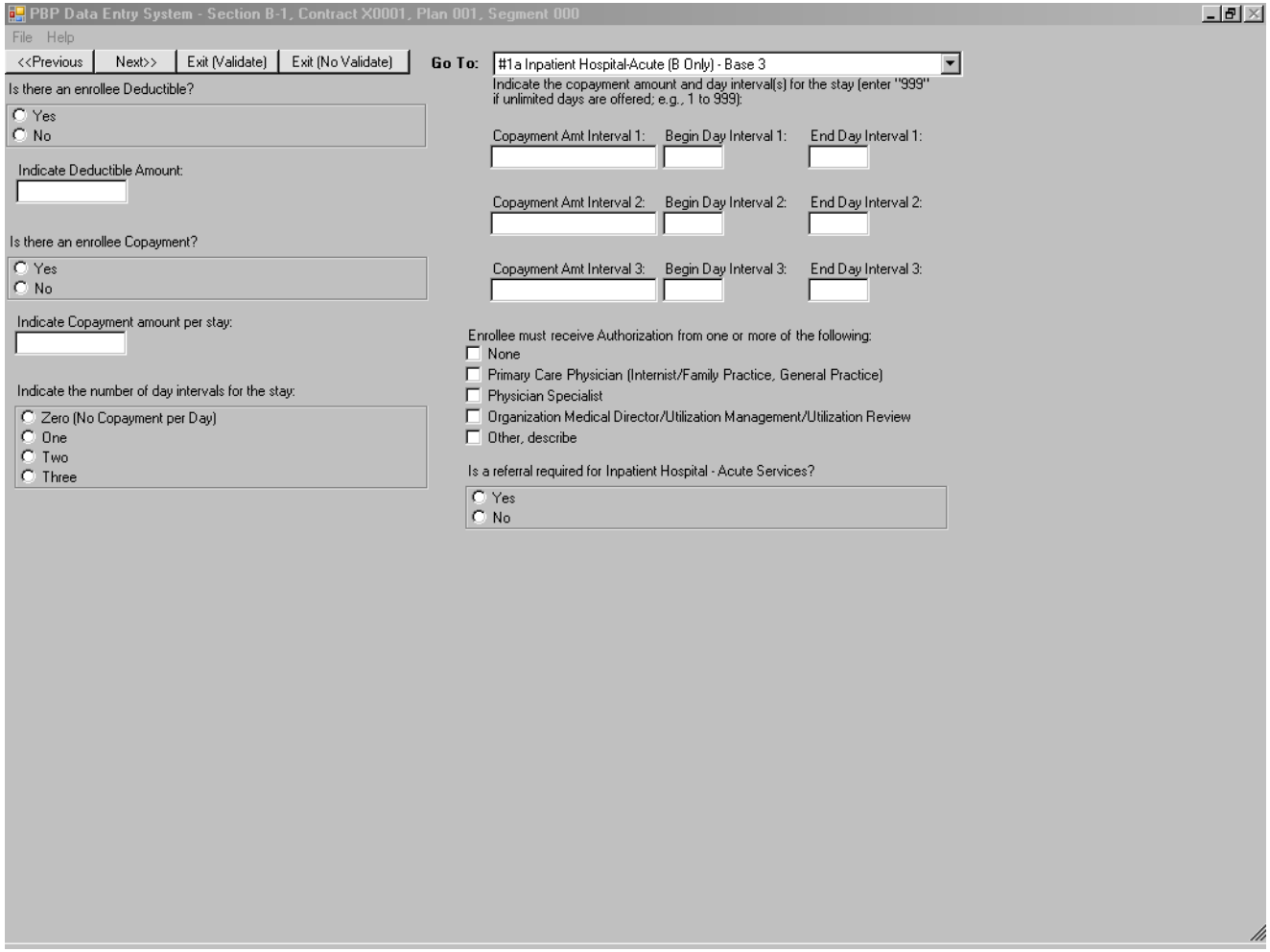
Section B – 1A Inpatient Hospital Acute (B Only)-Base 1



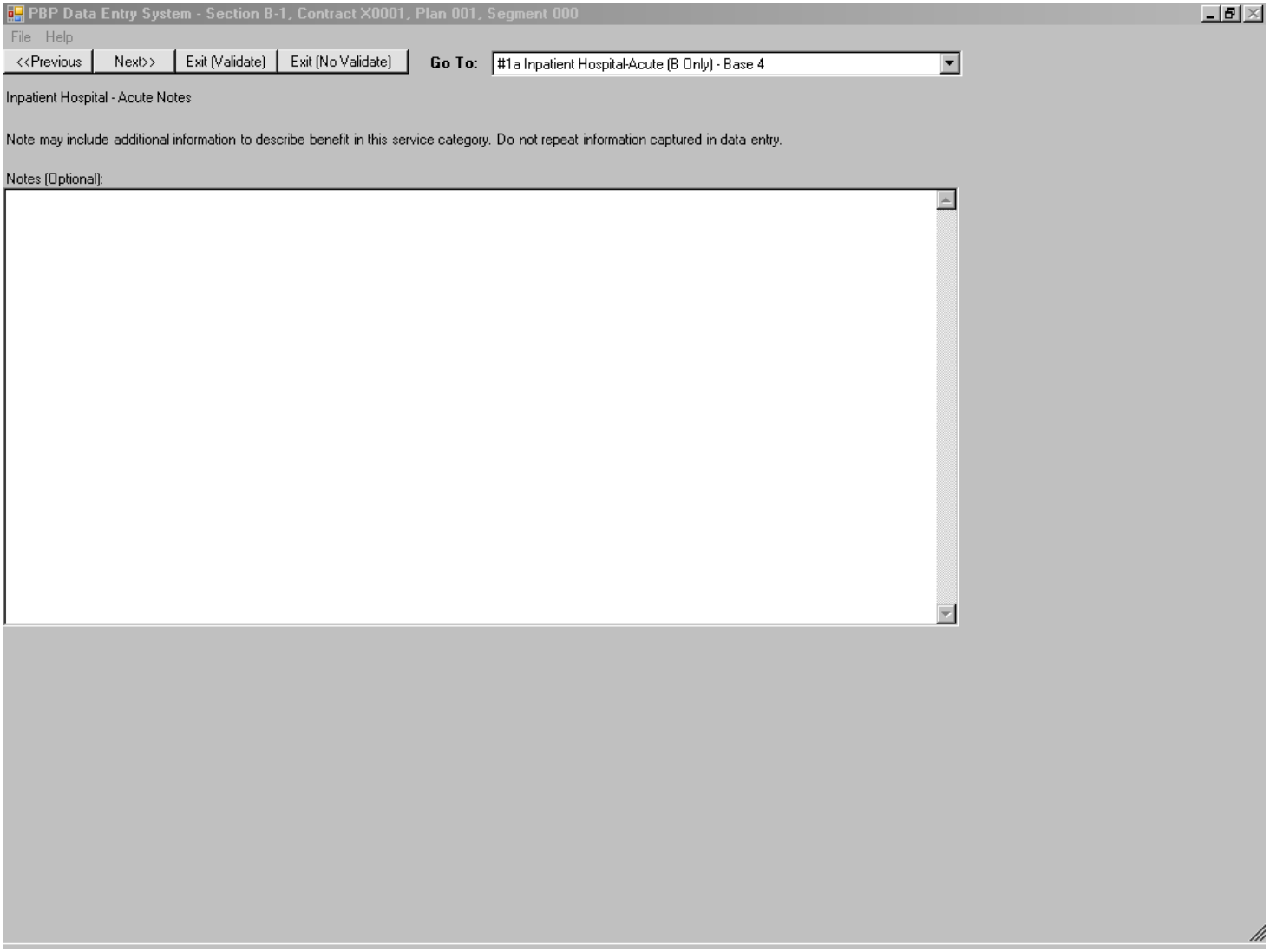
Section B – 1A Inpatient Hospital Acute (B Only)-Base 2



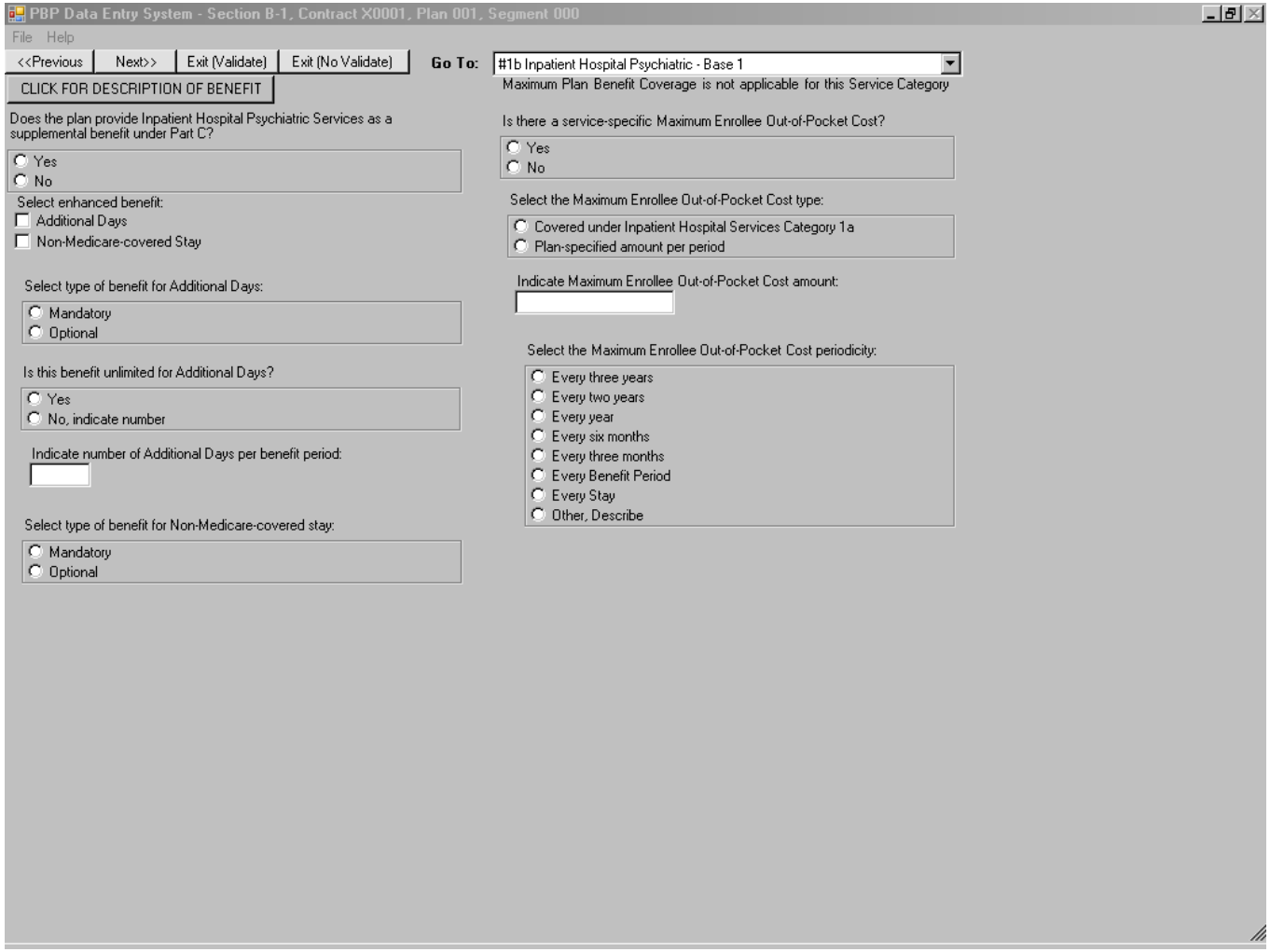
Section B – 1A Inpatient Hospital Acute (B Only)-Base 3



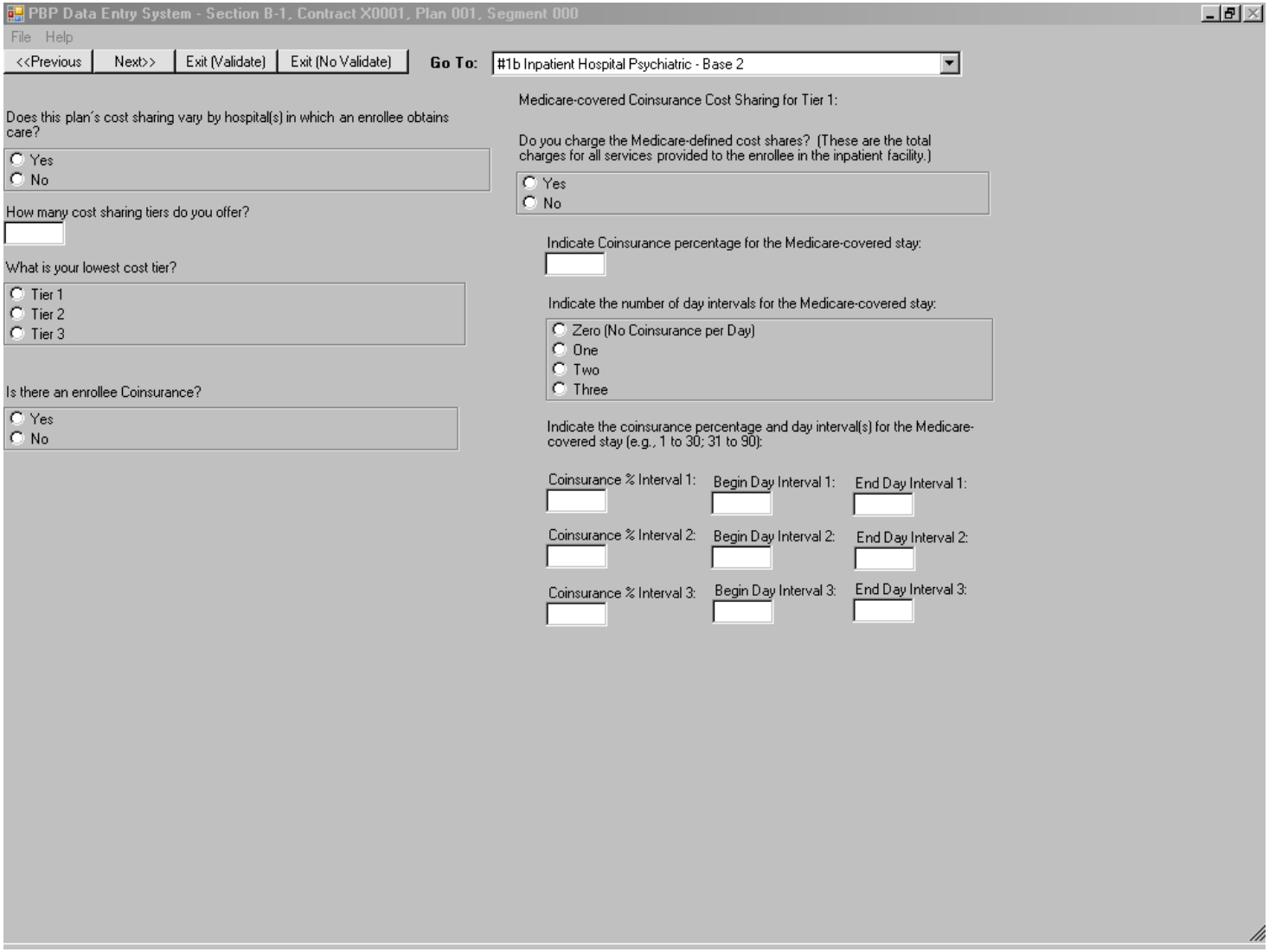
Section B – 1A Inpatient Hospital Acute (B Only)-Base 4



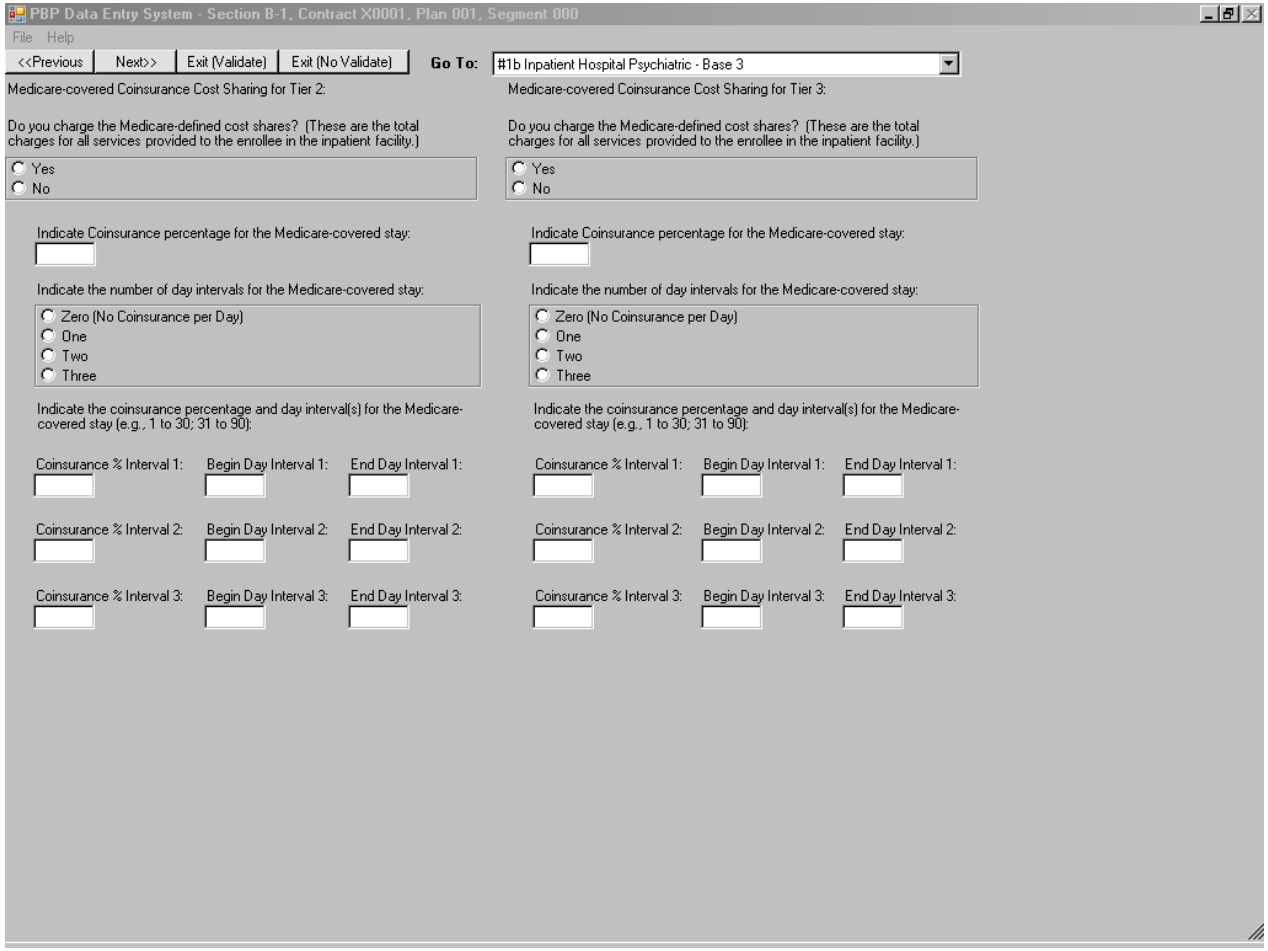
Section B – 1B - Inpatient Hospital Psychiatric – Base 1 Screen



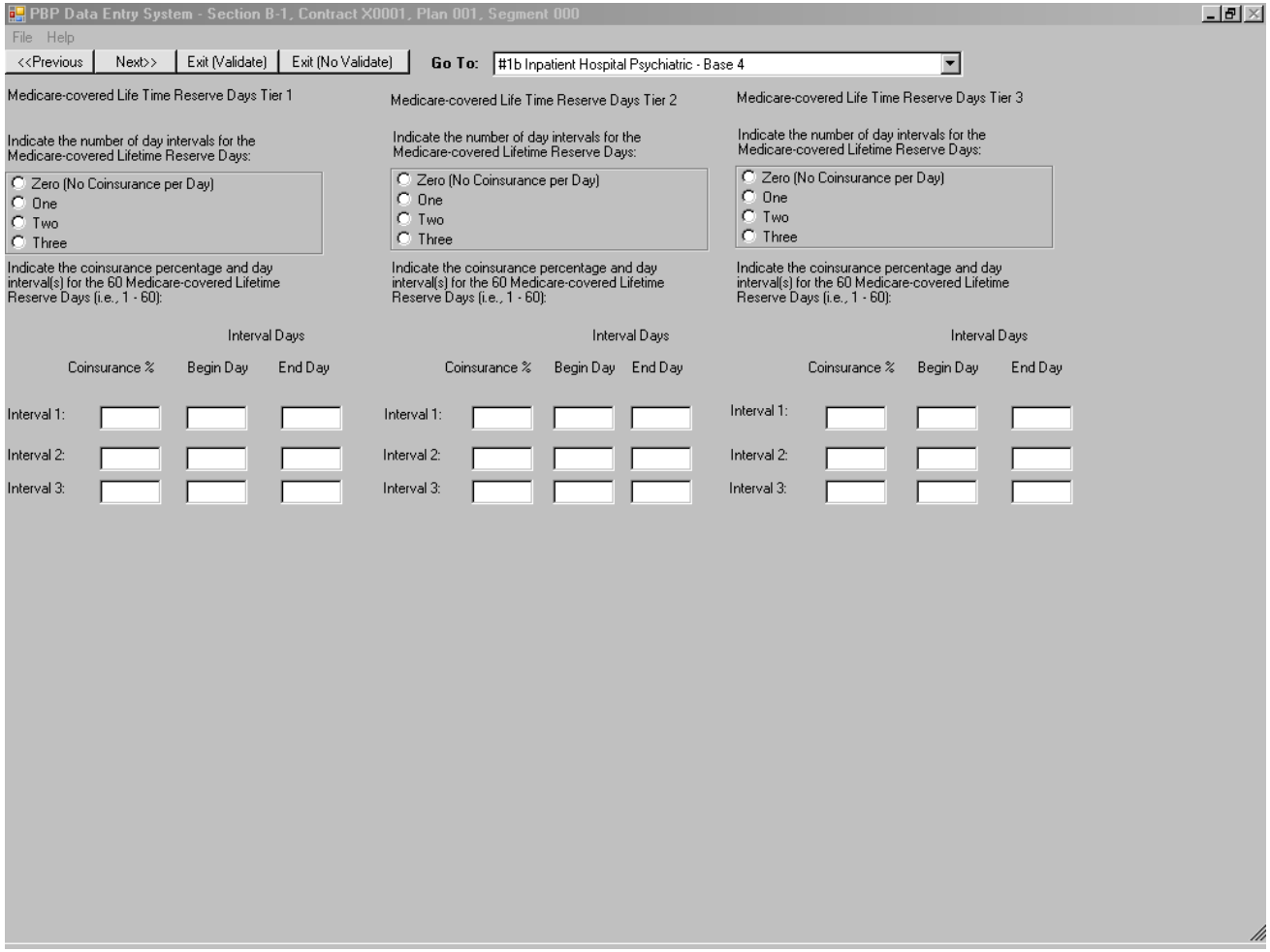
Section B – 1B - Inpatient Hospital Psychiatric – Base 2 Screen



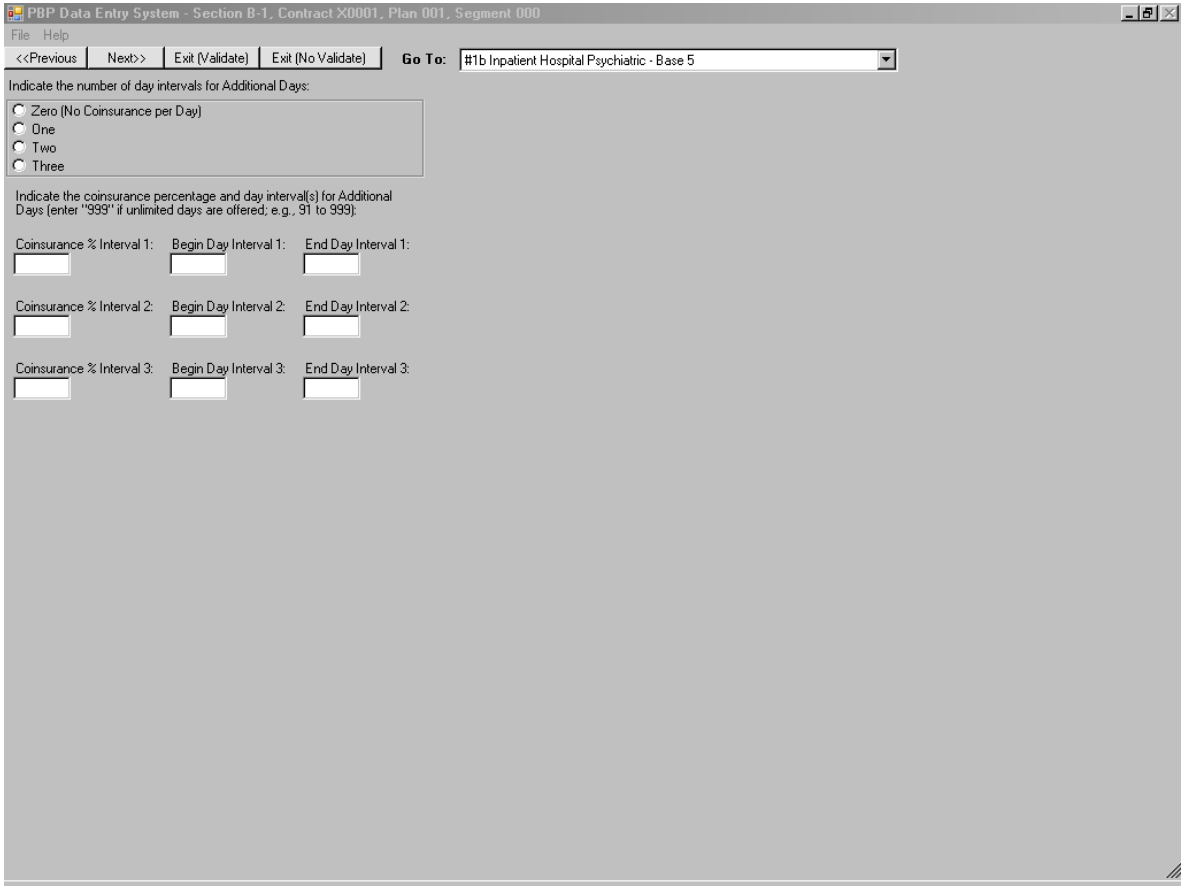
Section B – 1B - Inpatient Hospital Psychiatric – Base 3 Screen



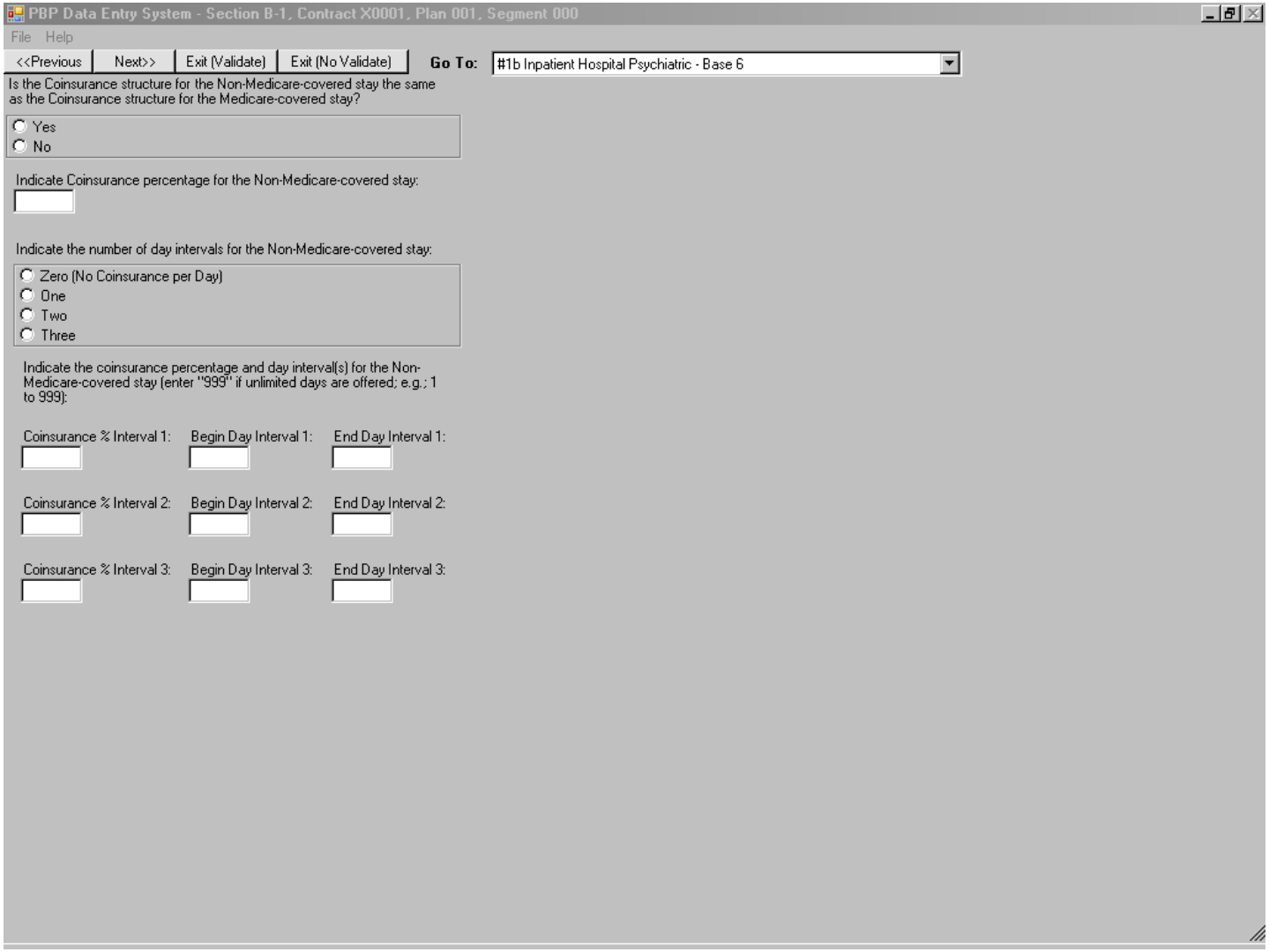
Section B – 1B - Inpatient Hospital Psychiatric – Base 4 Screen



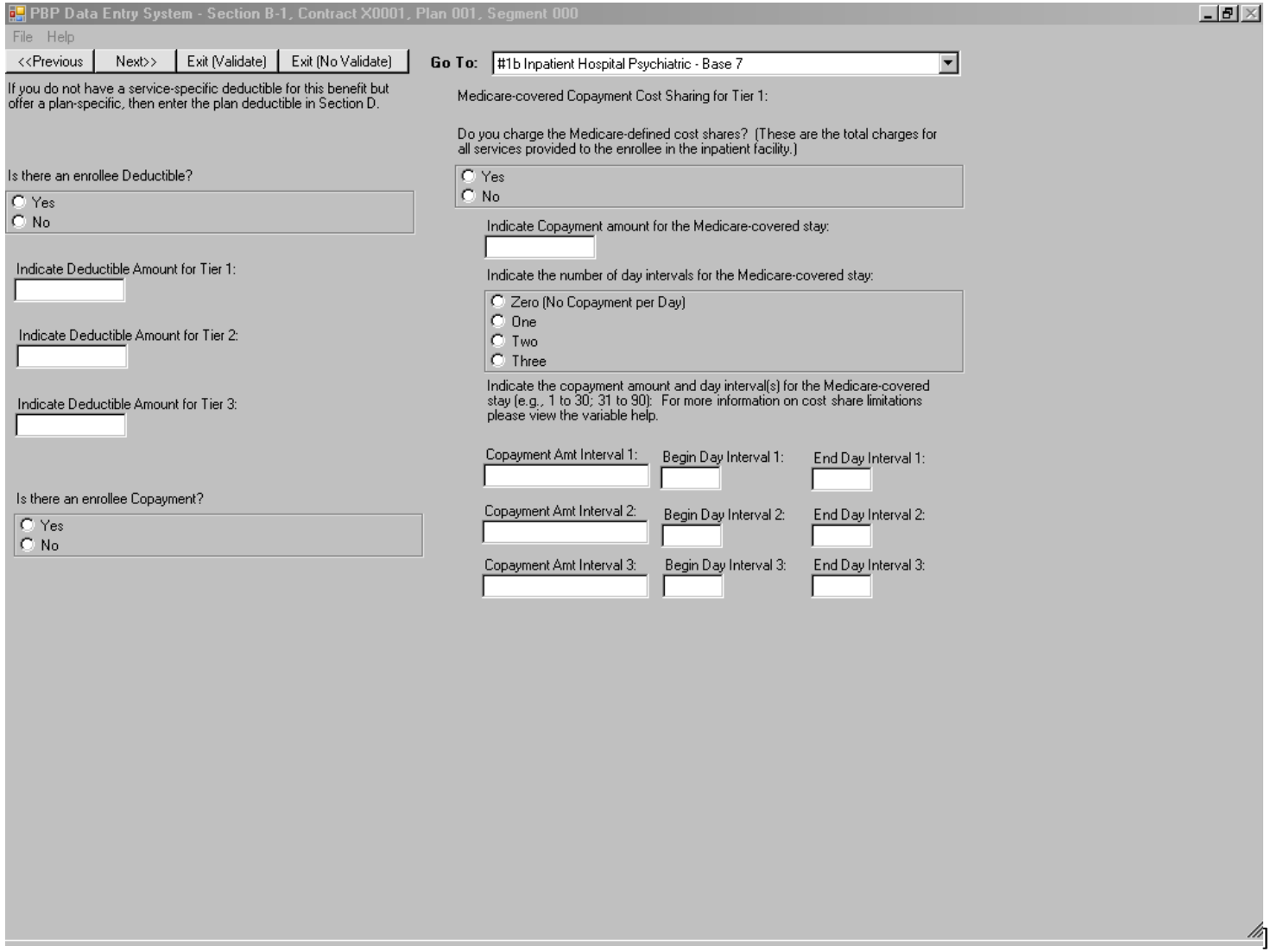
Section B – 1B - Inpatient Hospital Psychiatric – Base 5 Screen



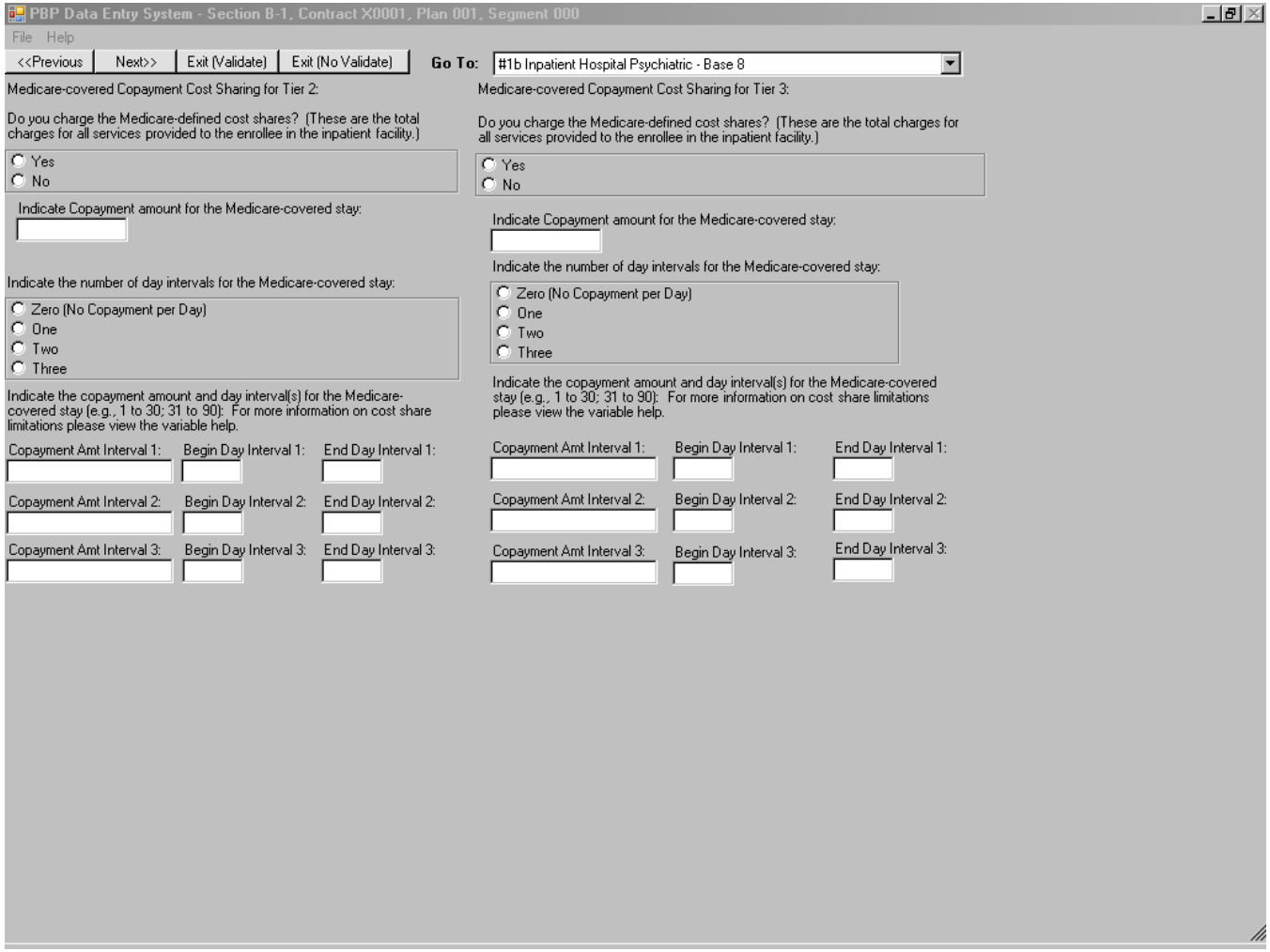
Section B – 1B - Inpatient Hospital Psychiatric – Base 6 Screen



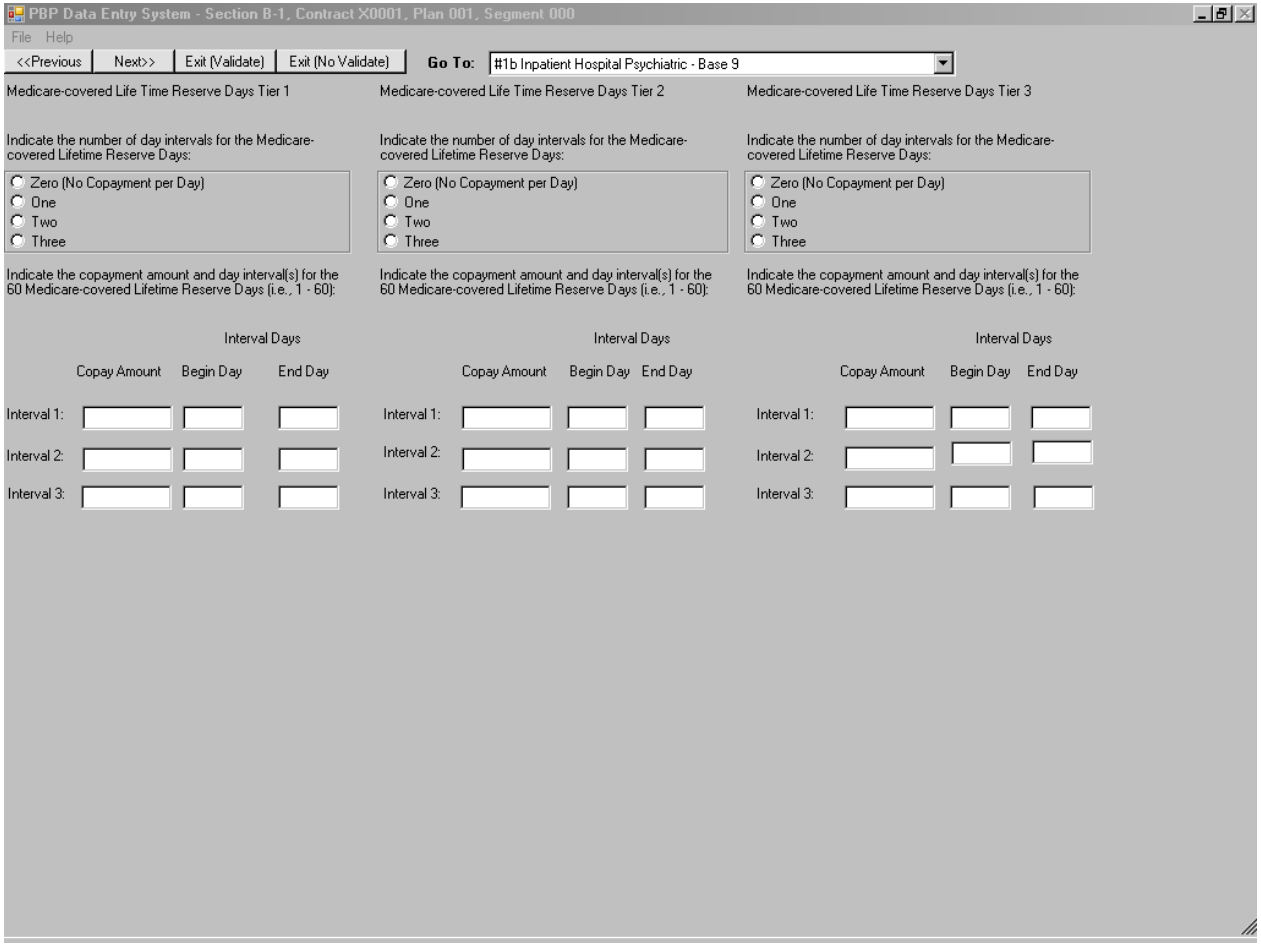
Section B – 1B - Inpatient Hospital Psychiatric – Base 7 Screen



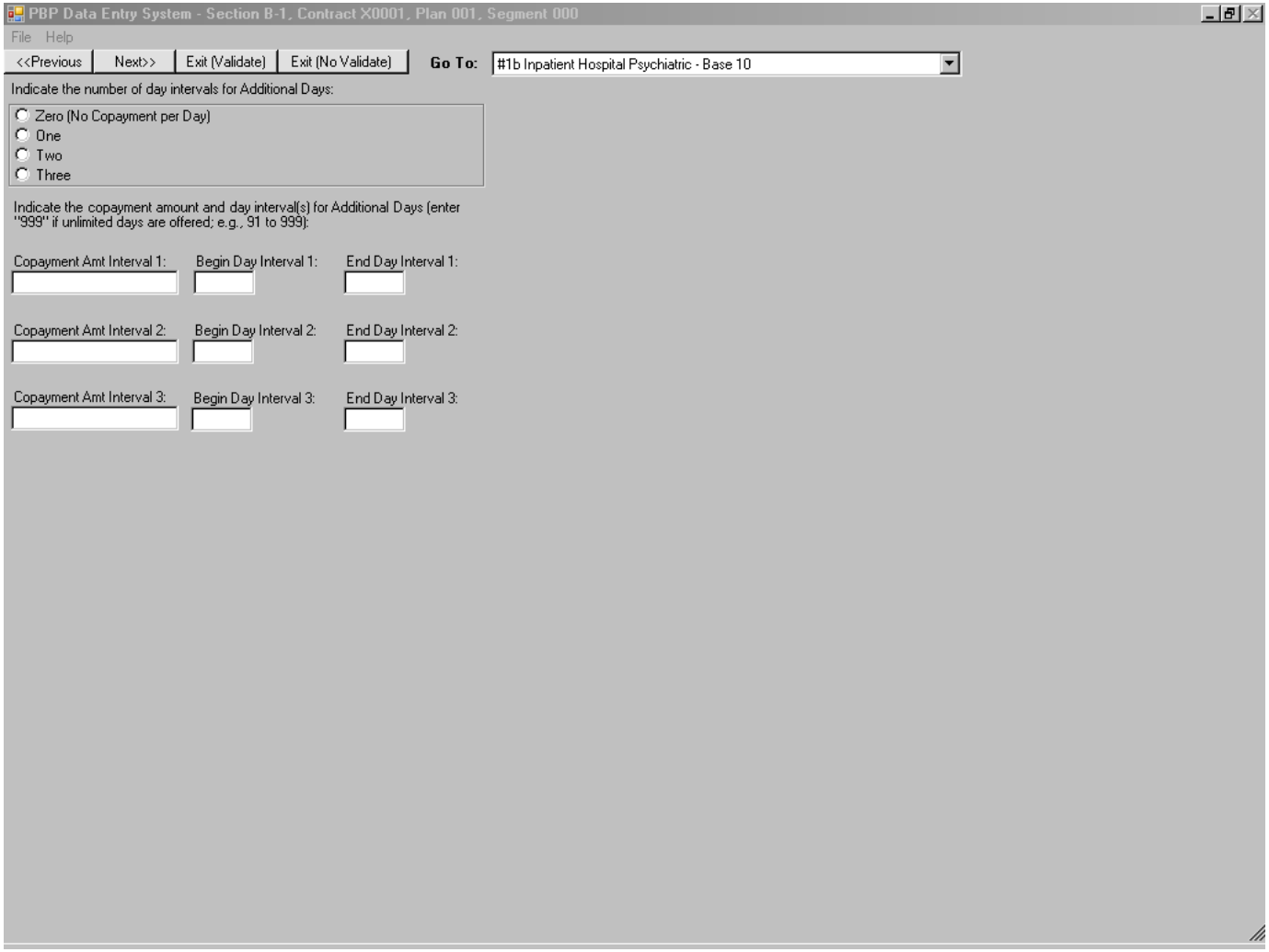
Section B – 1B - Inpatient Hospital Psychiatric – Base 8 Screen



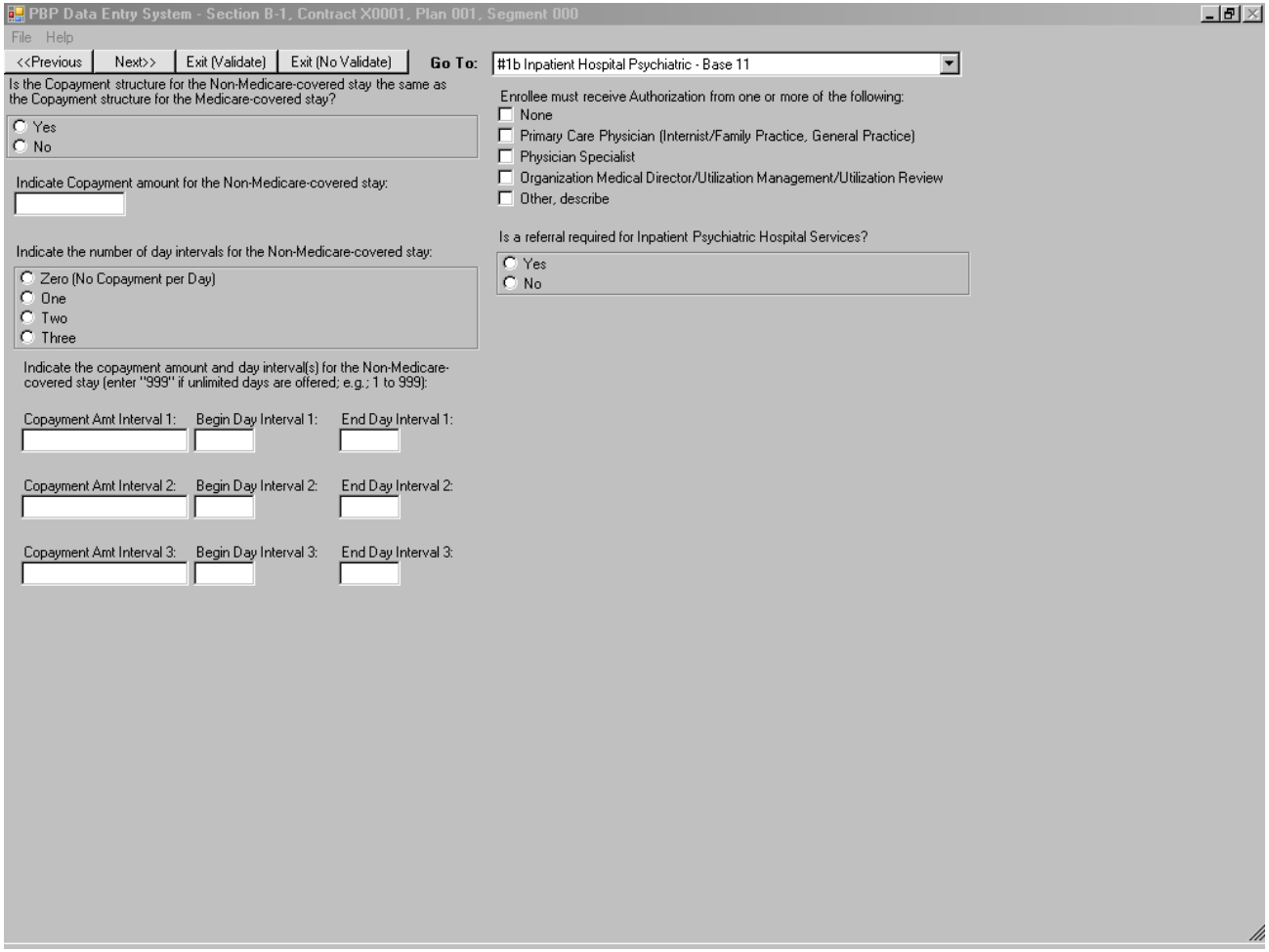
Section B – 1B - Inpatient Hospital Psychiatric – Base 9 Screen



Section B – 1B - Inpatient Hospital Psychiatric – Base 10 Screen

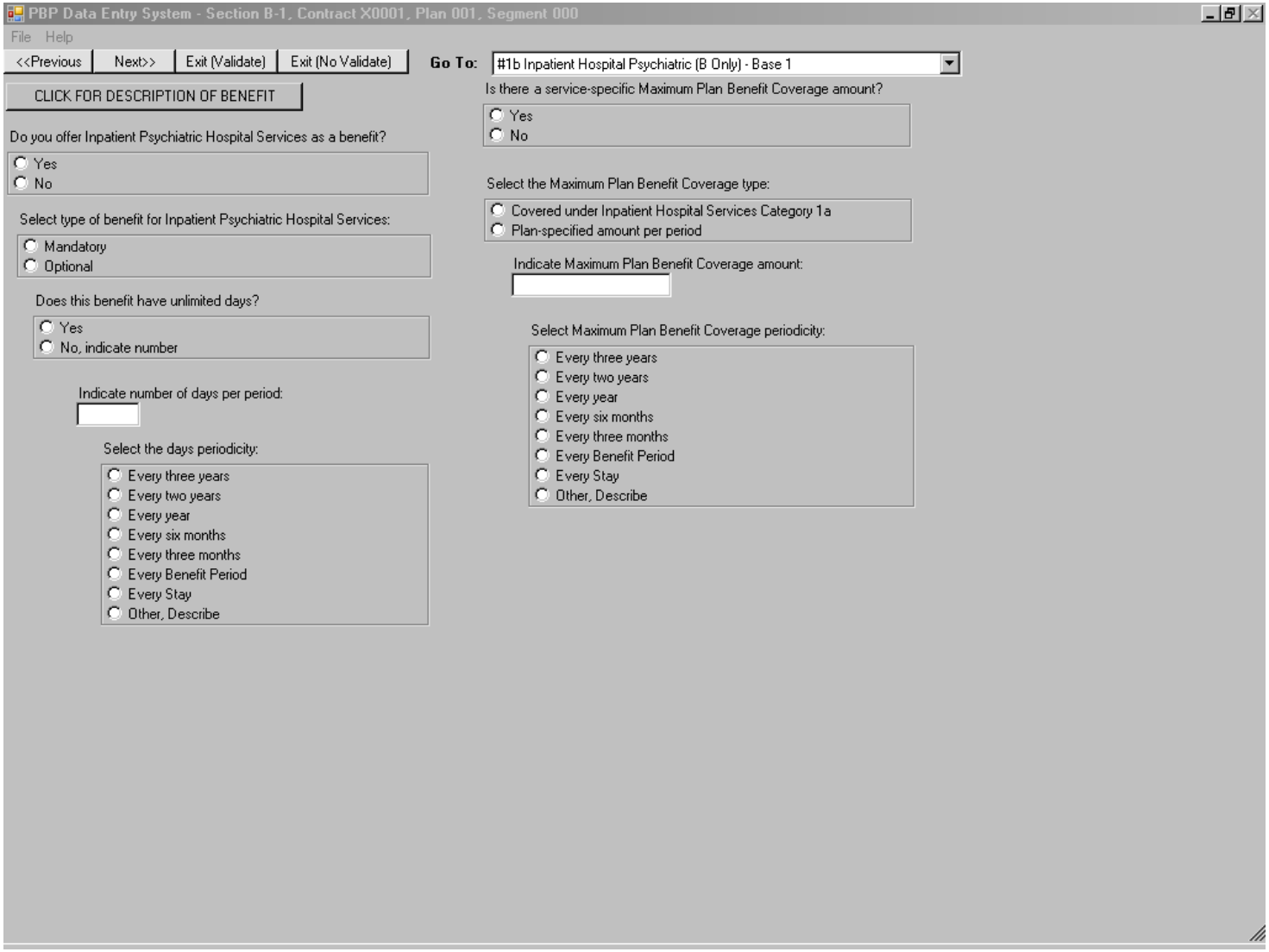


Section B – 1B - Inpatient Hospital Psychiatric – Base 11 Screen

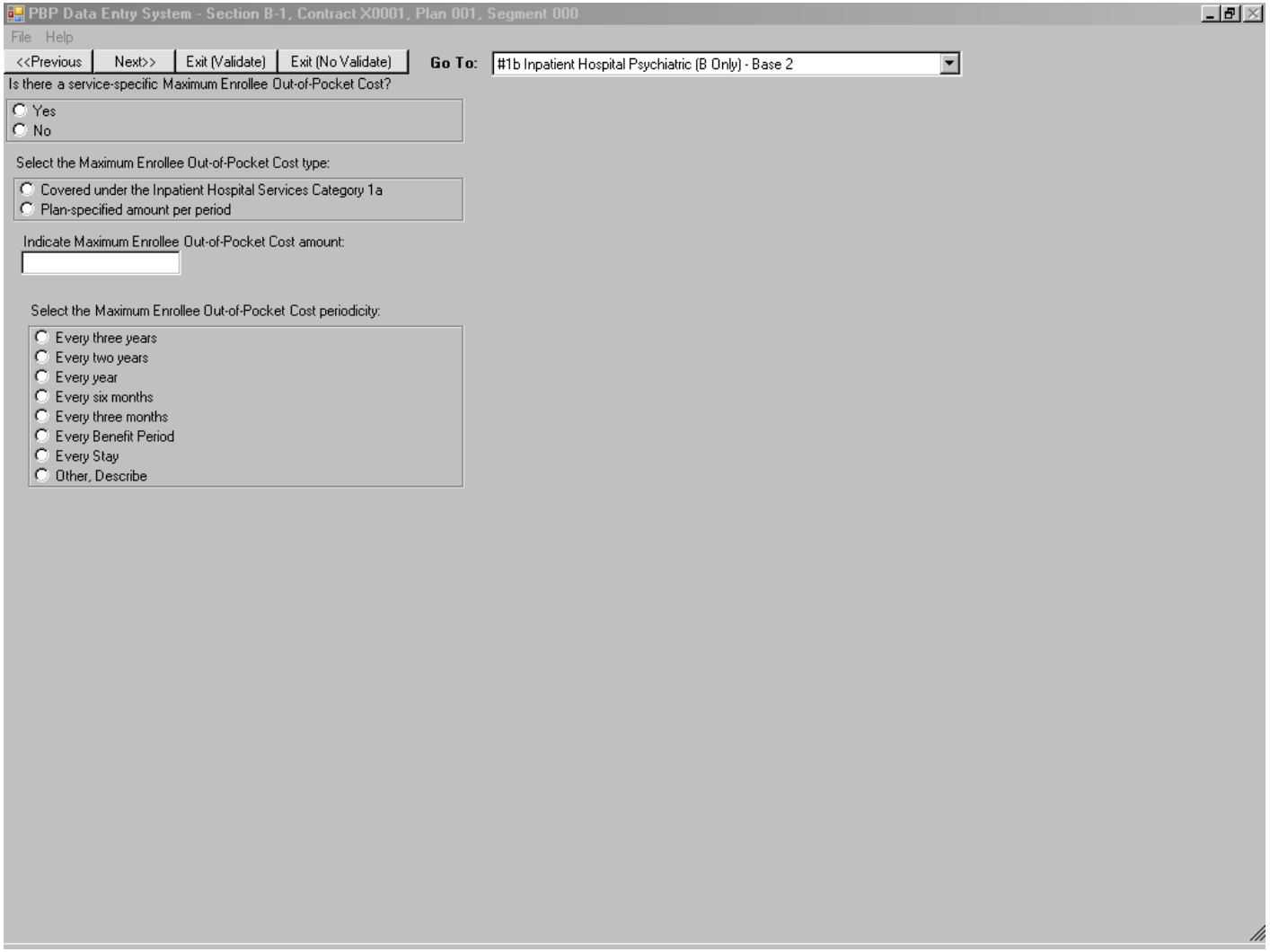


Section B – 1B - Inpatient Hospital Psychiatric – Base 12 Screen

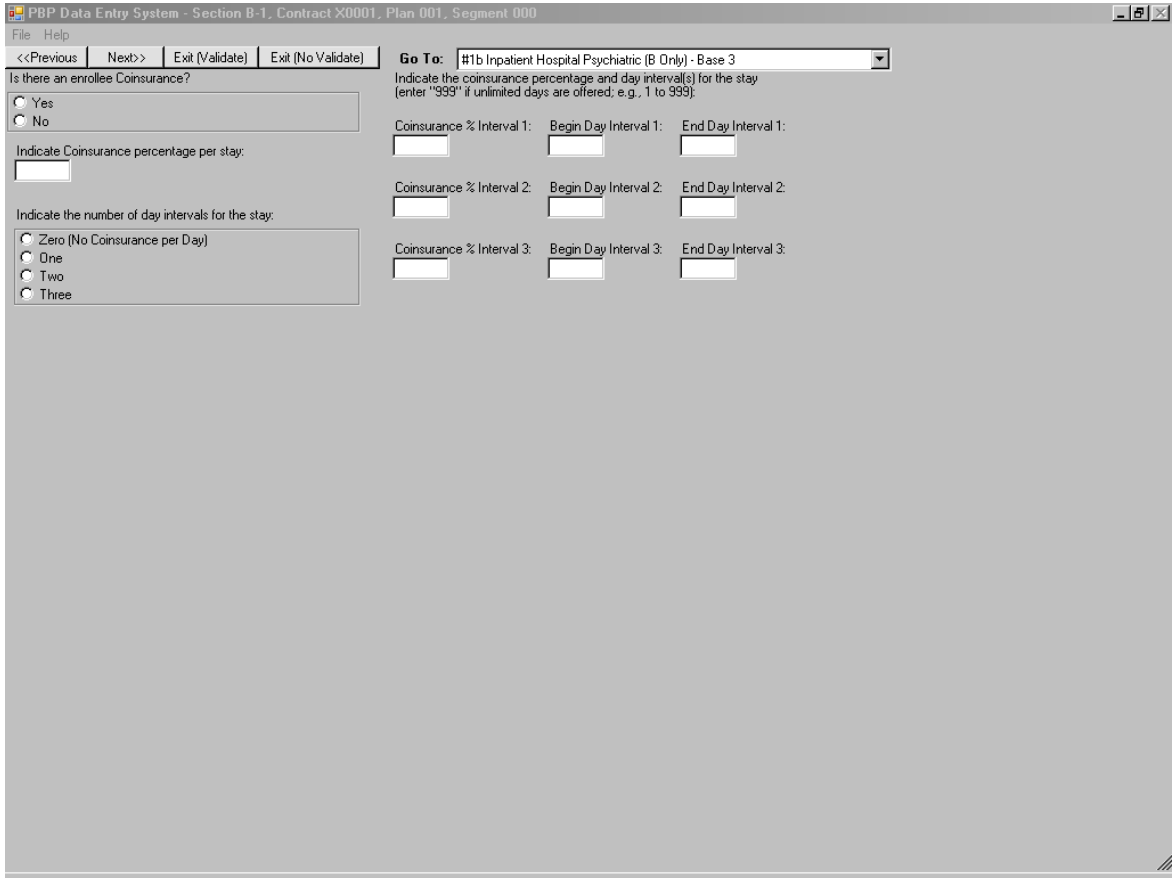
Section B – 1B - Inpatient Hospital Psychiatric (B-Only) – Base 1 Screen



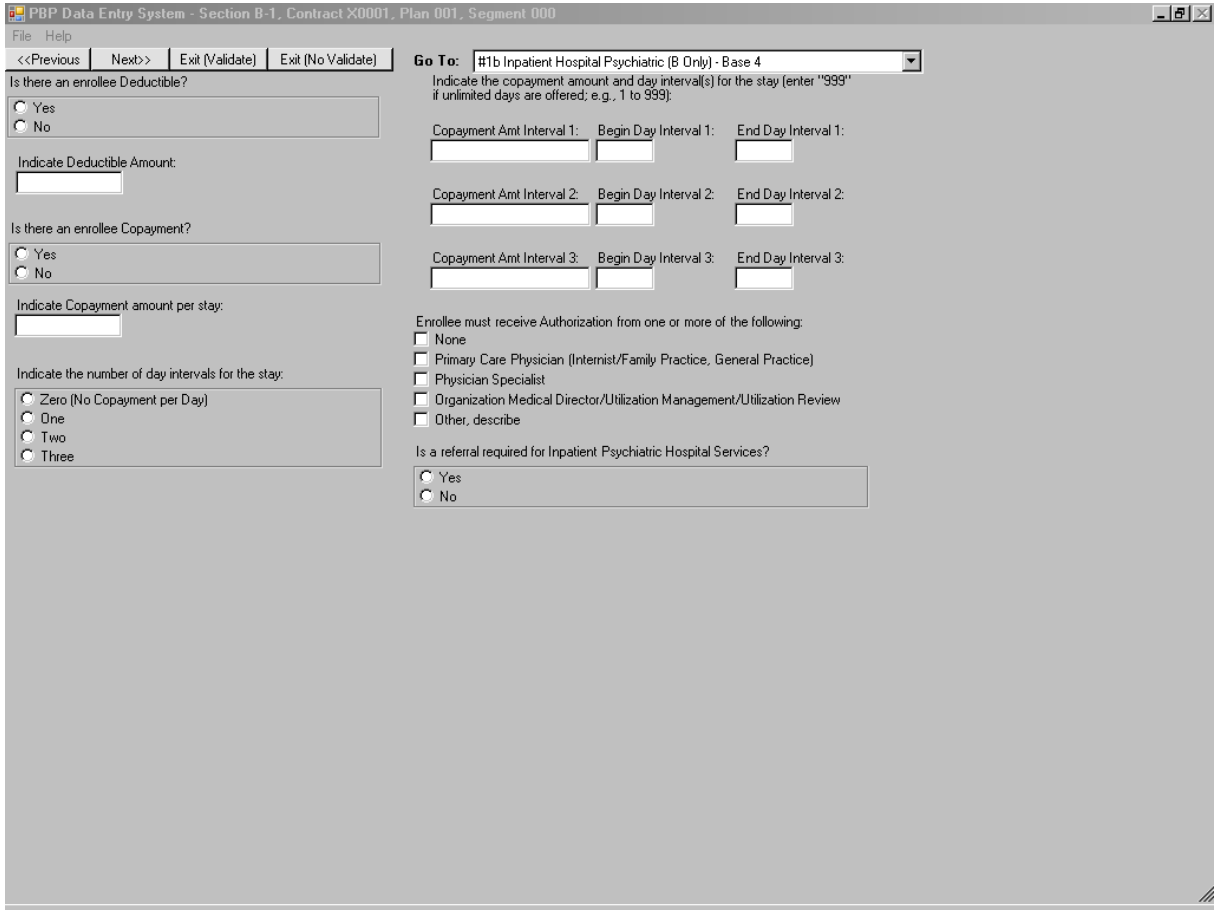
Section B – 1B - Inpatient Hospital Psychiatric (B-Only) – Base 2 Screen



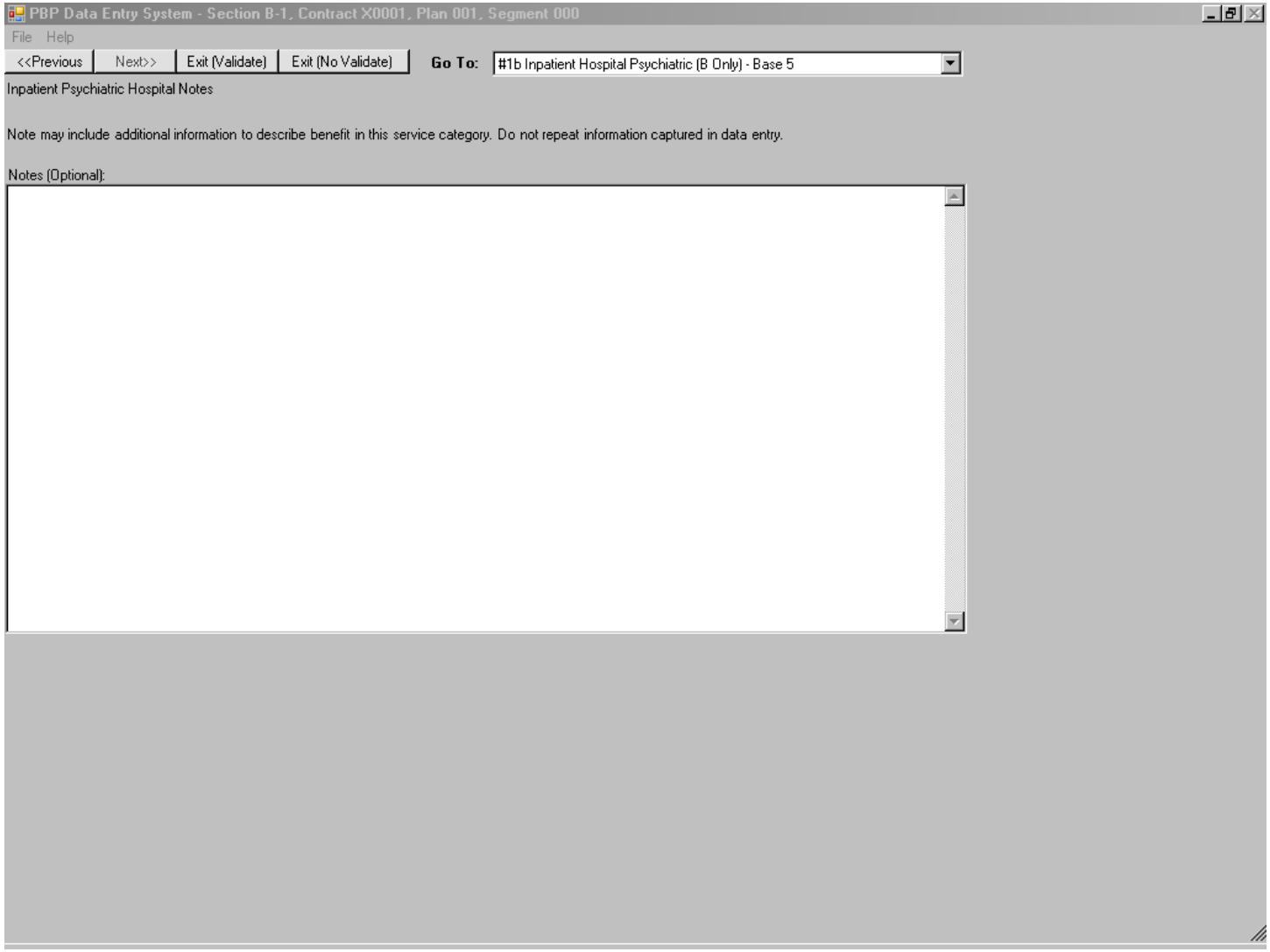
Section B – 1B - Inpatient Hospital Psychiatric (B-Only) – Base 3 Screen



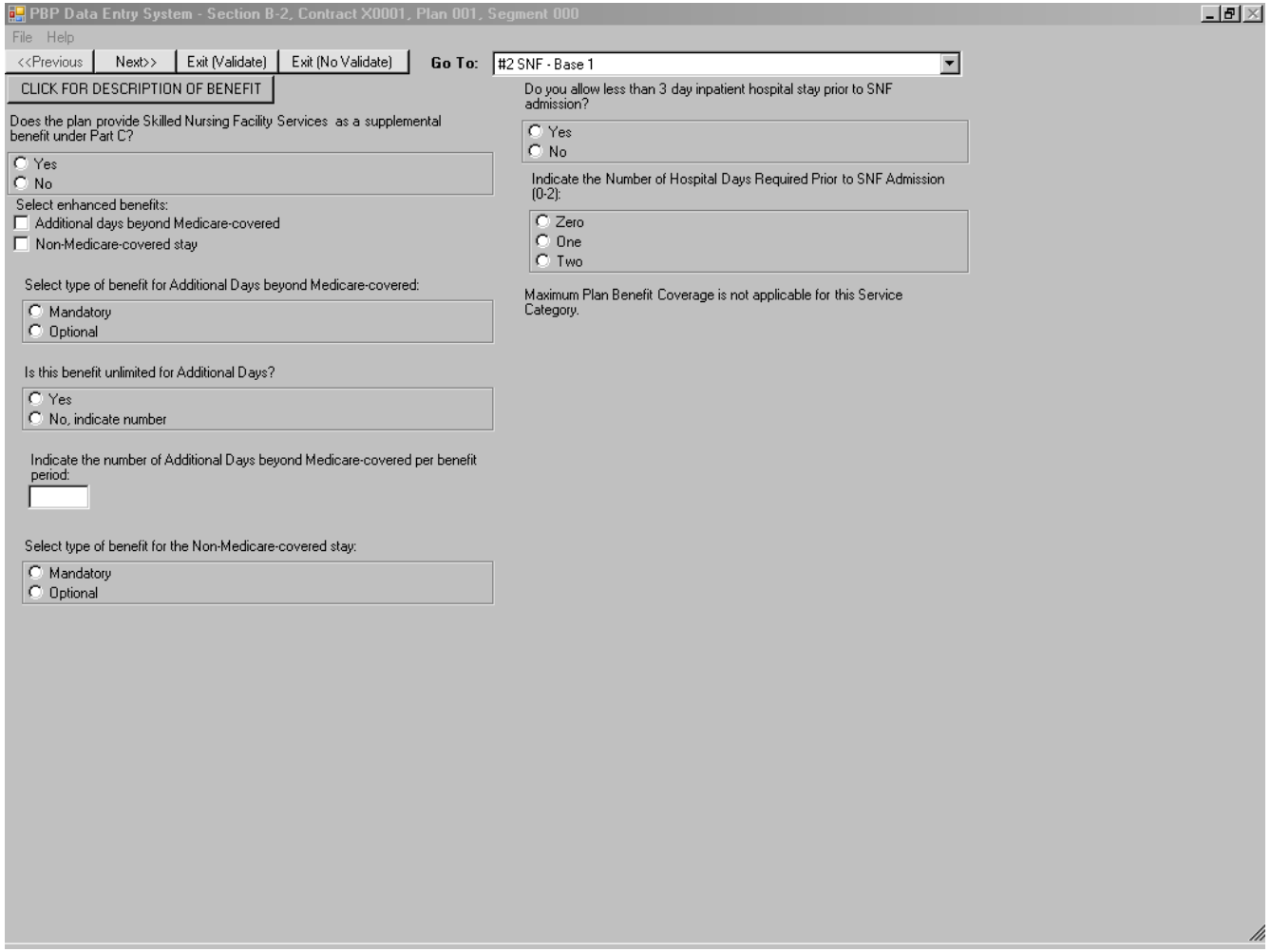
Section B – 1B - Inpatient Hospital Psychiatric (B-Only) – Base 4 Screen



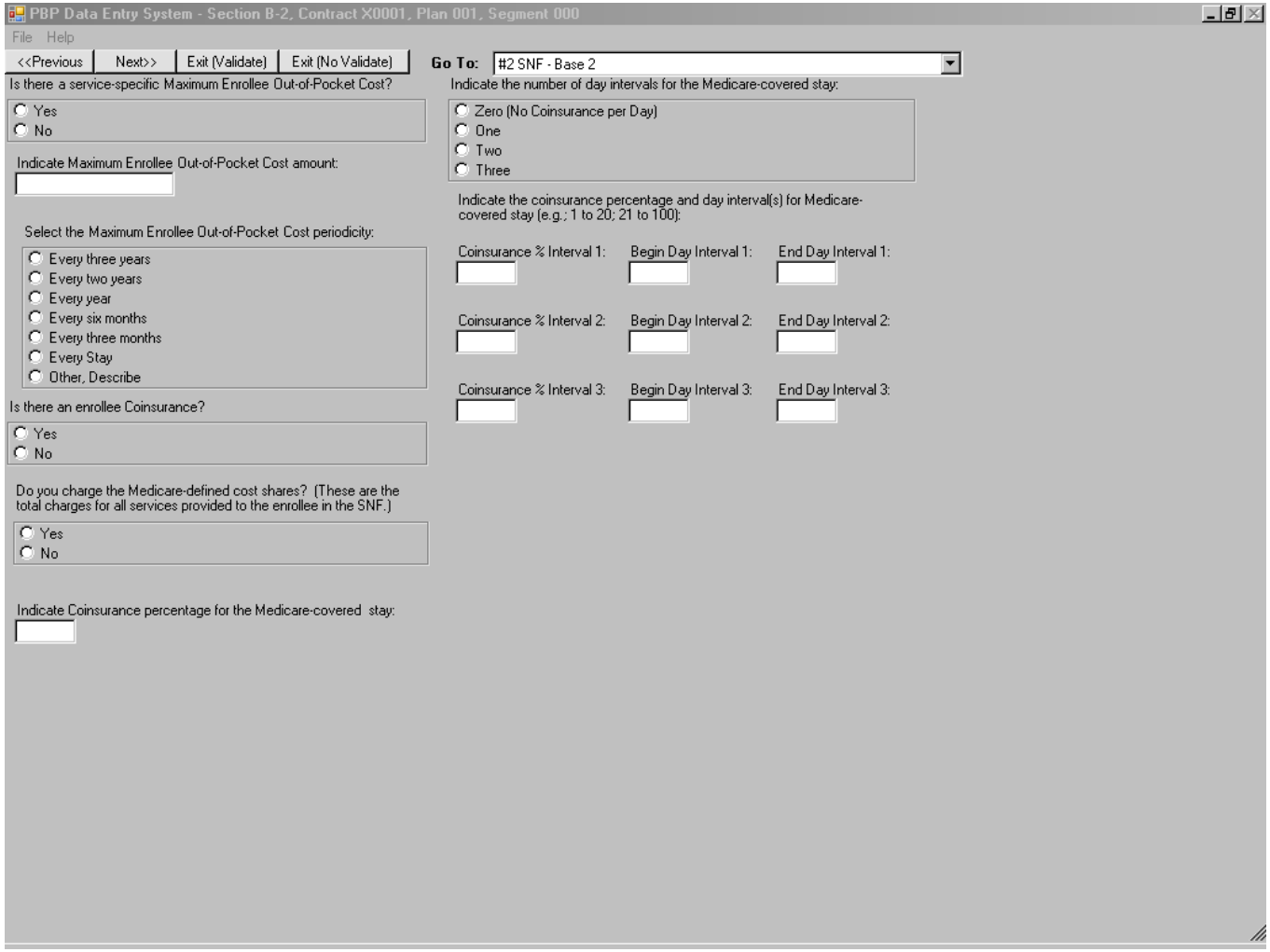
Section B – 1B - Inpatient Hospital Psychiatric (B-Only) – Base 5 Screen



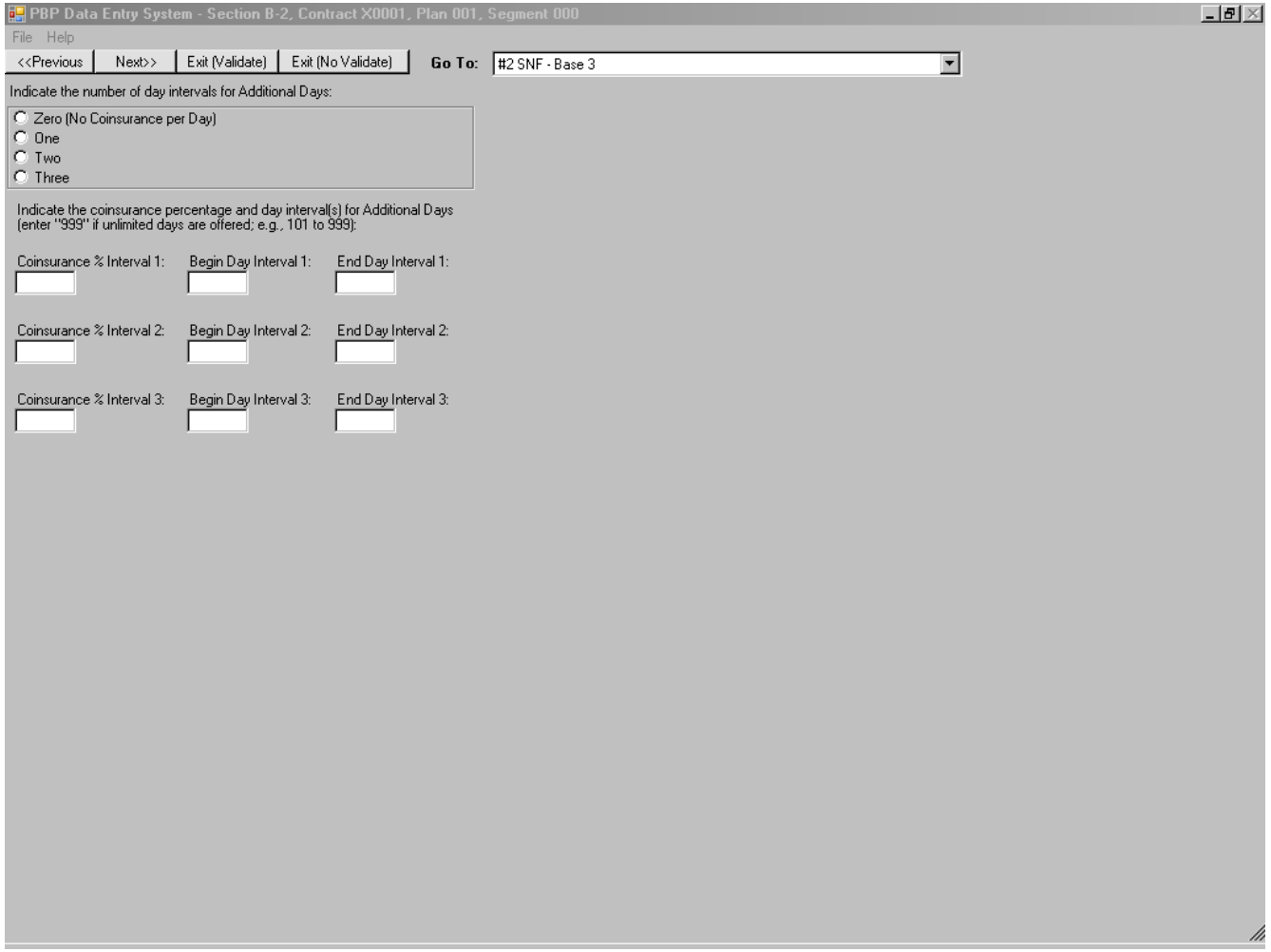
Section B – 2 – Skilled Nursing Facility – Base 1 Screen



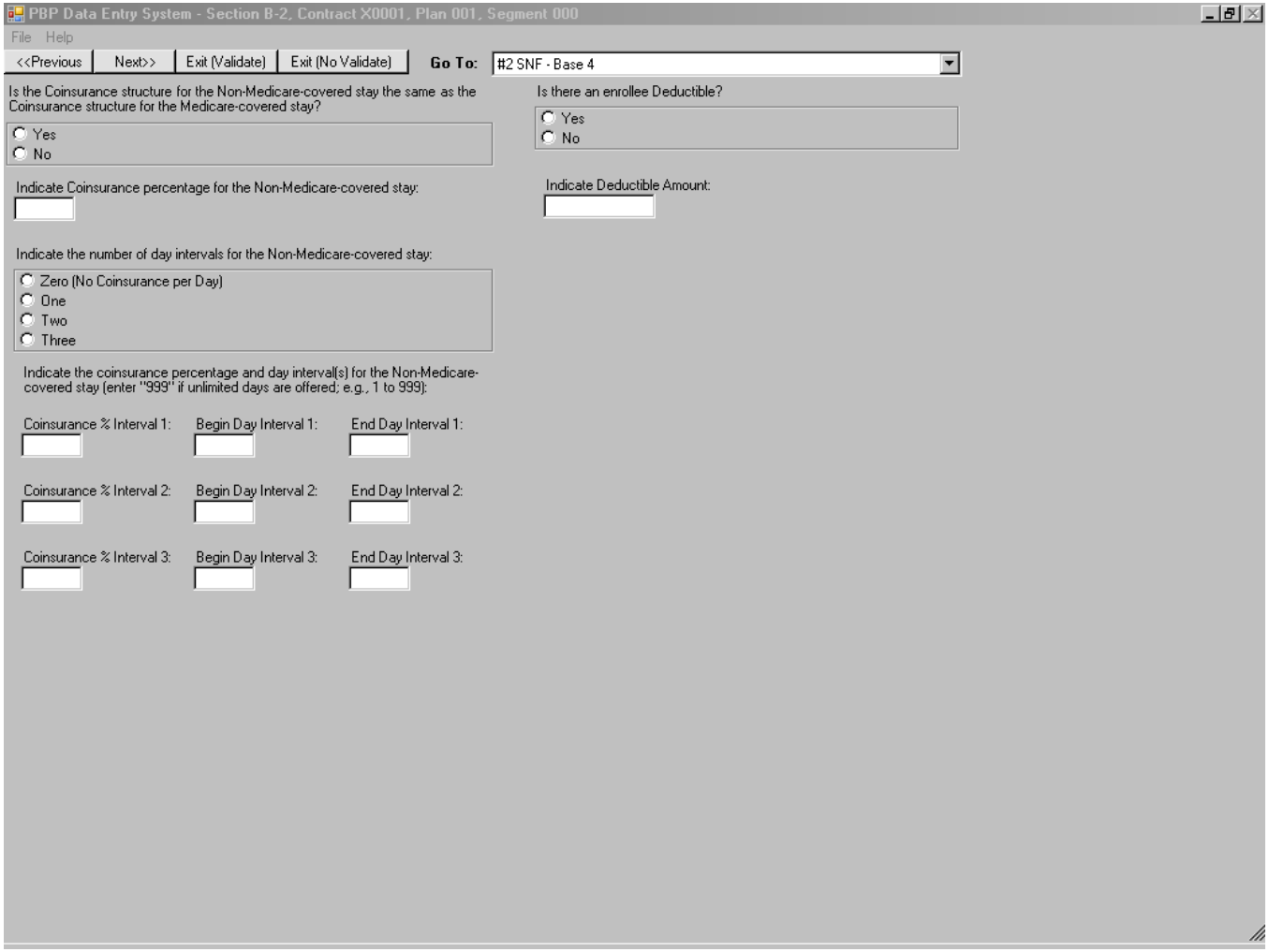
Section B – 2 – Skilled Nursing Facility – Base 2 Screen



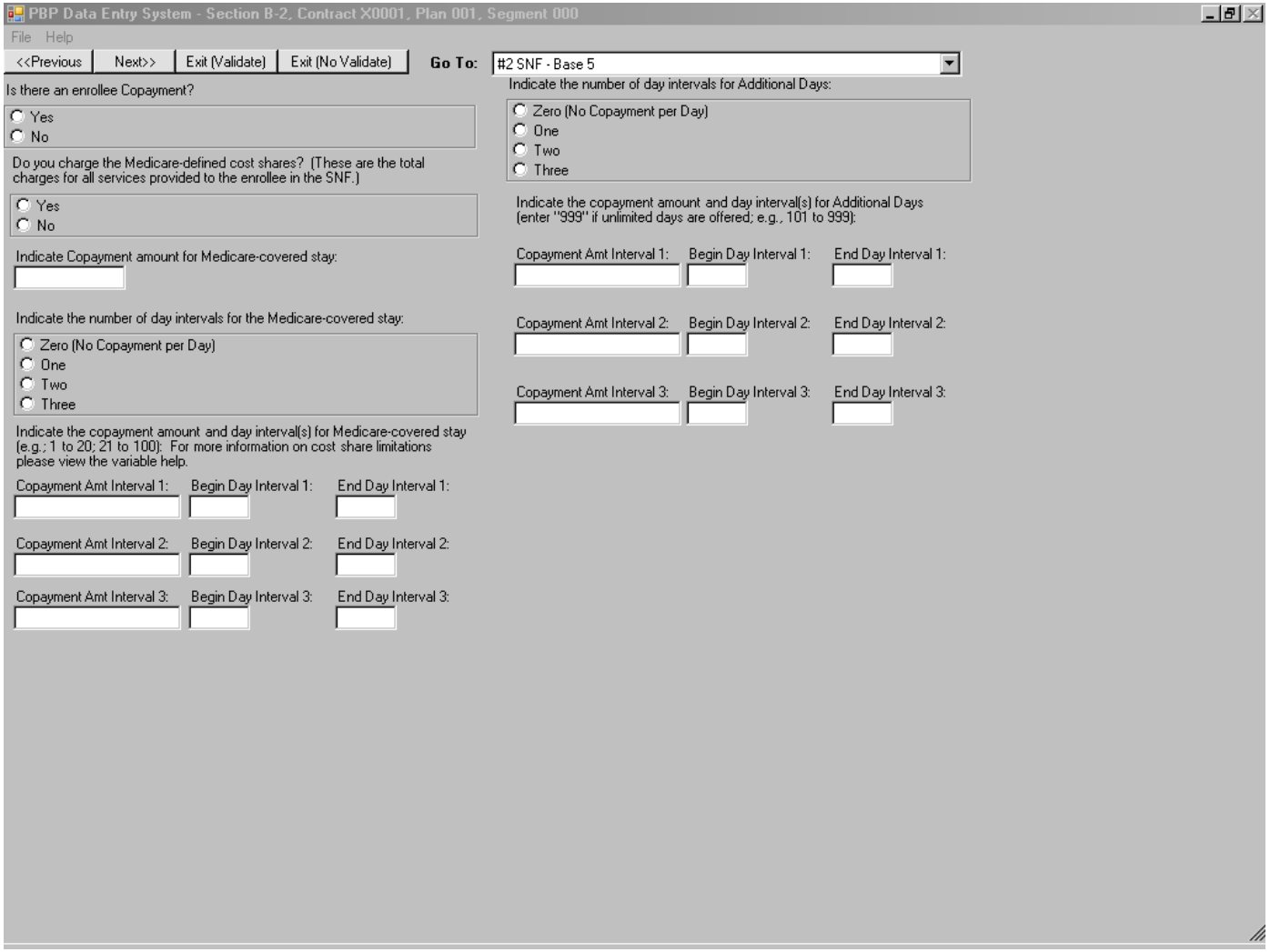
Section B – 2 – Skilled Nursing Facility – Base 3 Screen



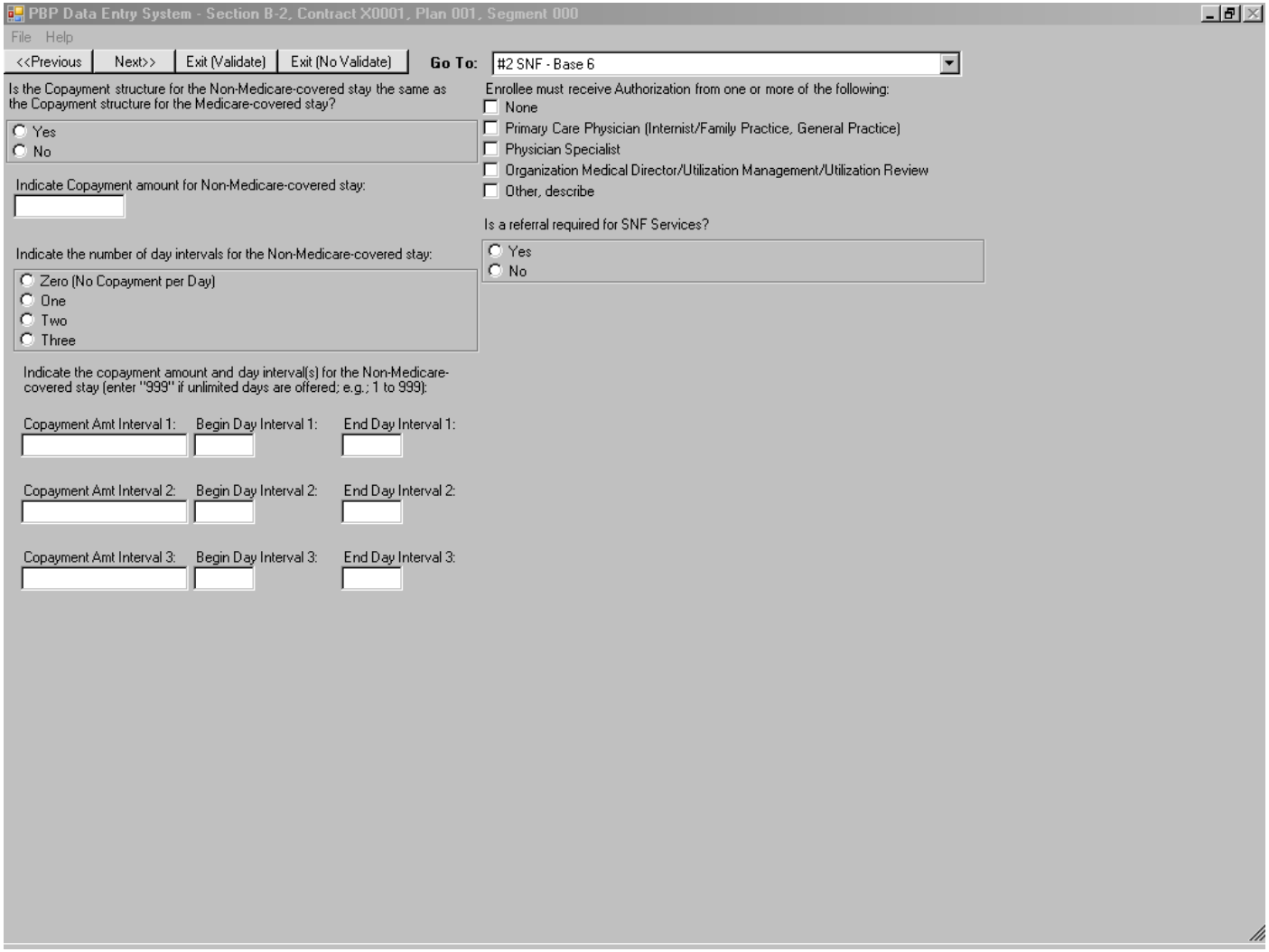
Section B – 2 – Skilled Nursing Facility – Base 4 Screen



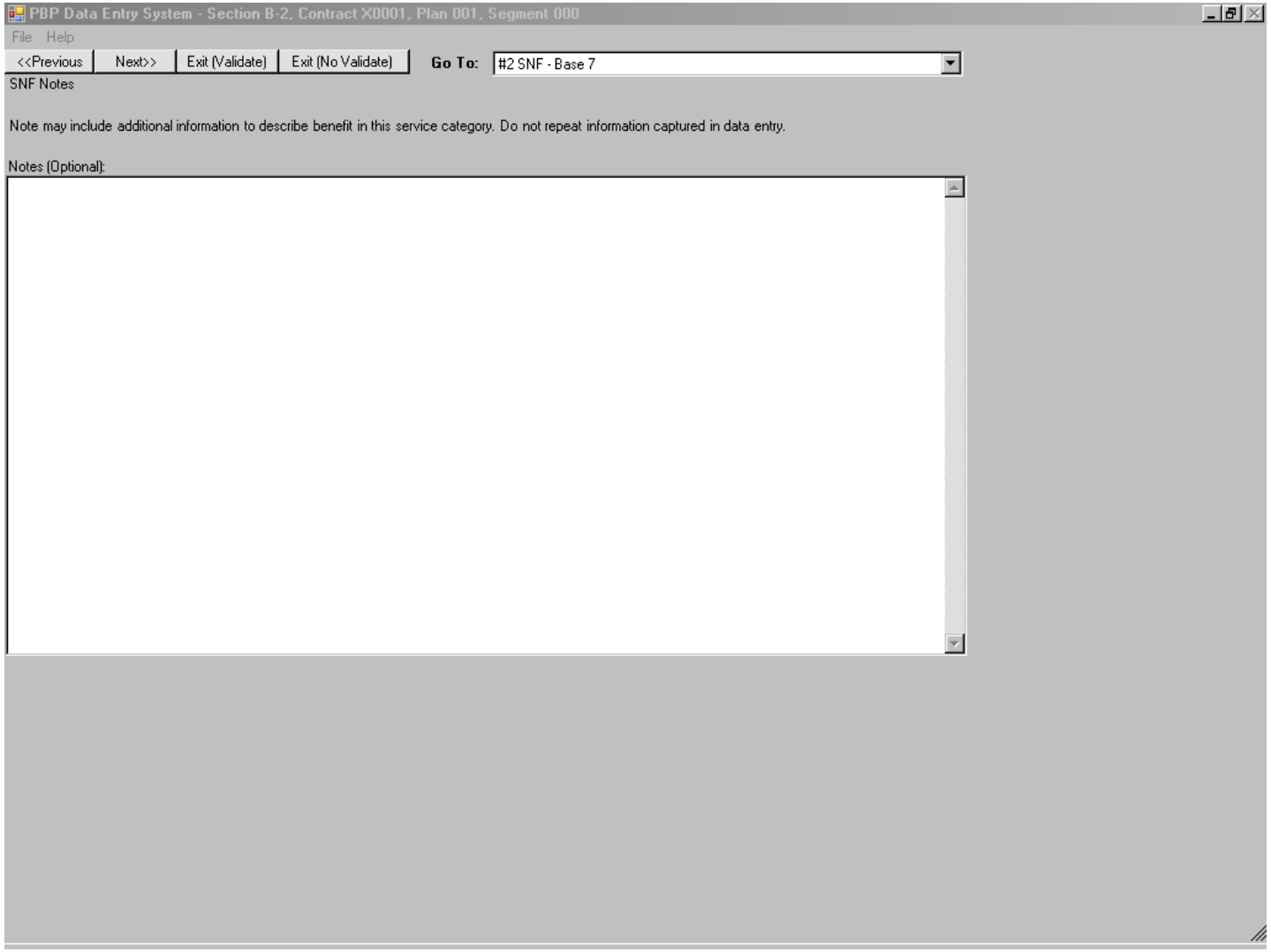
Section B – 2 – Skilled Nursing Facility – Base 5 Screen



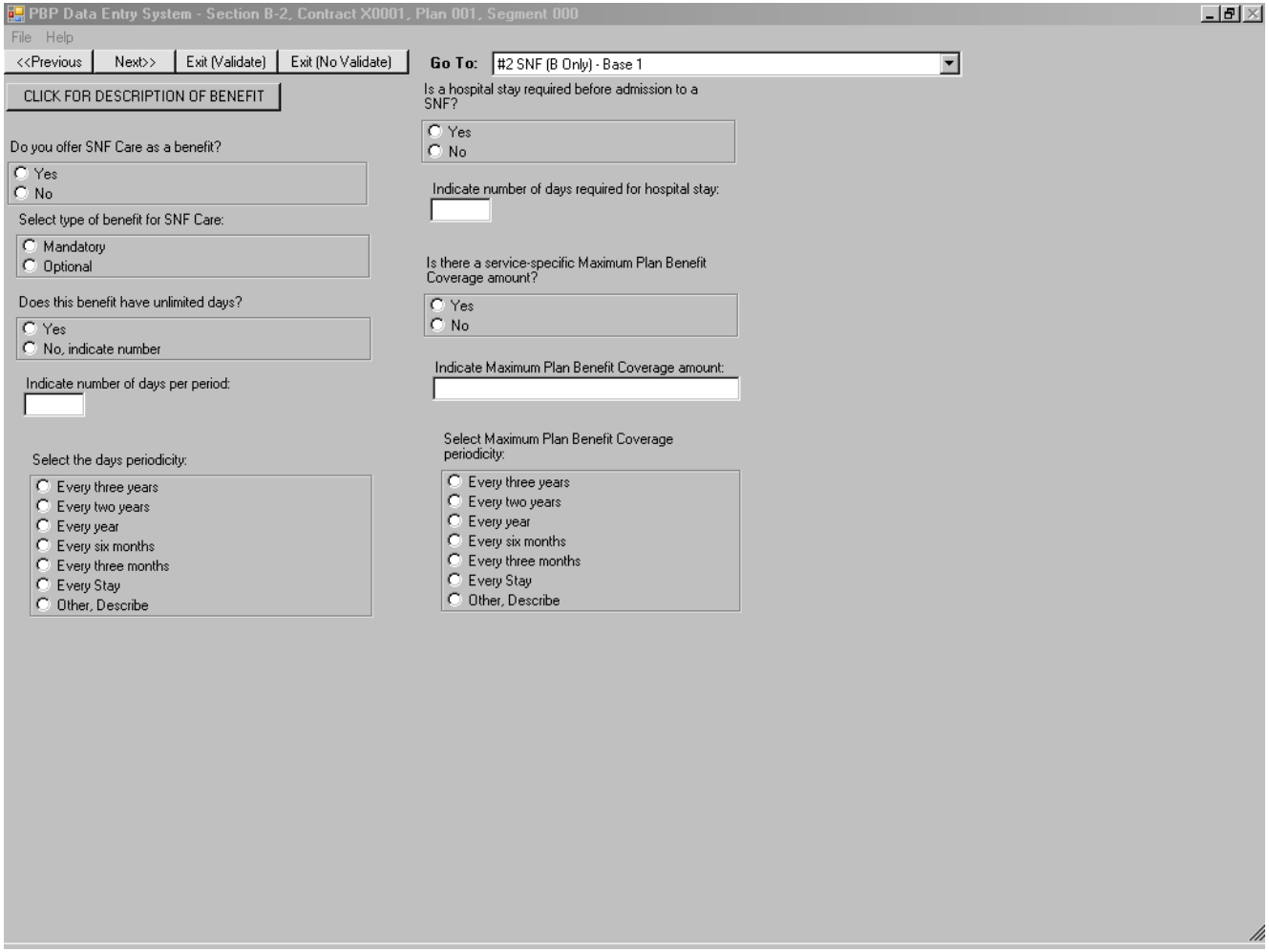
Section B – 2 – Skilled Nursing Facility – Base 6 Screen



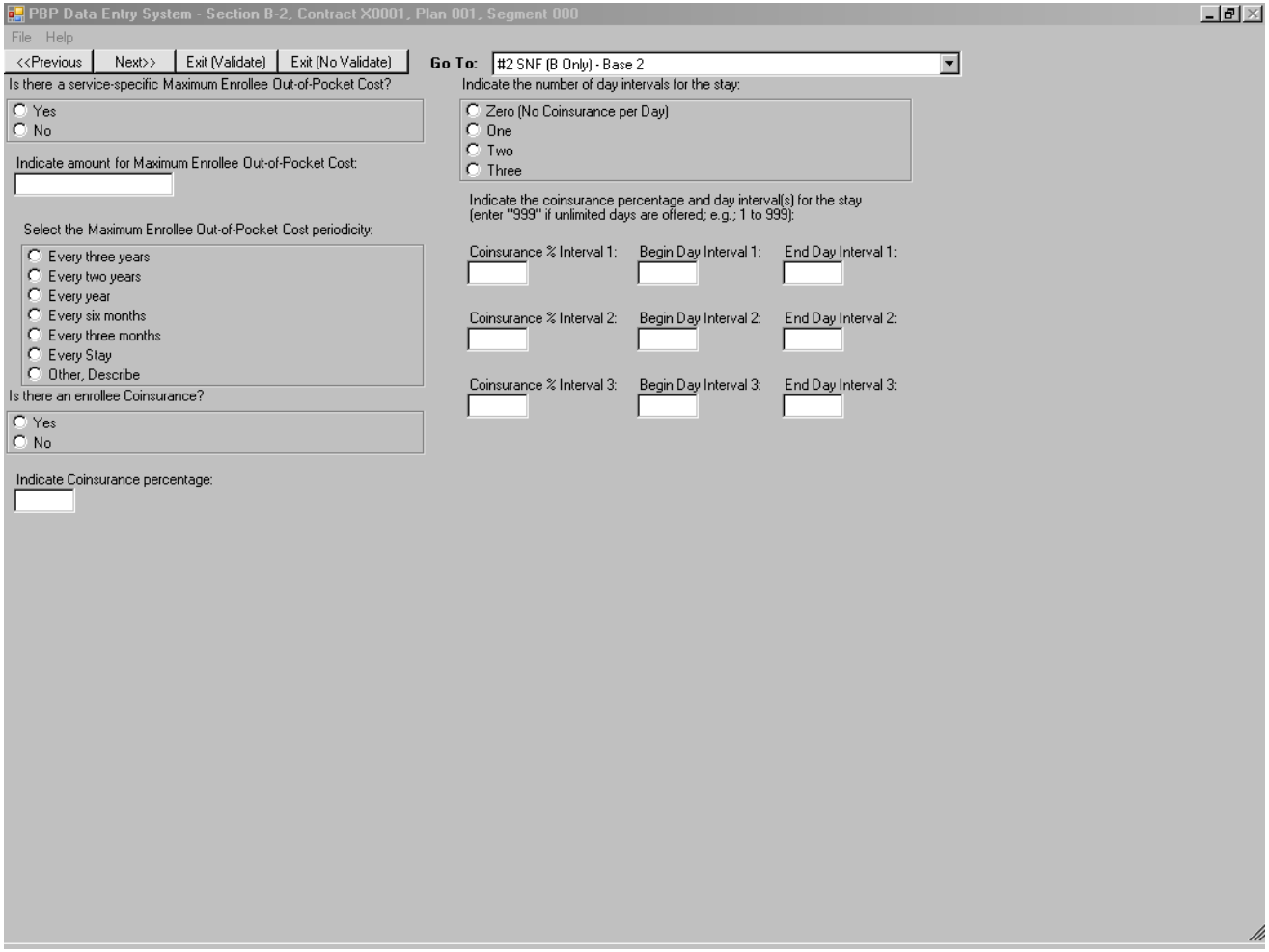
Section B – 2 – Skilled Nursing Facility – Base 7 Screen



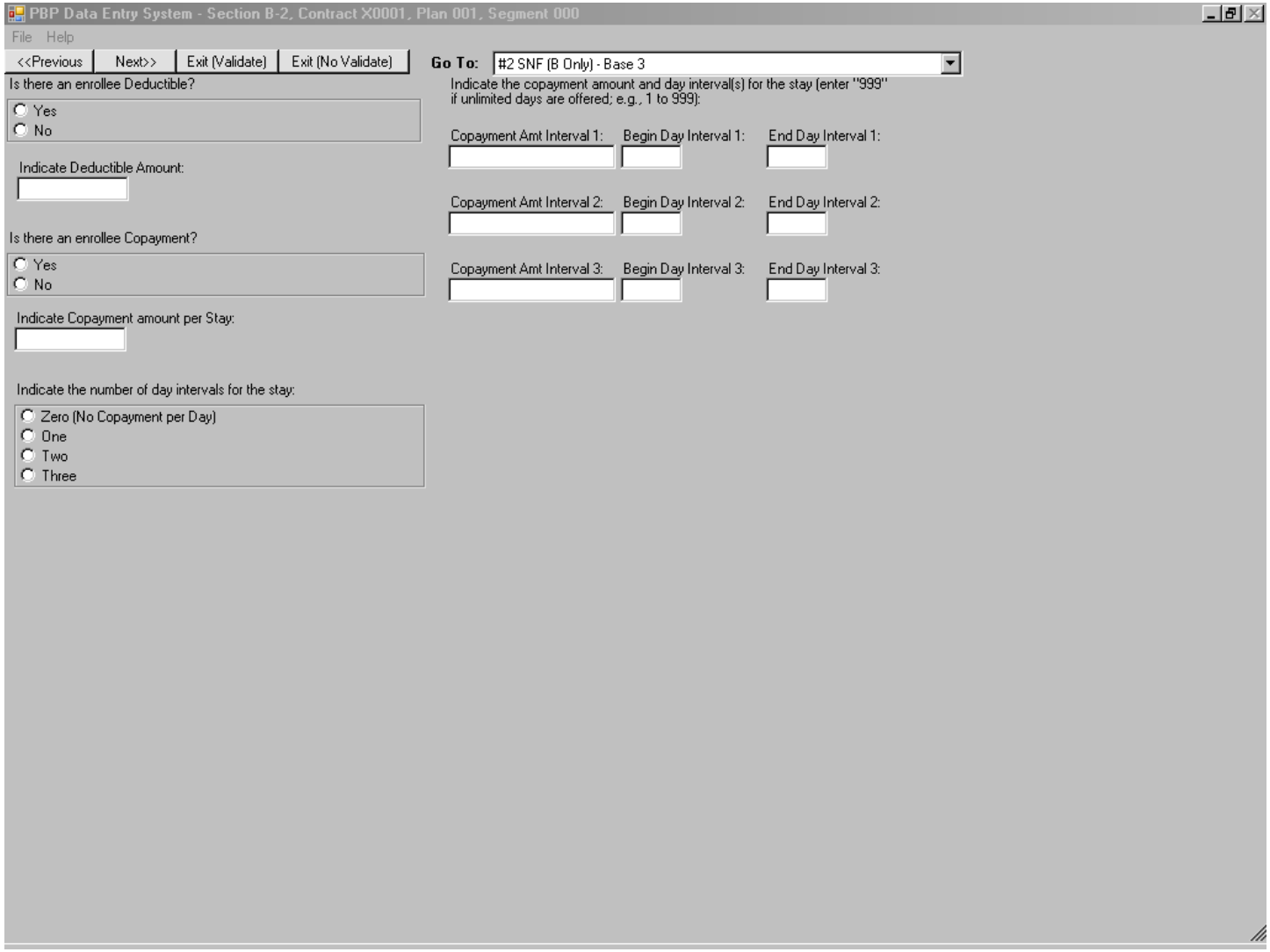
Section B – 2 – Skilled Nursing Facility (B-Only) – Base 1 Screen



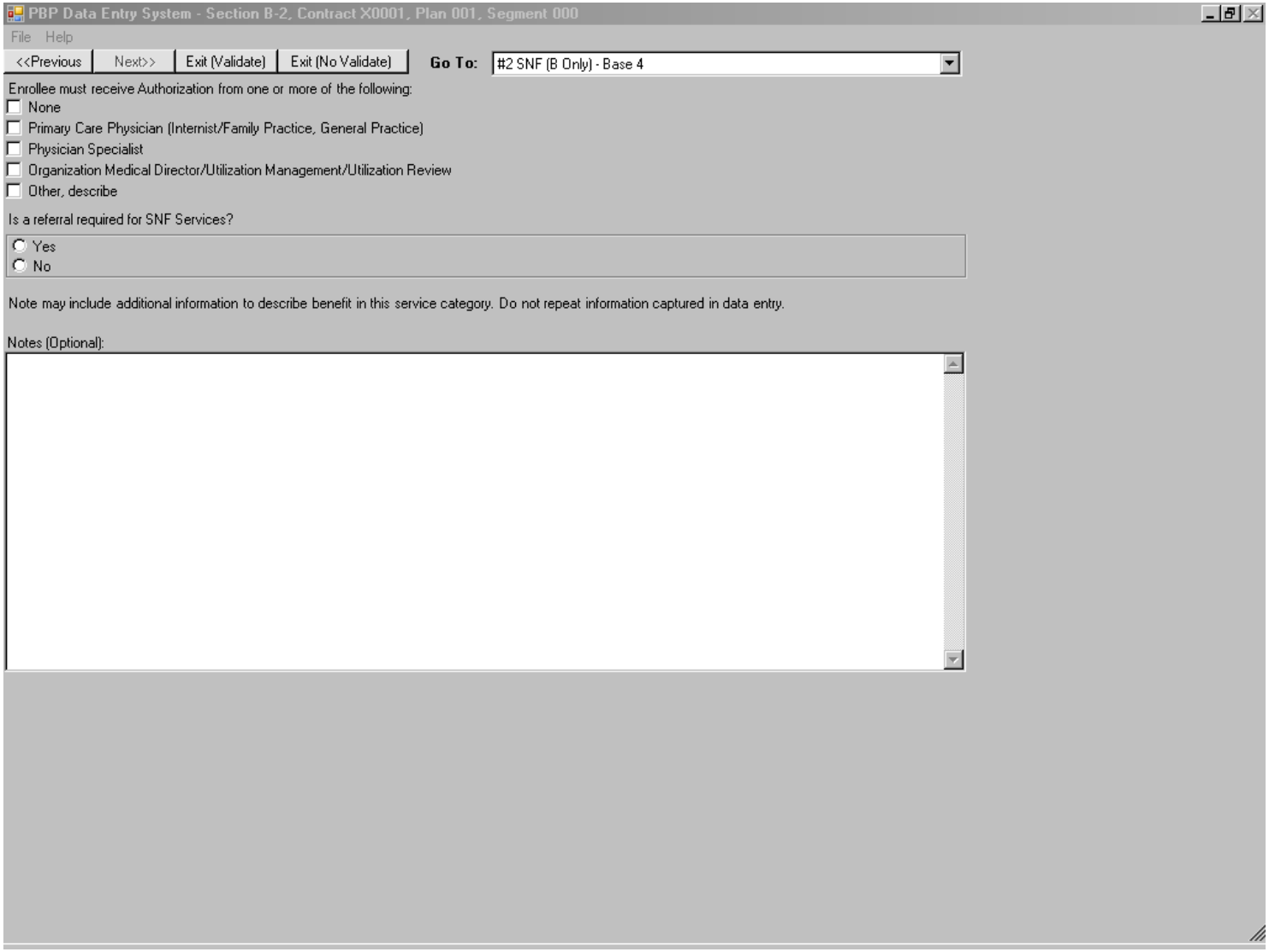
Section B – 2 – Skilled Nursing Facility (B-Only) – Base 2 Screen



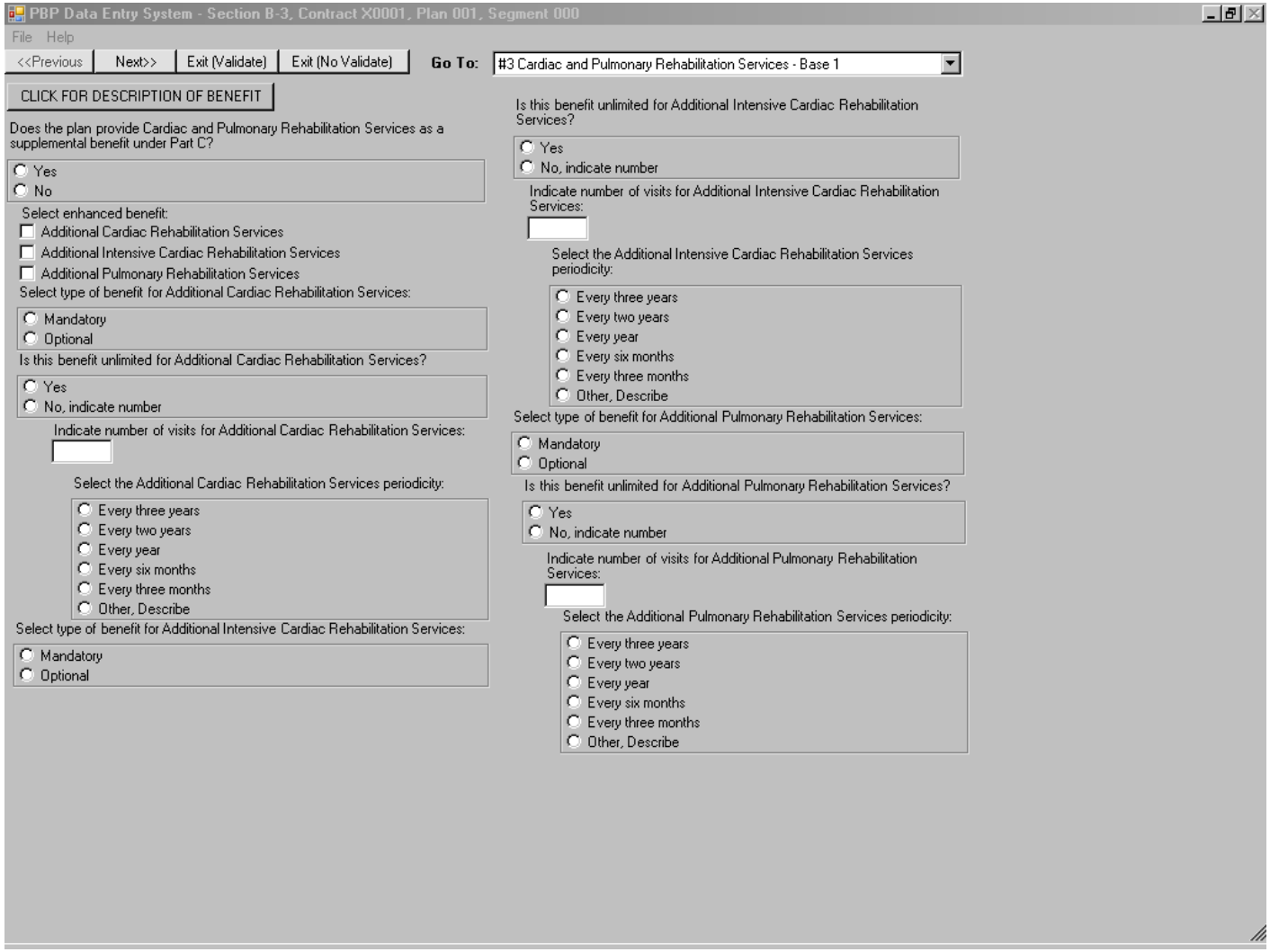
Section B – 2 – Skilled Nursing Facility (B-Only) – Base 3 Screen



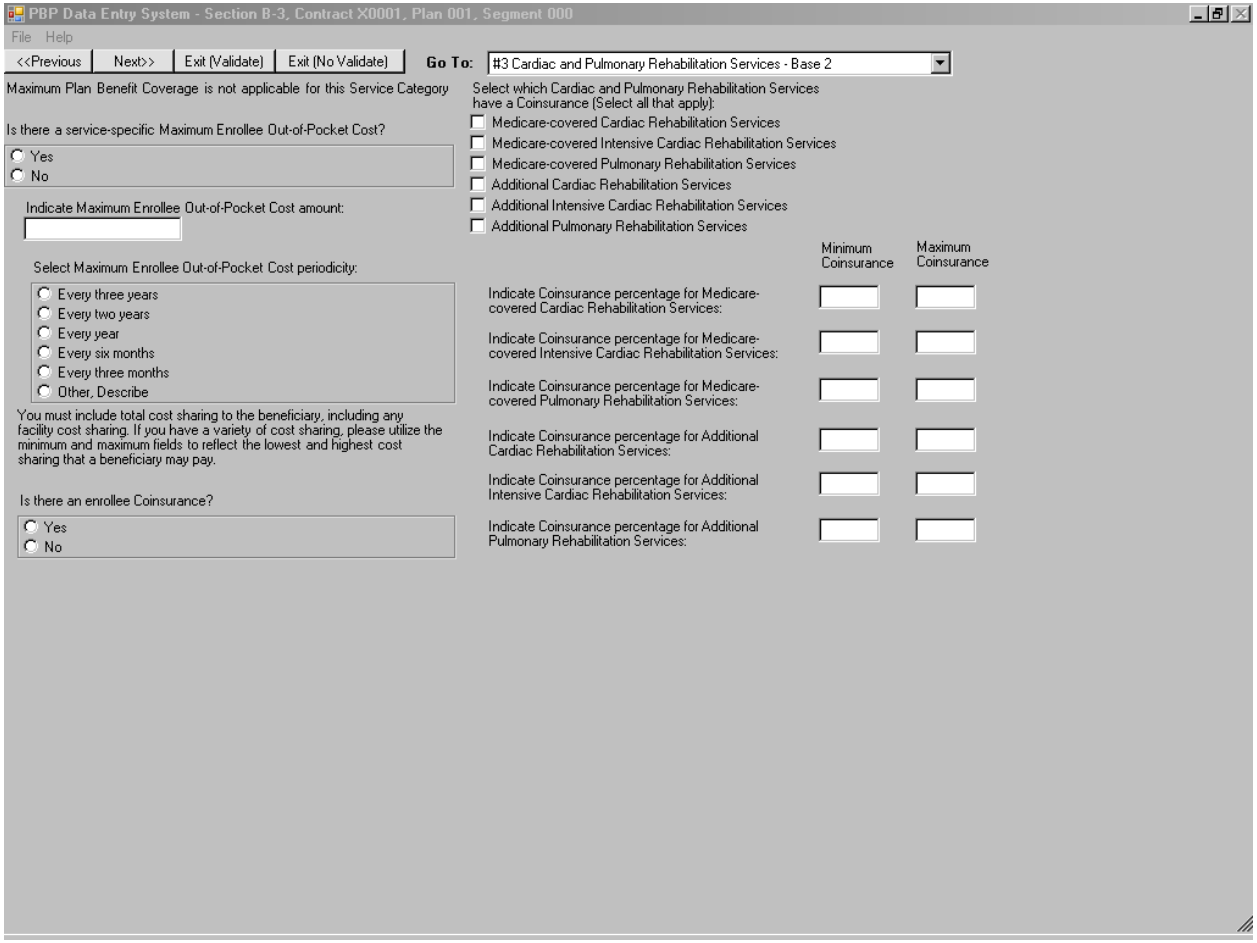
Section B – 2 – Skilled Nursing Facility (B-Only) – Base 4 Screen



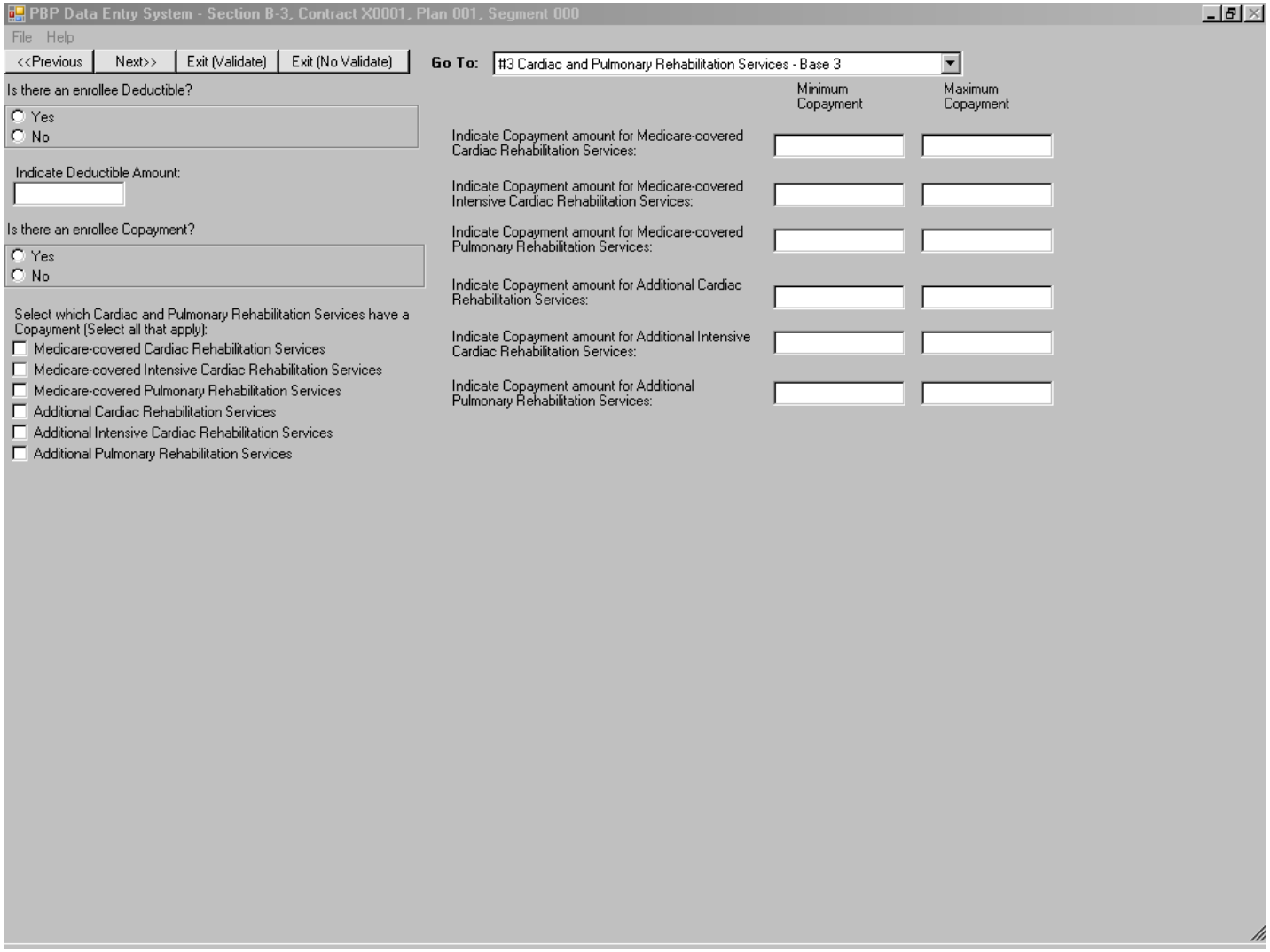
Section B – 3 – Cardiac and Pulmonary Rehabilitation Services – Base 1 Screen



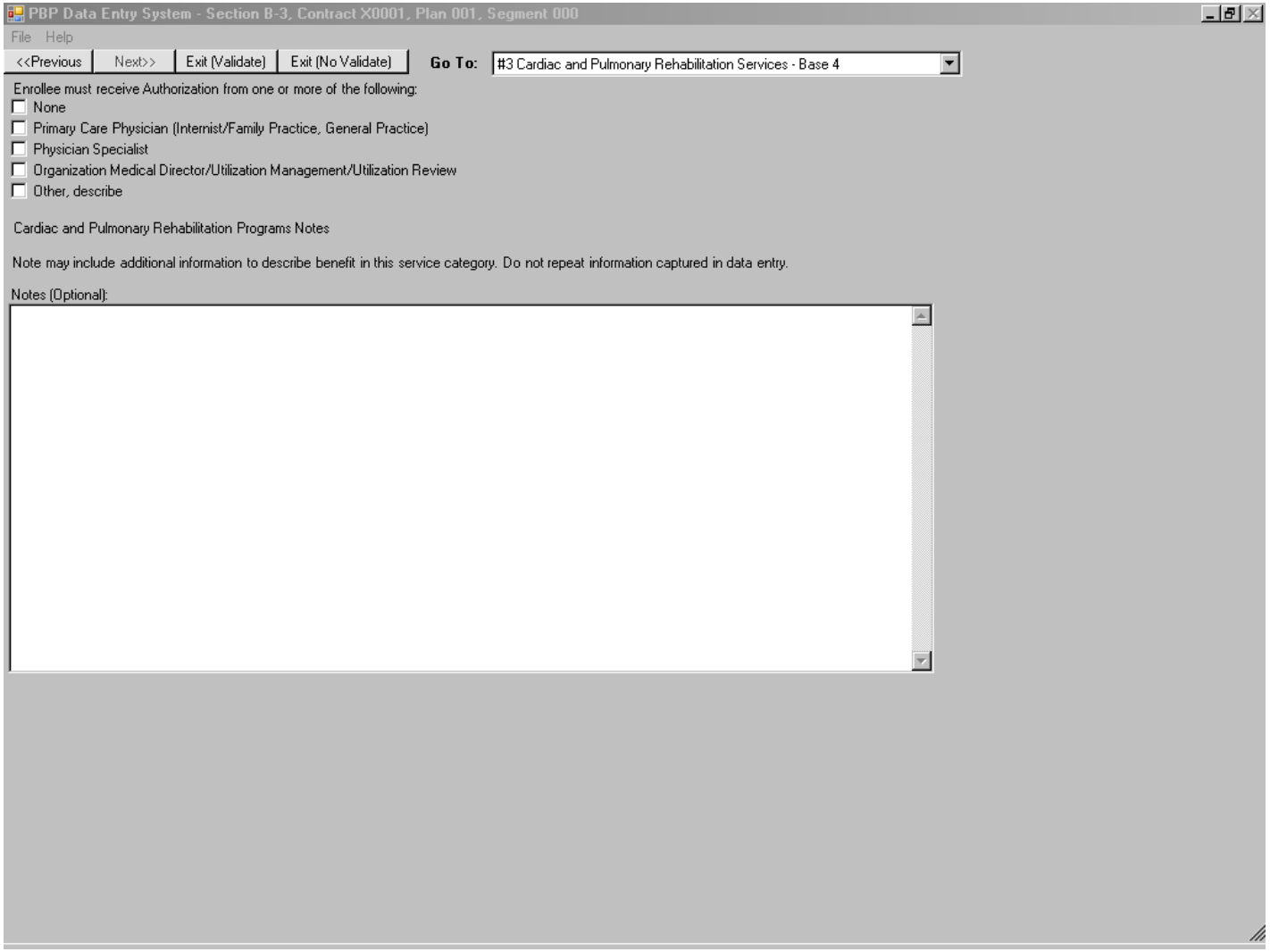
Section B – 3 – Cardiac and Pulmonary Rehabilitation Services – Base 2 Screen



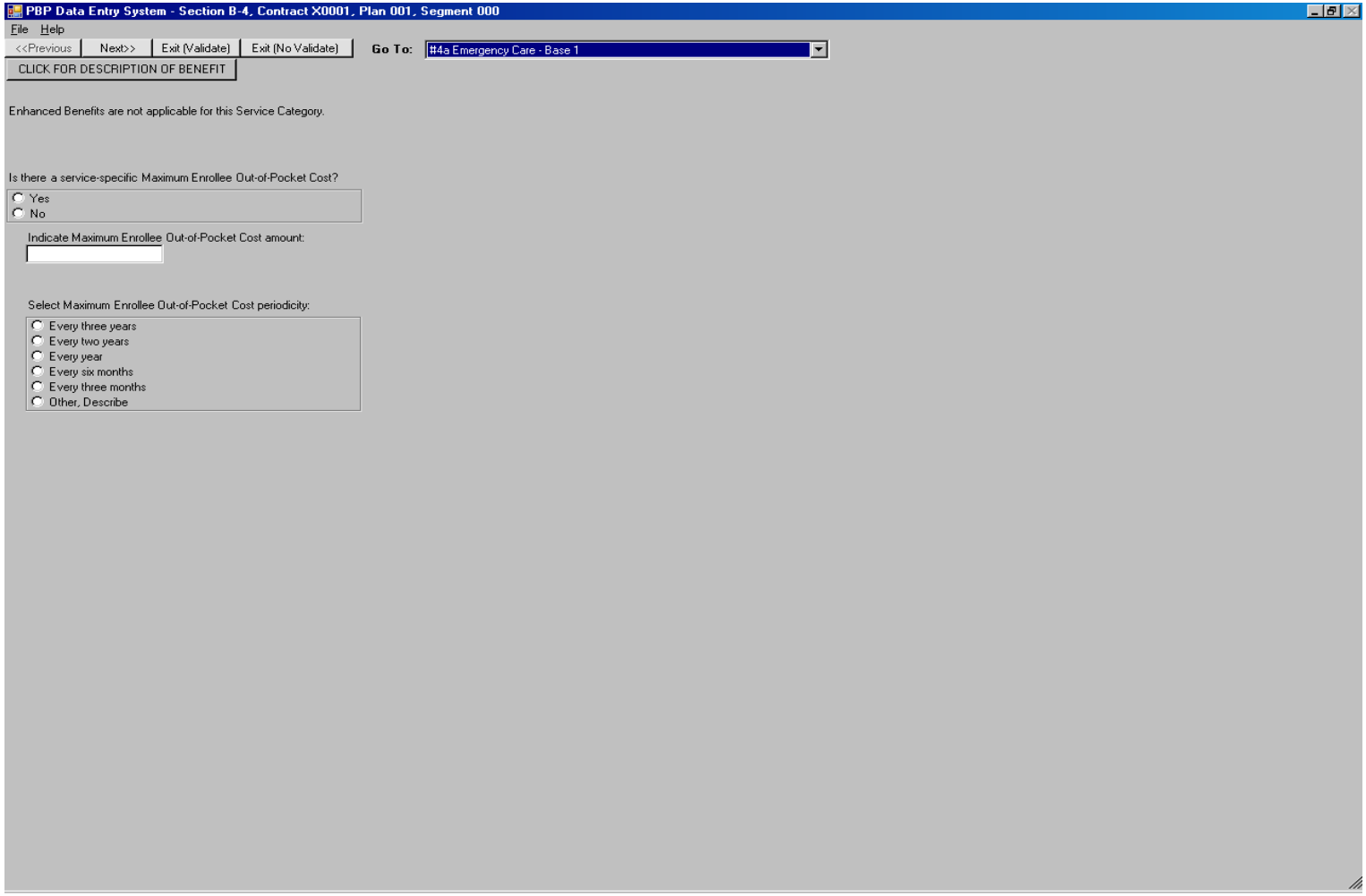
Section B – 3 – Cardiac and Pulmonary Rehabilitation Services – Base 3 Screen



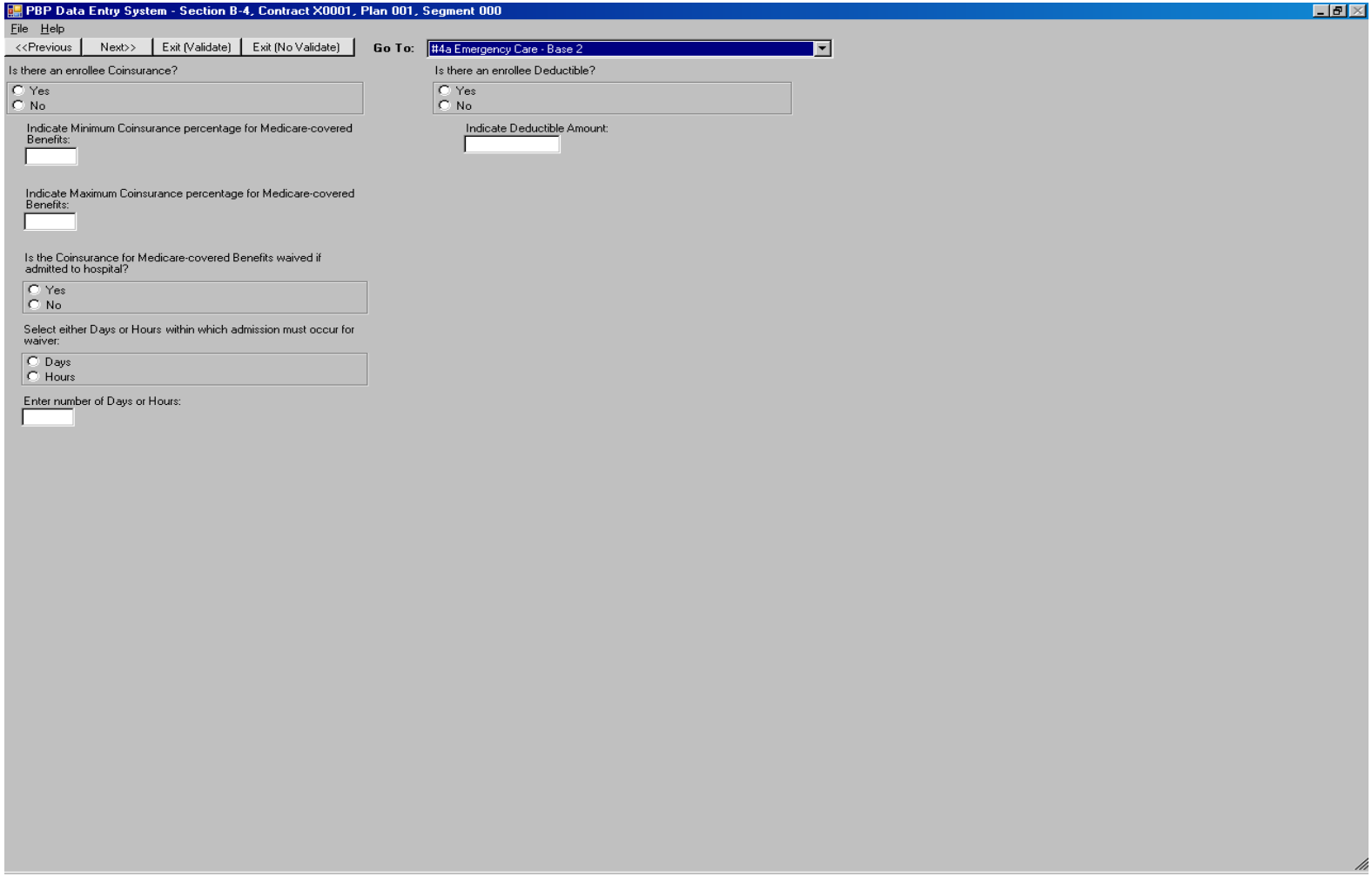
Section B – 3 – Cardiac and Pulmonary Rehabilitation Services – Base 4 Screen



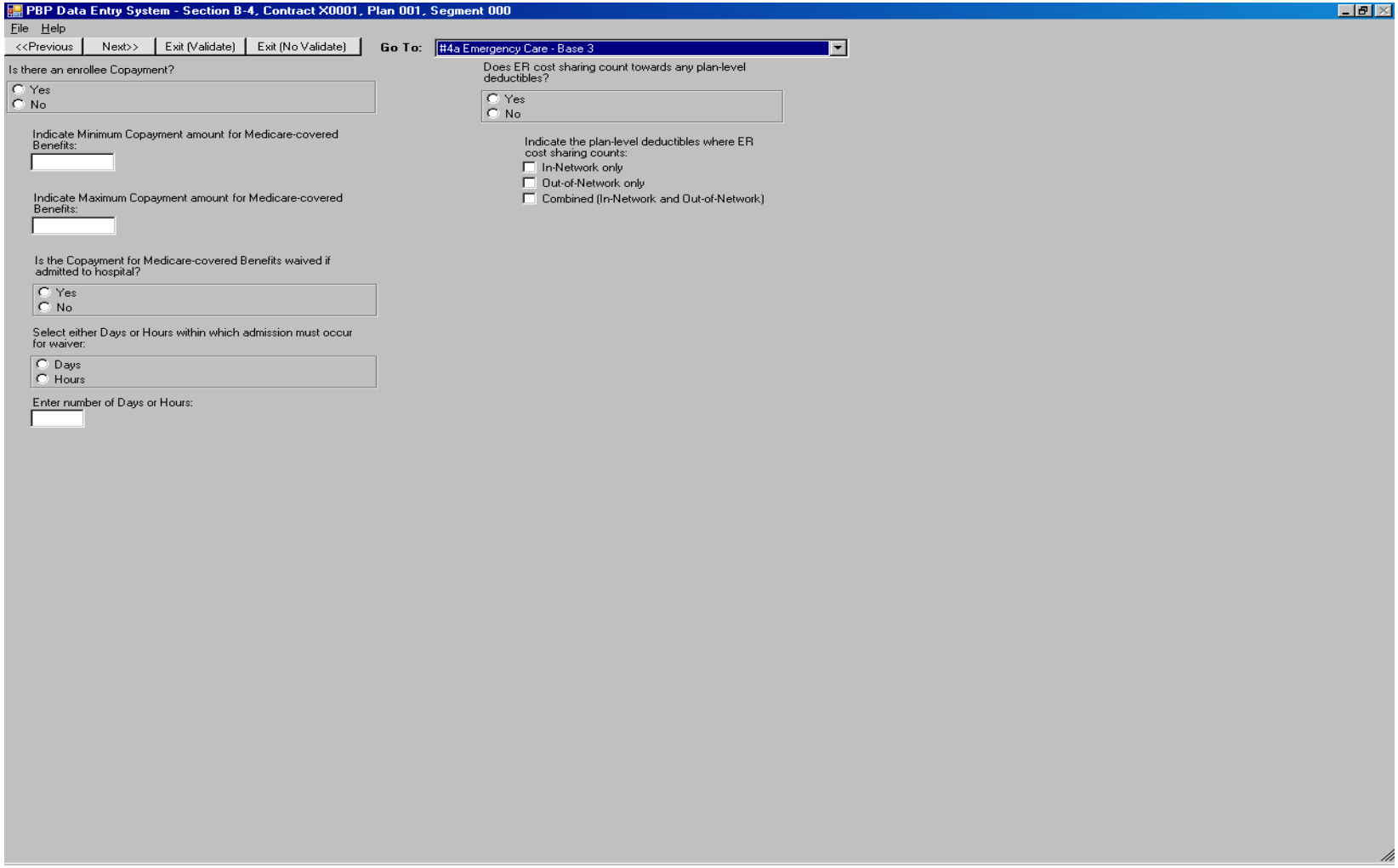
Section B – 4A – Emergency Care – Base 1 Screen



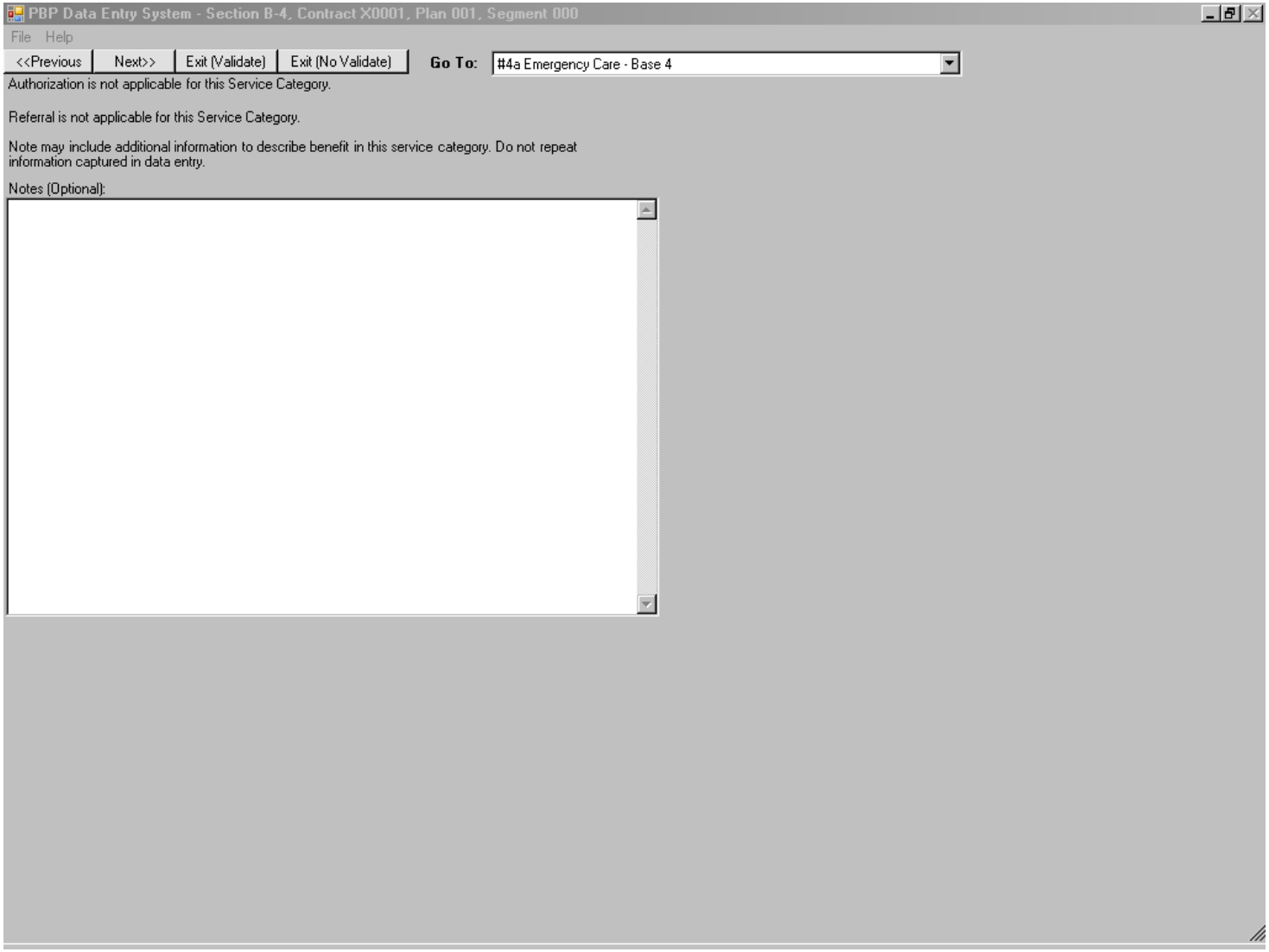
Section B – 4A – Emergency Care – Base 2 Screen



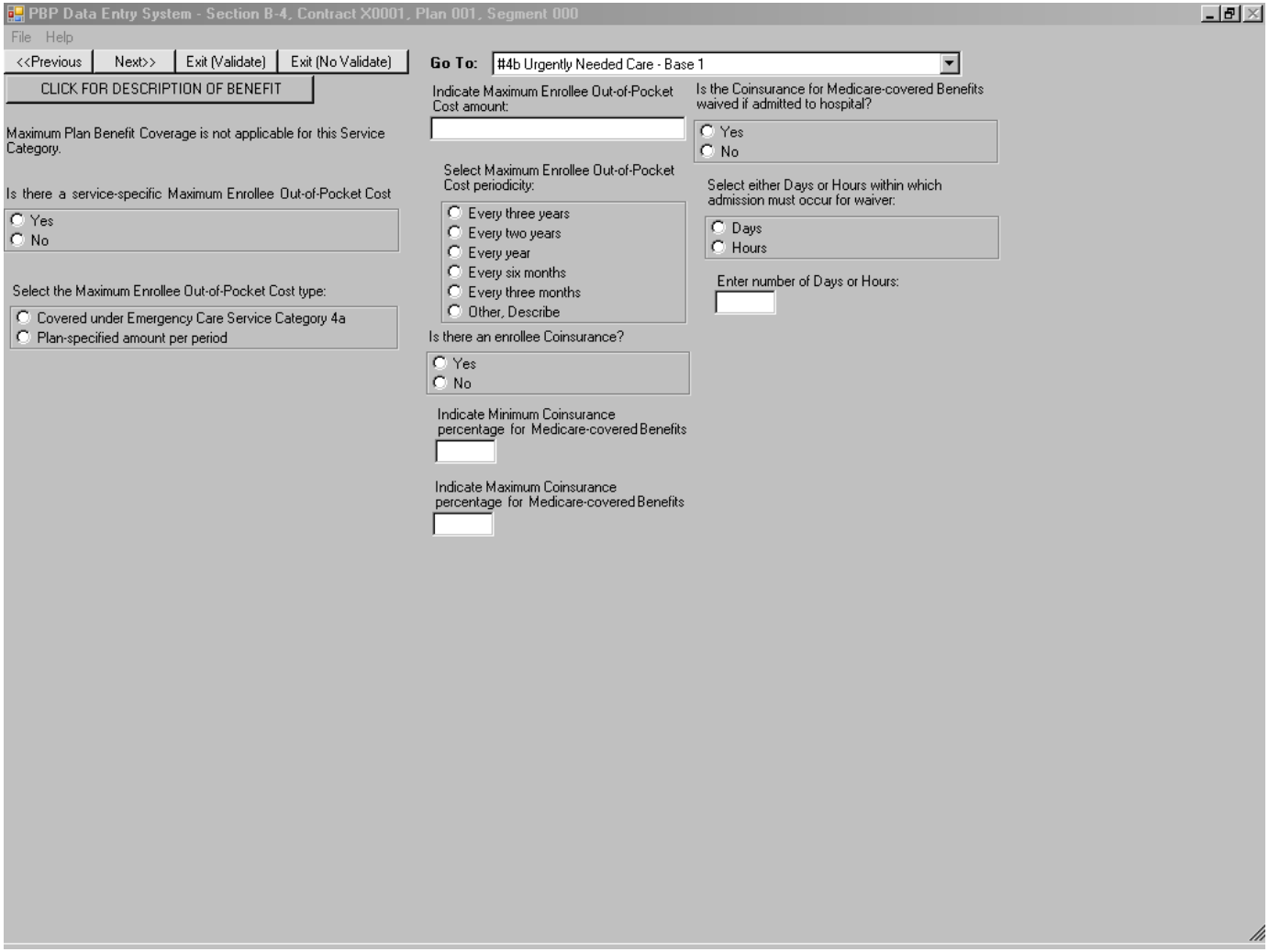
Section B – 4A – Emergency Care – Base 3 Screen



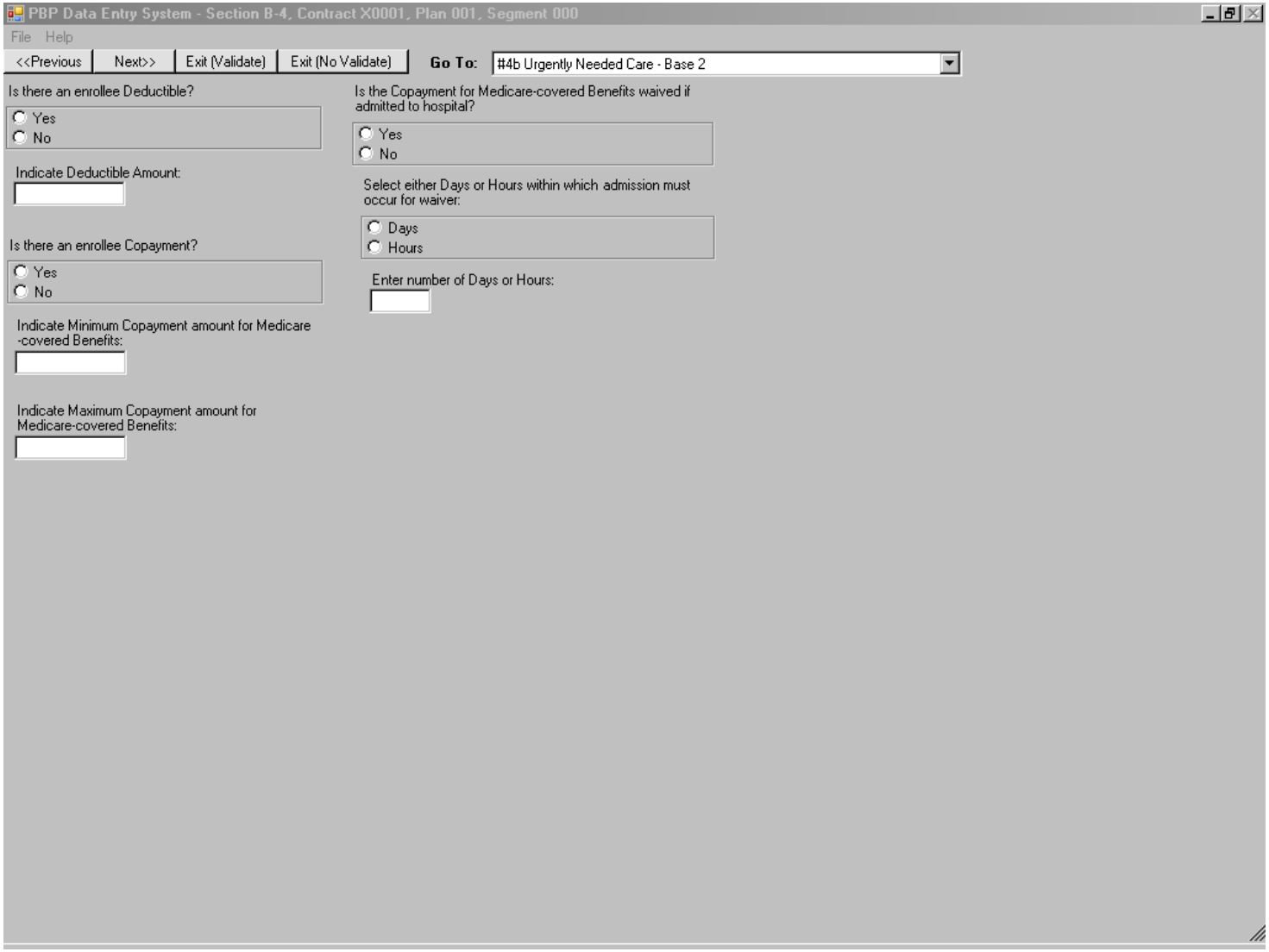
Section B – 4A – Emergency Care – Base 4 Screen



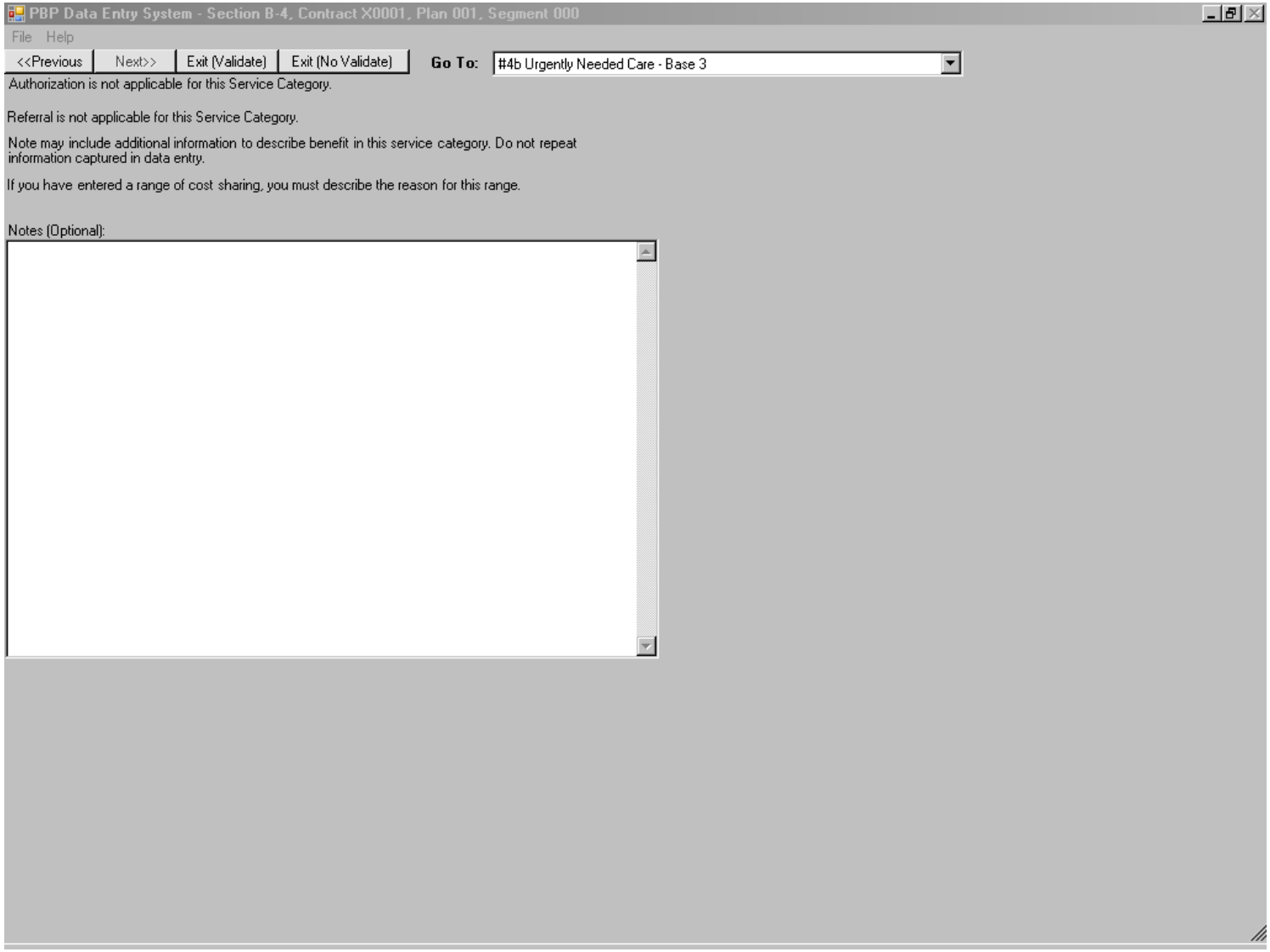
Section B – 4B – Urgently Needed Care – Base 1 Screen



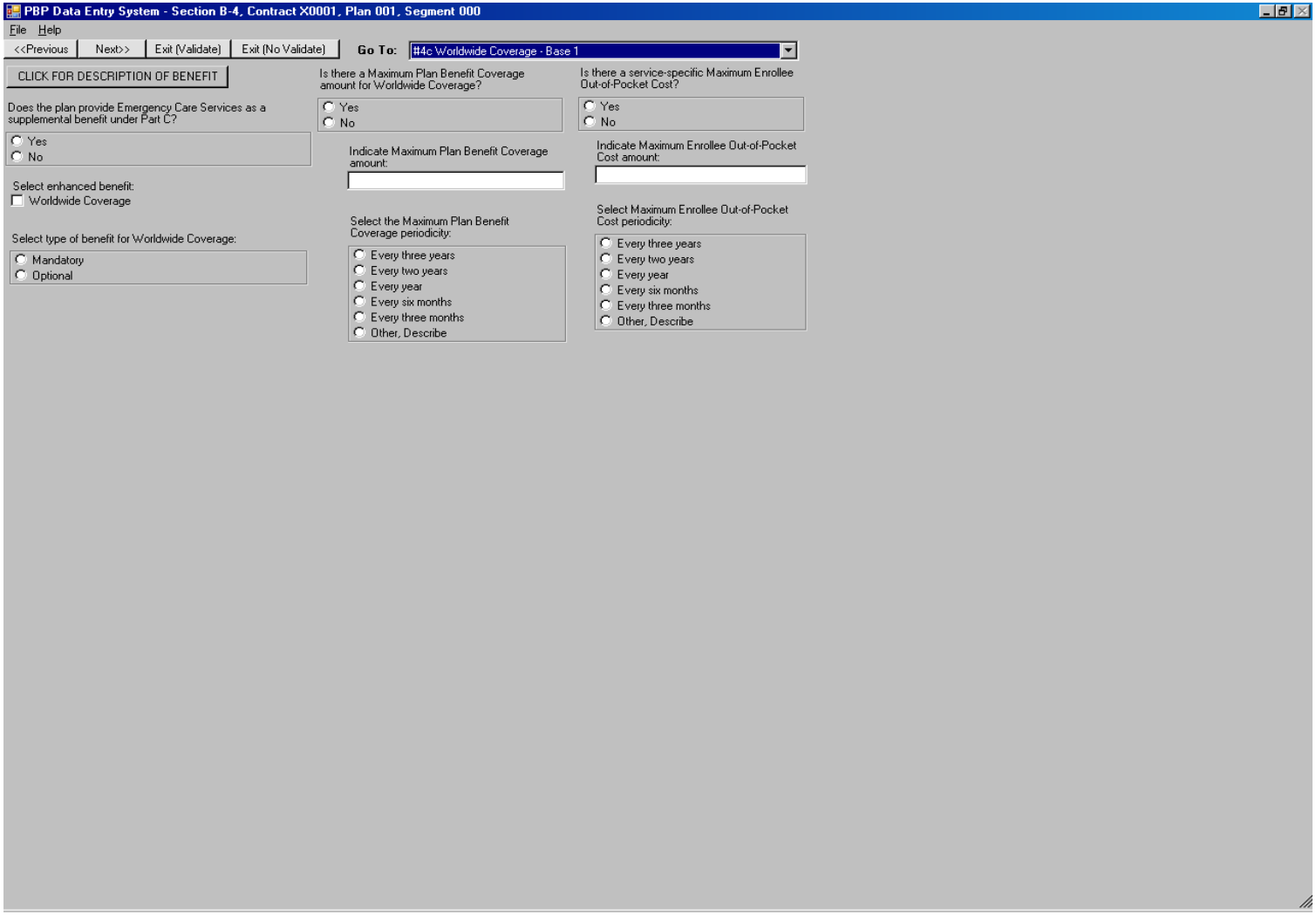
Section B – 4B – Urgently Needed Care – Base 2 Screen



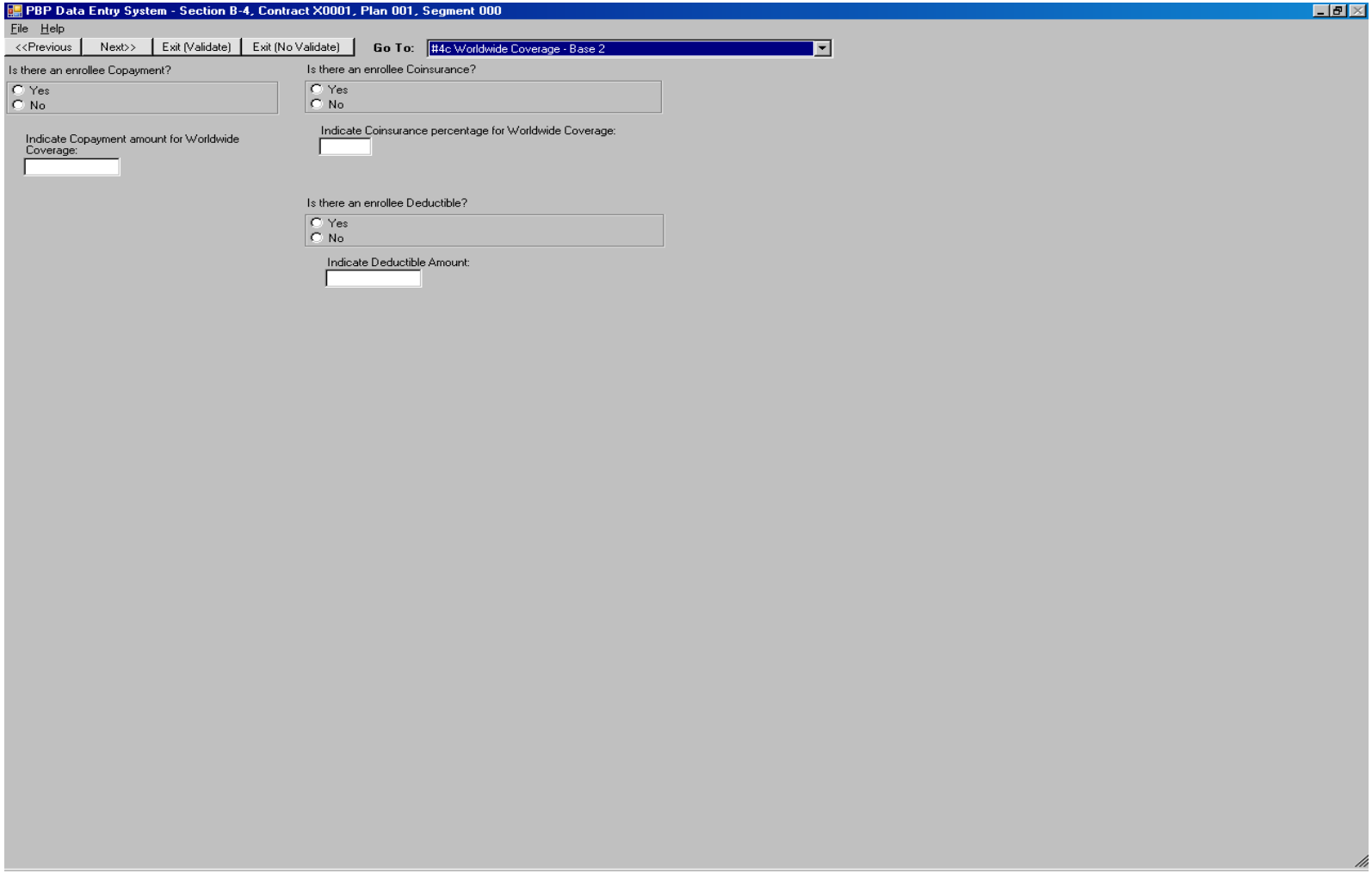
Section B – 4B – Urgently Needed Care – Base 3 Screen



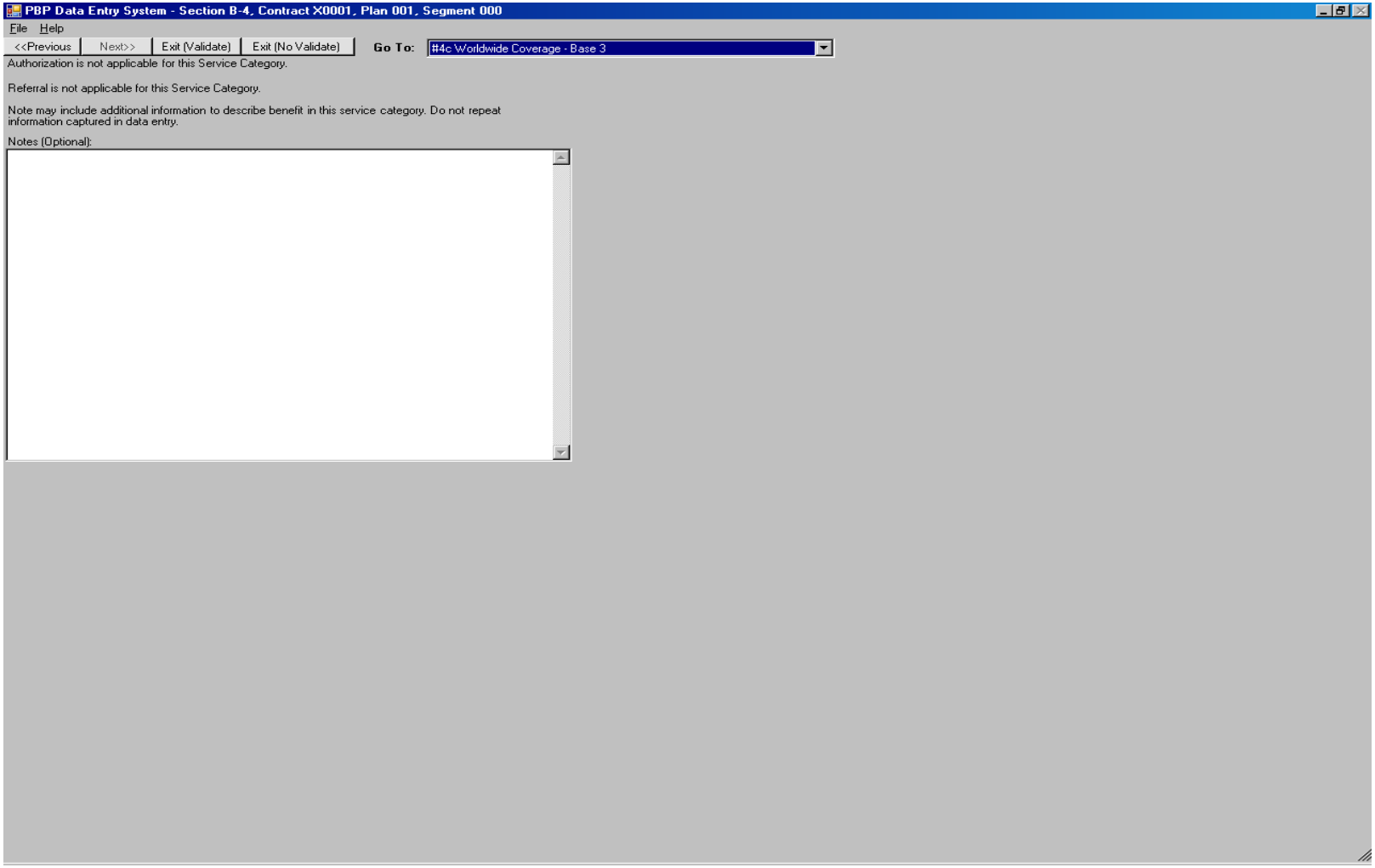
Section B – 4C – Worldwide Coverage – Base 1



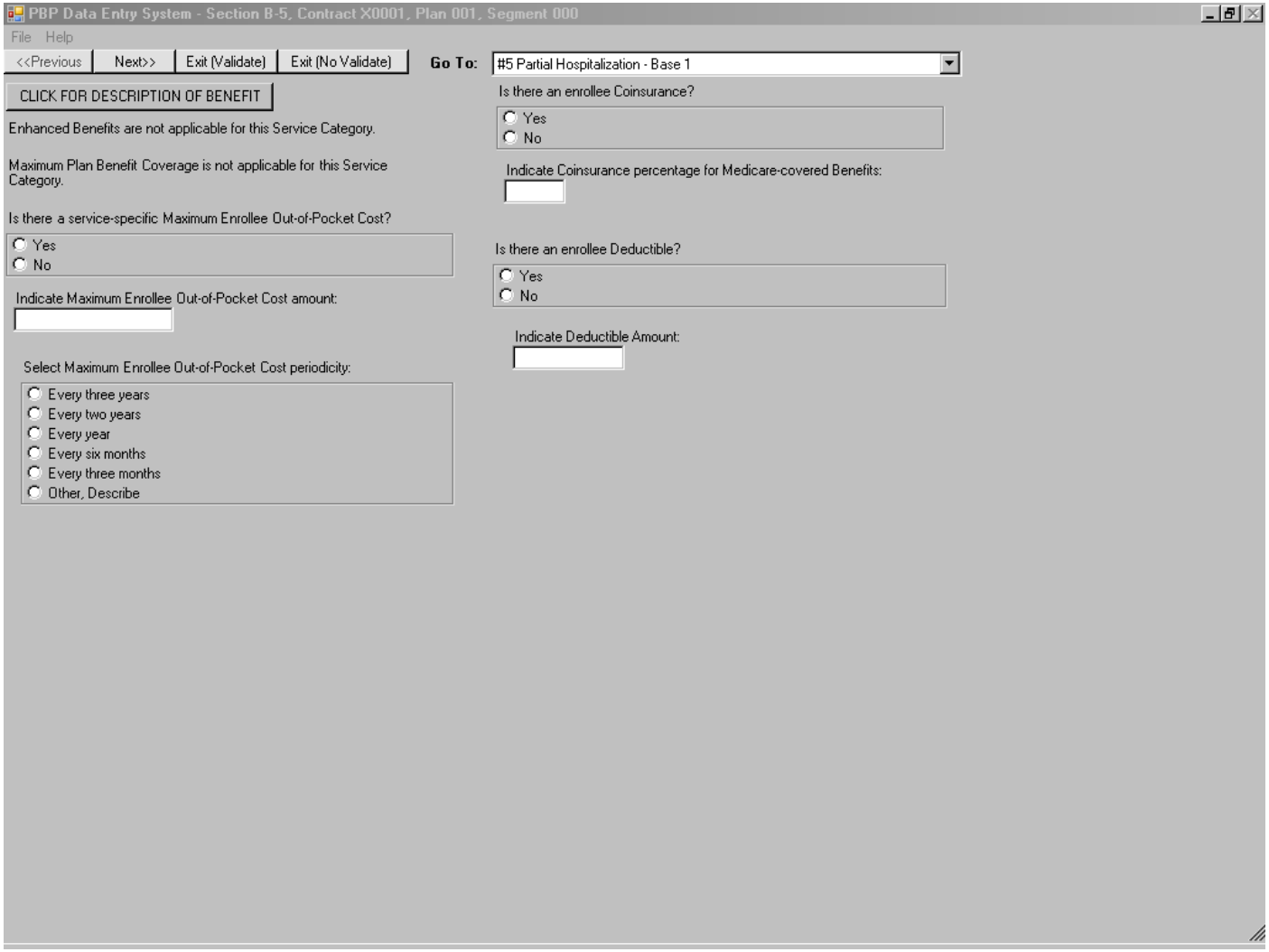
Section B – 4C – Worldwide Coverage – Base 2



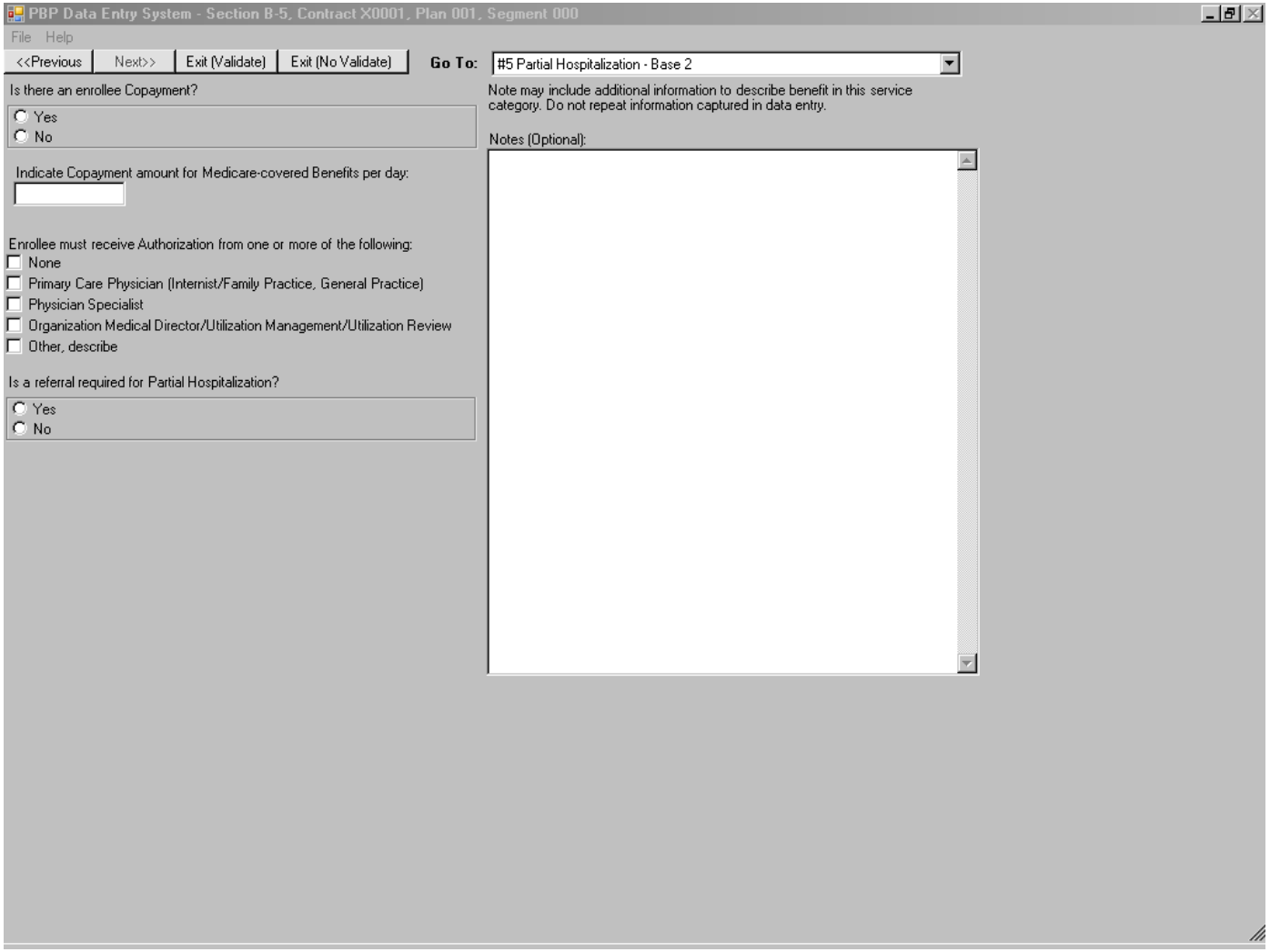
Section B – 4C – Worldwide Coverage – Base 3



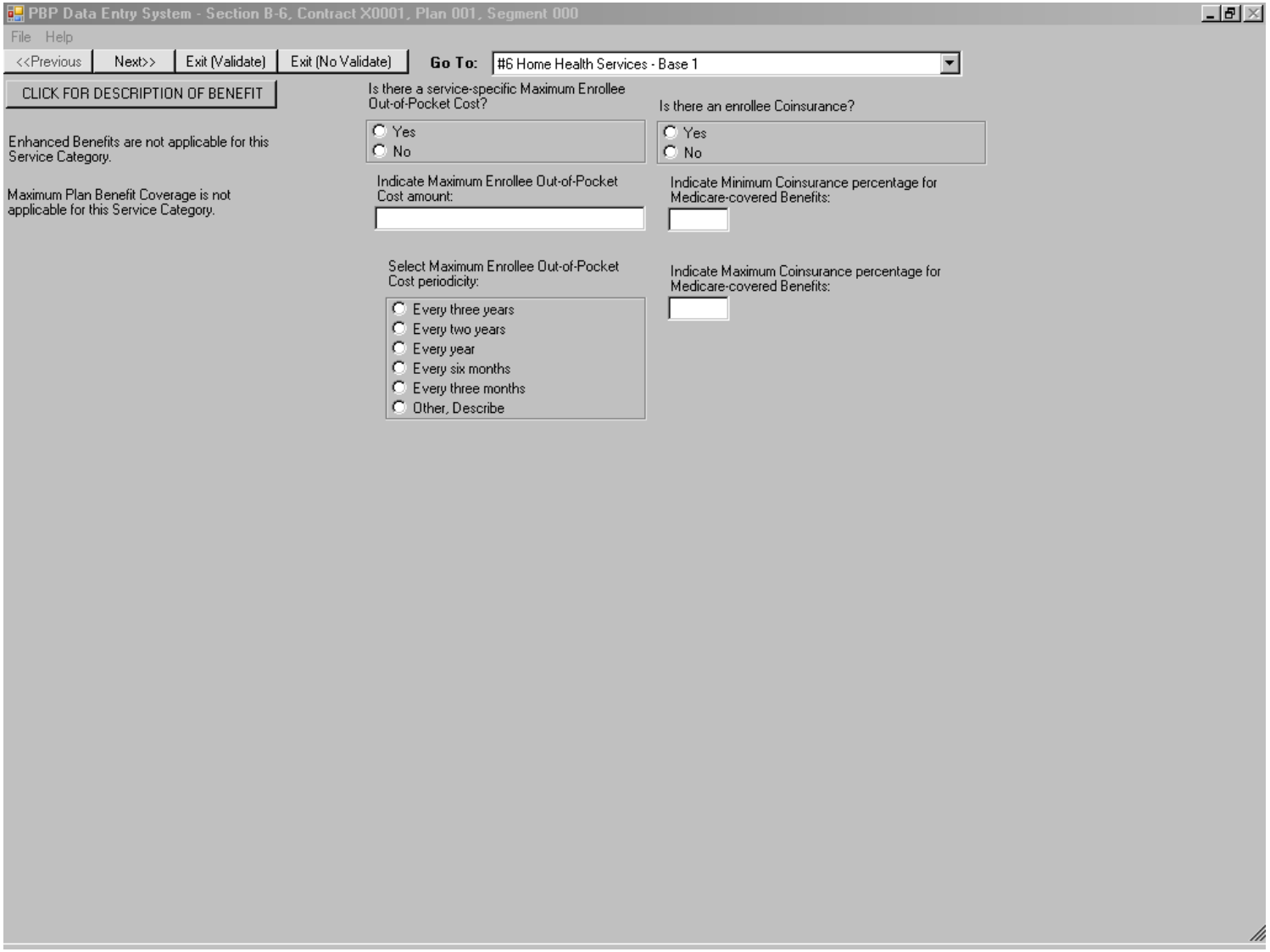
Section B – 5 – Partial Hospitalization – Base 1 Screen



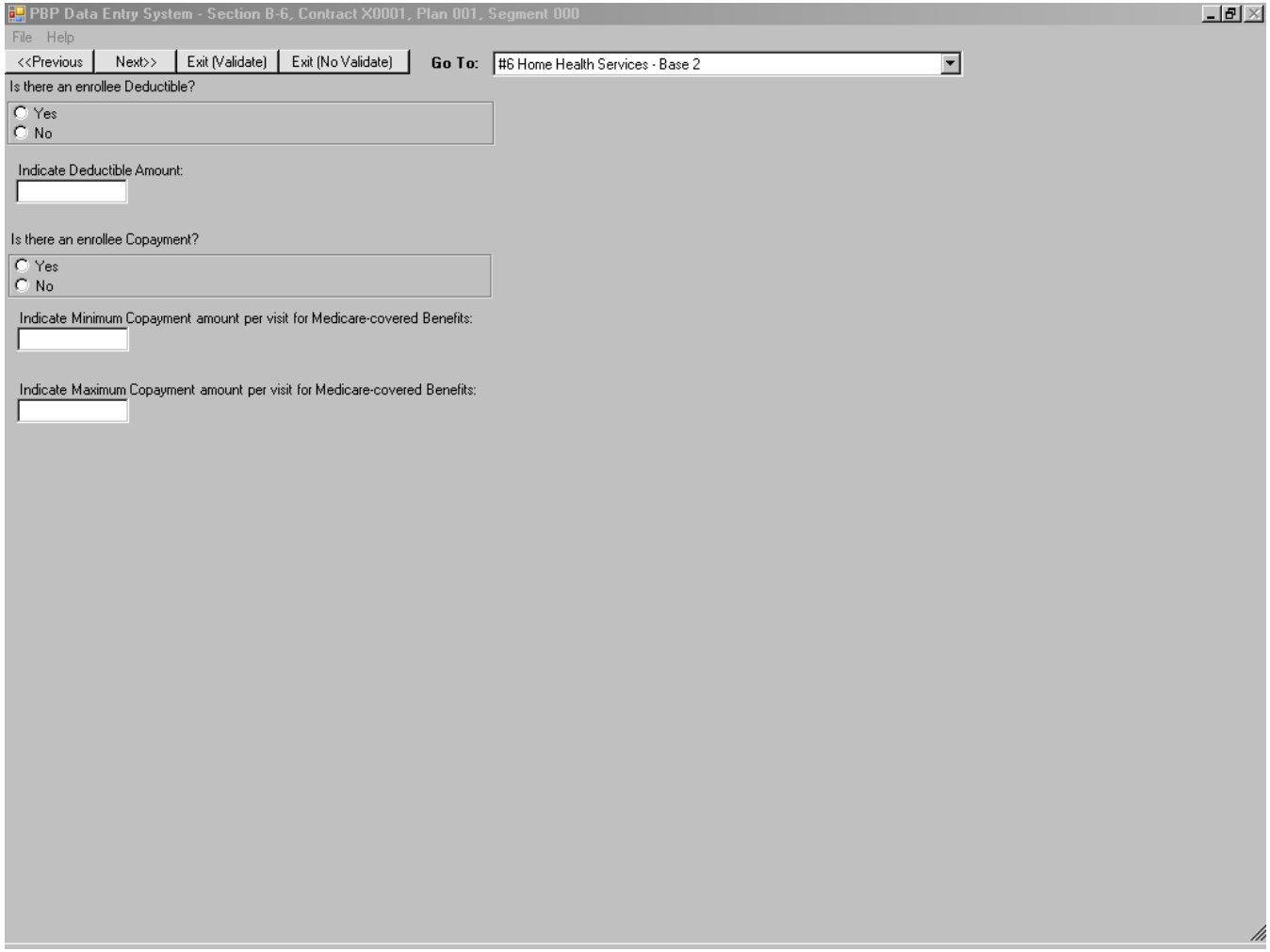
Section B – 5 – Partial Hospitalization – Base 2 Screen



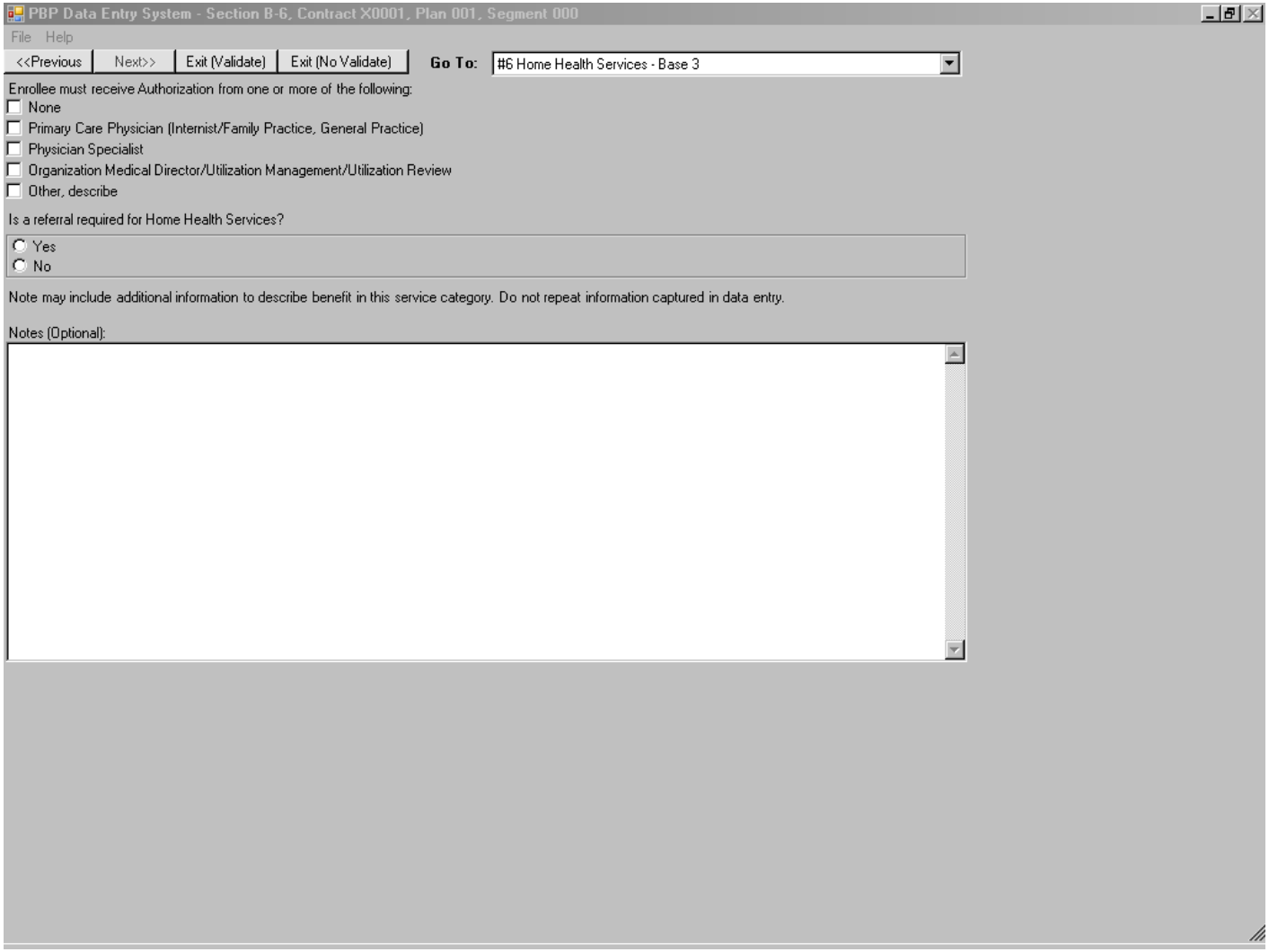
Section B – 6 – Home Health Services – Base 1 Screen



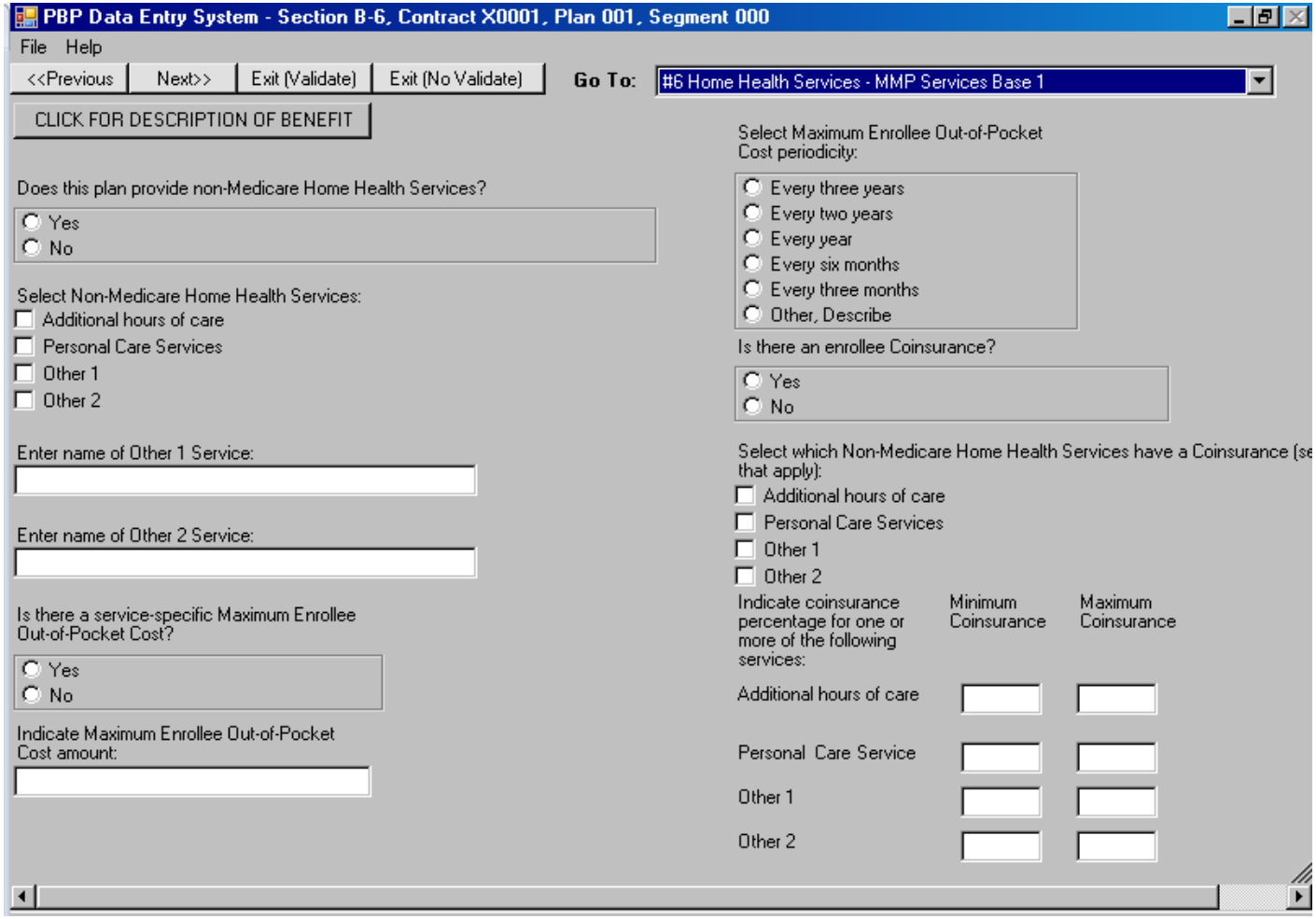
Section B – 6 – Home Health Services – Base 2 Screen



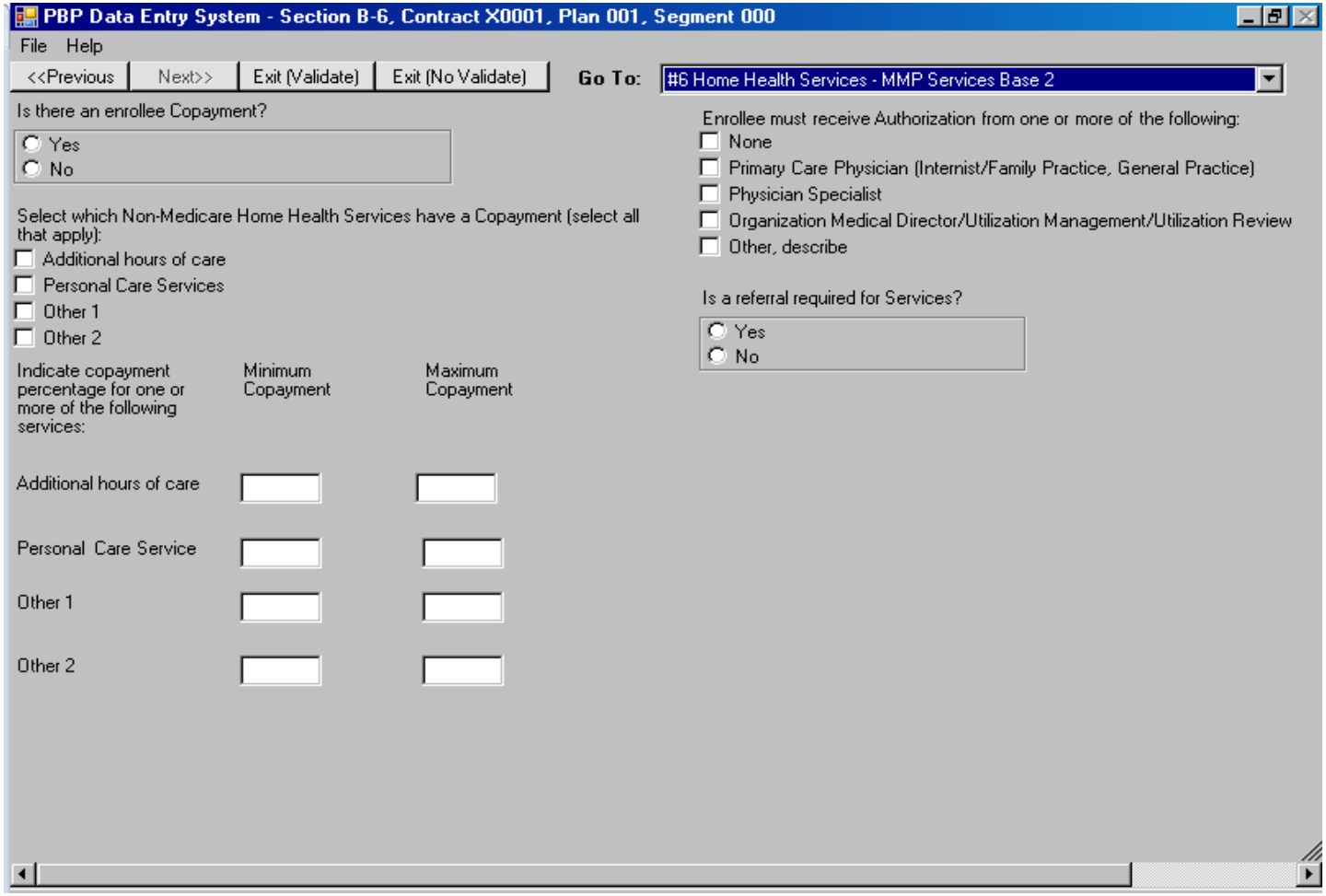
Section B – 6 – Home Health Services – Base 3 Screen



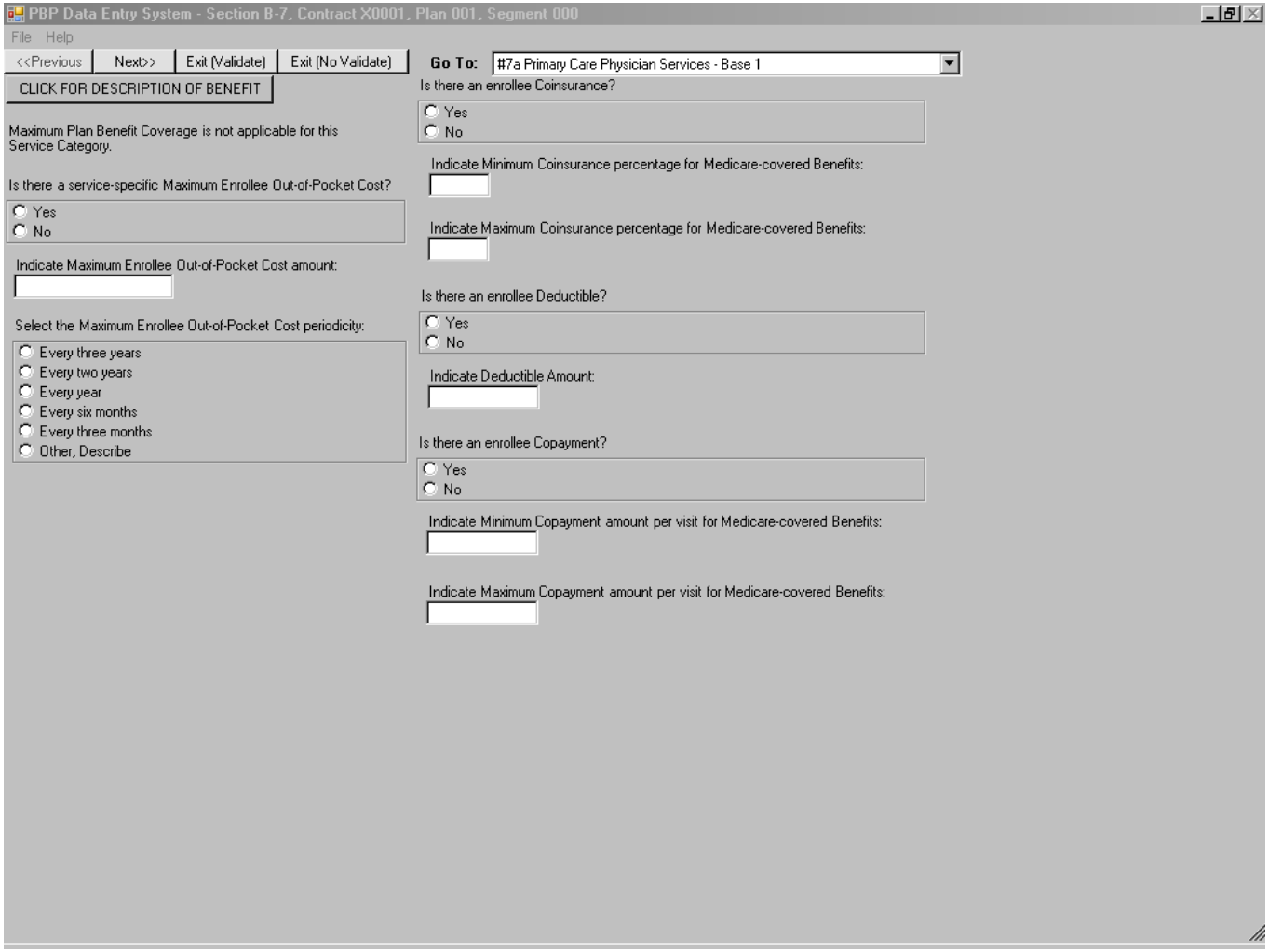
Section B – 6 –Home Health Services – MMP Services – Base 1 Screen



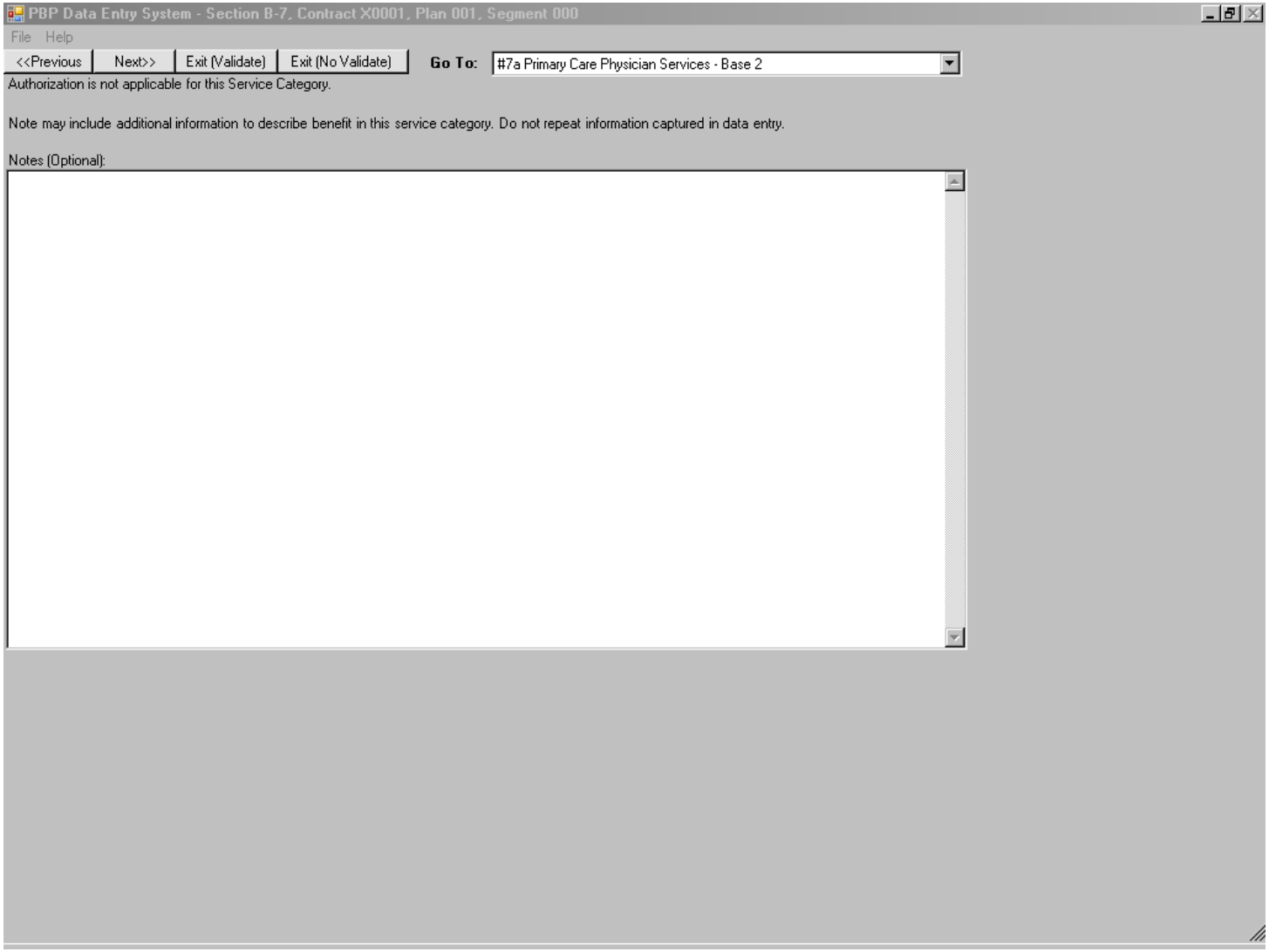
Section B – 6 –Home Health Services – MMP Services – Base 2 Screen



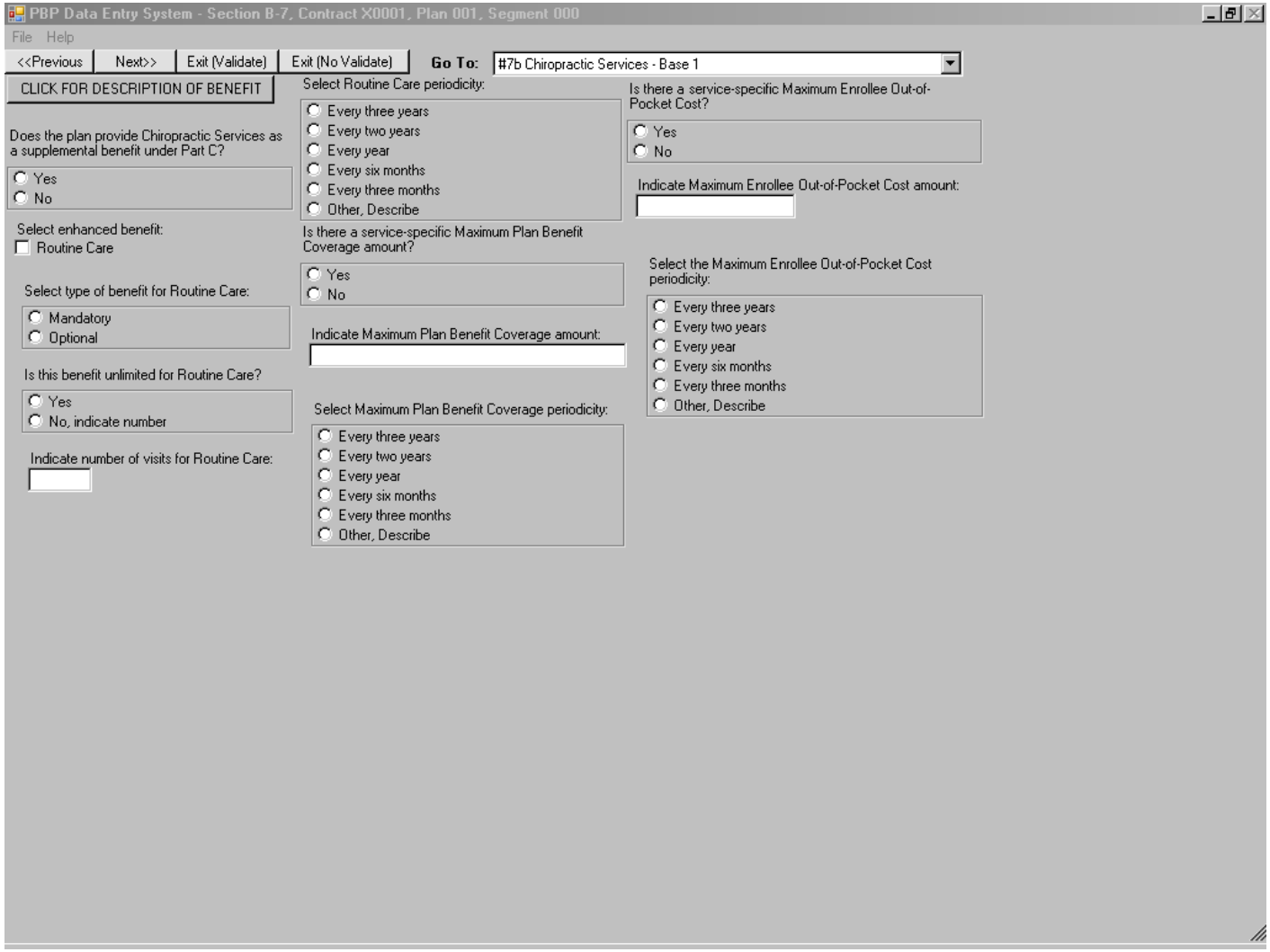
Section B – 7A – Primary Care Physician Services – Base 1 Screen



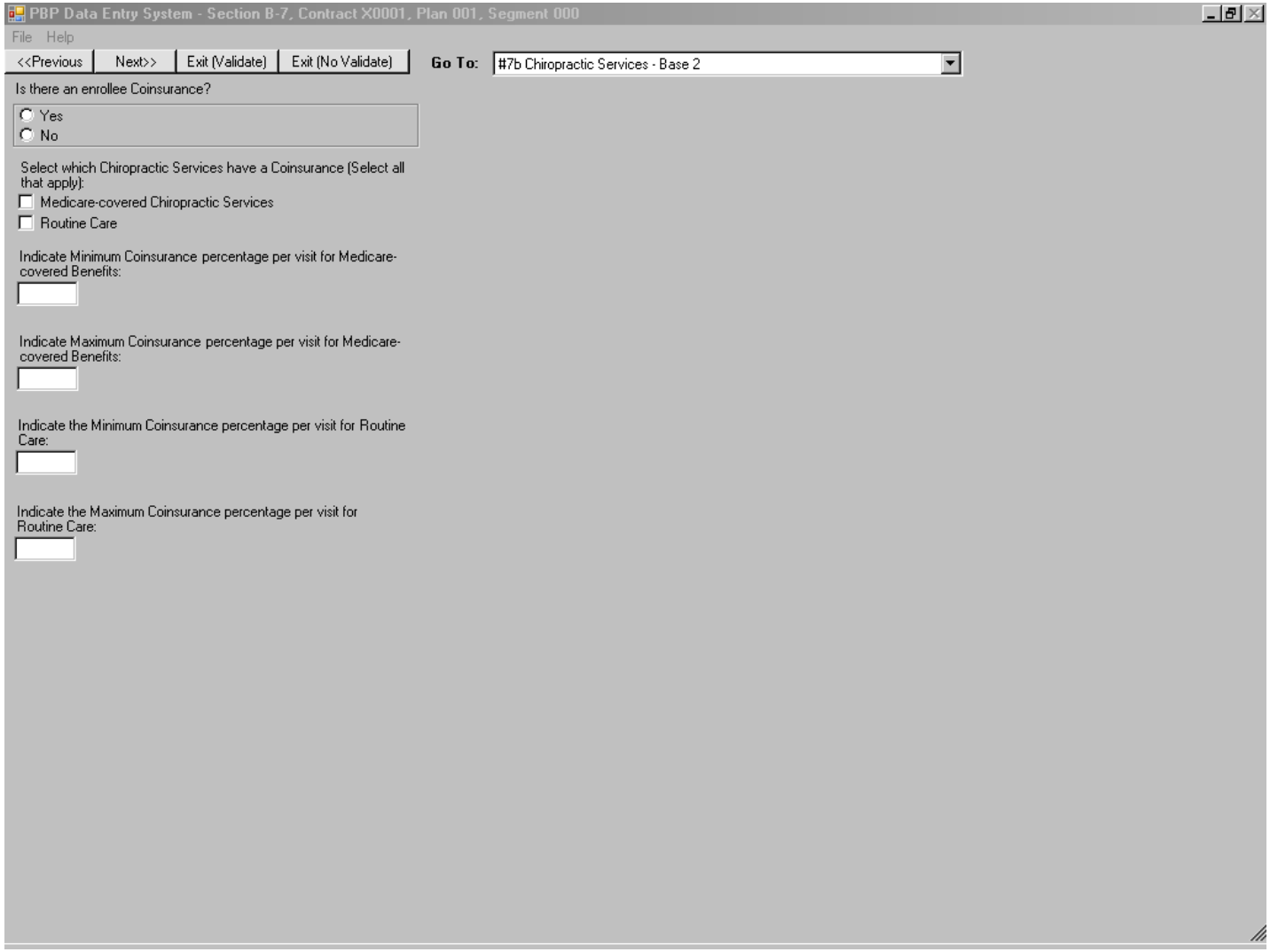
Section B – 7A – Primary Care Physician Services – Base 2 Screen



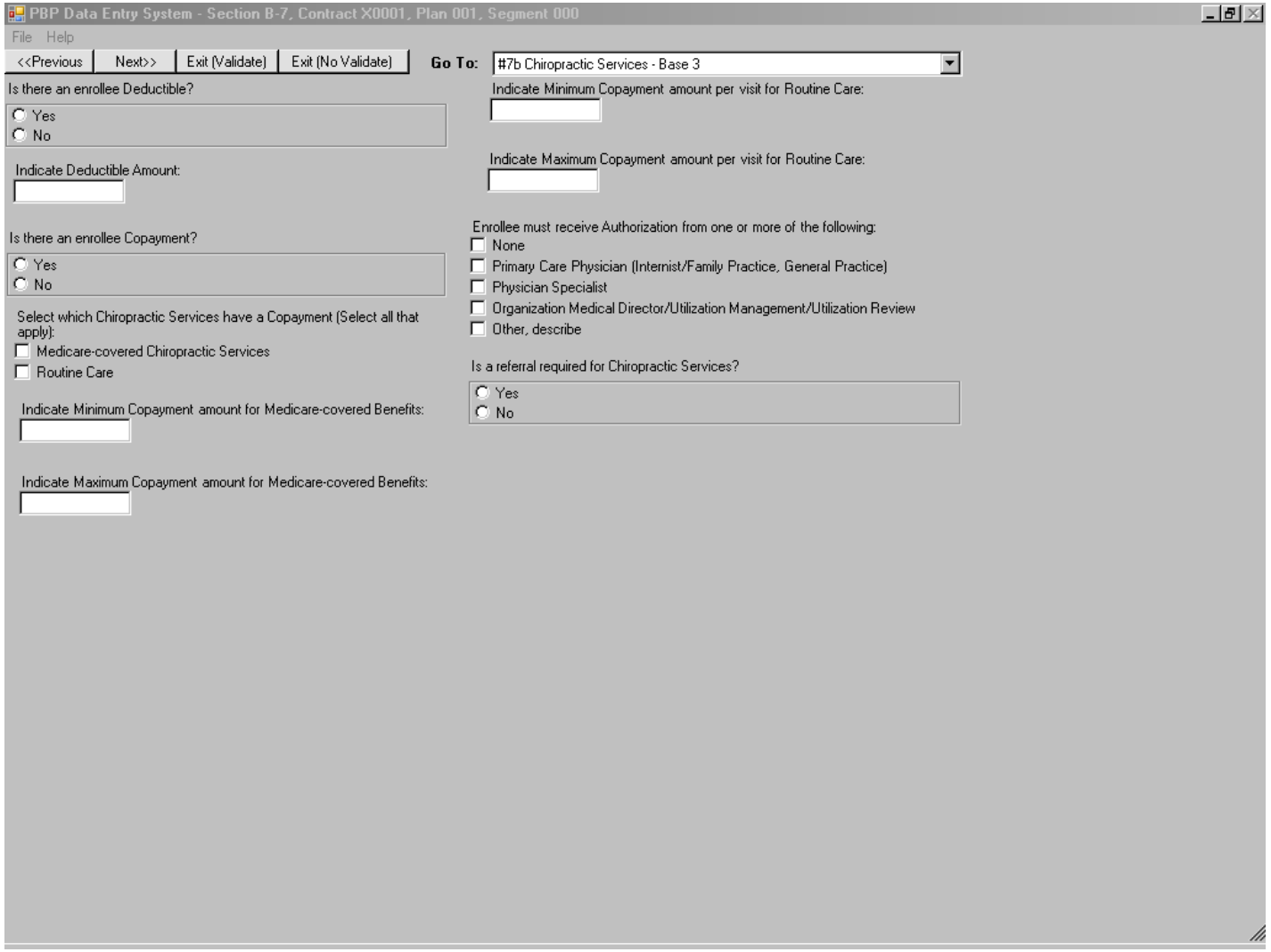
Section B – 7B – Chiropractic Services – Base 1 Screen



Section B – 7B – Chiropractic Services – Base 2 Screen

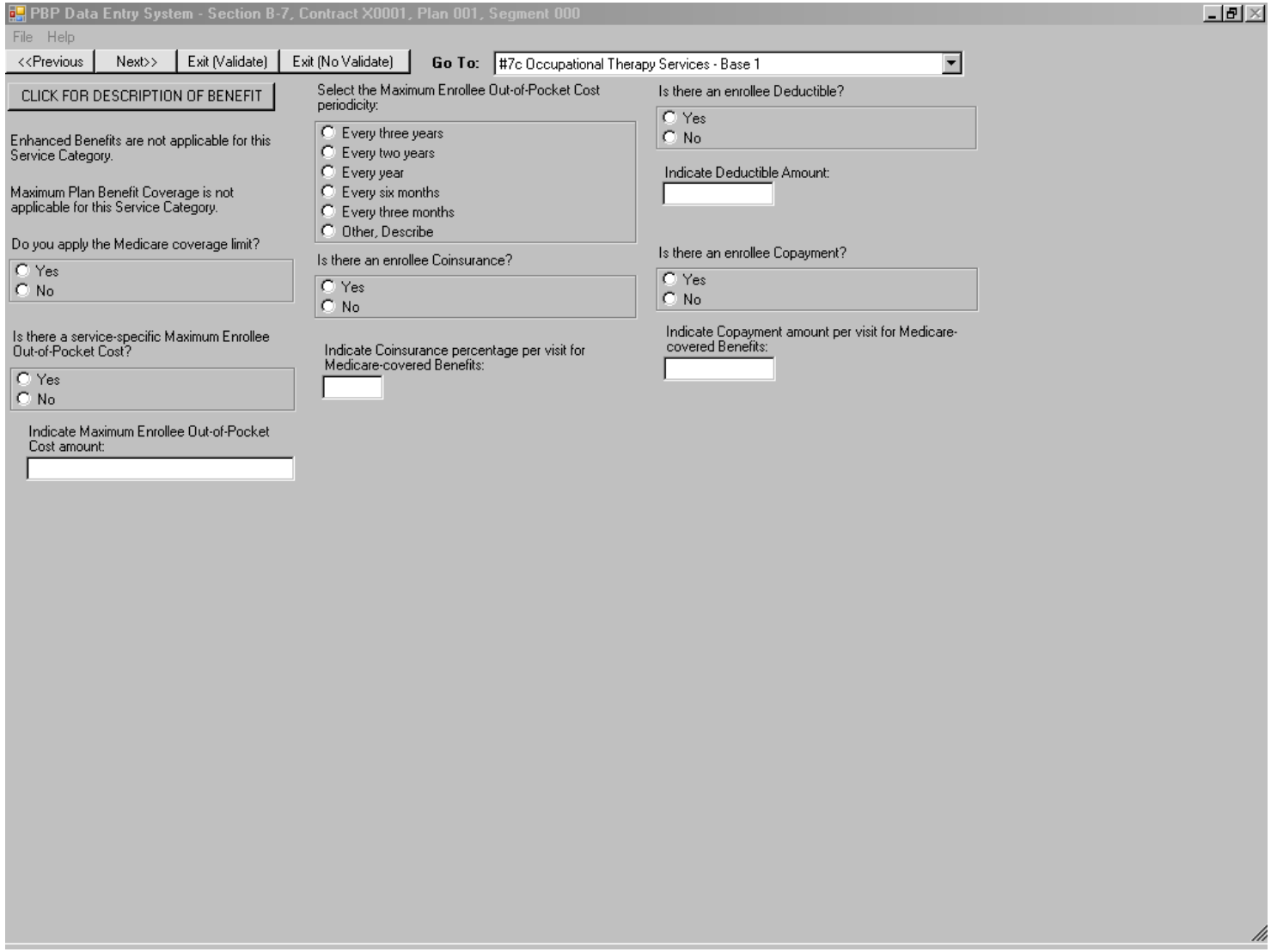


Section B – 7B – Chiropractic Services – Base 3 Screen

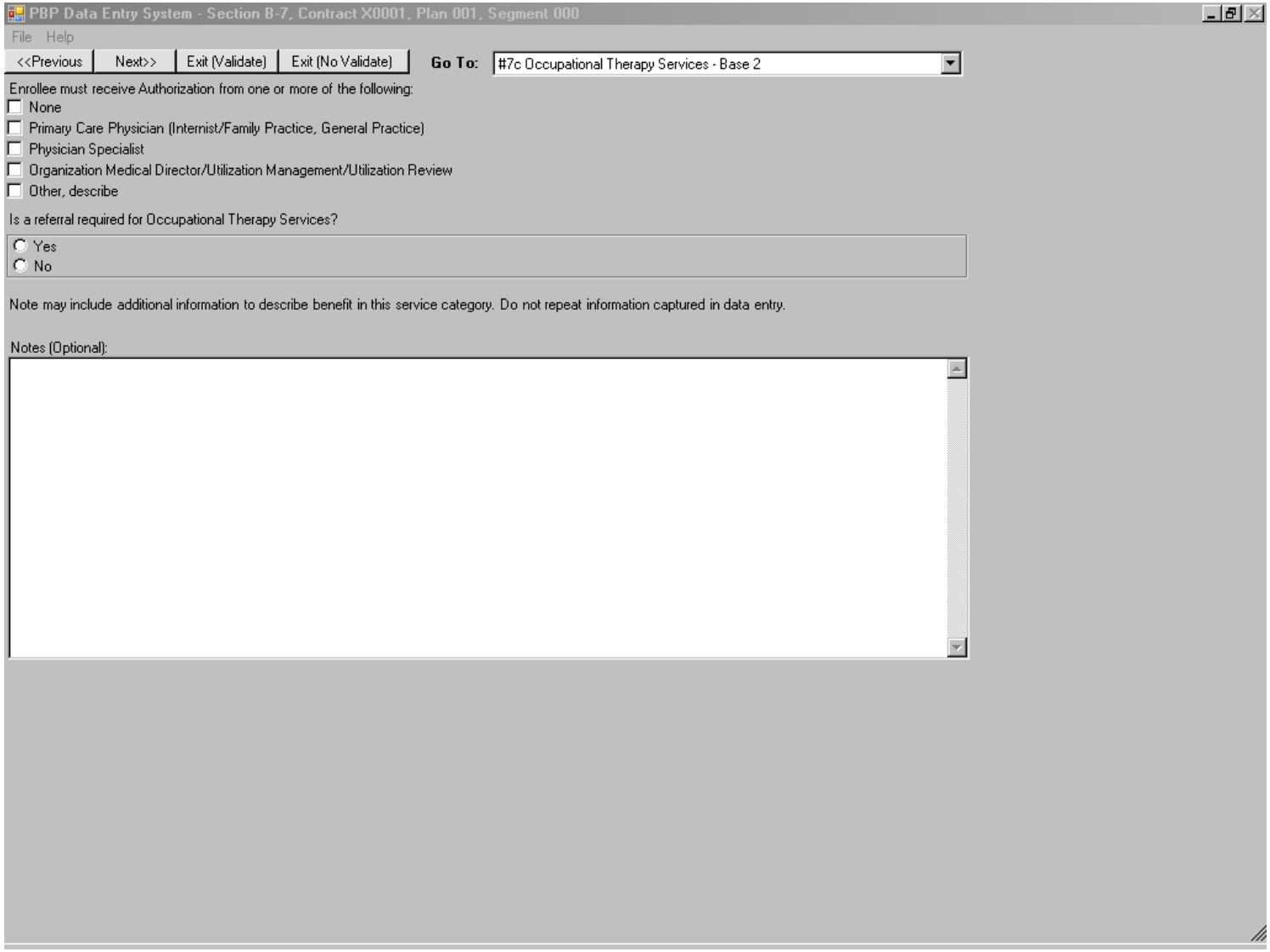


Section B – 7B – Chiropractic Services – Base 4 Screen

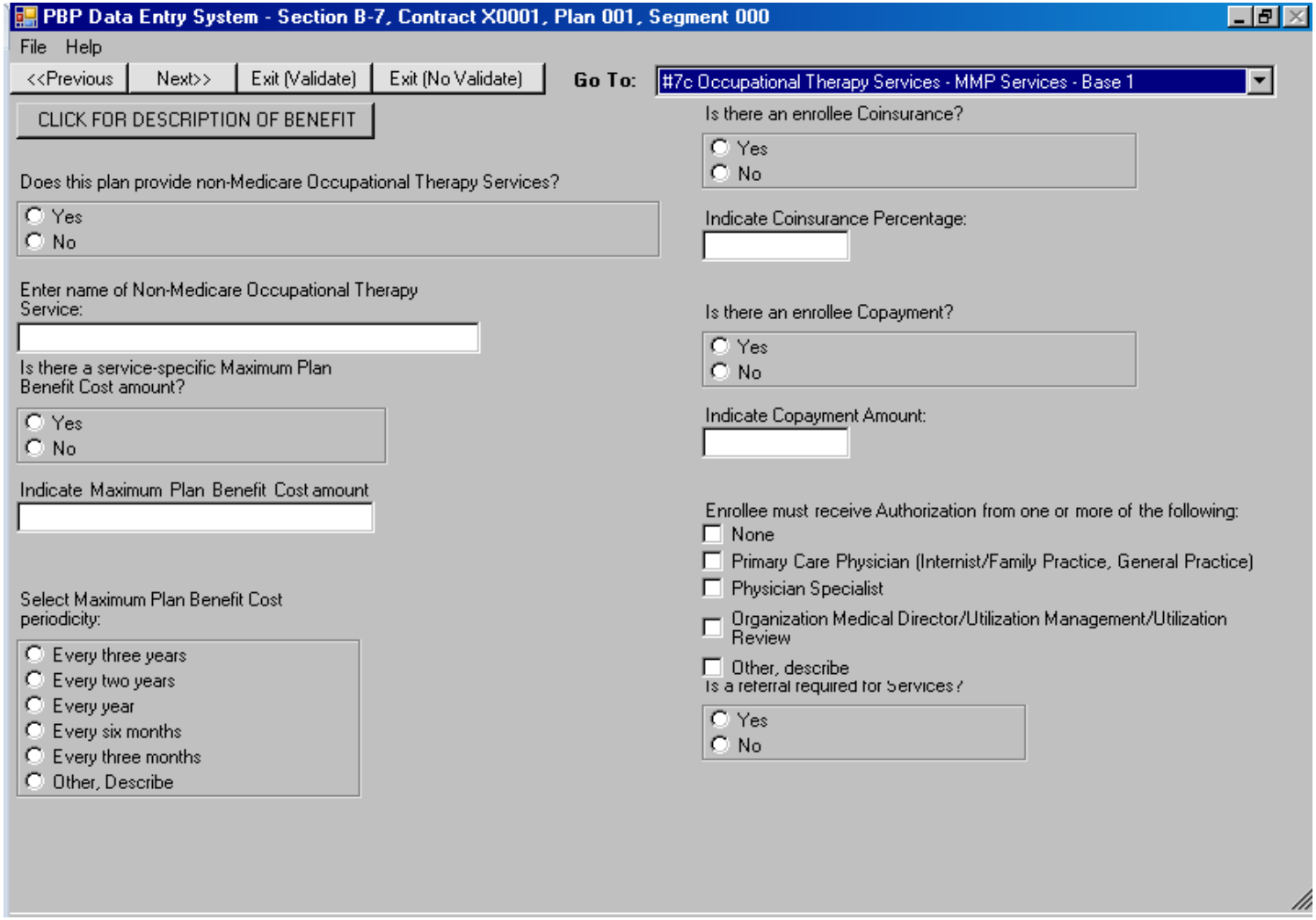
Section B – 7C – Occupational Therapy Services – Base 1 Screen



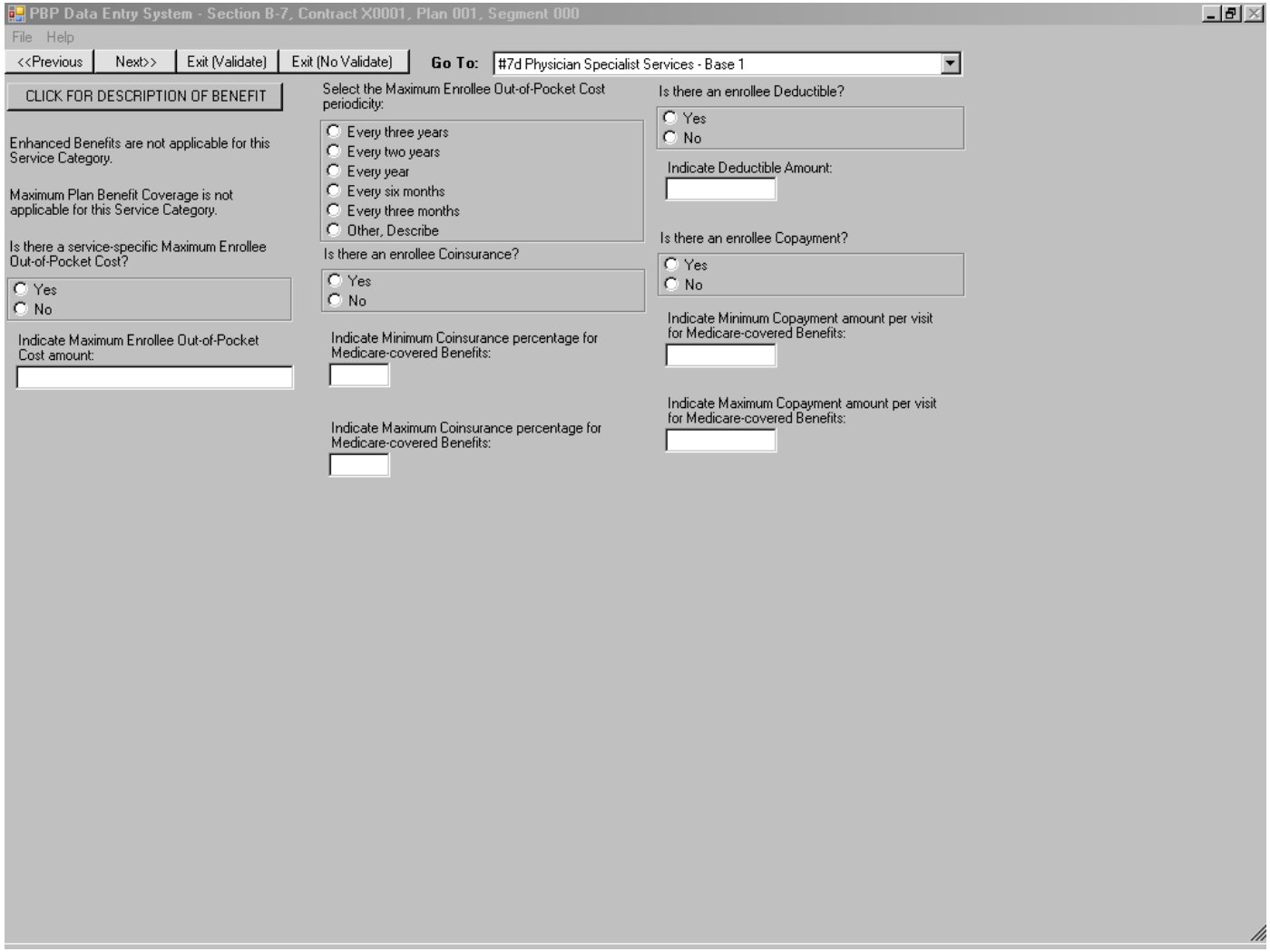
Section B – 7C – Occupational Therapy Services – Base 2 Screen



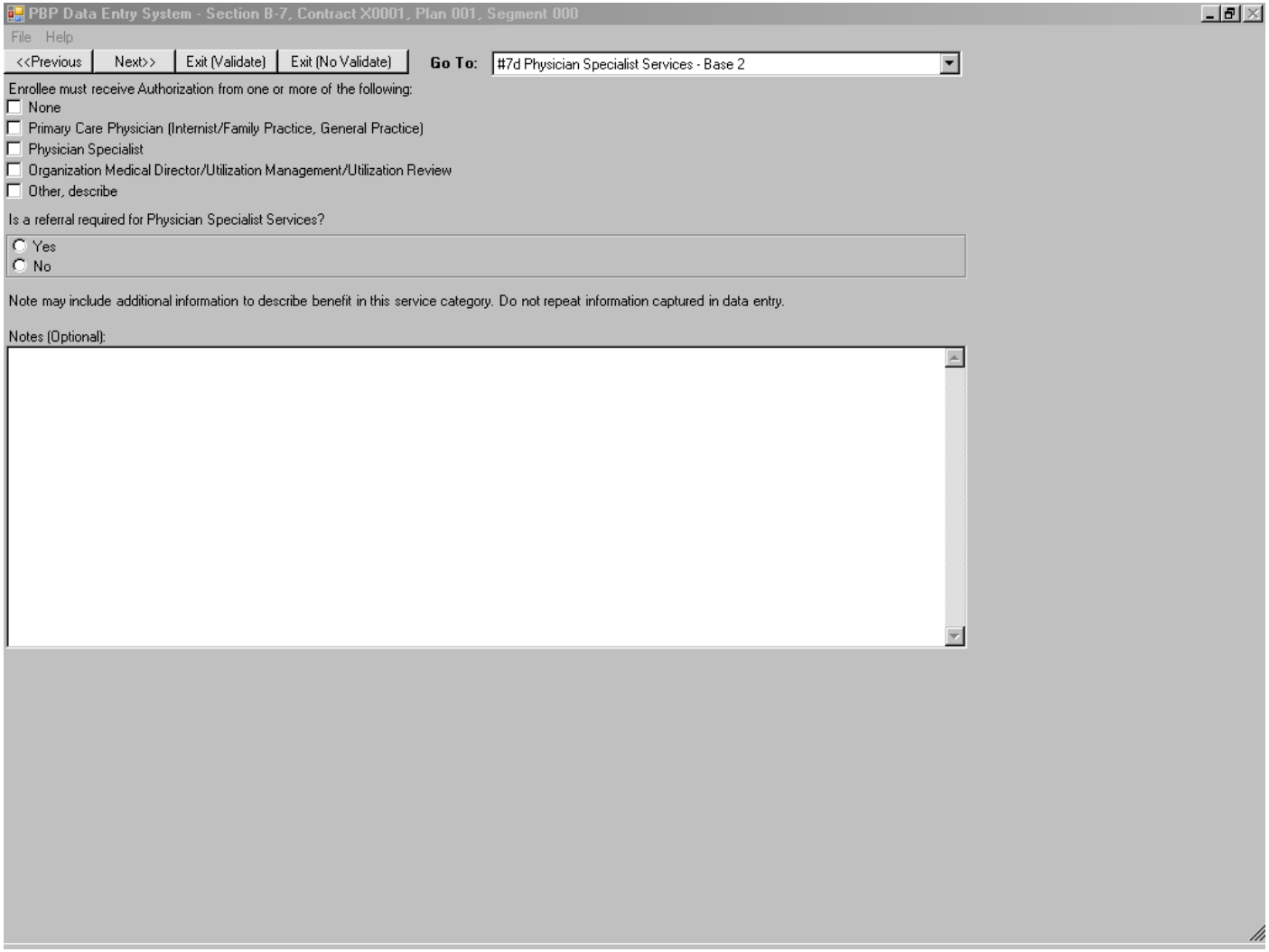
Section B – 7C – Occupational Therapy Services – MMP Services – Base 1 Screen



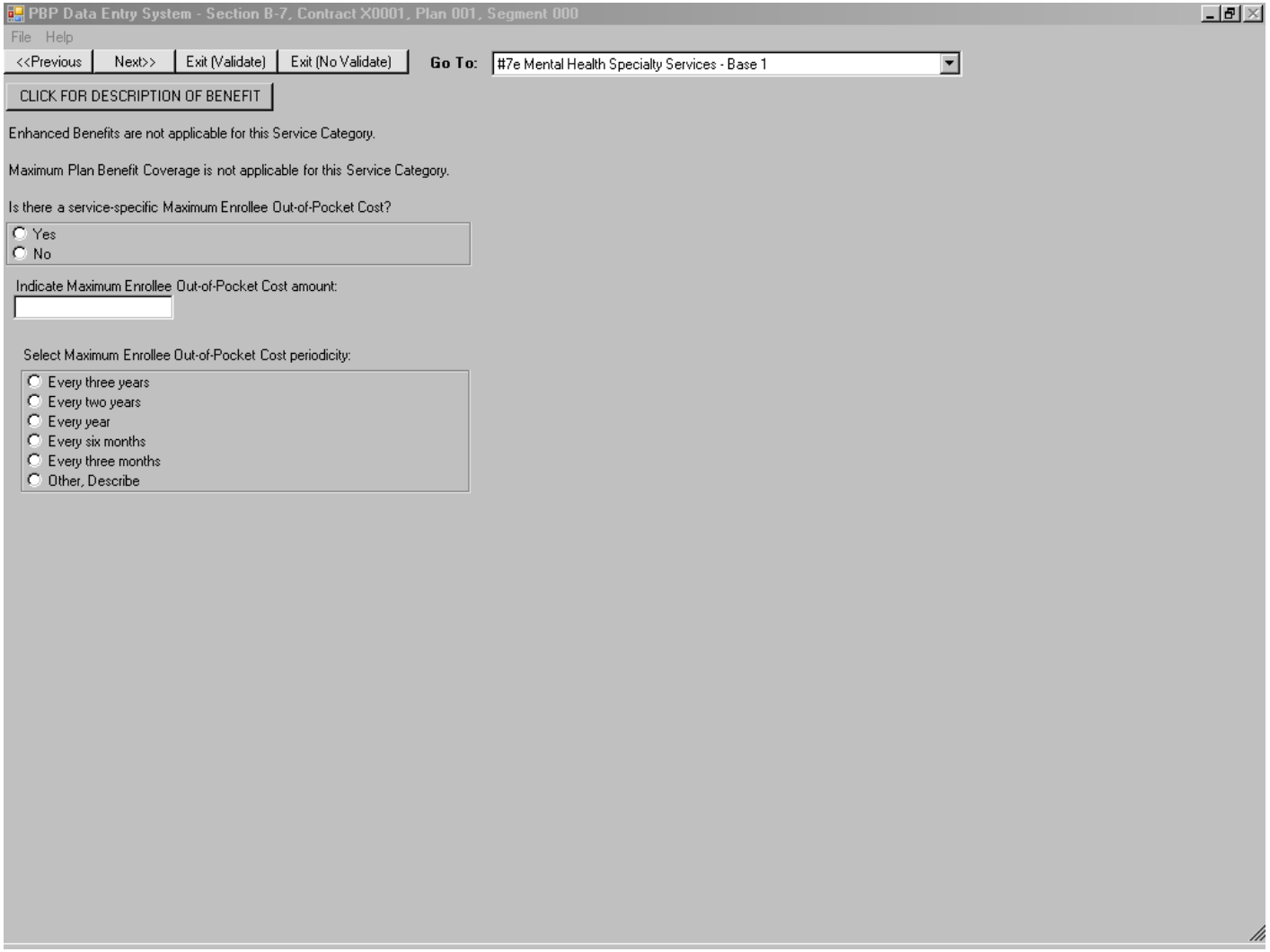
Section B – 7D – Physician Specialist Services – Base 1 Screen



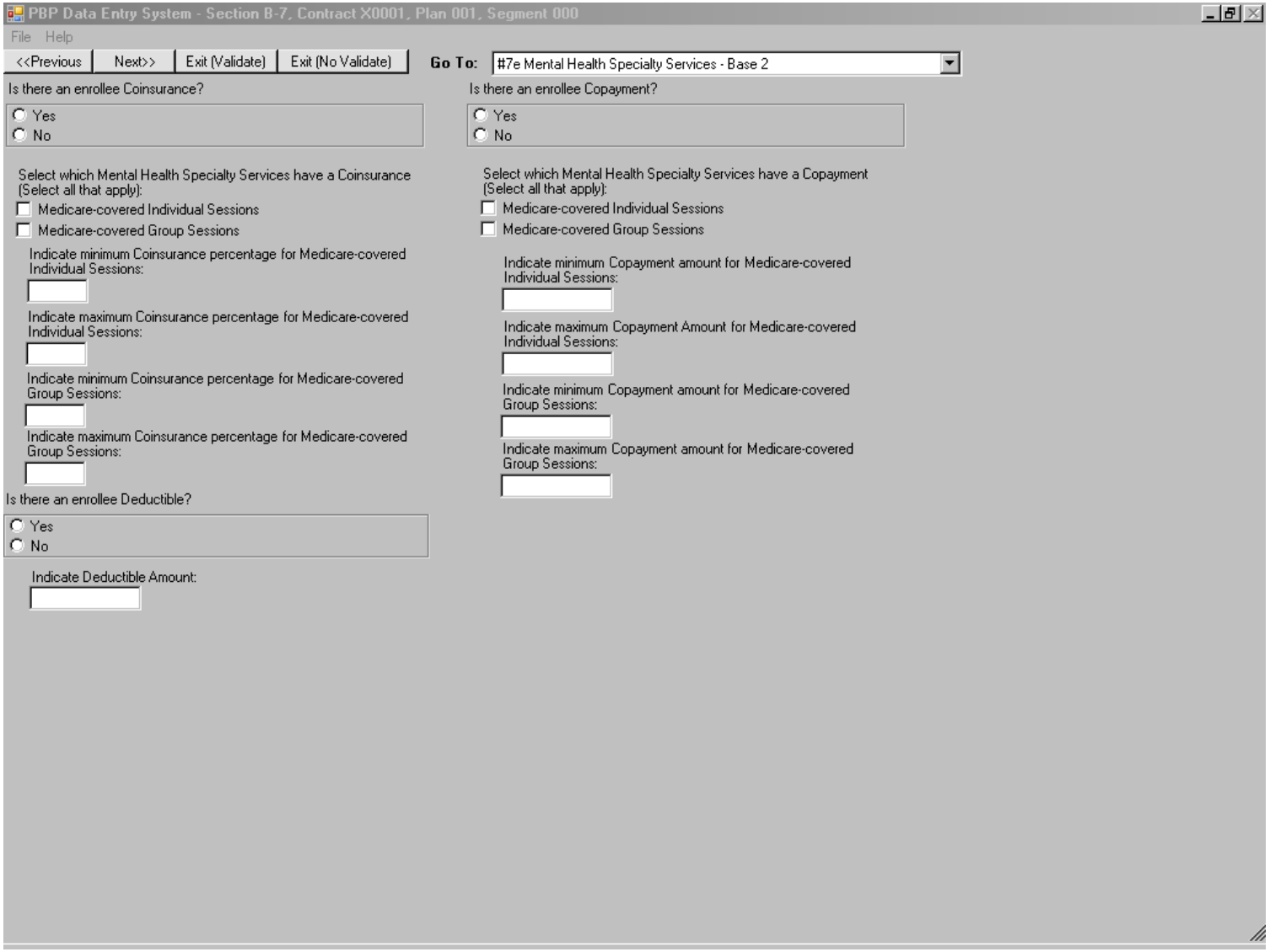
Section B – 7D – Physician Specialist Services – Base 2 Screen



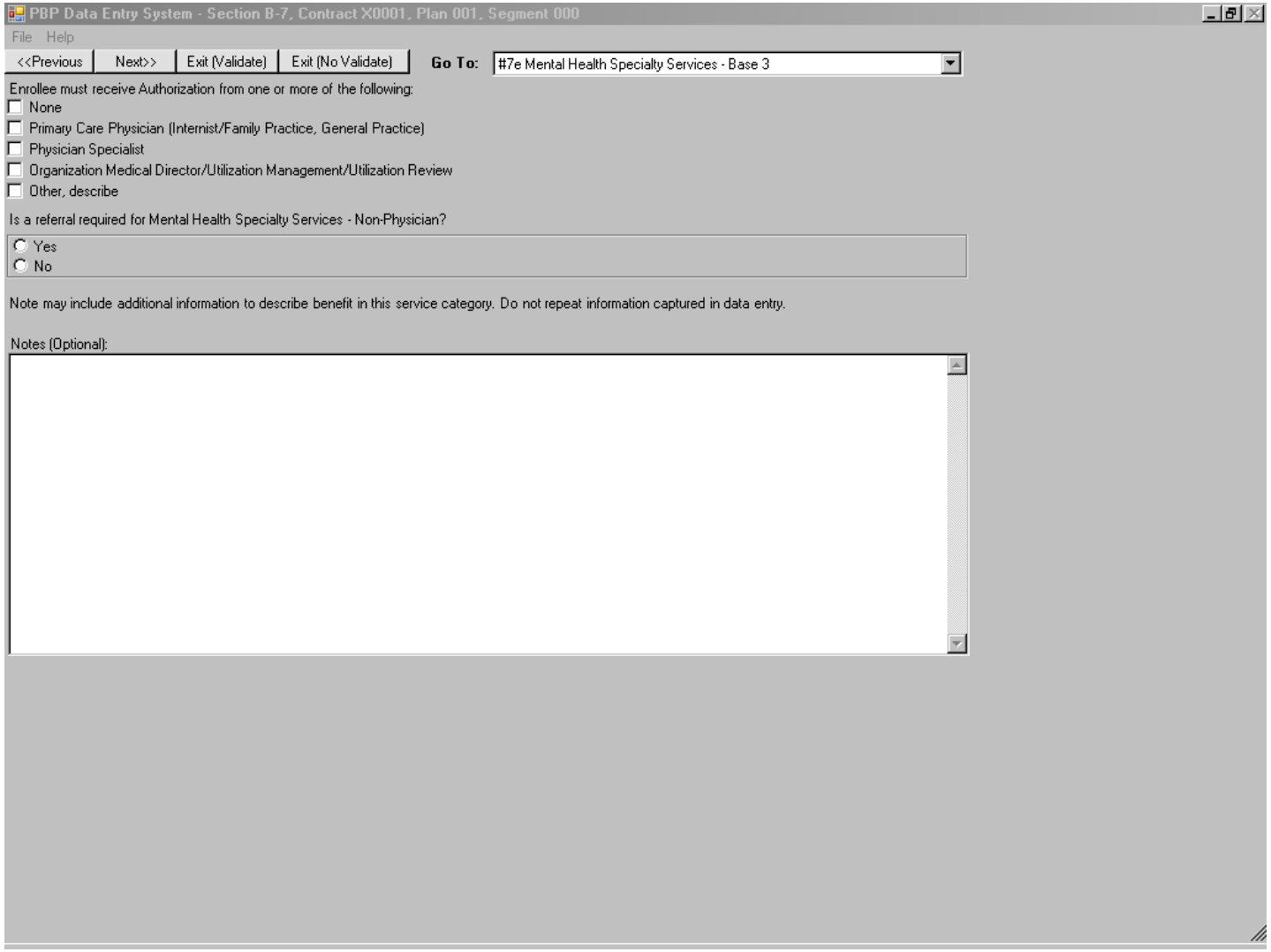
Section B – 7E – Mental Health Specialty Services – Base 1 Screen



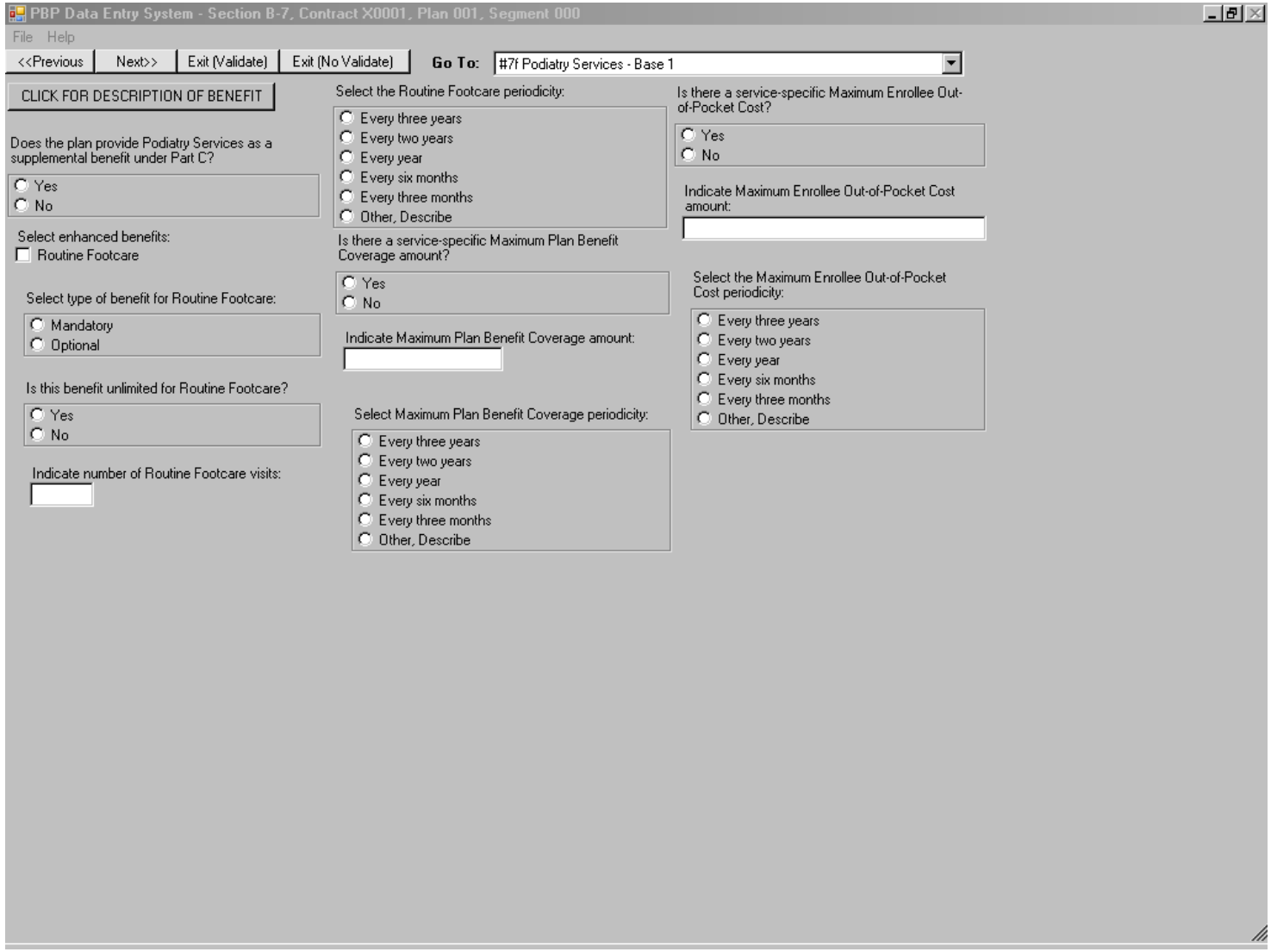
Section B – 7E – Mental Health Specialty Services – Base 2 Screen



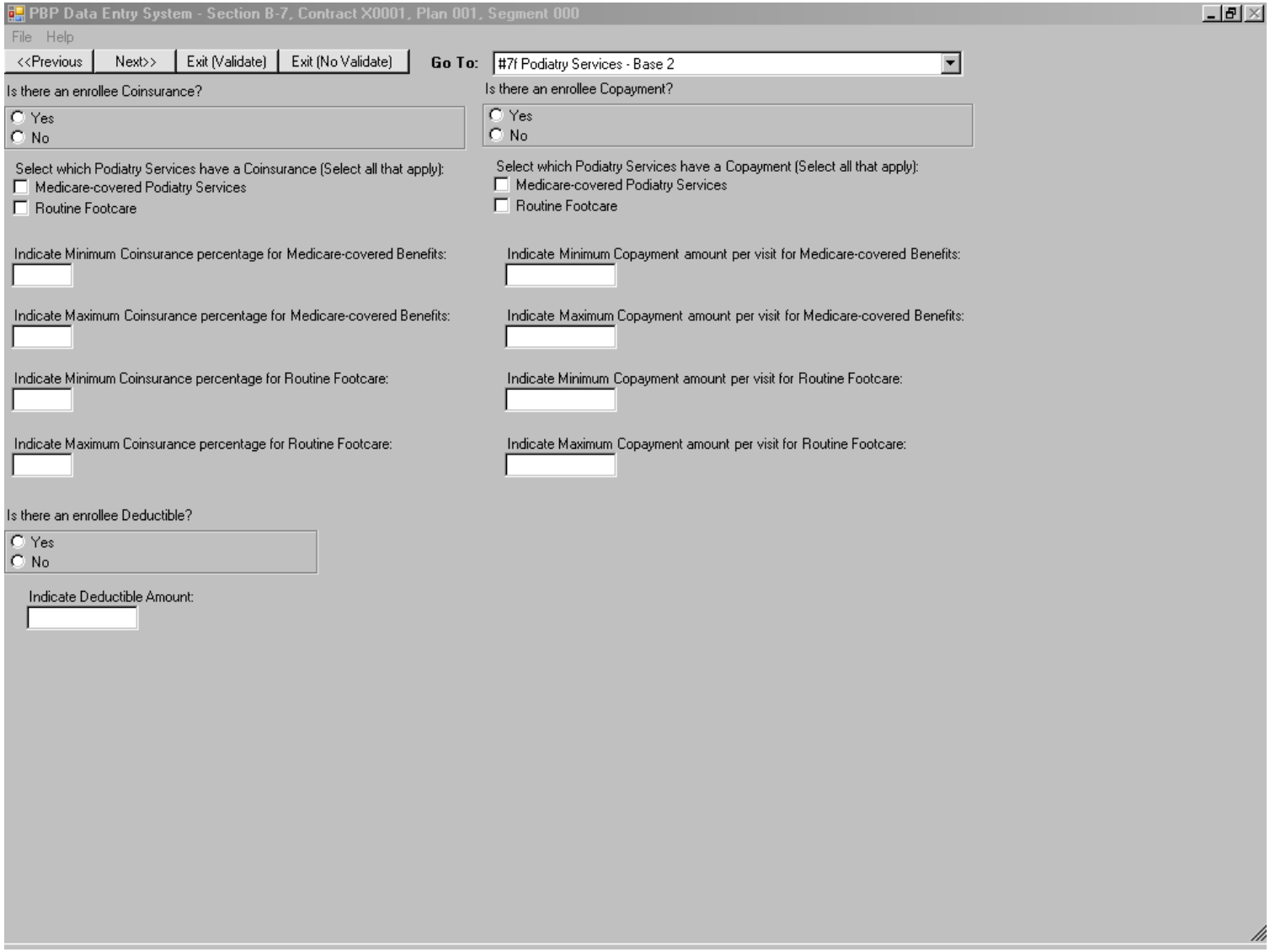
Section B – 7E – Mental Health Specialty Services – Base 3 Screen



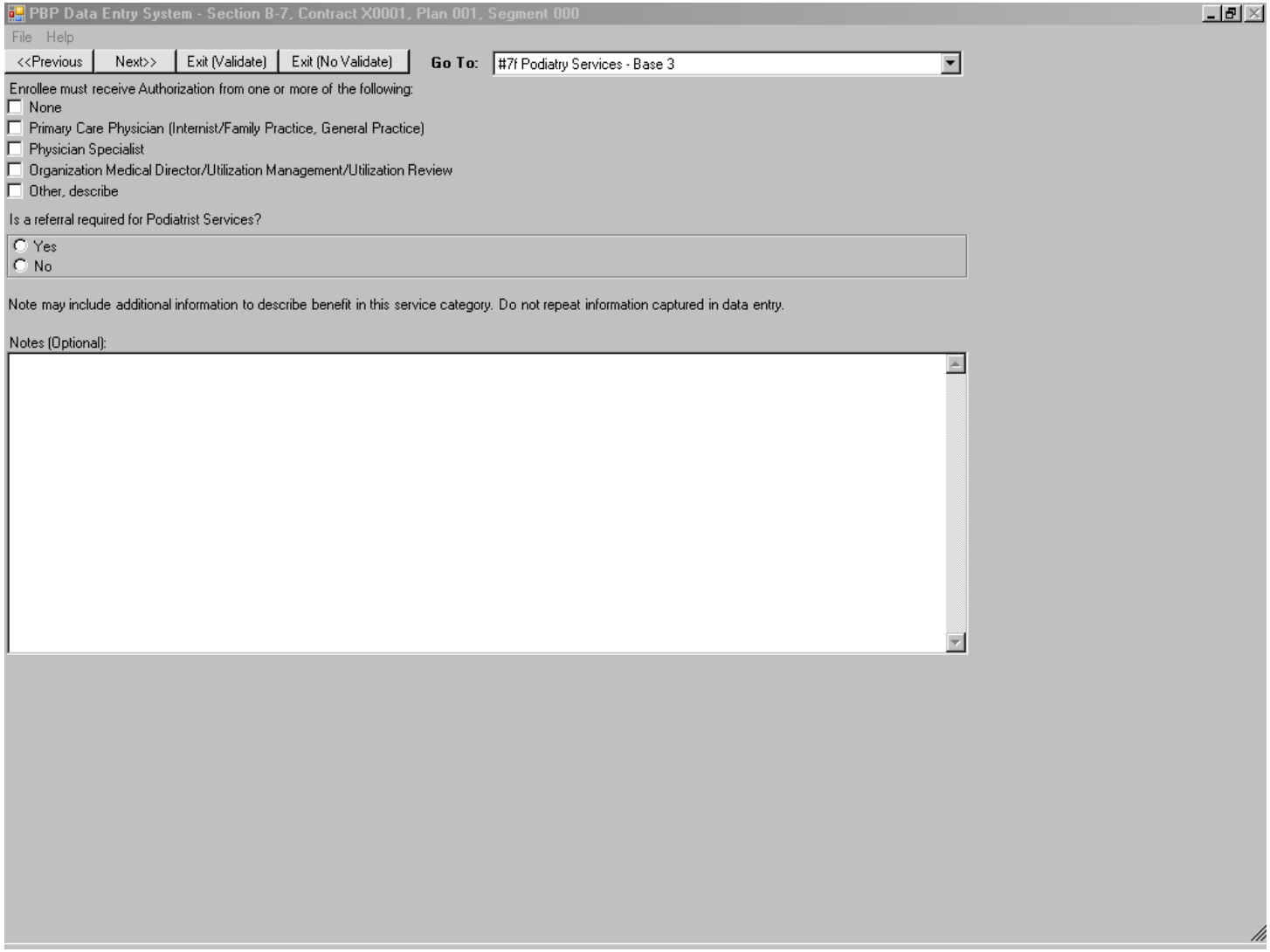
Section B – 7F – Podiatry Services – Base 1 Screen



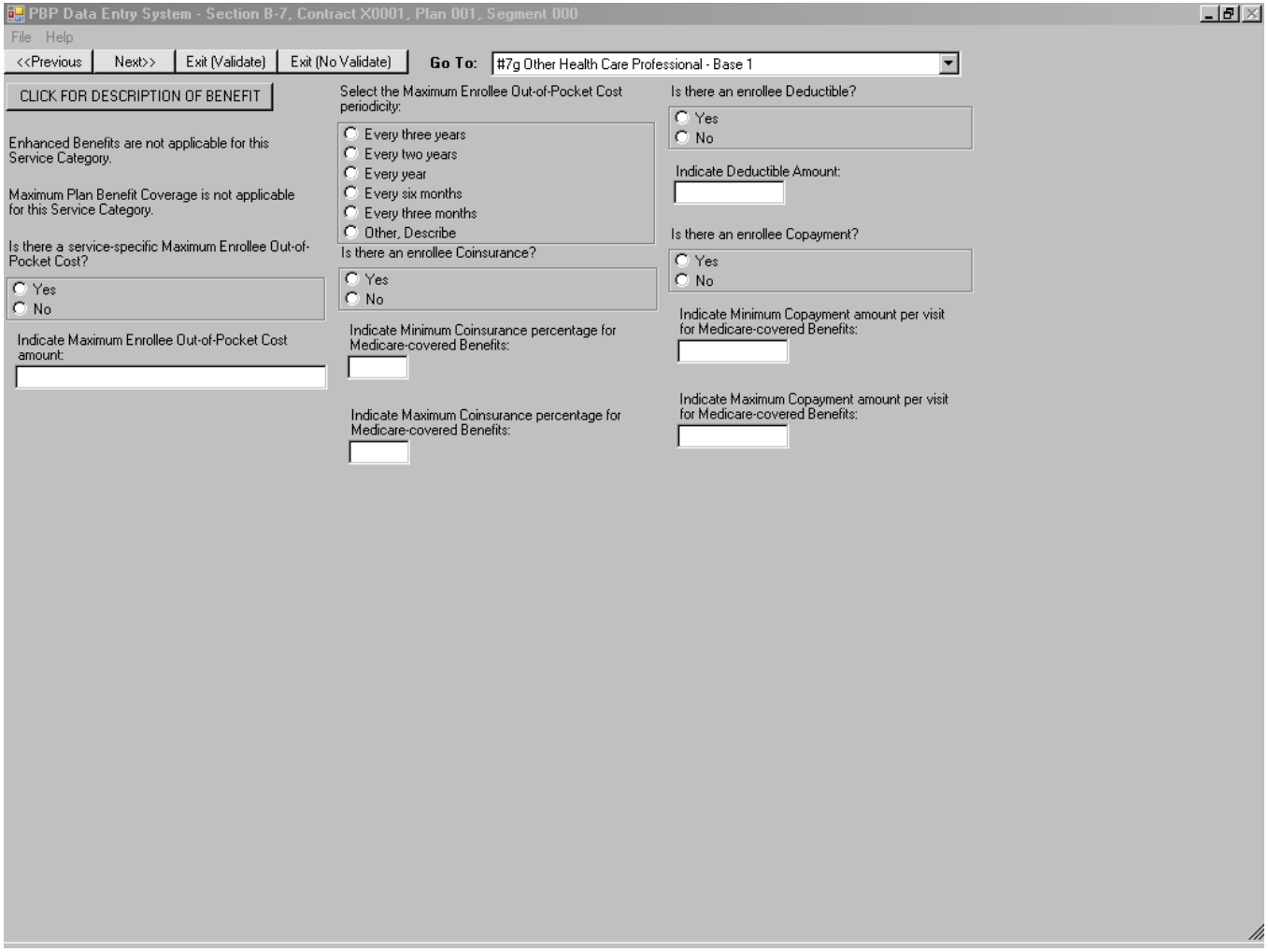
Section B – 7F – Podiatry Services – Base 2 Screen



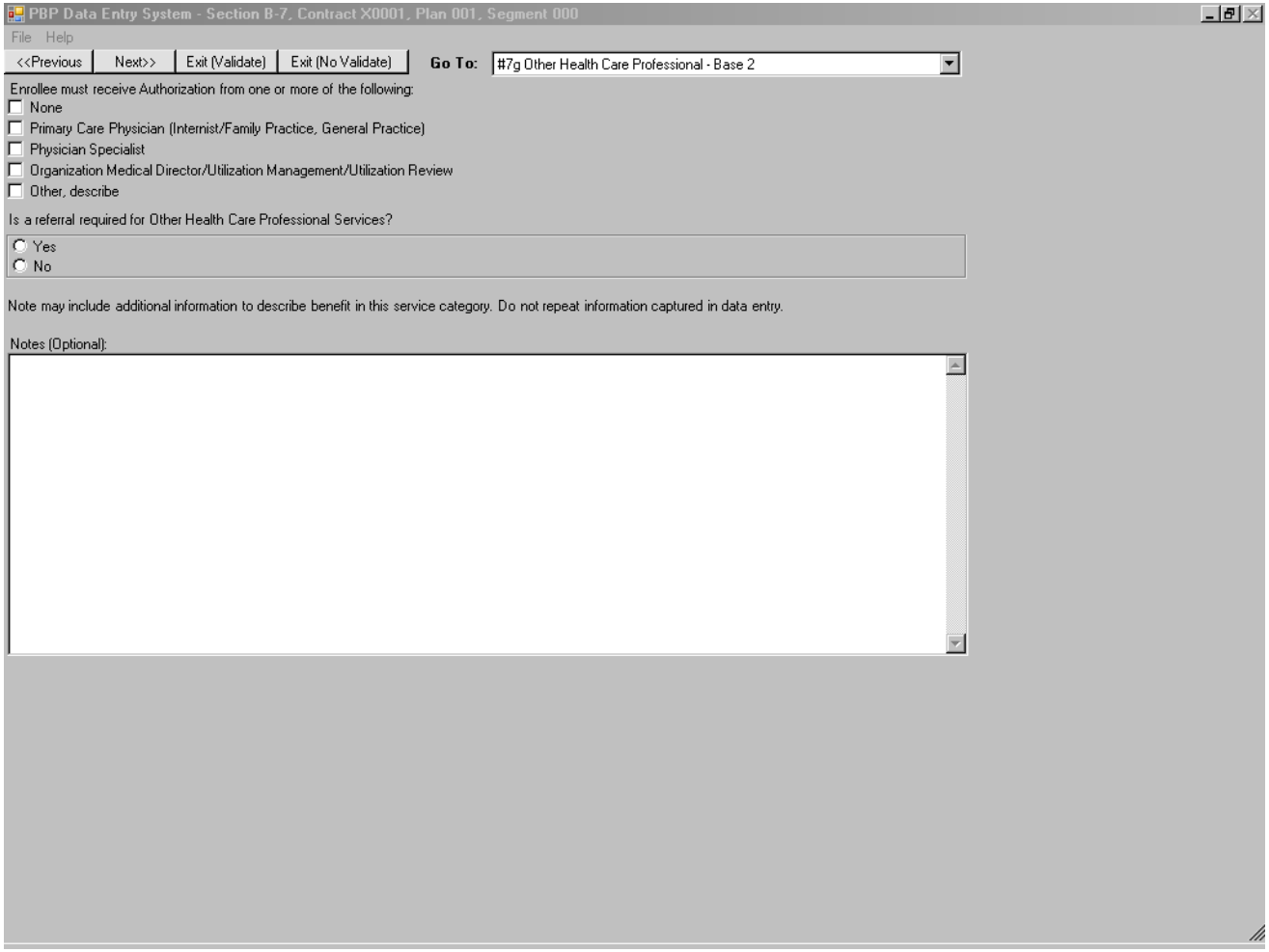
Section B – 7F – Podiatry Services – Base 3 Screen



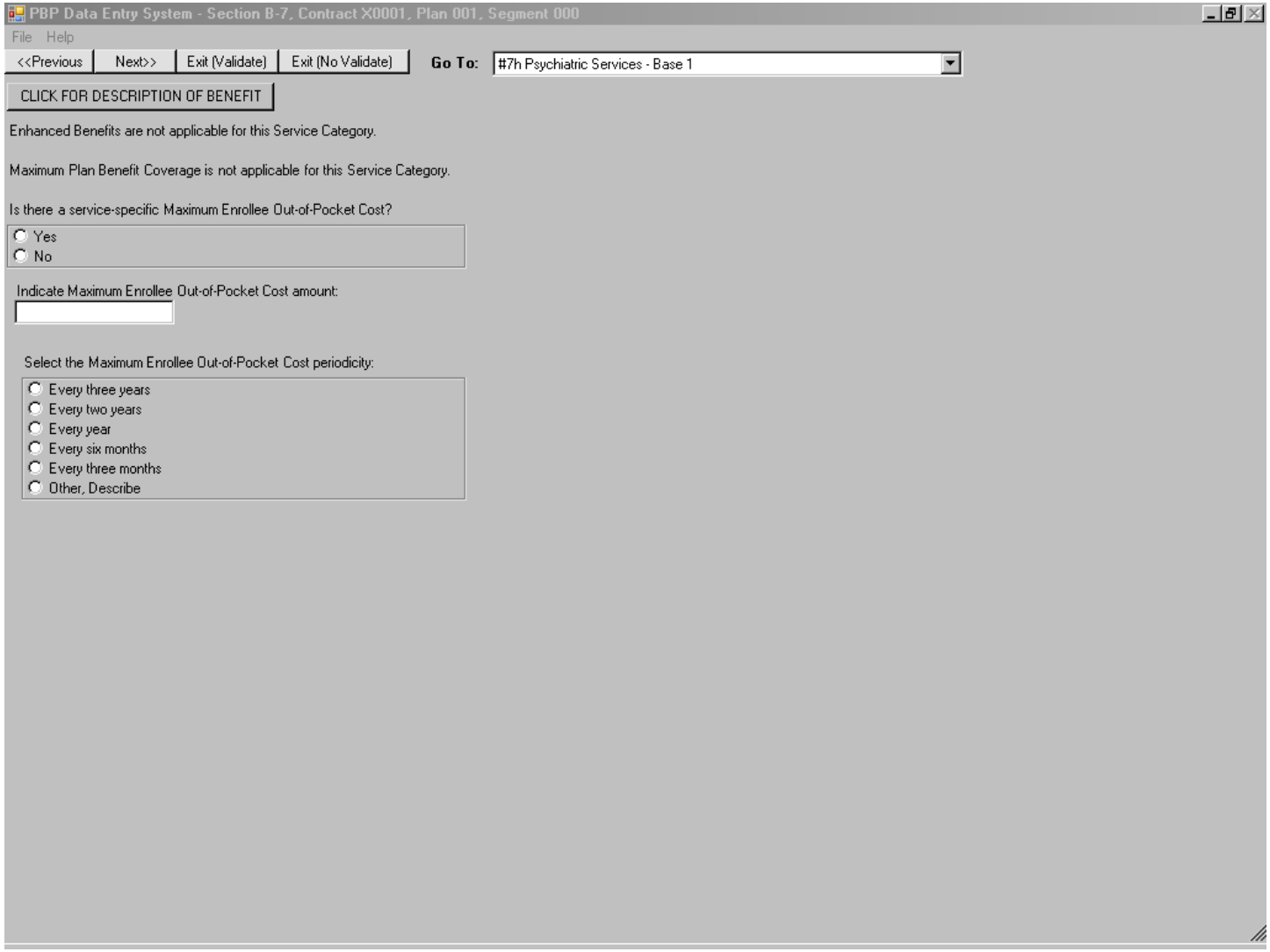
Section B – 7G – Other Health Care Professional – Base 1 Screen



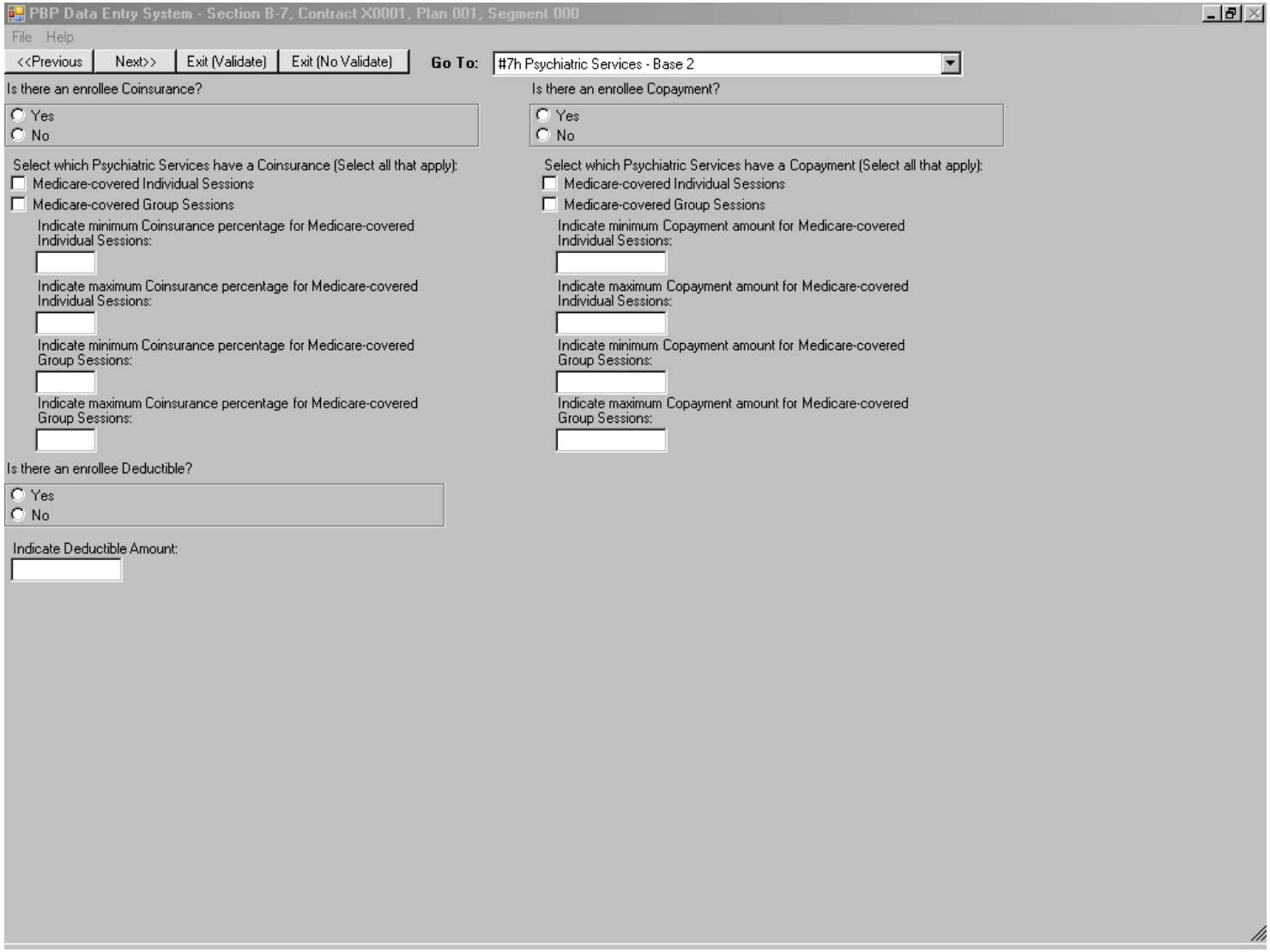
Section B – 7G – Other Health Care Professional – Base 2 Screen



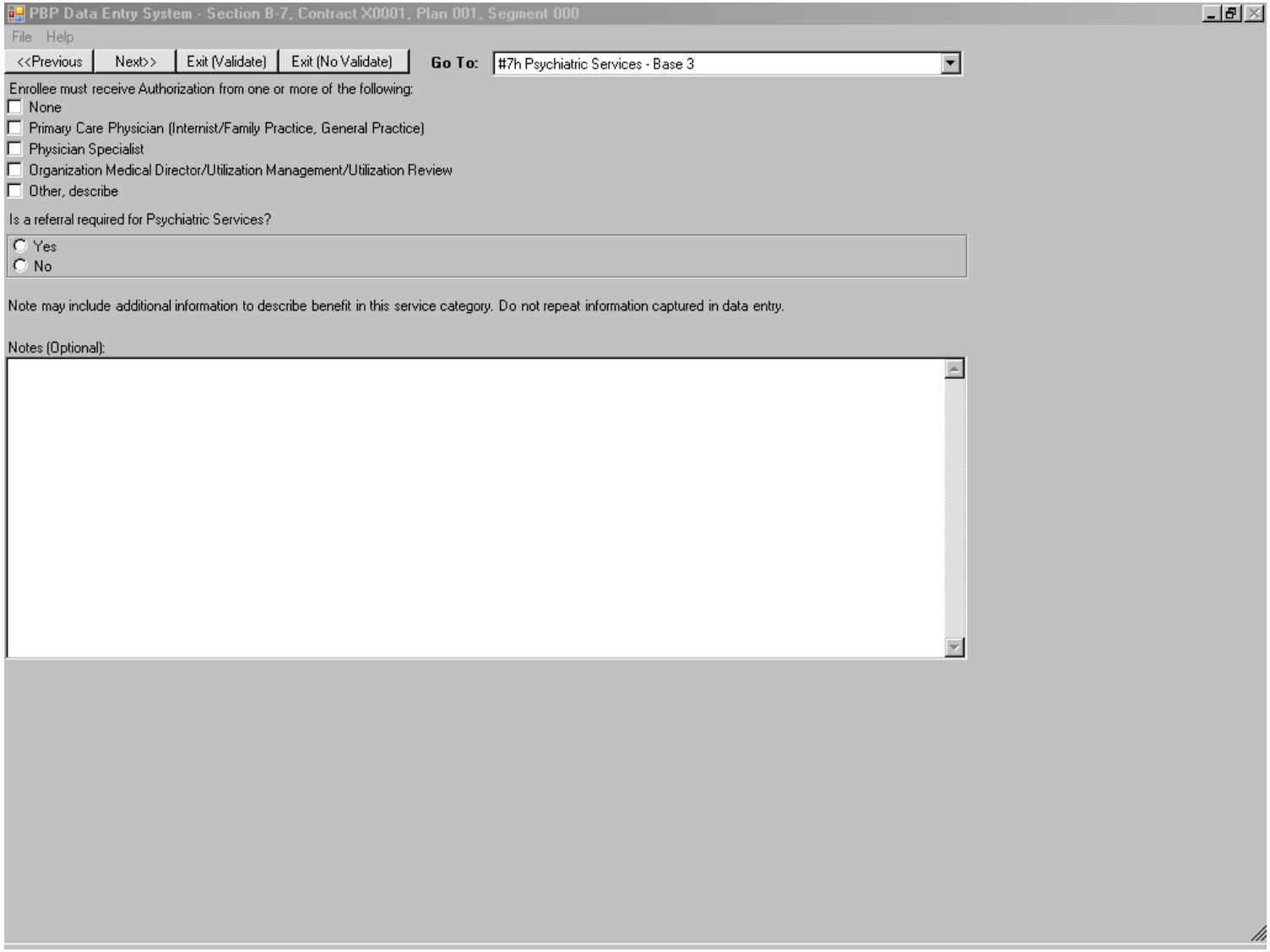
Section B – 7H – Psychiatric Services – Base 1 Screen



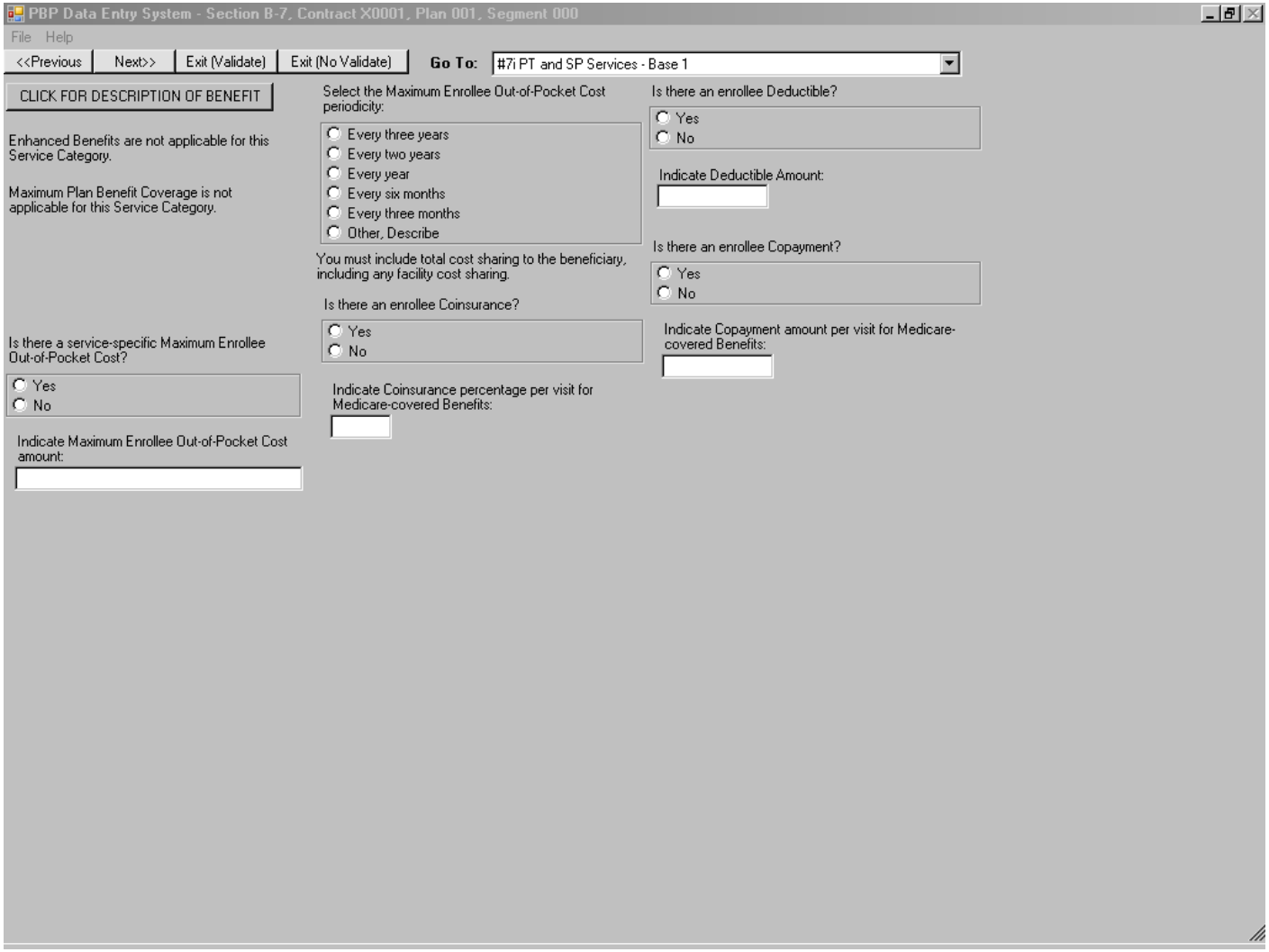
Section B – 7H – Psychiatric Services – Base 2 Screen



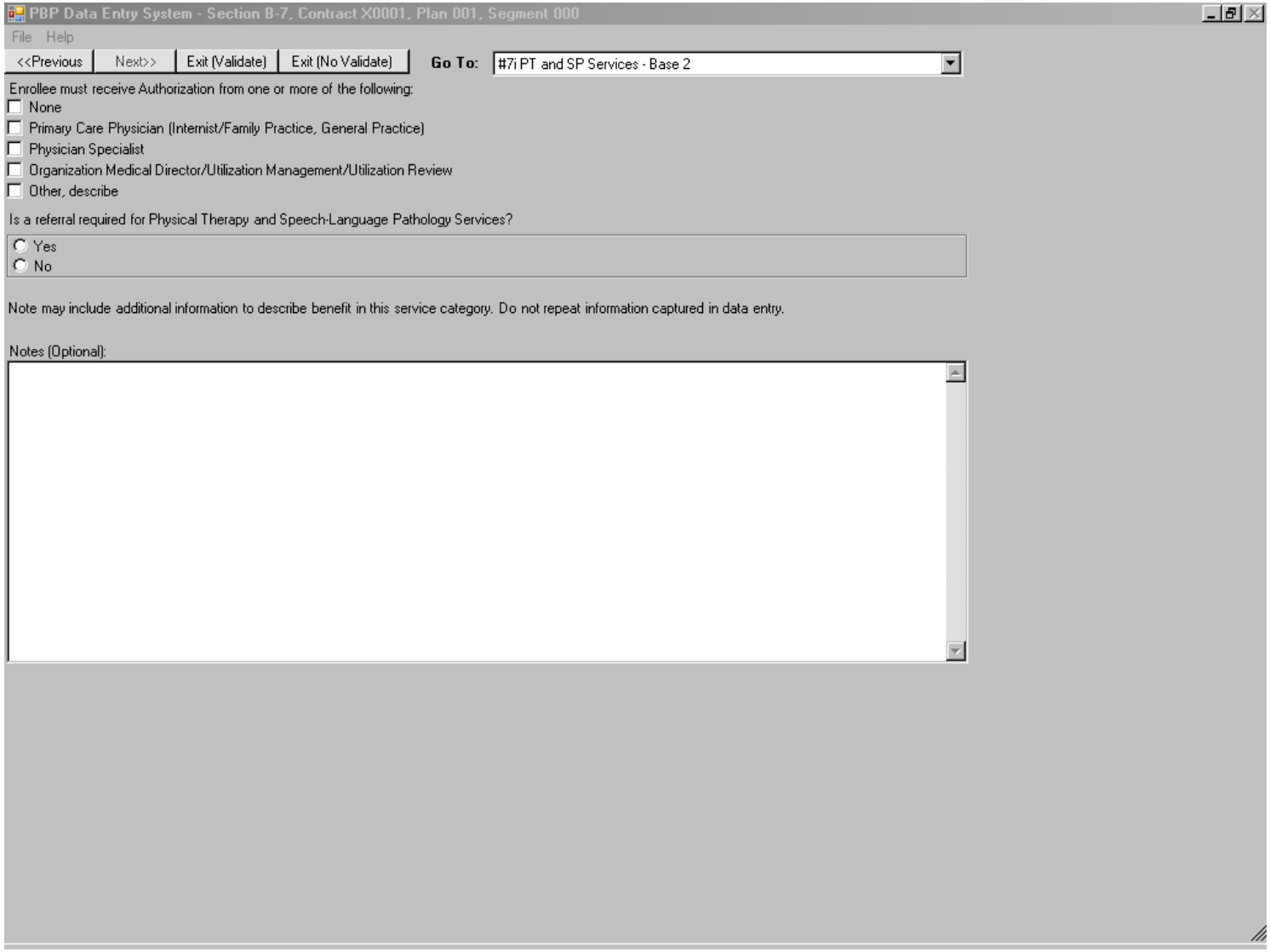
Section B – 7H – Psychiatric Services – Base 3 Screen



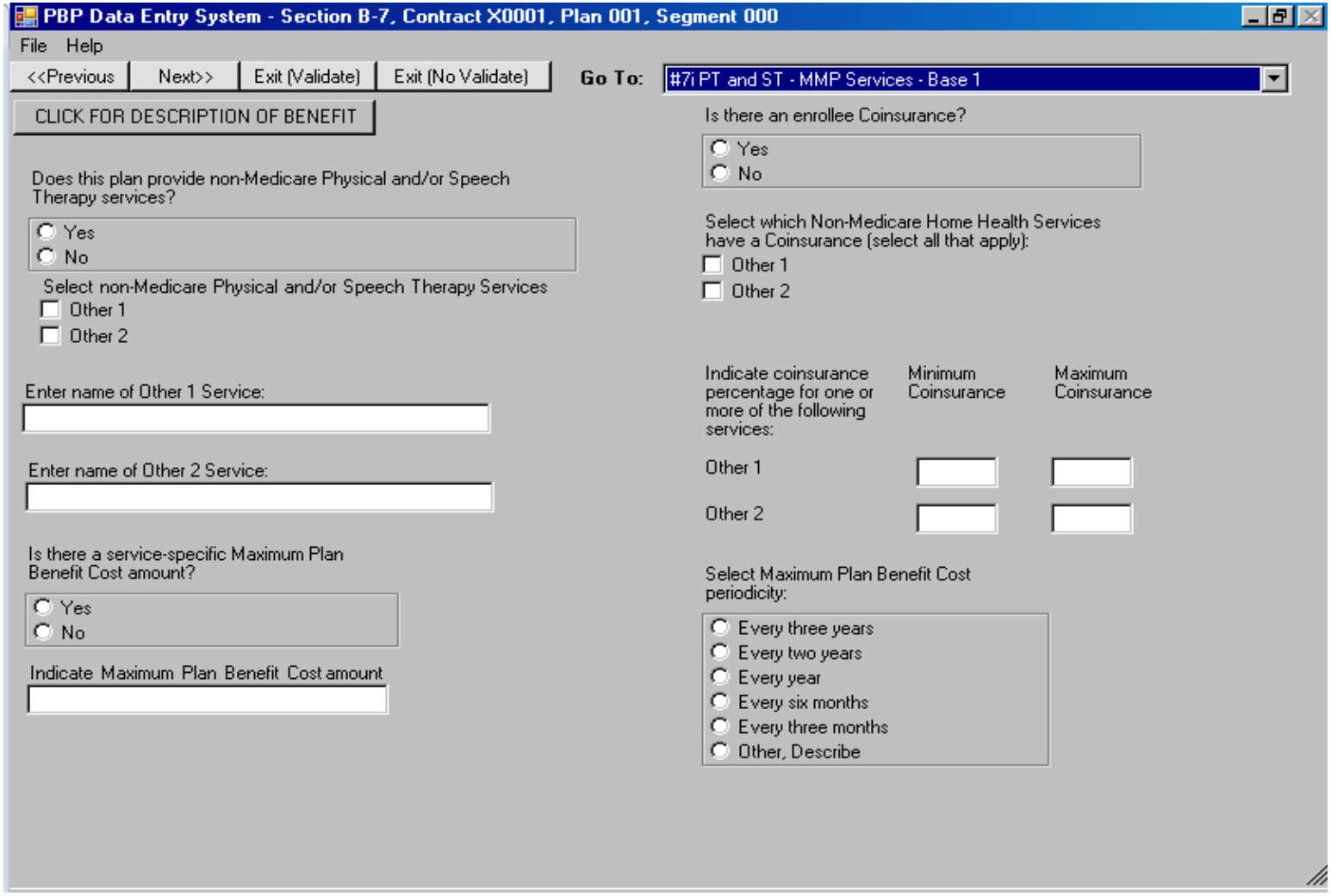
Section B – 7I – Physical Therapy and Speech Language Pathology Services – Base 1 Screen



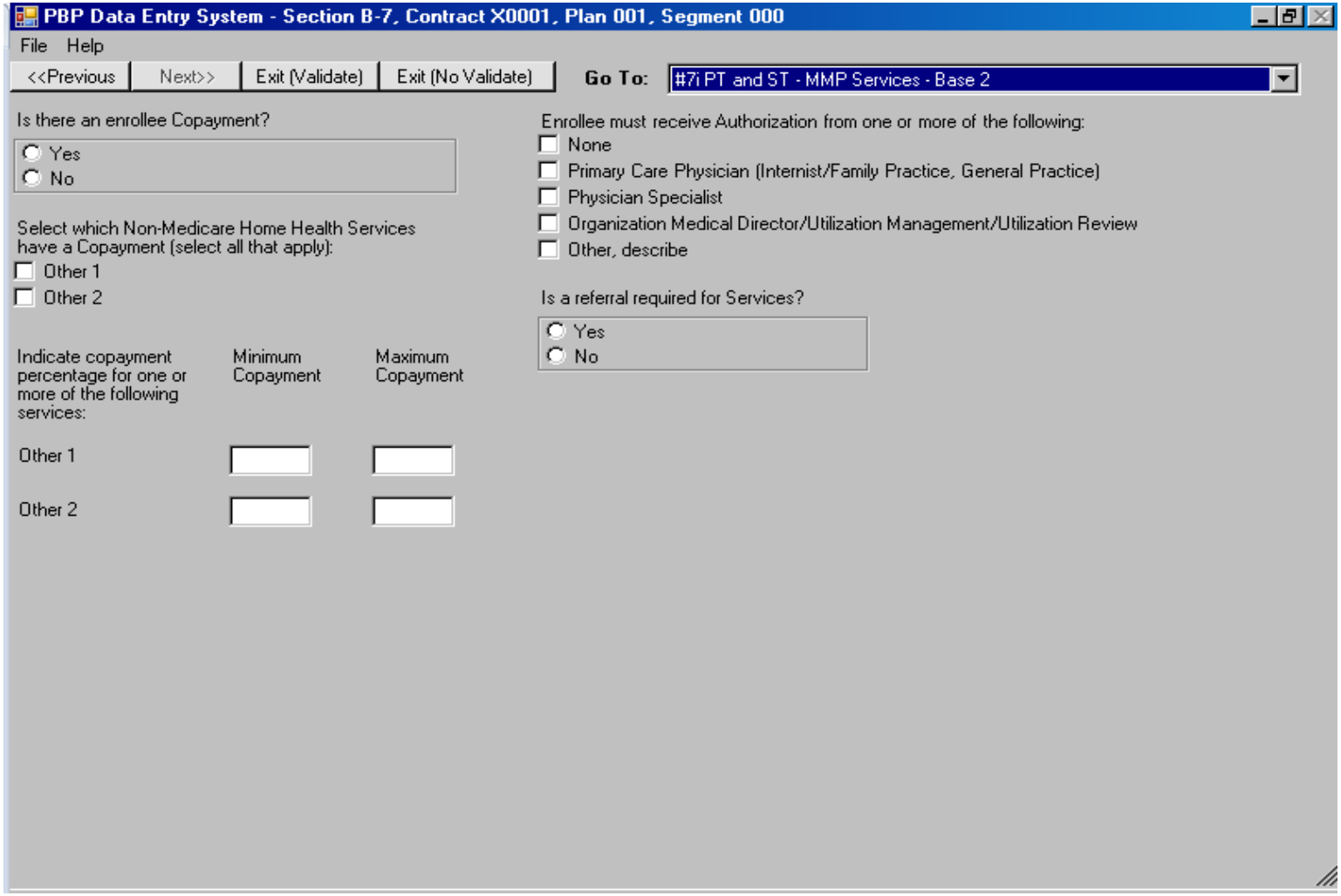
Section B – 7I – Physical Therapy and Speech Language Pathology Services – Base 2 Screen



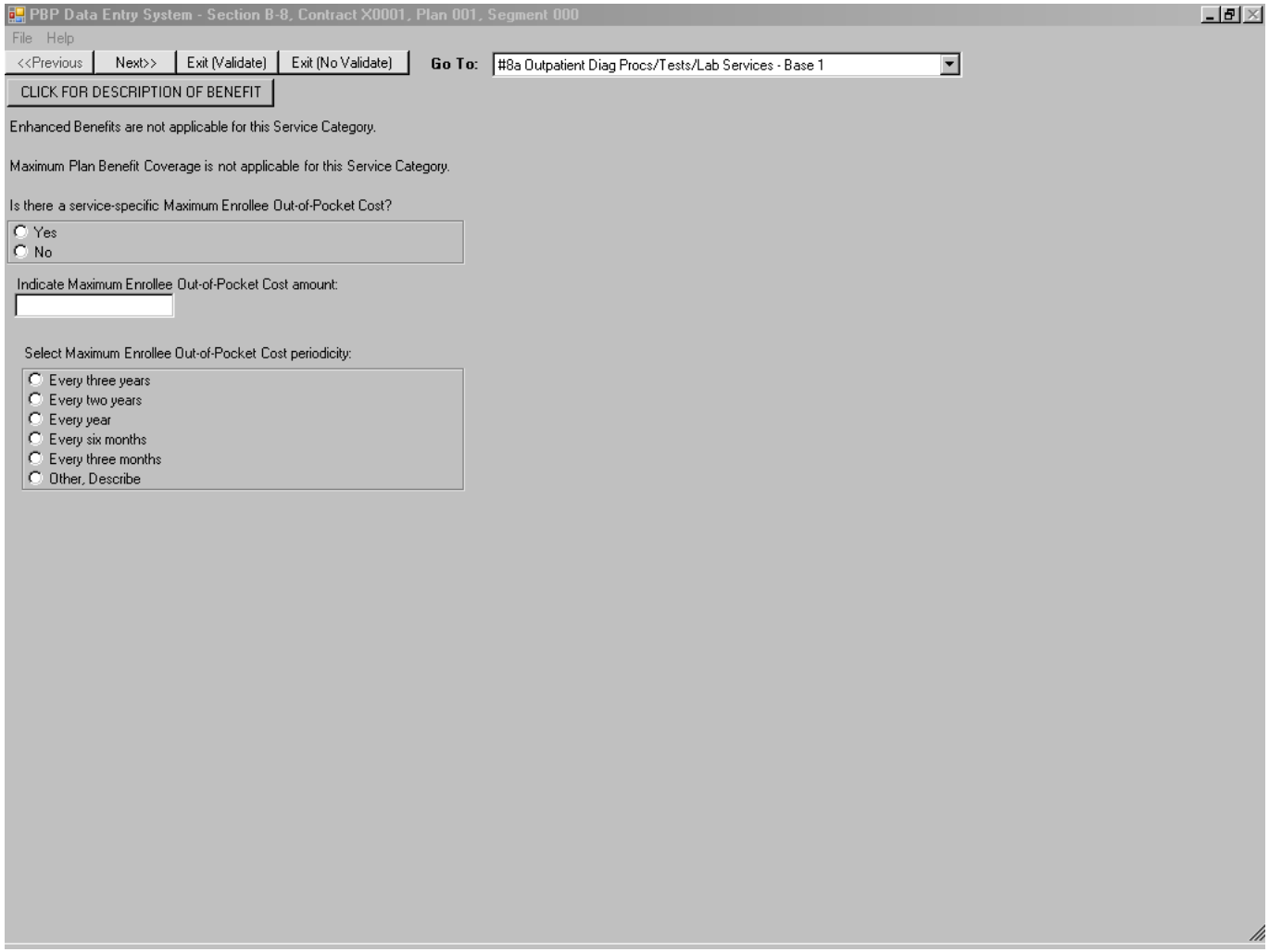
Section B – 7I – Physical Therapy and Speech Language Pathology Services – MMP Services – Base 1 Screen



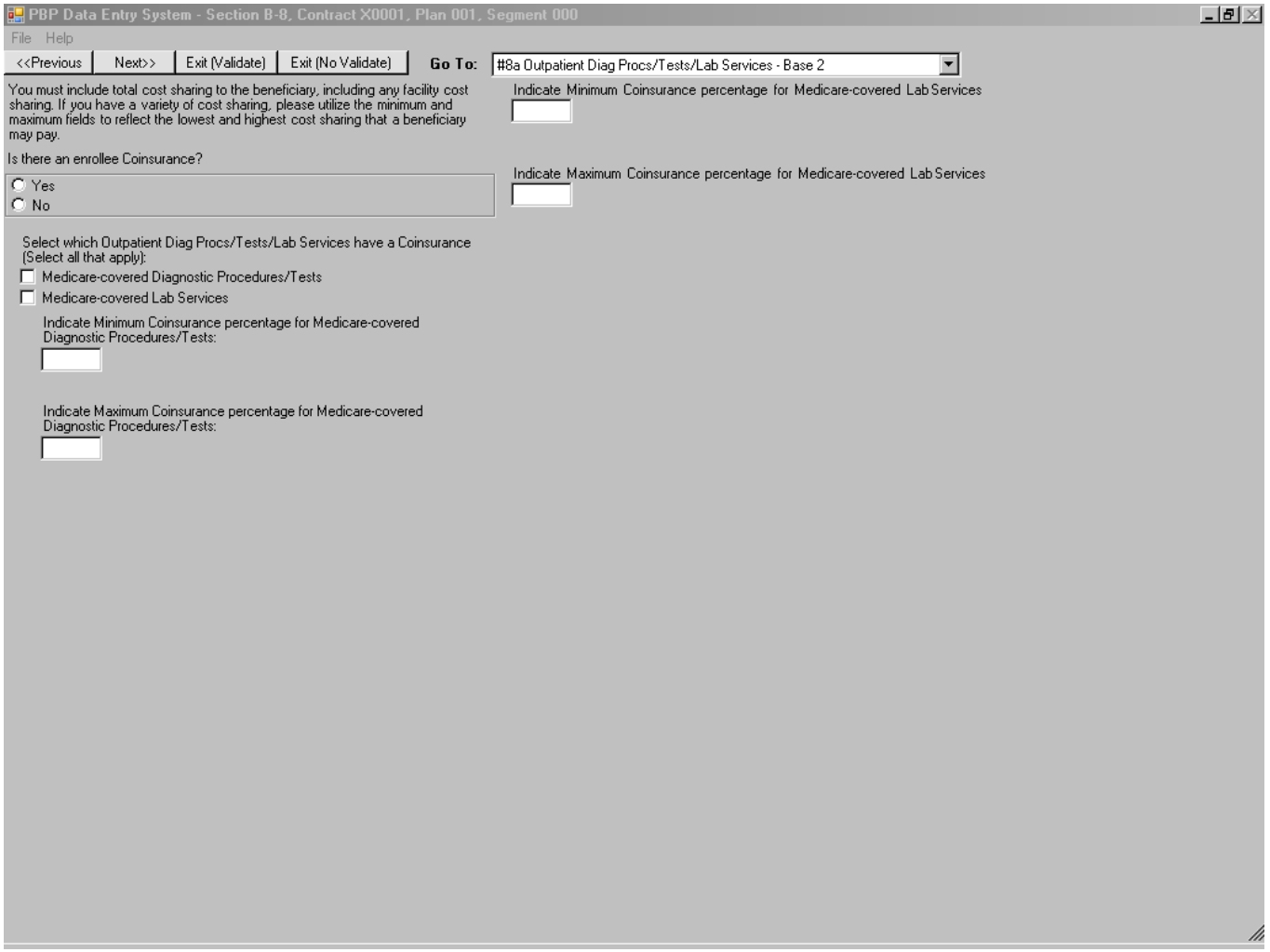
Section B – 7I – Physical Therapy and Speech Language Pathology Services – MMP Services – Base 2 Screen


PBP Data Entry System - Section B-7, Contract X0001, Plan 001, Segment 000
File
Help
<<Previous
Next>>
Exit (Validate)
Exit (No Validate)
Go To:
#7i PT and ST - MMP Services - Base 2
Is there an enrollee Copayment?
Yes
No
Select which Non-Medicare Home Health Services have a Copayment (select all that apply):
Other 1
Other 2
Indicate copayment percentage for one or more of the following services:
Minimum Copayment
Maximum Copayment
Other 1
Other 2
Enrollee must receive Authorization from one or more of the following:
None
Primary Care Physician (Internist/Family Practice, General Practice)
Physician Specialist
Organization Medical Director/Utilization Management/Utilization Review
Other, describe
Is a referral required for Services?
Yes
No

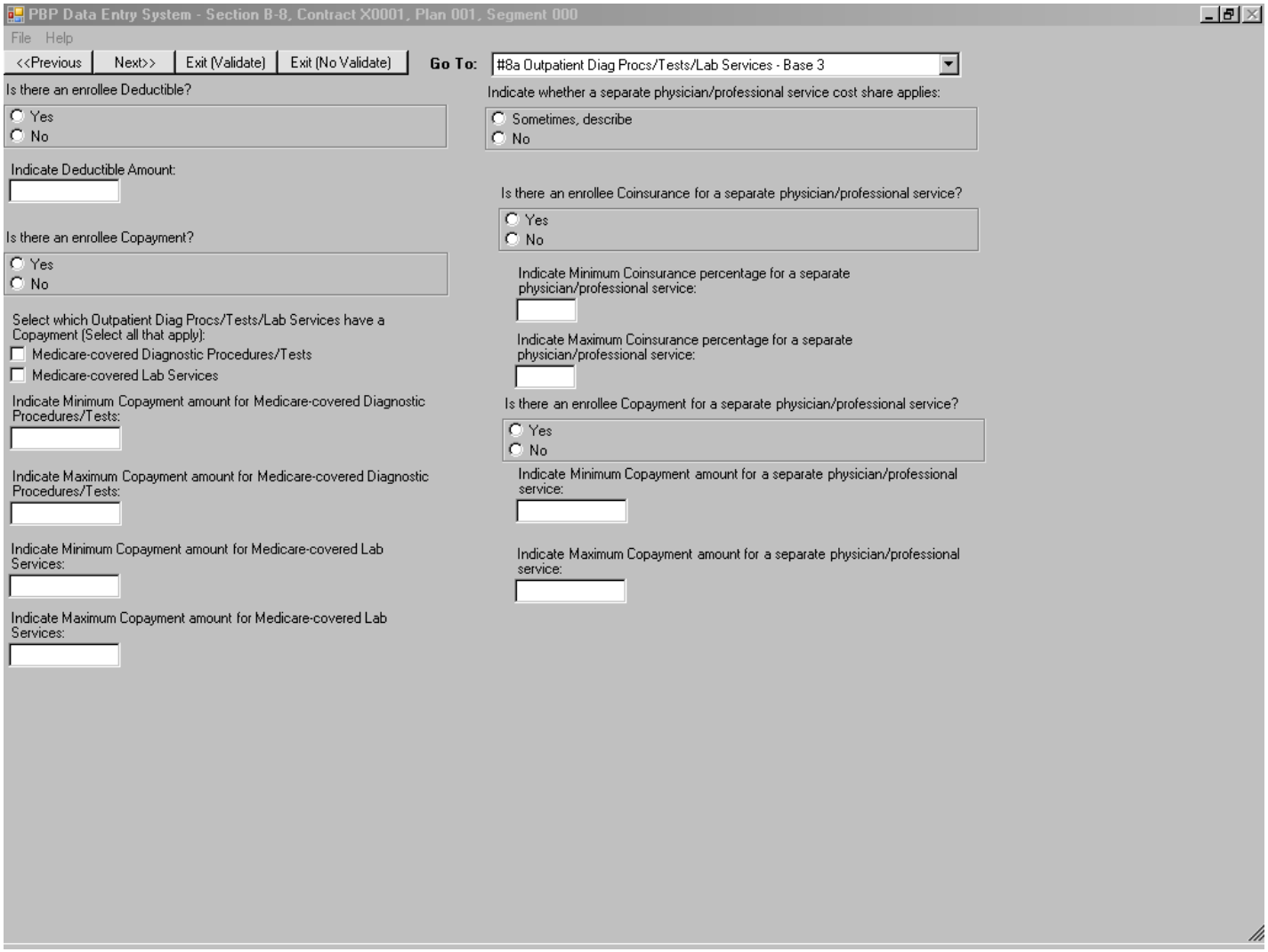
Section B – 8A – Outpatient Diagnostic Procedures/Tests/Lab Services – Base 1 Screen



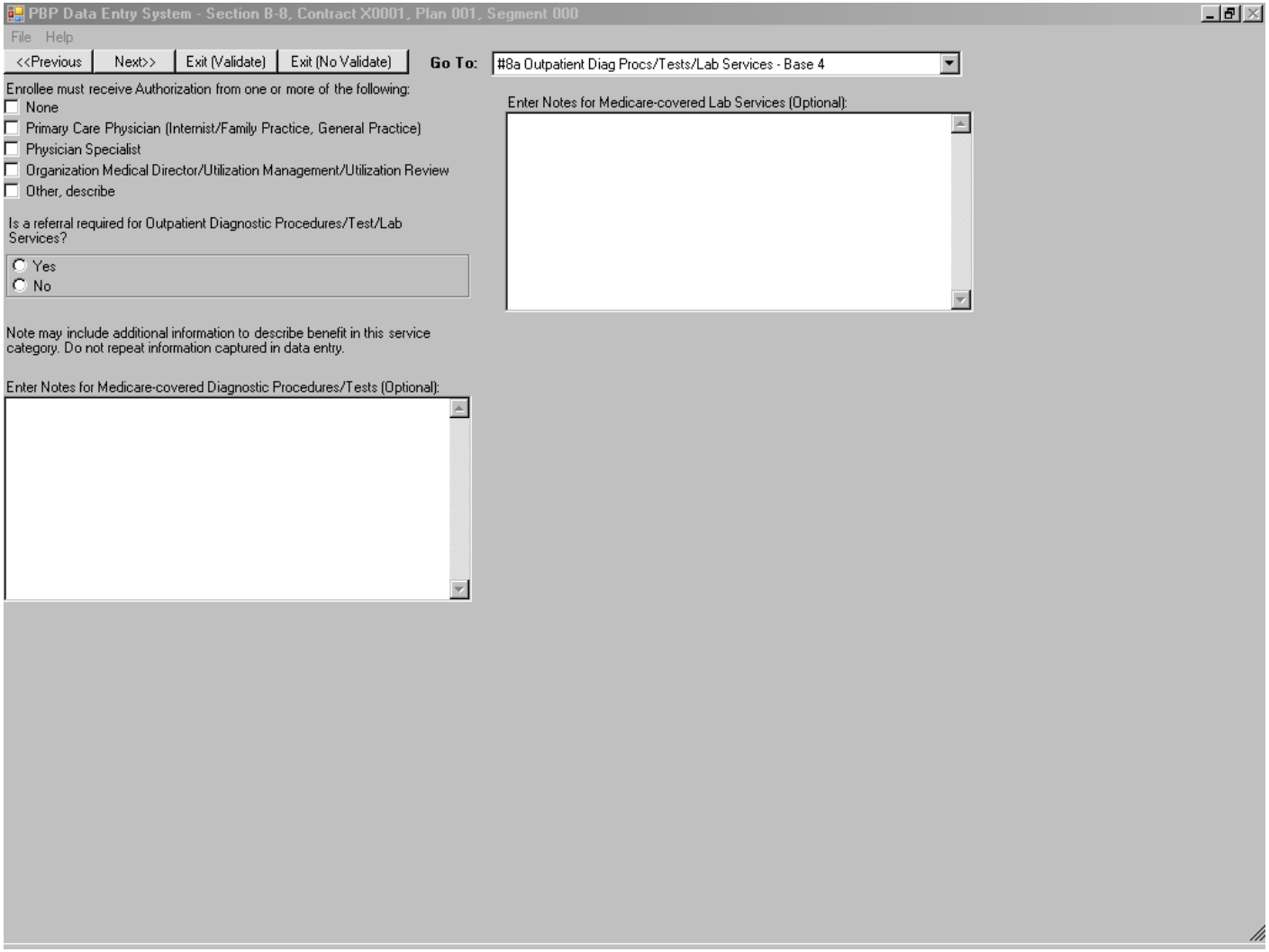
Section B – 8A – Outpatient Diagnostic Procedures/Tests/Lab Services – Base 2 Screen



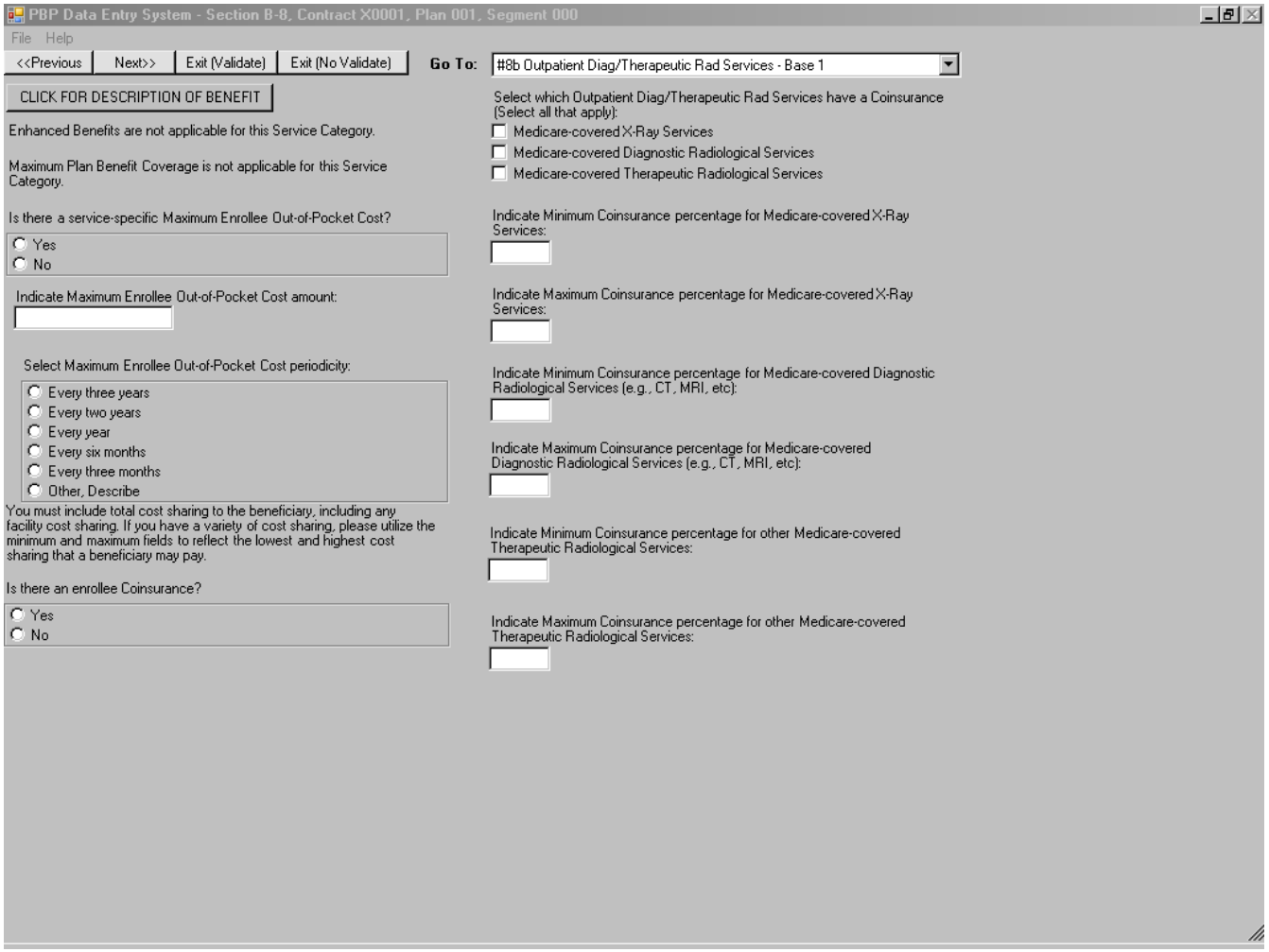
Section B – 8A – Outpatient Diagnostic Procedures/Tests/Lab Services – Base 3 Screen



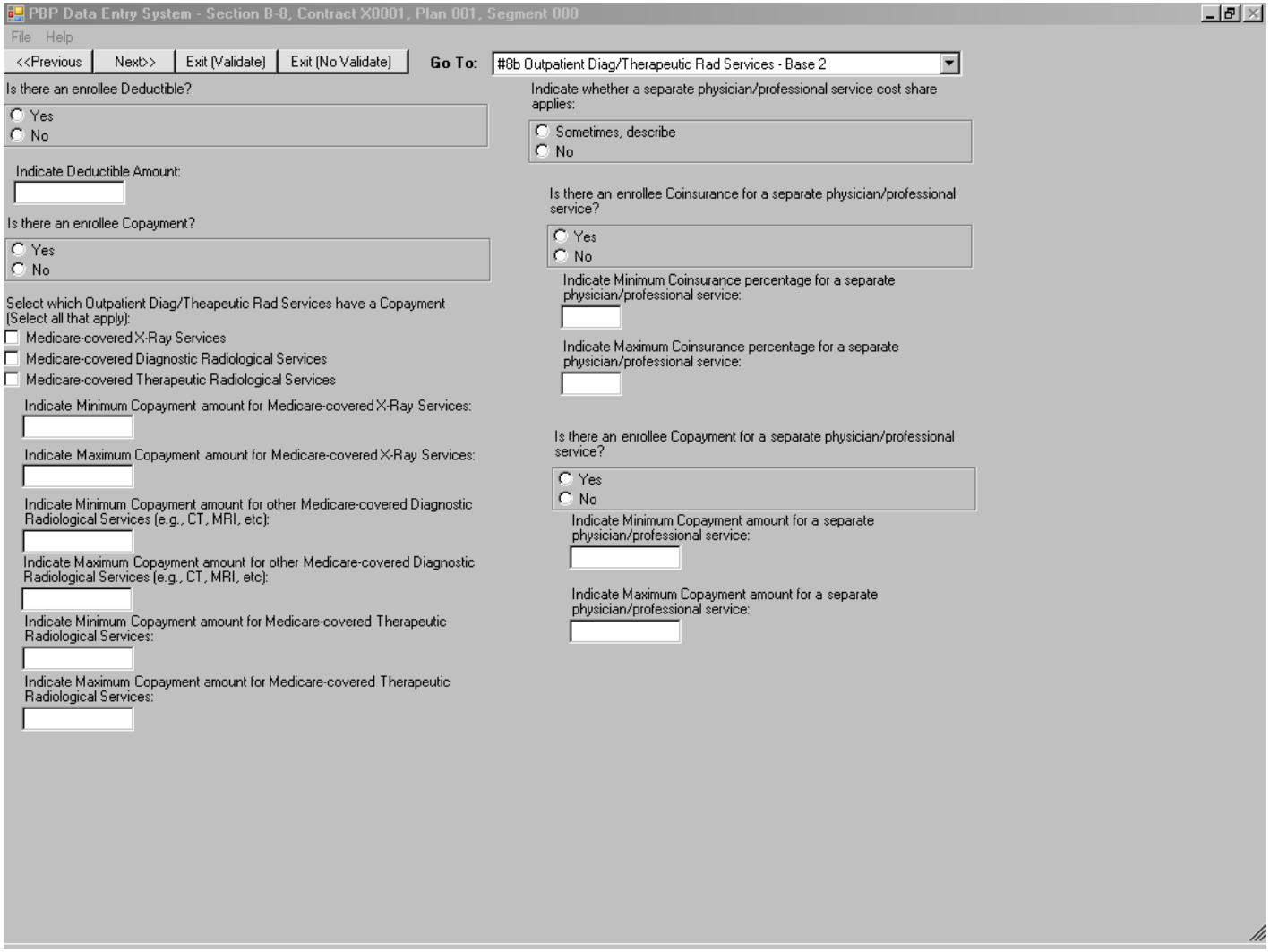
Section B – 8A – Outpatient Diagnostic Procedures/Tests/Lab Services – Base 4 Screen



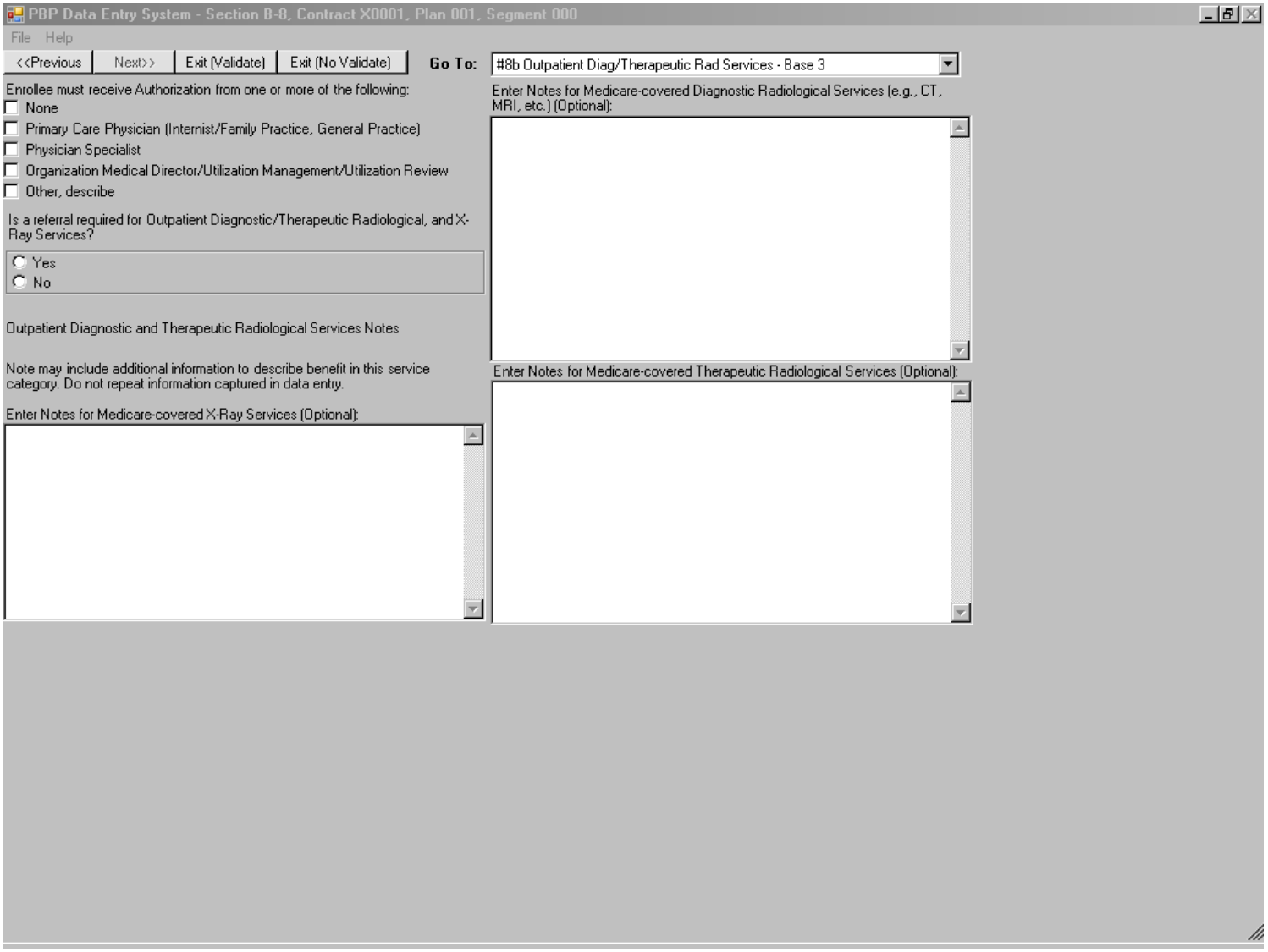
Section B – 8B – Outpatient Diagnostic/Therapeutic Radiological Services – Base 1 Screen



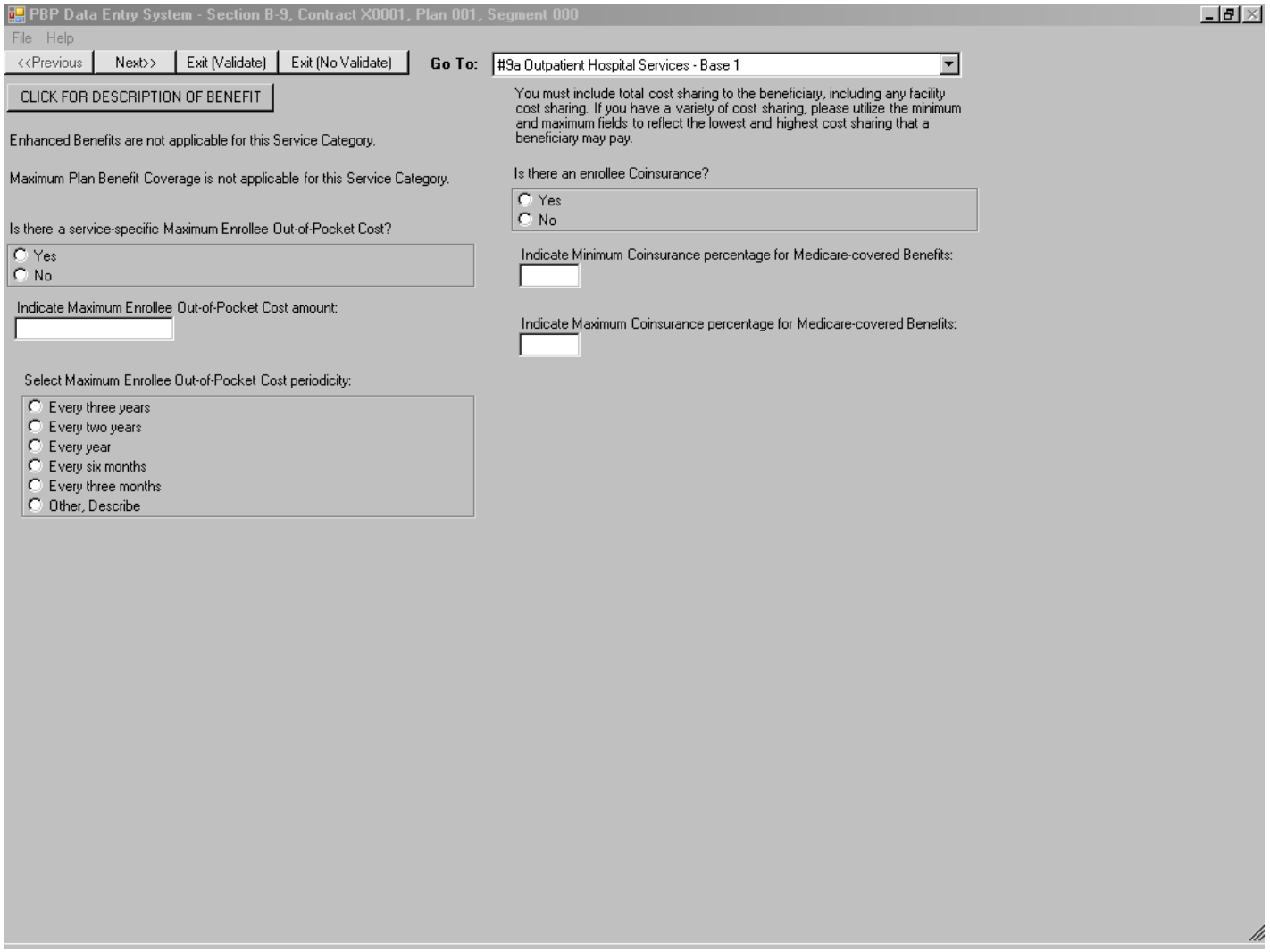
Section B – 8B – Outpatient Diagnostic/Therapeutic Radiological Services – Base 2 Screen



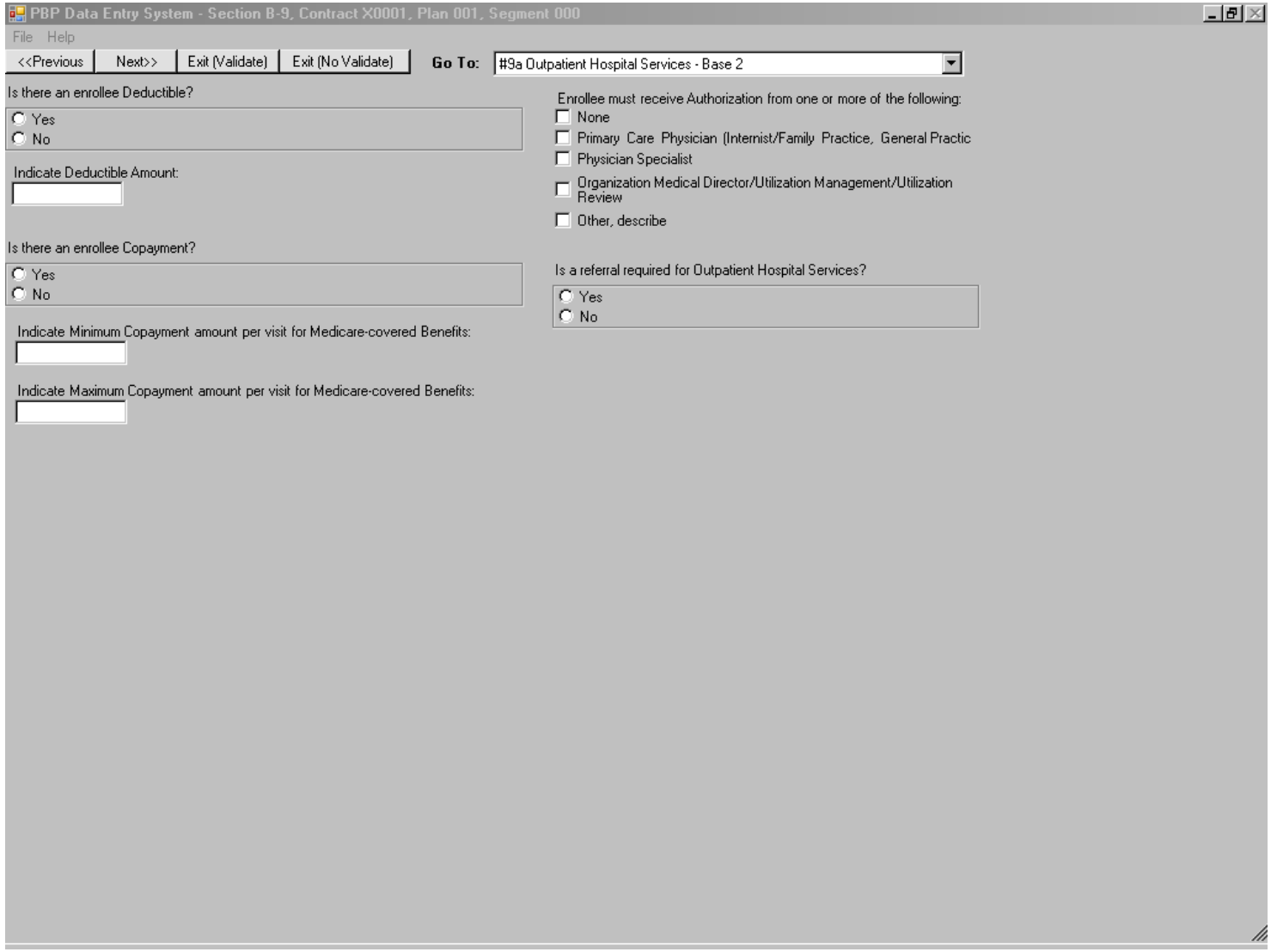
Section B – 8B – Outpatient Diagnostic/Therapeutic Radiological Services – Base 3 Screen



Section B – 9A – Outpatient Hospital Services – Base 1 Screen

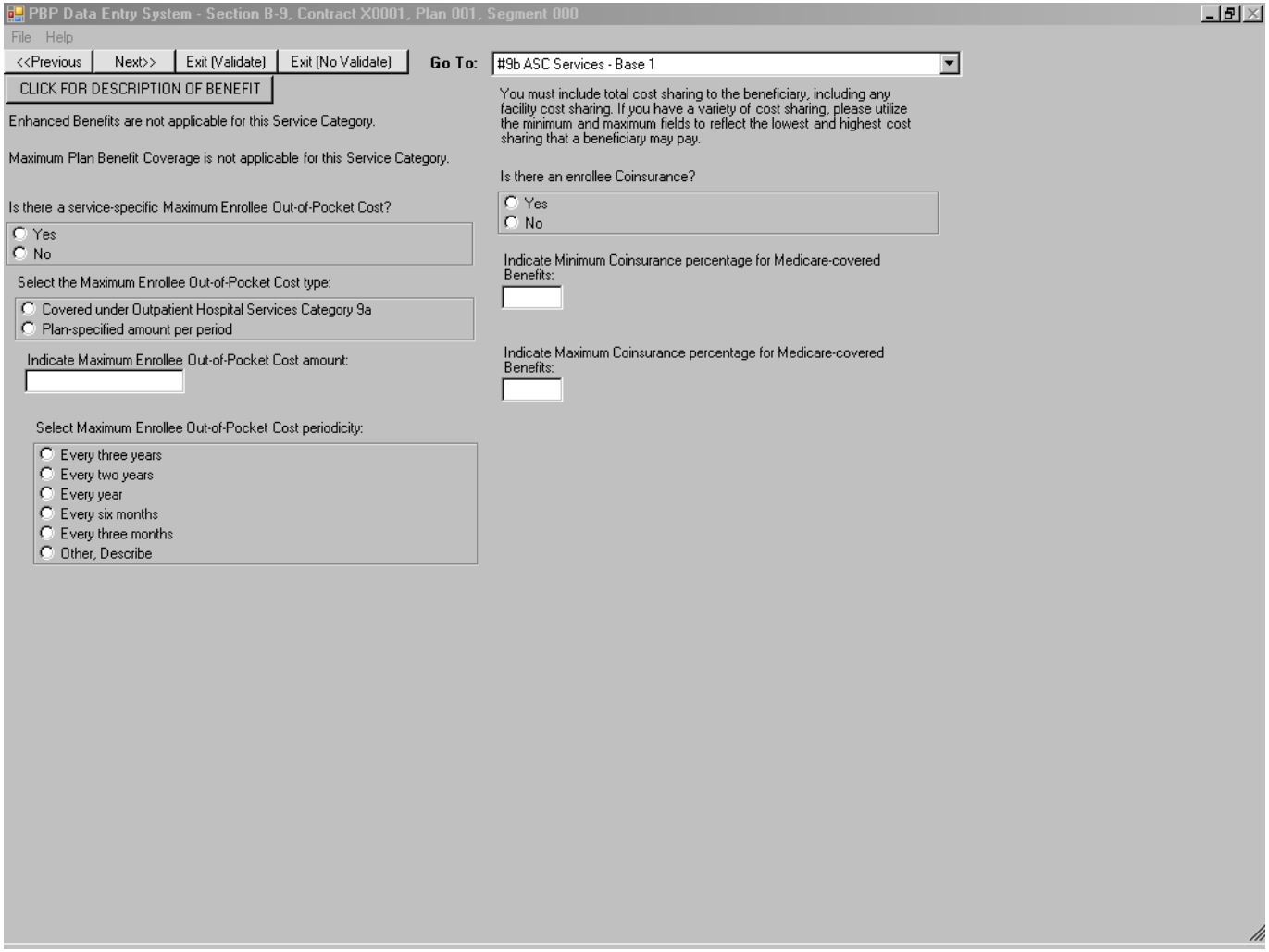


Section B – 9A – Outpatient Hospital Services – Base 2 Screen

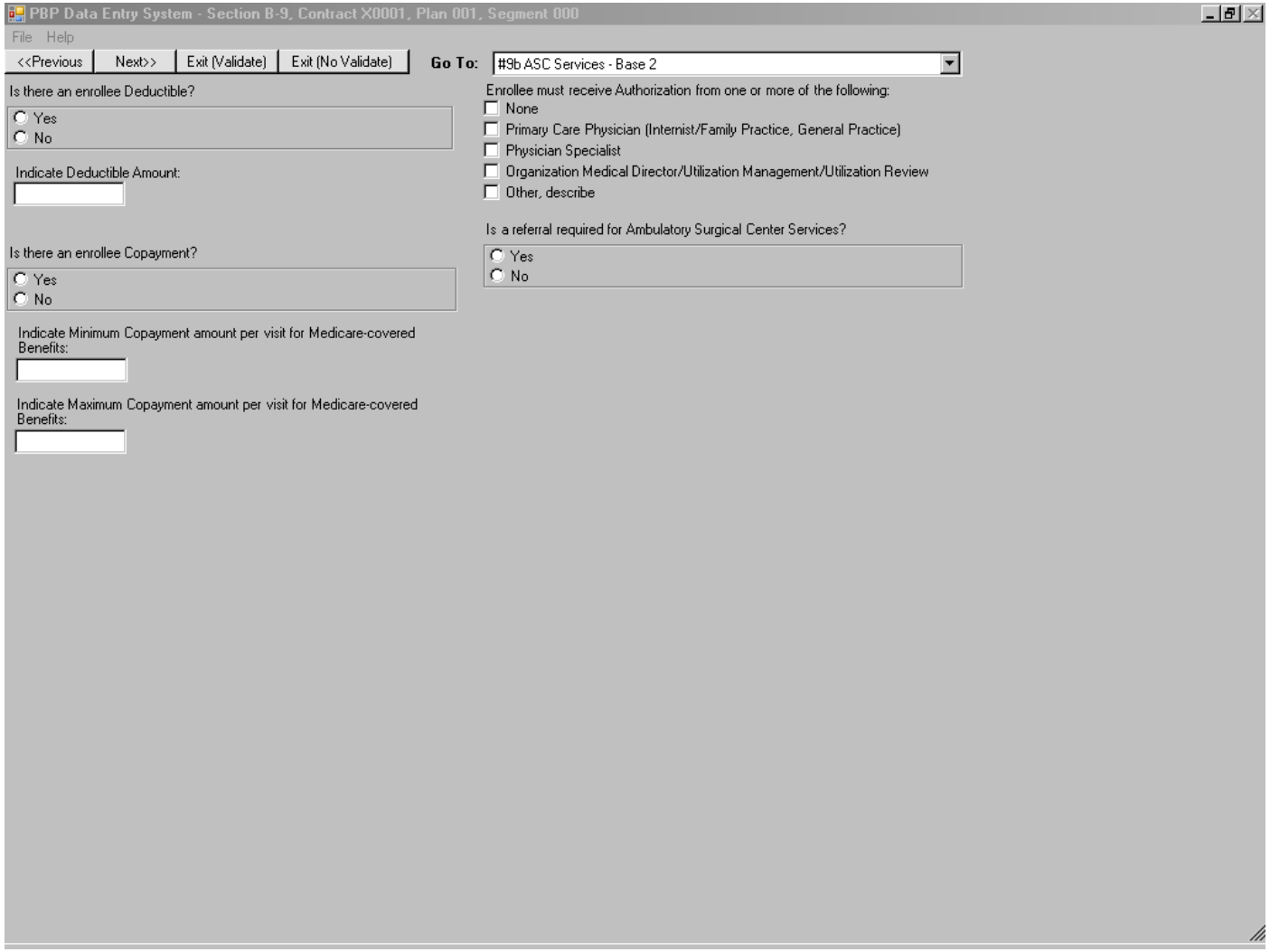


Section B – 9A – Outpatient Hospital Services – Base 3 Screen

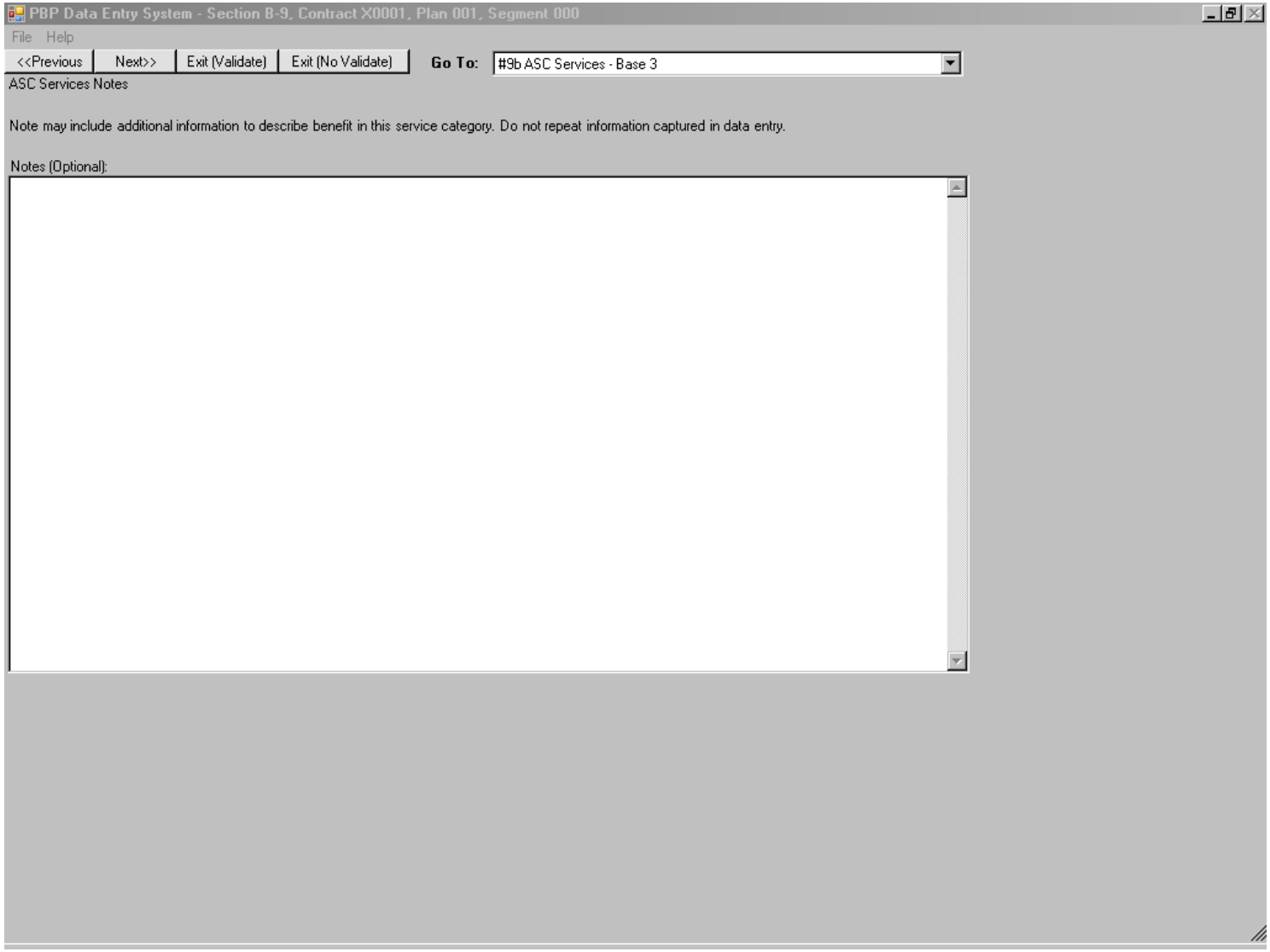
Section B – 9B – Ambulatory Surgical Center Services – Base 1 Screen



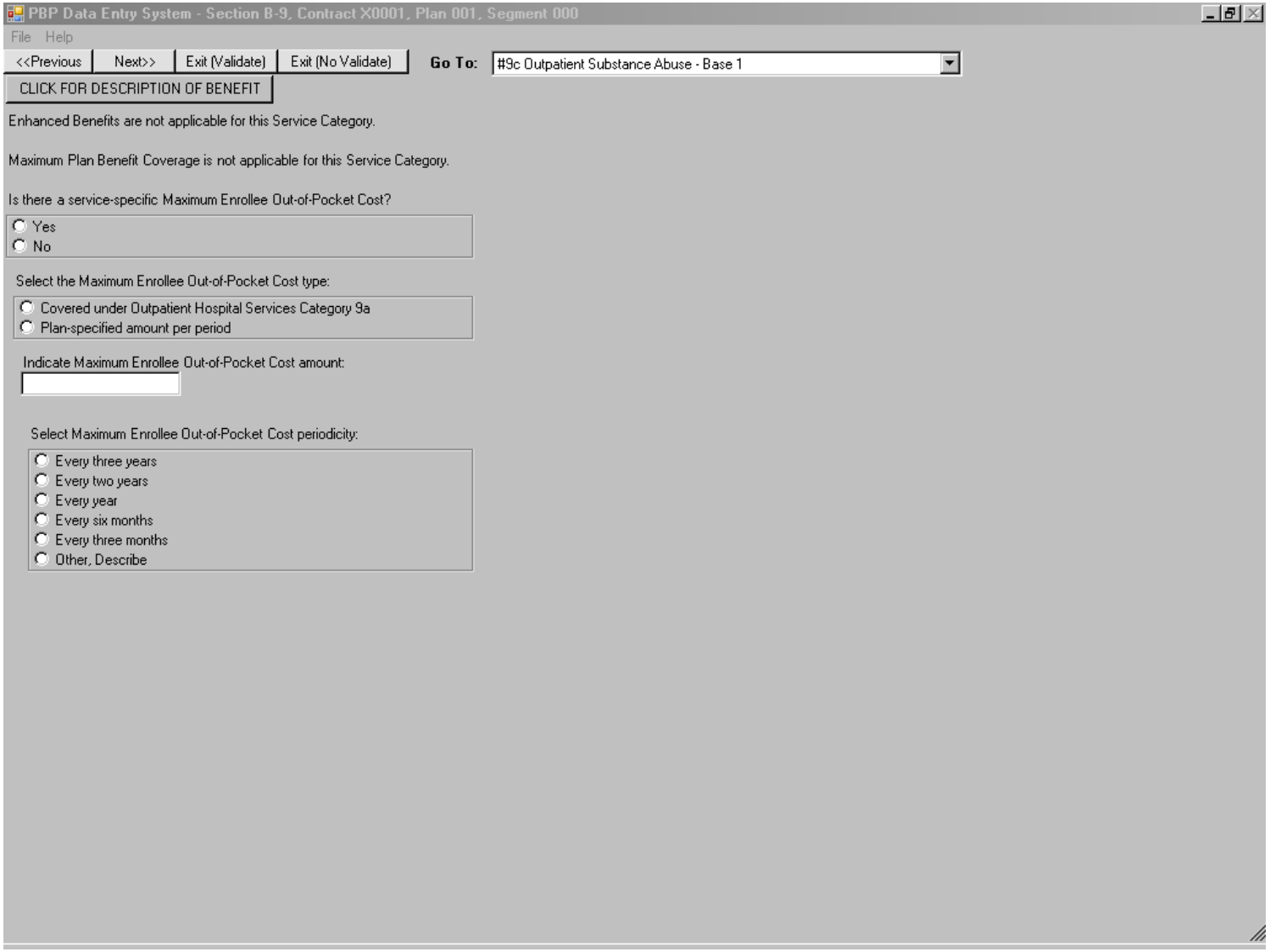
Section B – 9B – Ambulatory Surgical Center Services – Base 2 Screen



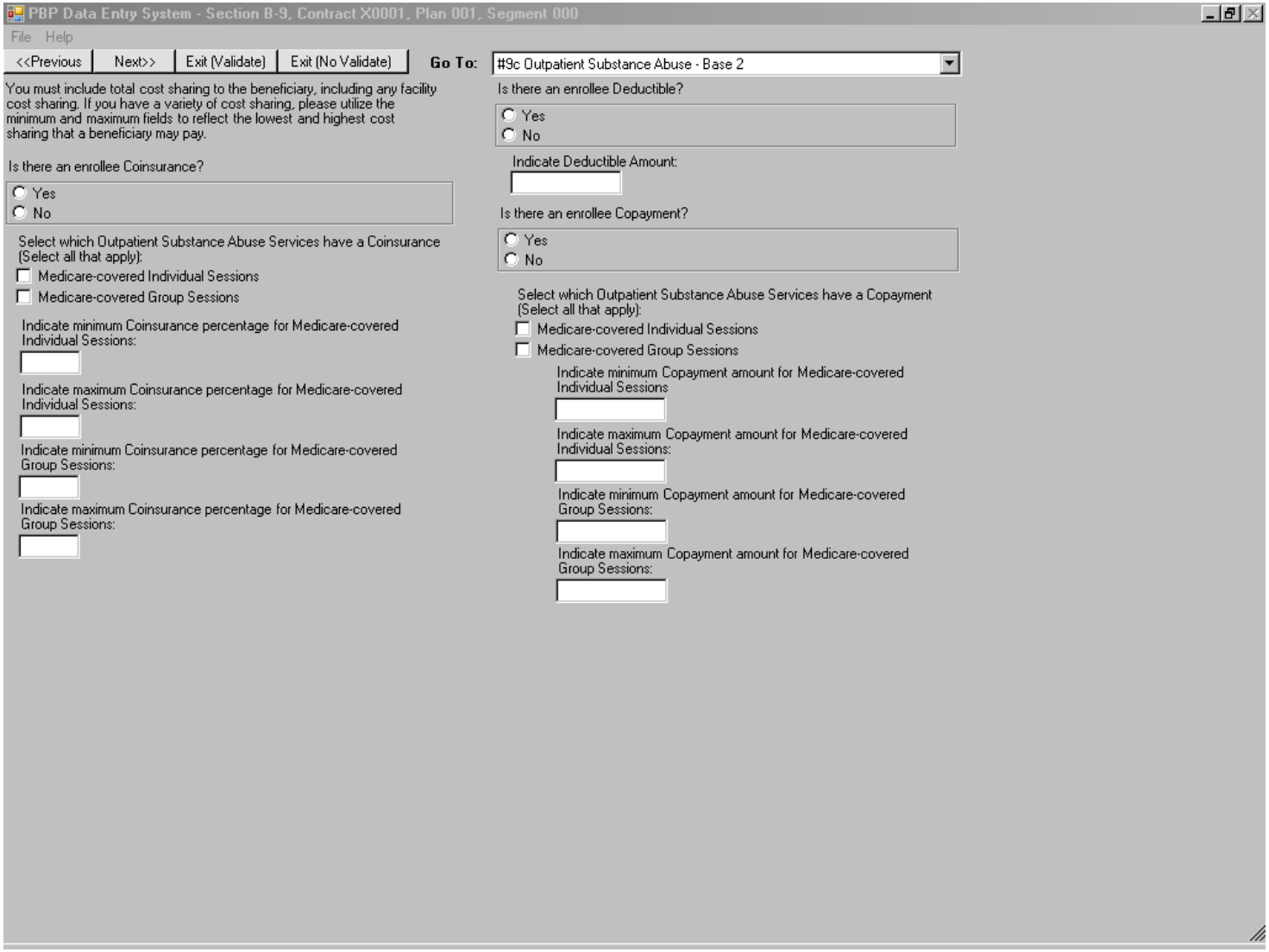
Section B – 9B – Ambulatory Surgical Center Services – Base 3 Screen



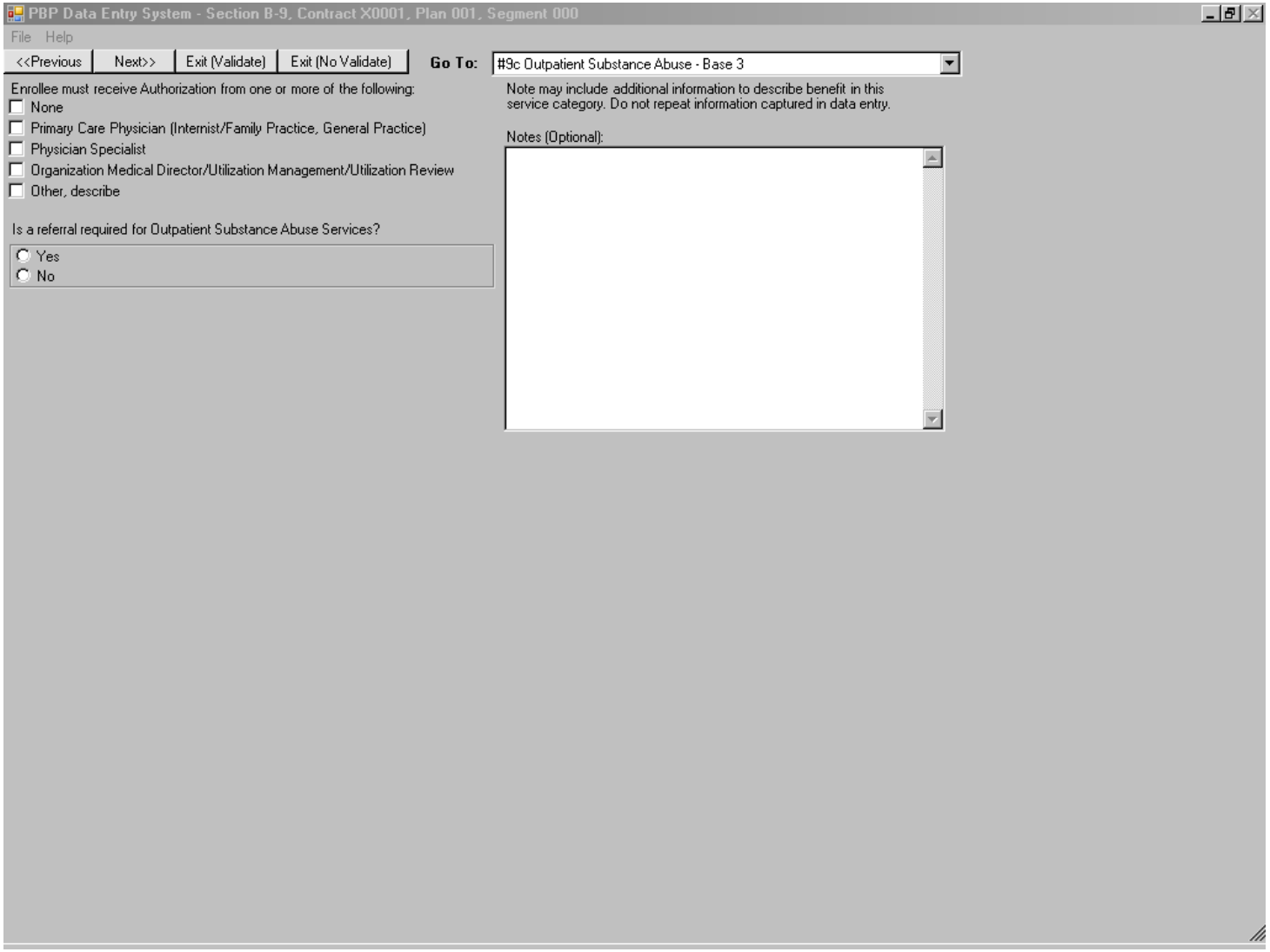
Section B – 9C – Outpatient Substance Abuse – Base 1 Screen



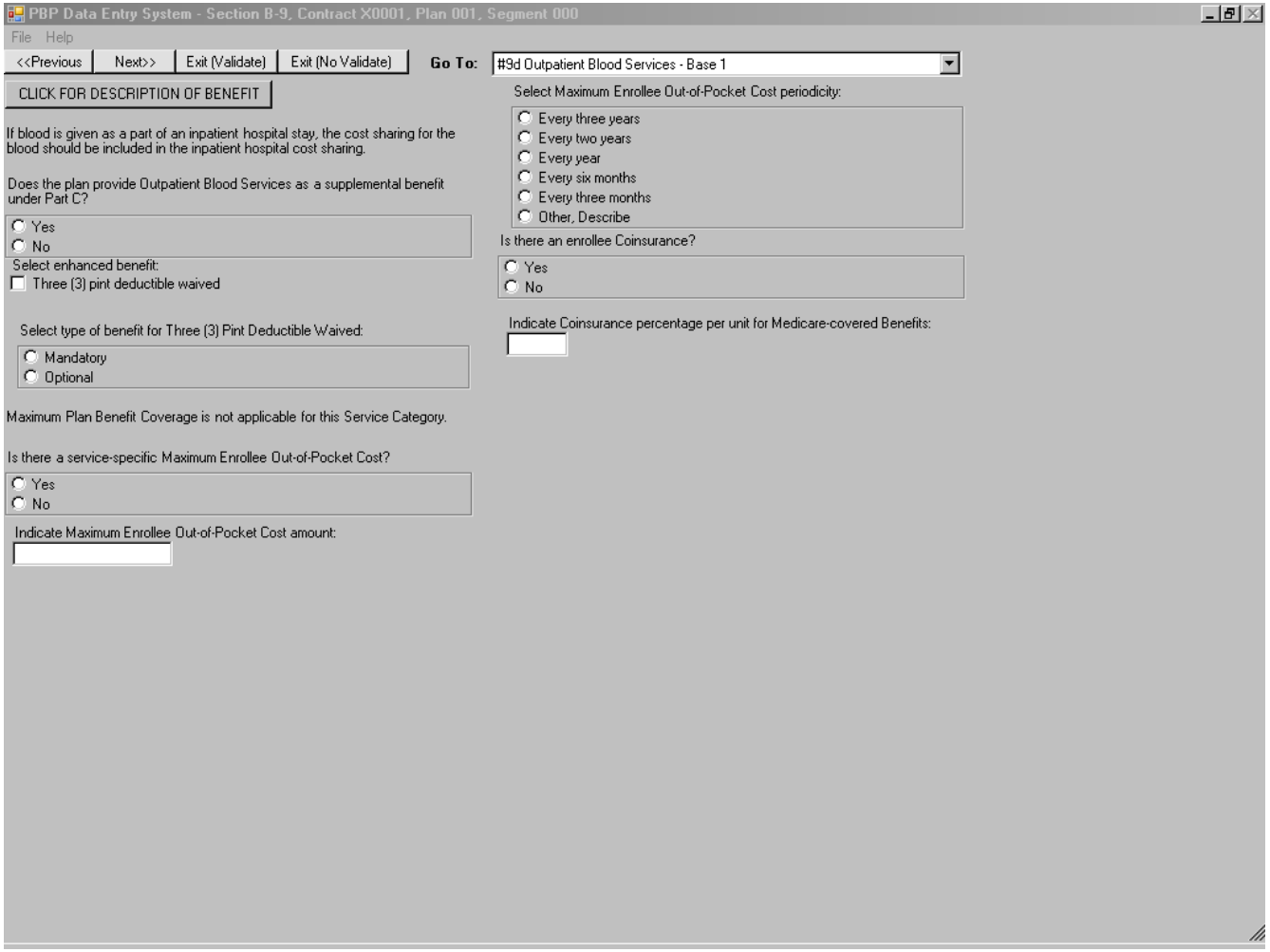
Section B – 9C – Outpatient Substance Abuse – Base 2 Screen



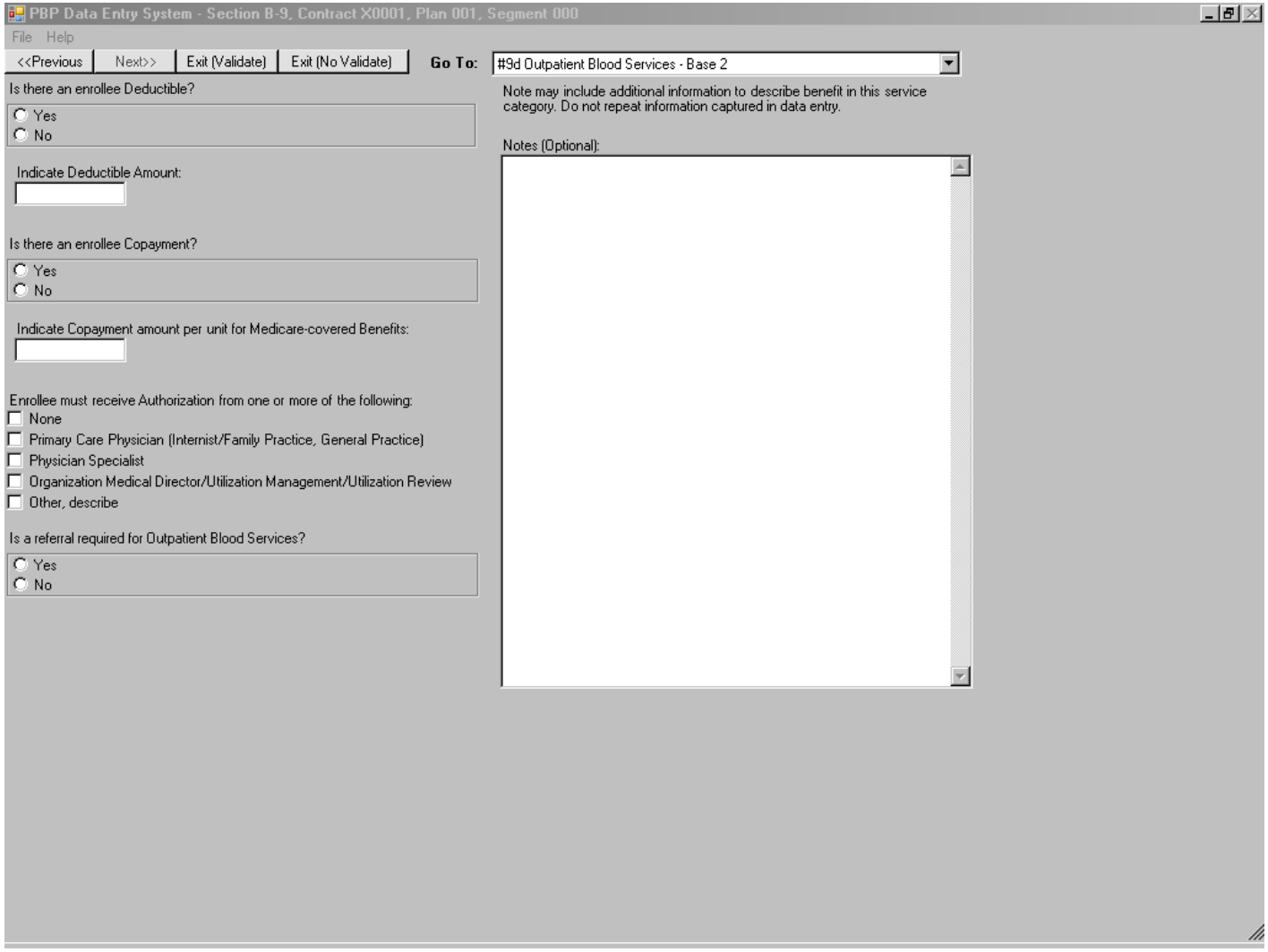
Section B – 9C – Outpatient Substance Abuse – Base 3 Screen



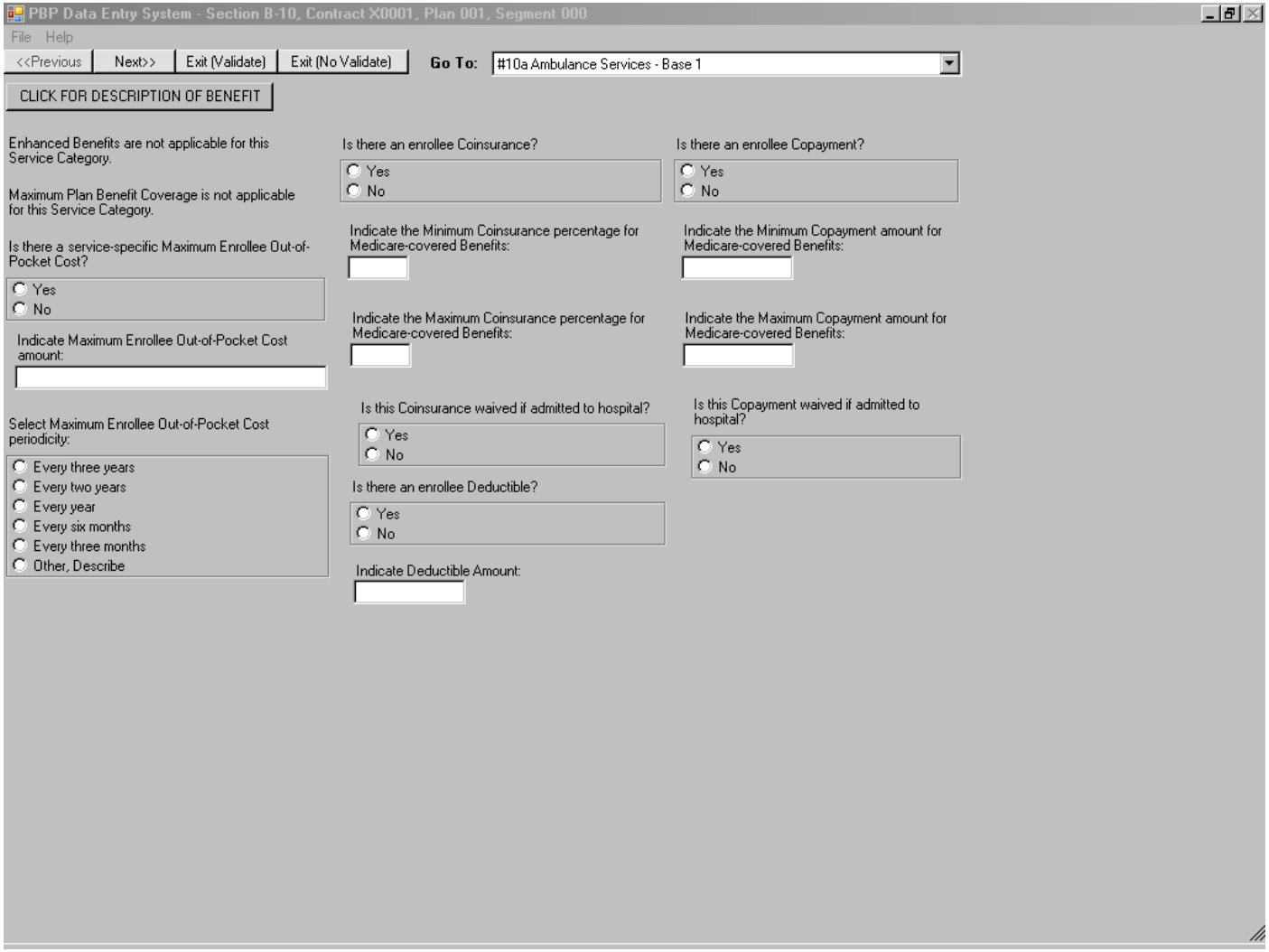
Section B – 9D – Outpatient Blood Services – Base 1 Screen



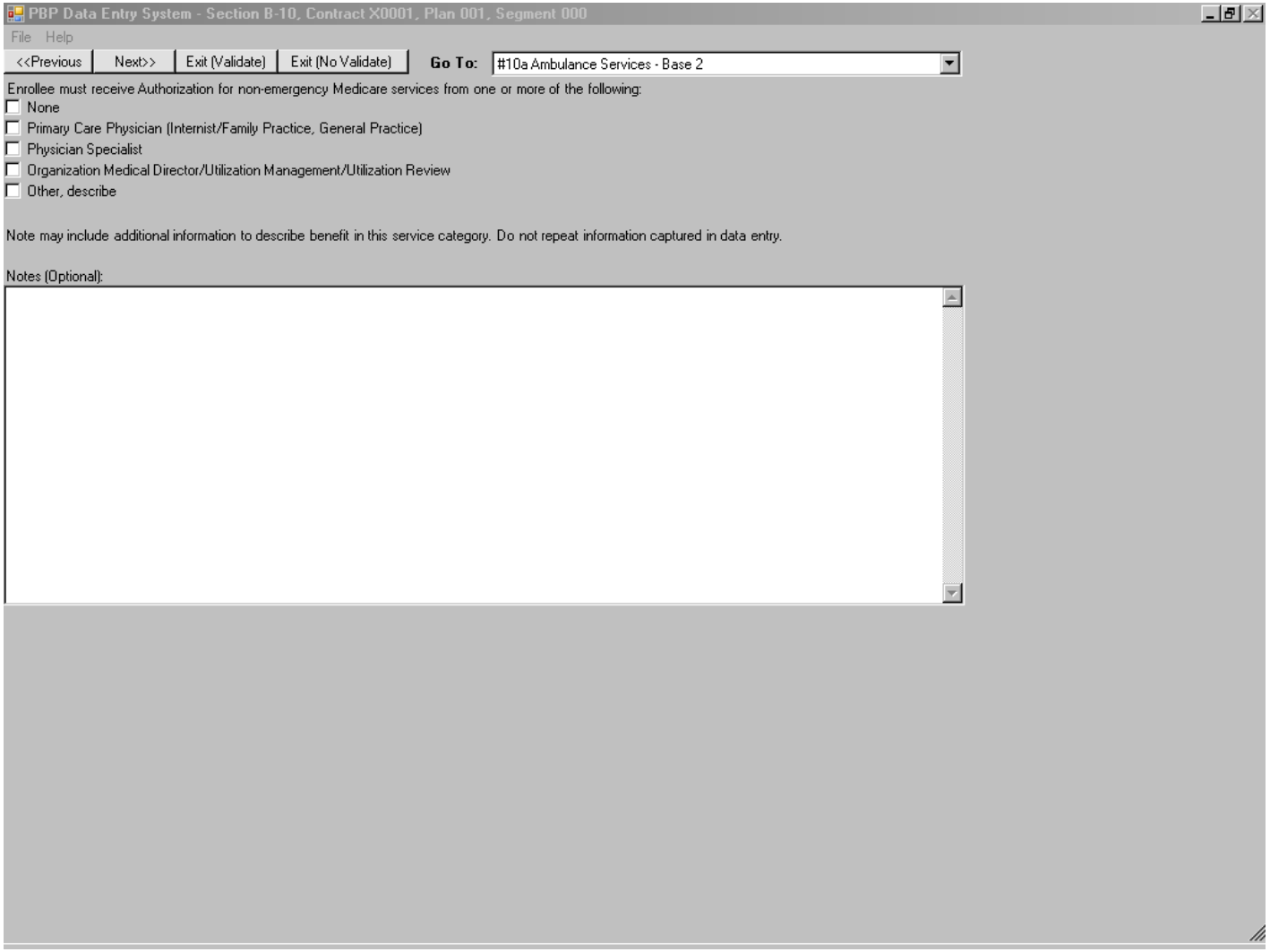
Section B – 9D – Outpatient Blood Services – Base 2 Screen



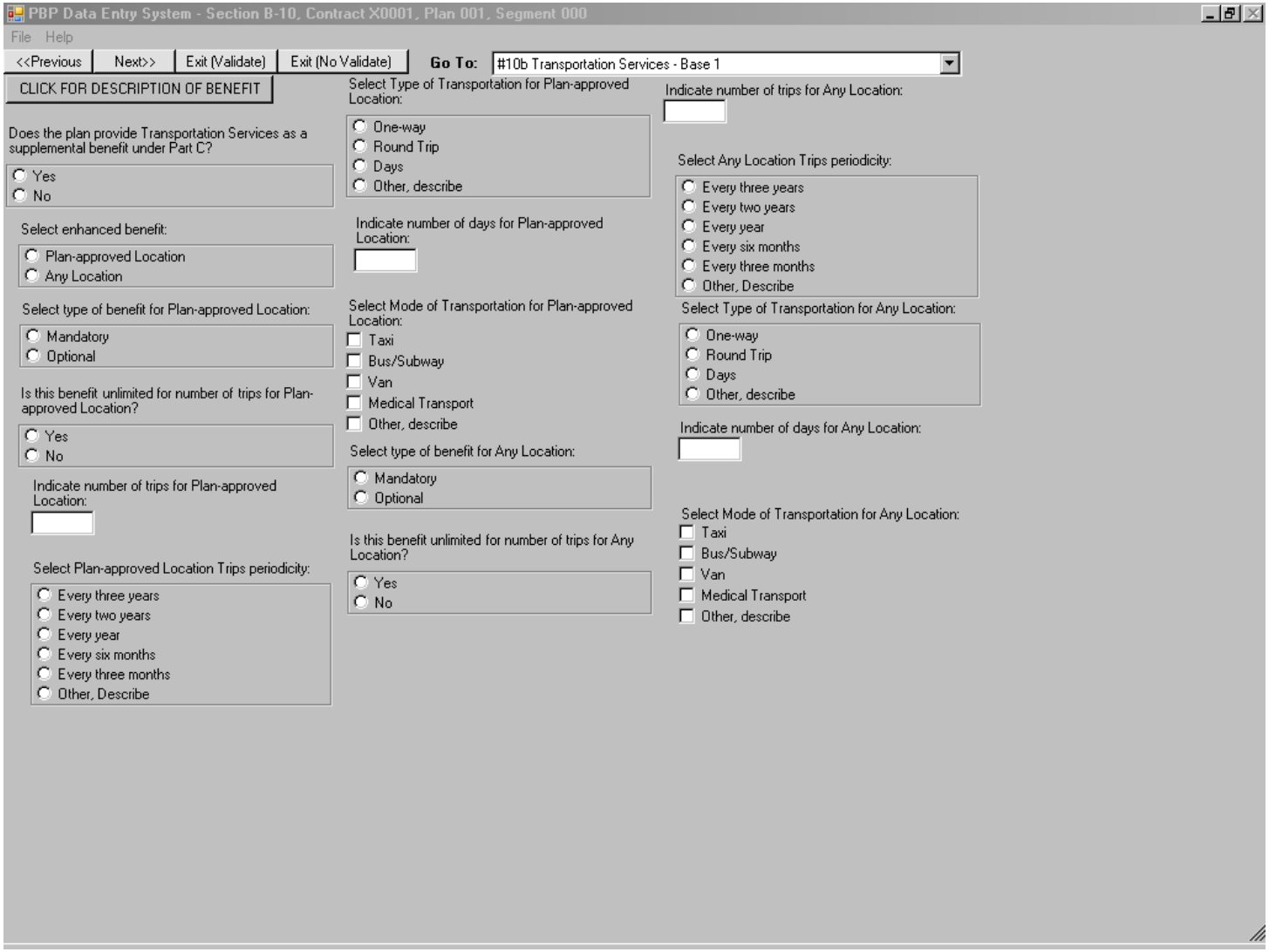
Section B – 10A – Ambulance Services – Base 1 Screen



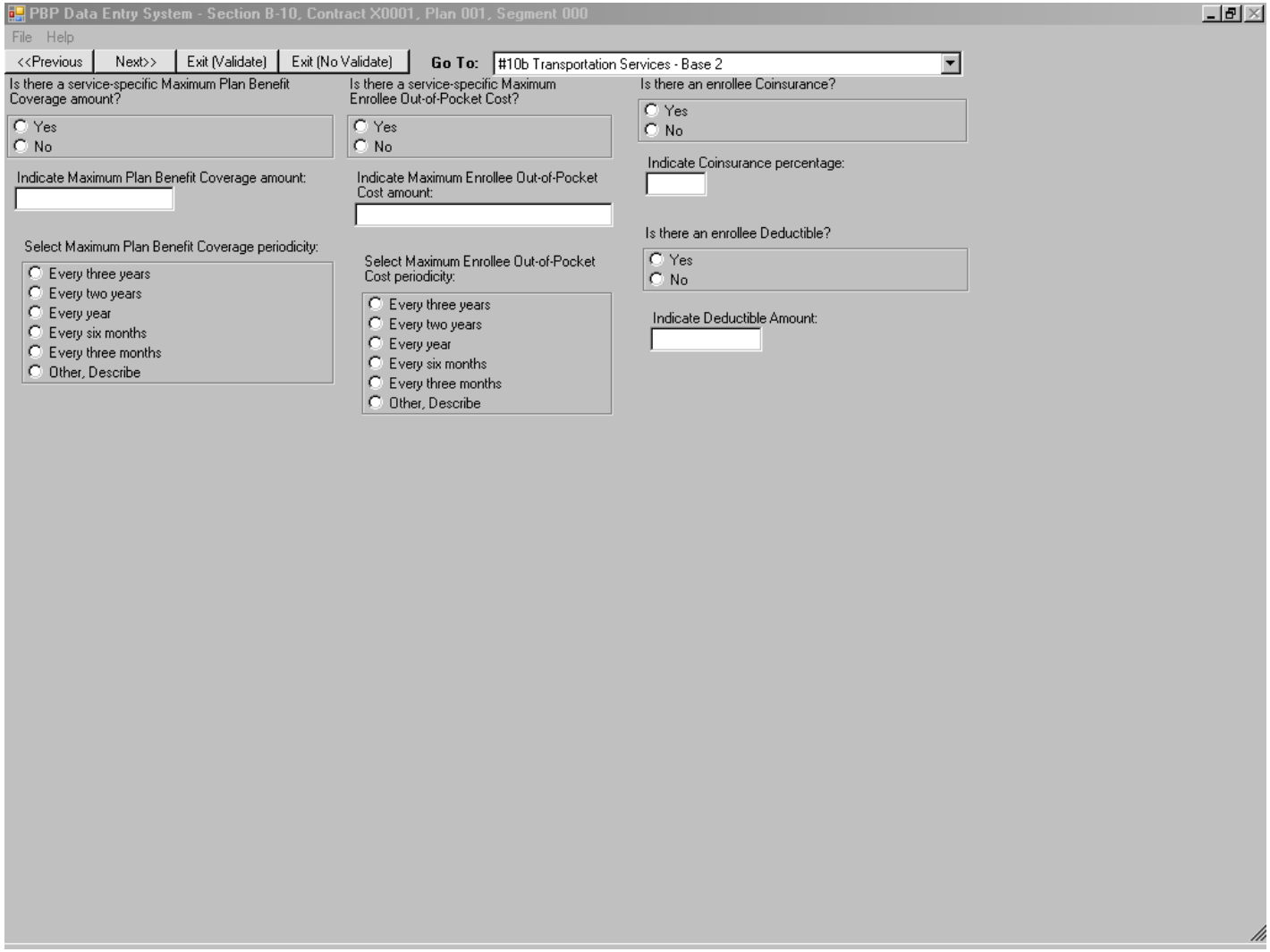
Section B – 10A – Ambulance Services – Base 2 Screen



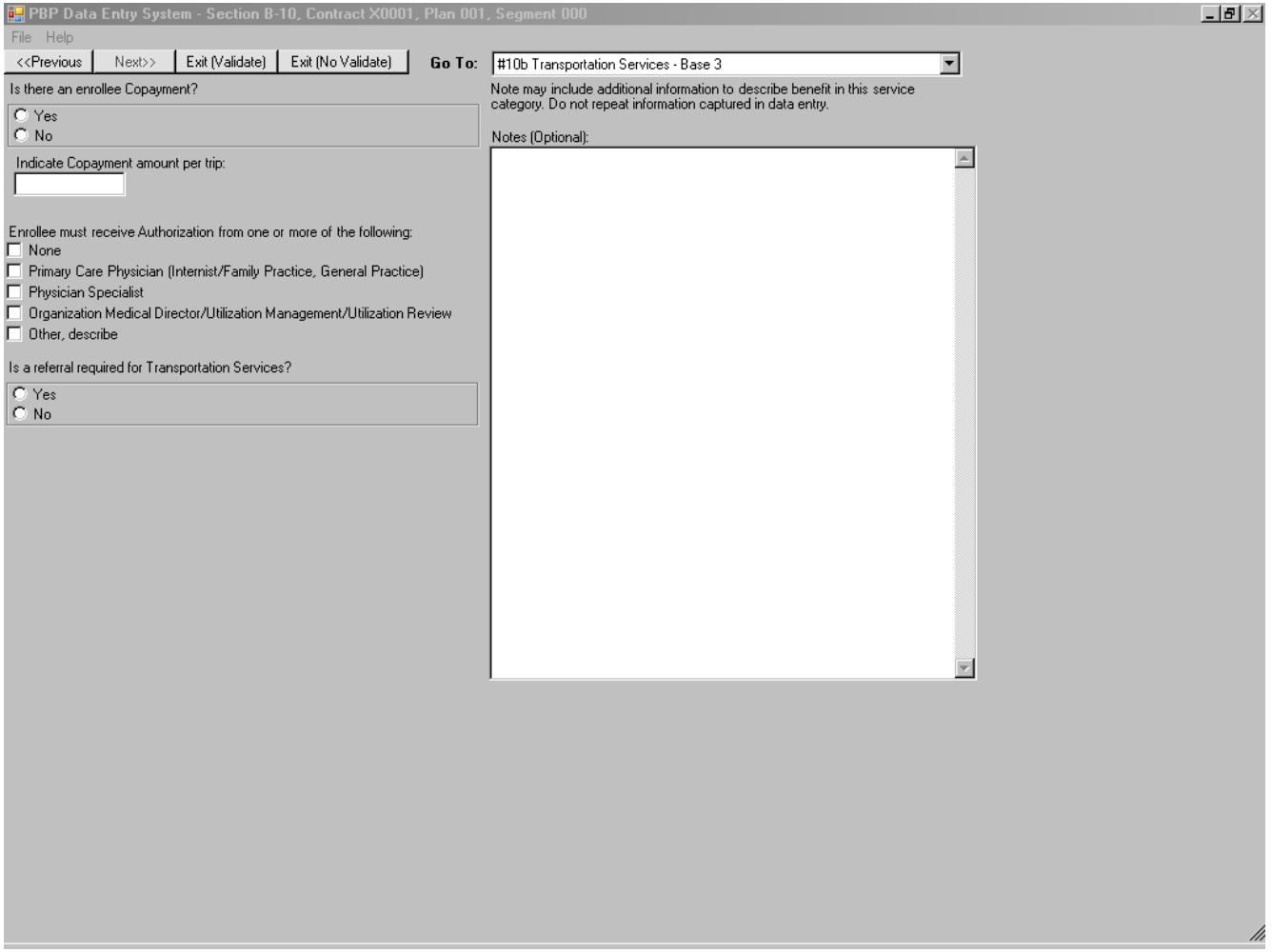
Section B – 10B – Transportation Services – Base 1 Screen



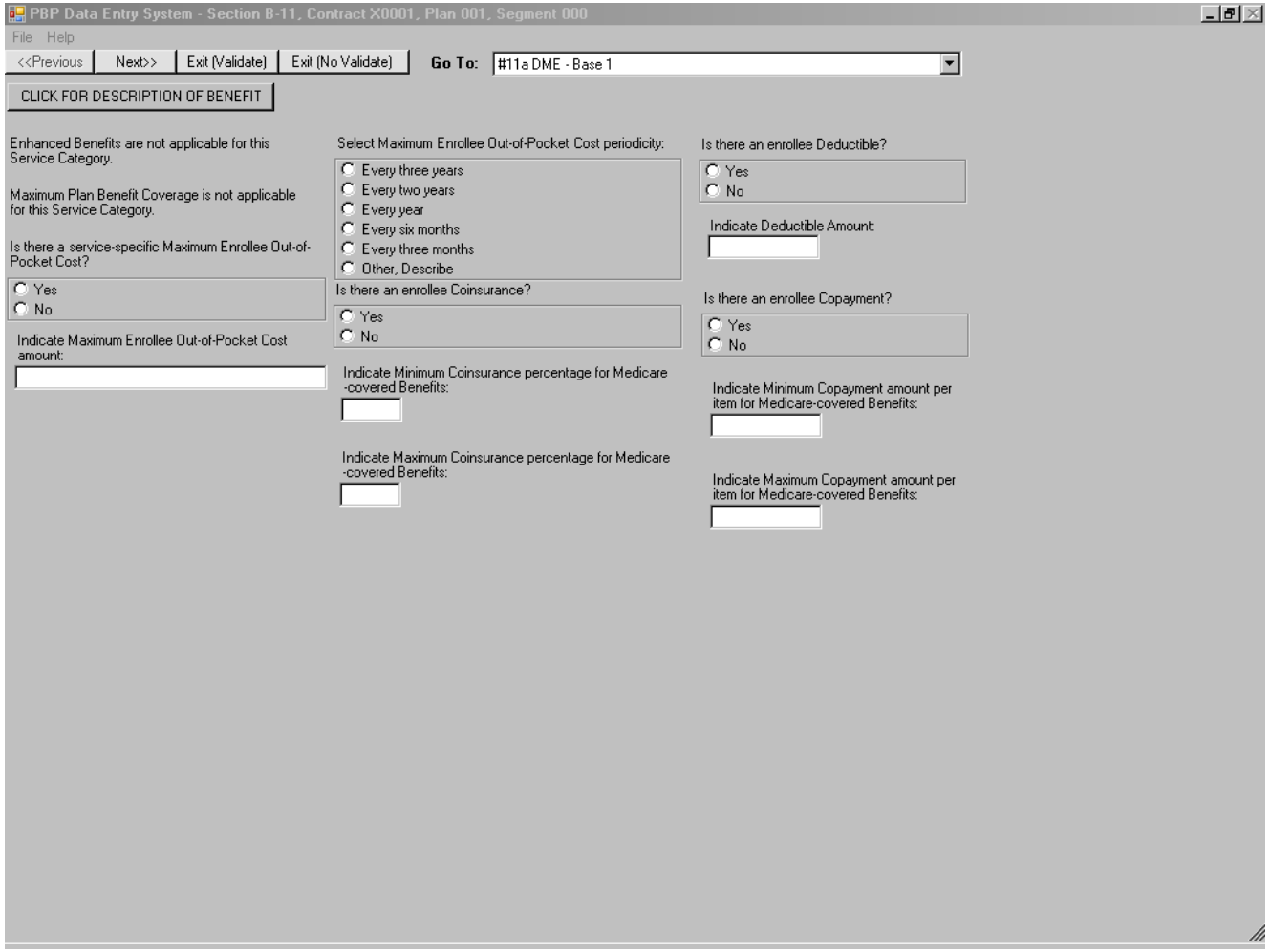
Section B – 10B – Transportation Services – Base 2 Screen



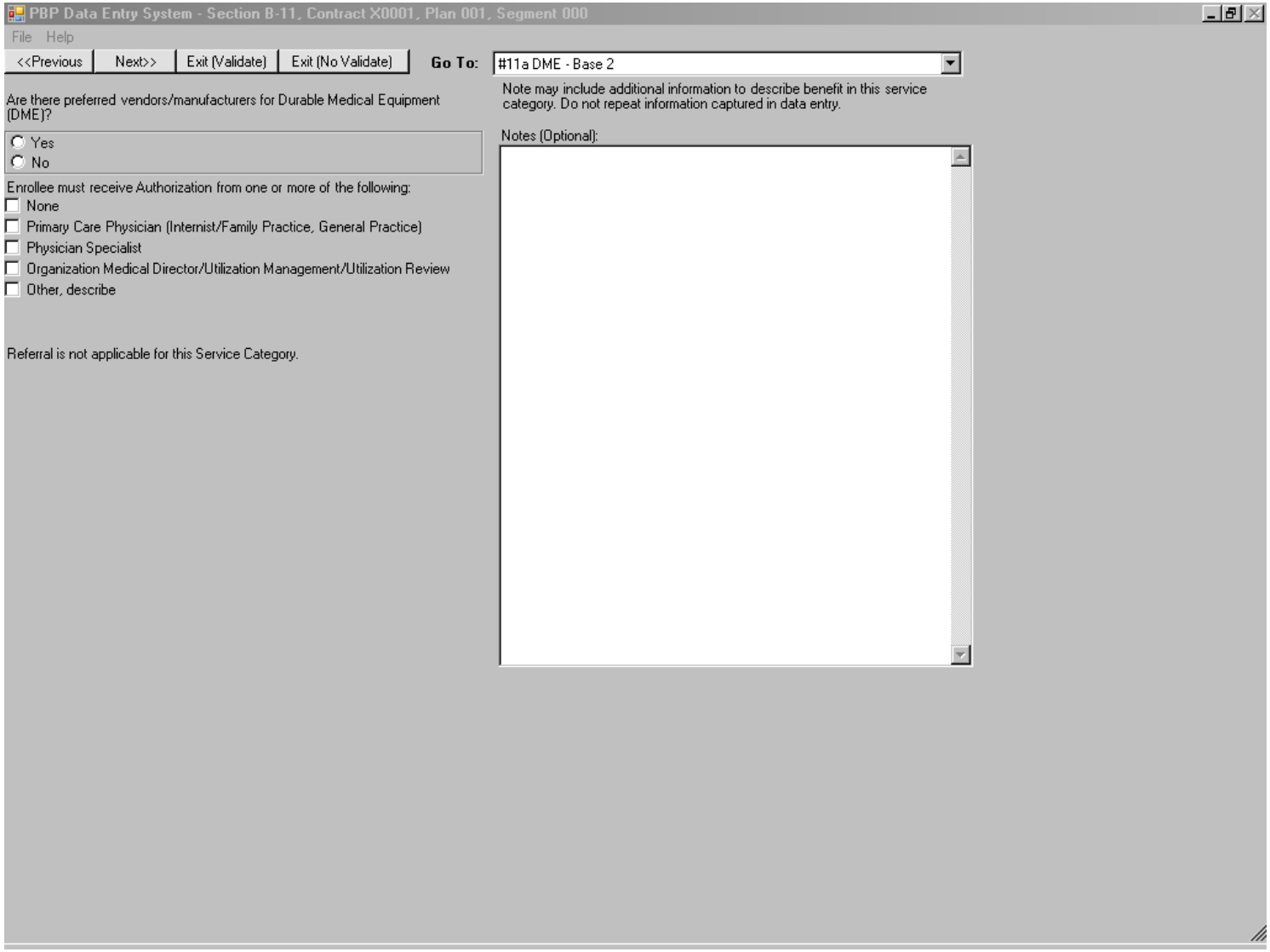
Section B – 10B – Transportation Services – Base 3 Screen



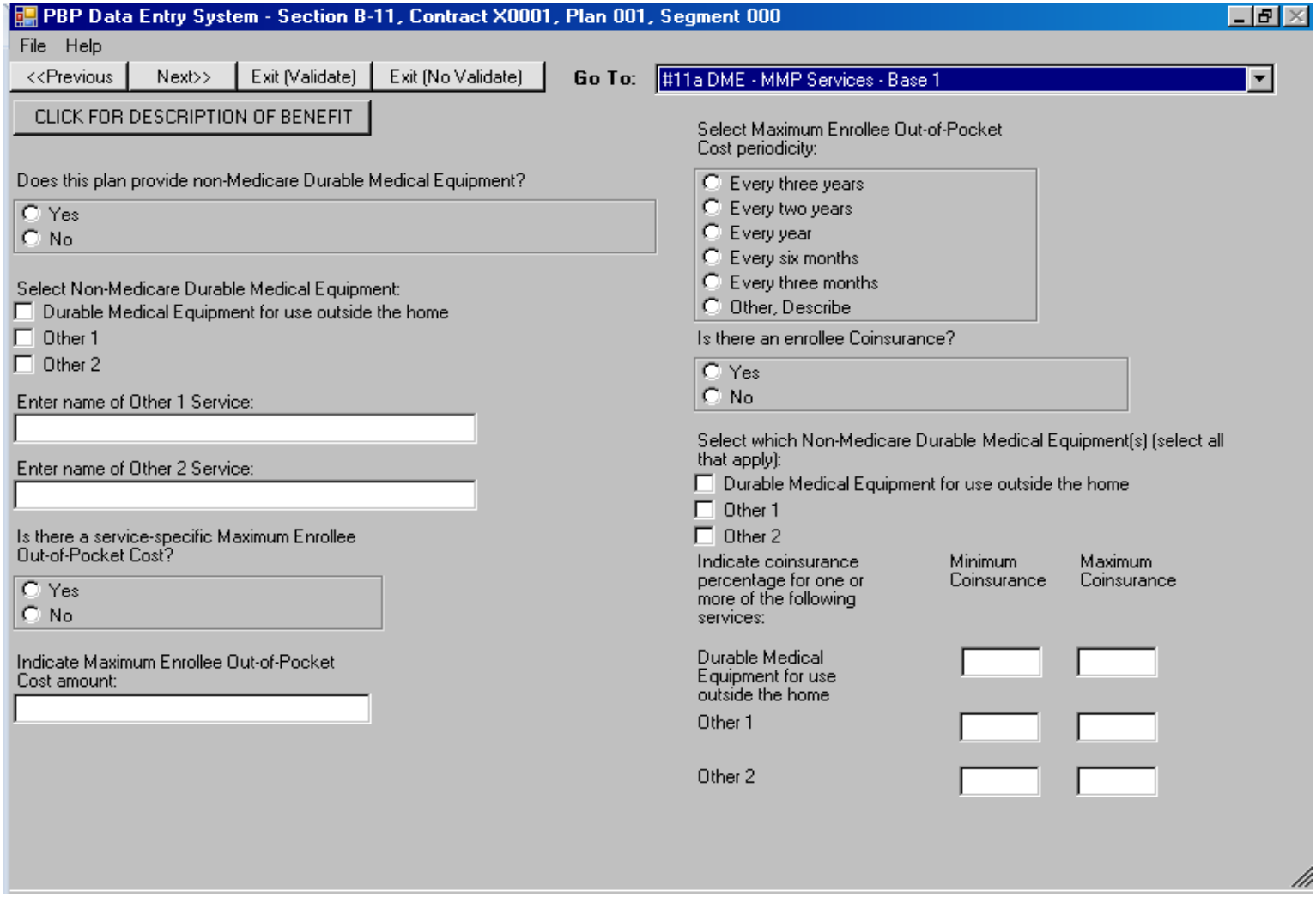
Section B – 11A – Durable Medical Equipment – Base 1 Screen



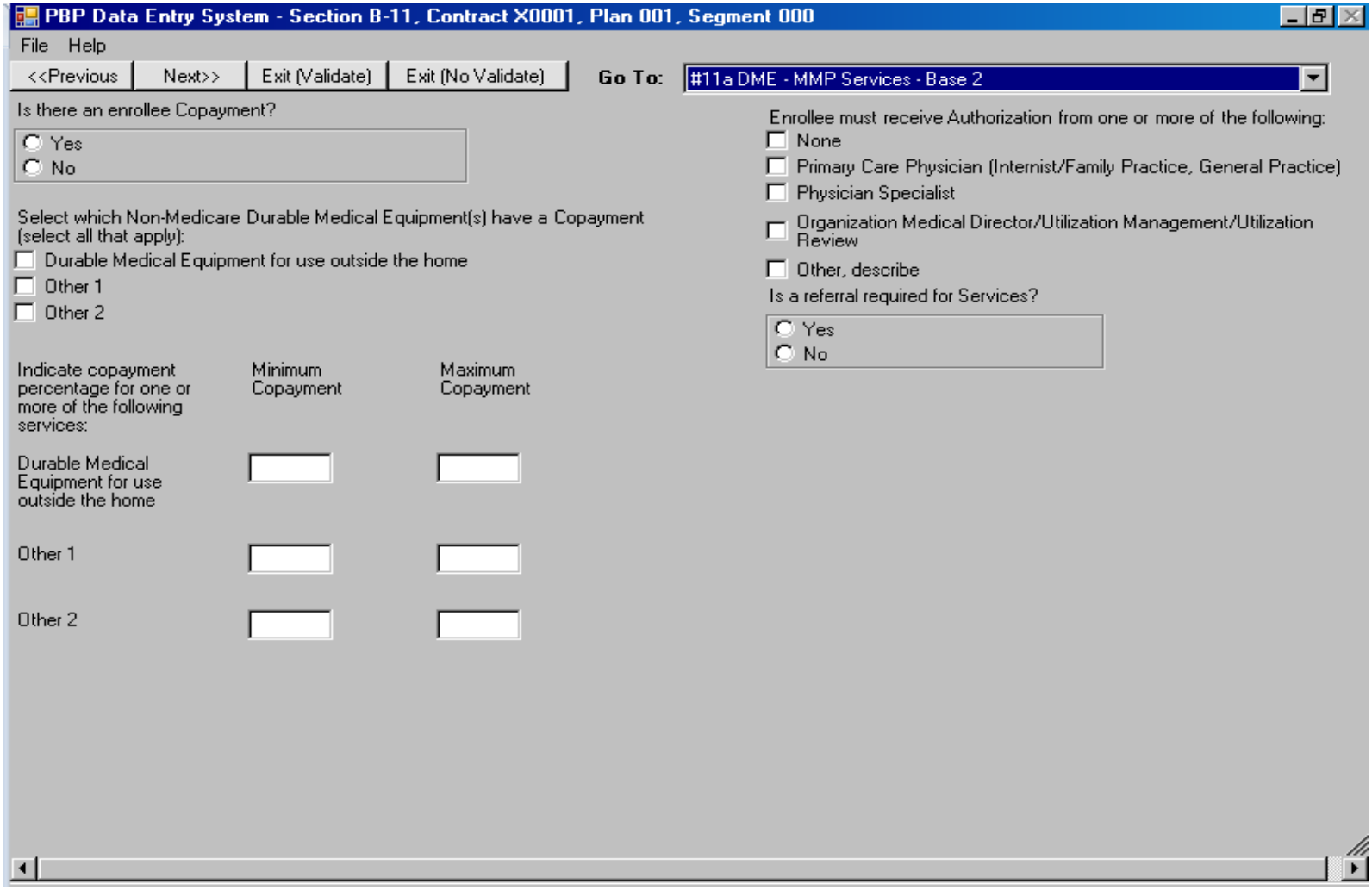
Section B – 11A – Durable Medical Equipment – Base 2 Screen



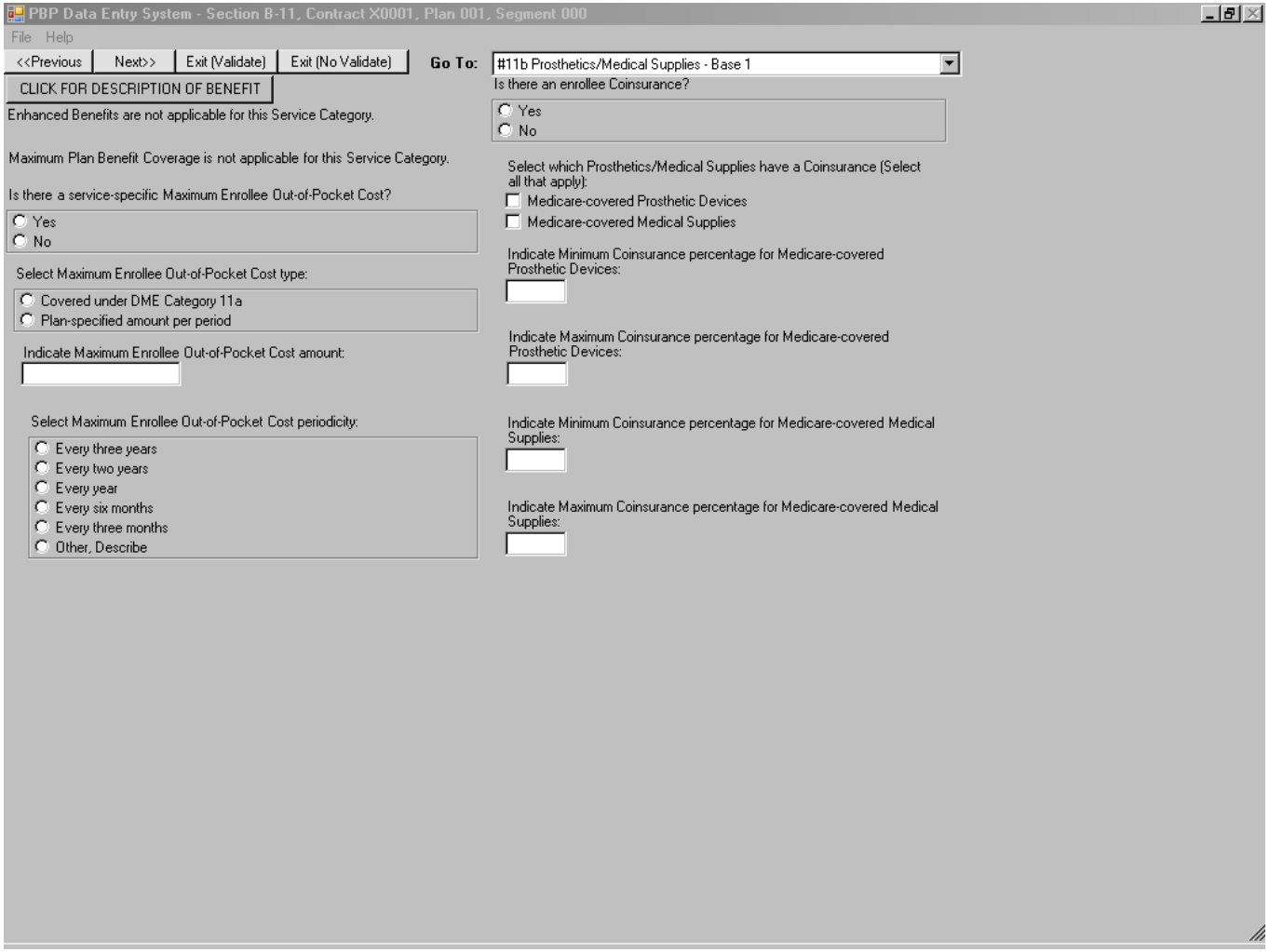
Section B – 11A – Durable Medical Equipment – MMP Services - Base 1 Screen



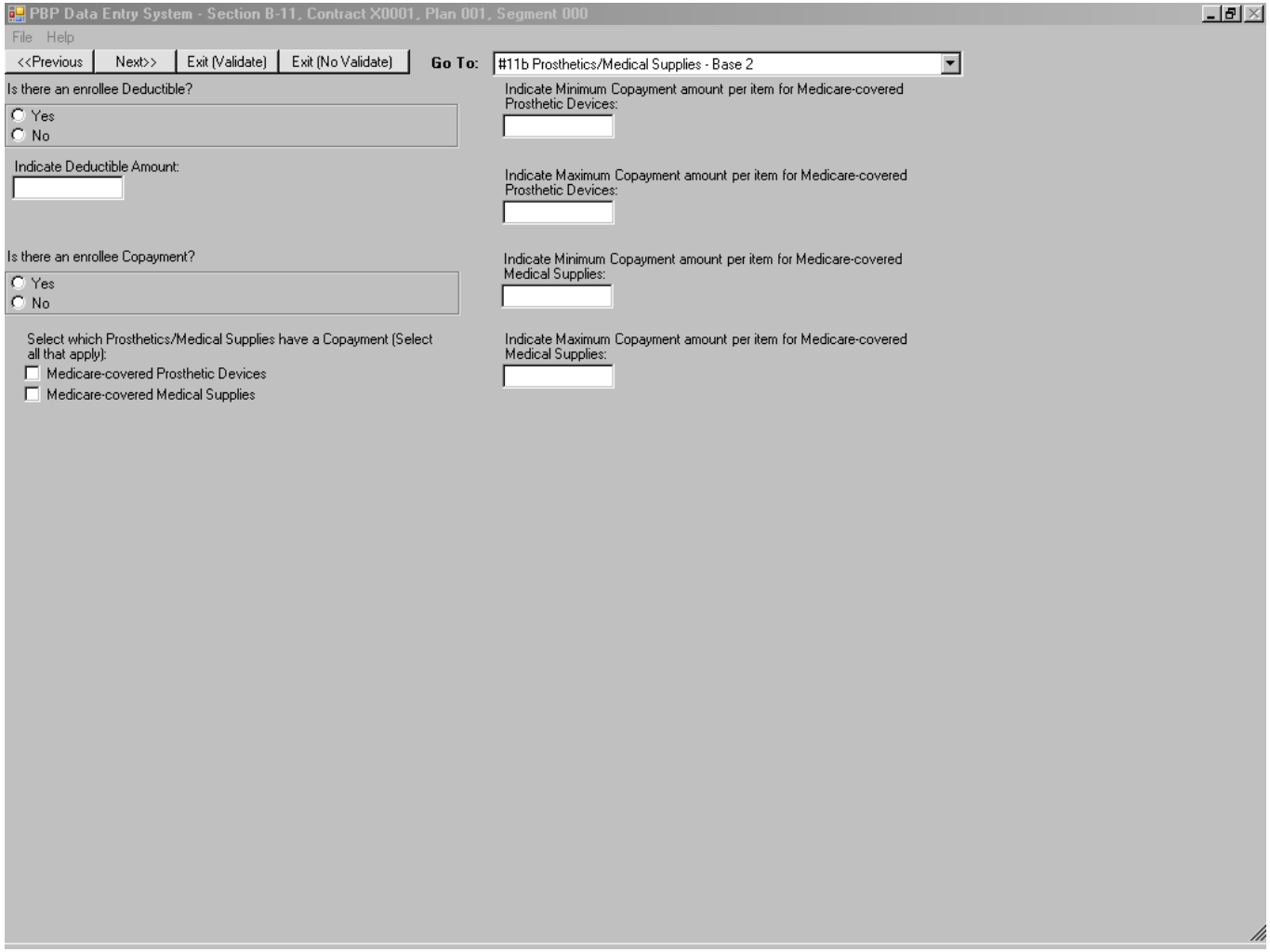
Section B – 11A – Durable Medical Equipment – MMP Services - Base 2 Screen



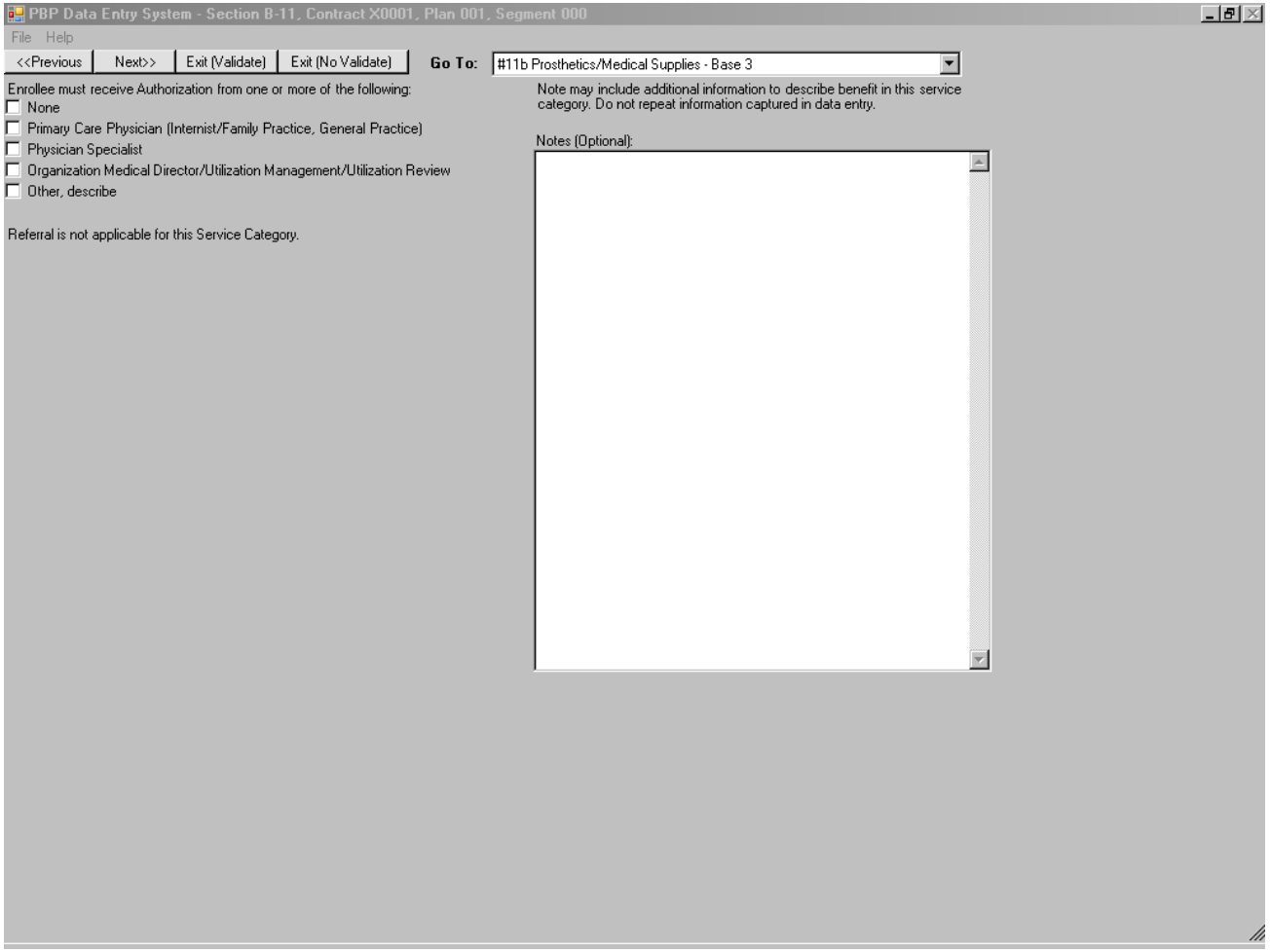
Section B – 11B – Prosthetics/Medical Supplies – Base 1 Screen



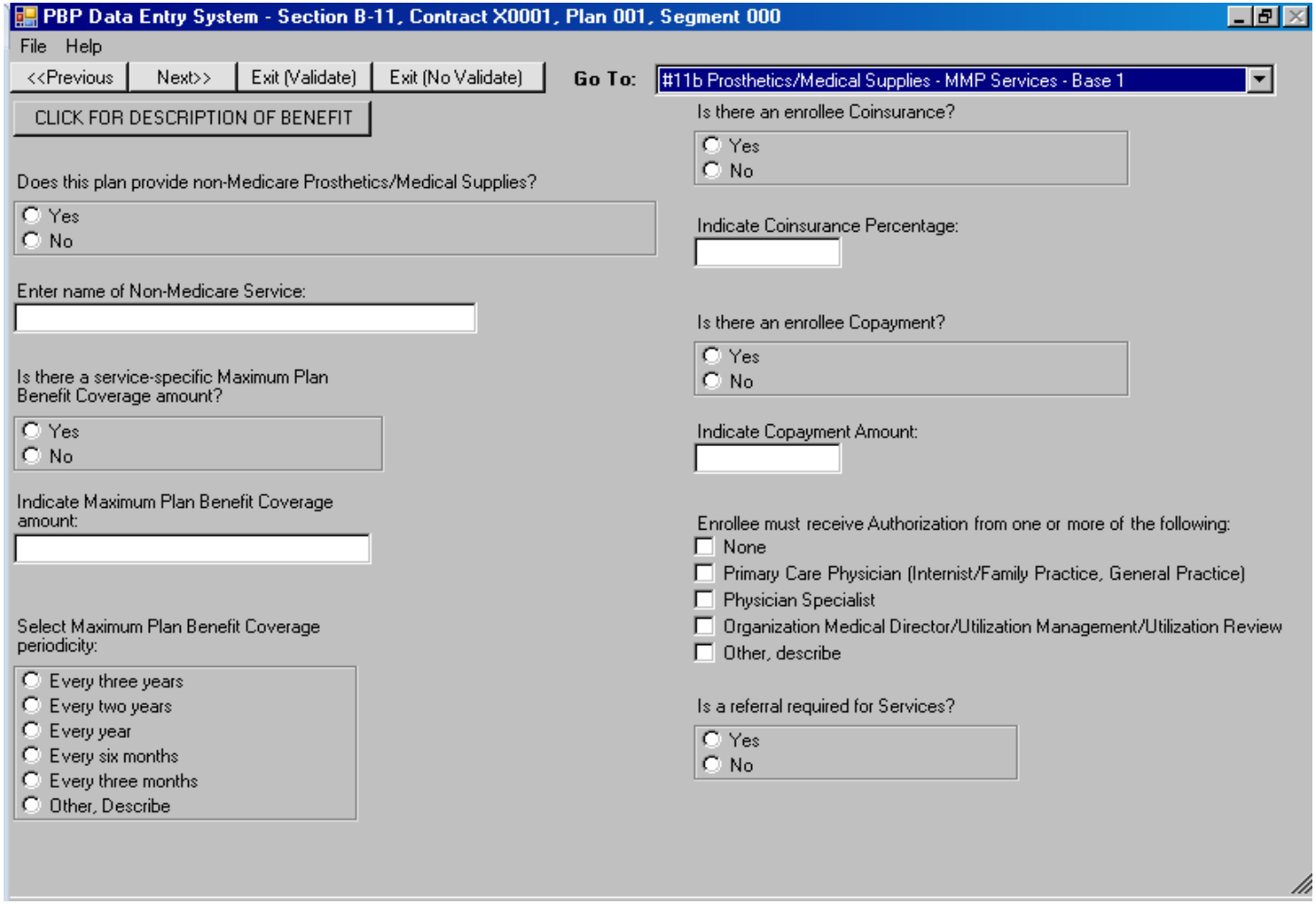
Section B – 11B – Prosthetics/Medical Supplies – Base 2 Screen



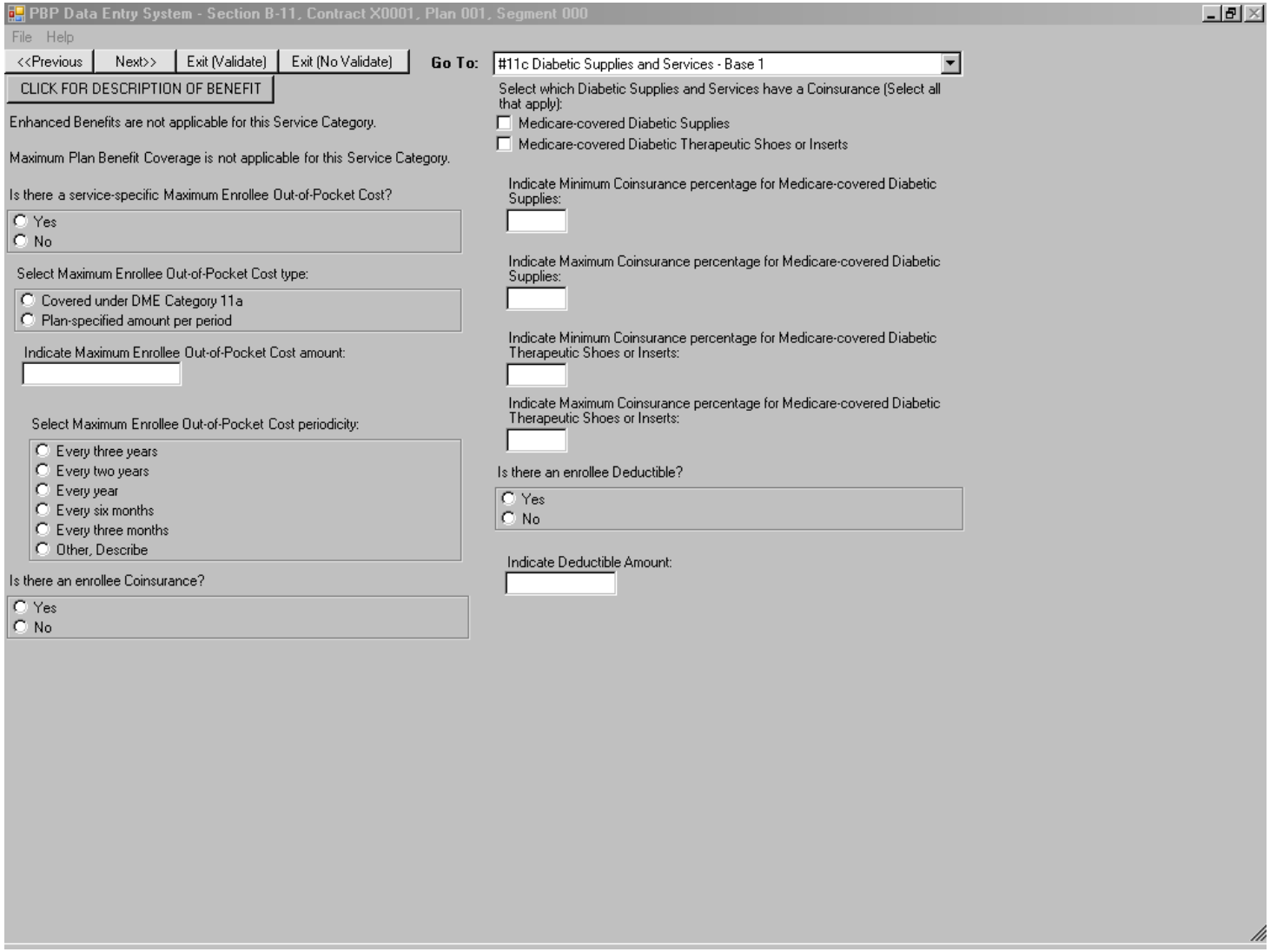
Section B – 11B – Prosthetics/Medical Supplies – Base 3 Screen



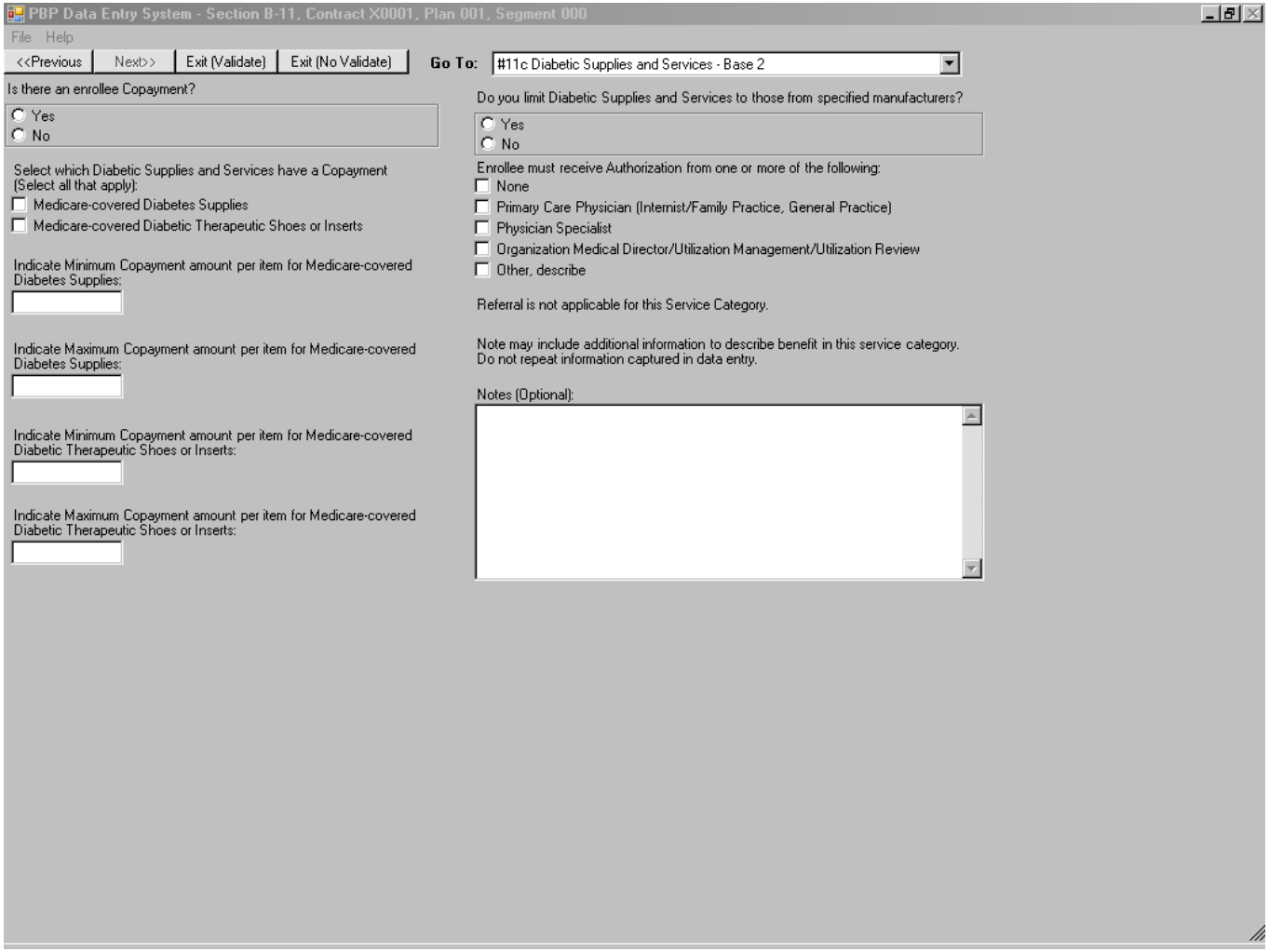
Section B – 11B – Prosthetics/Medical Supplies – MMP Services - Base 1 Screen



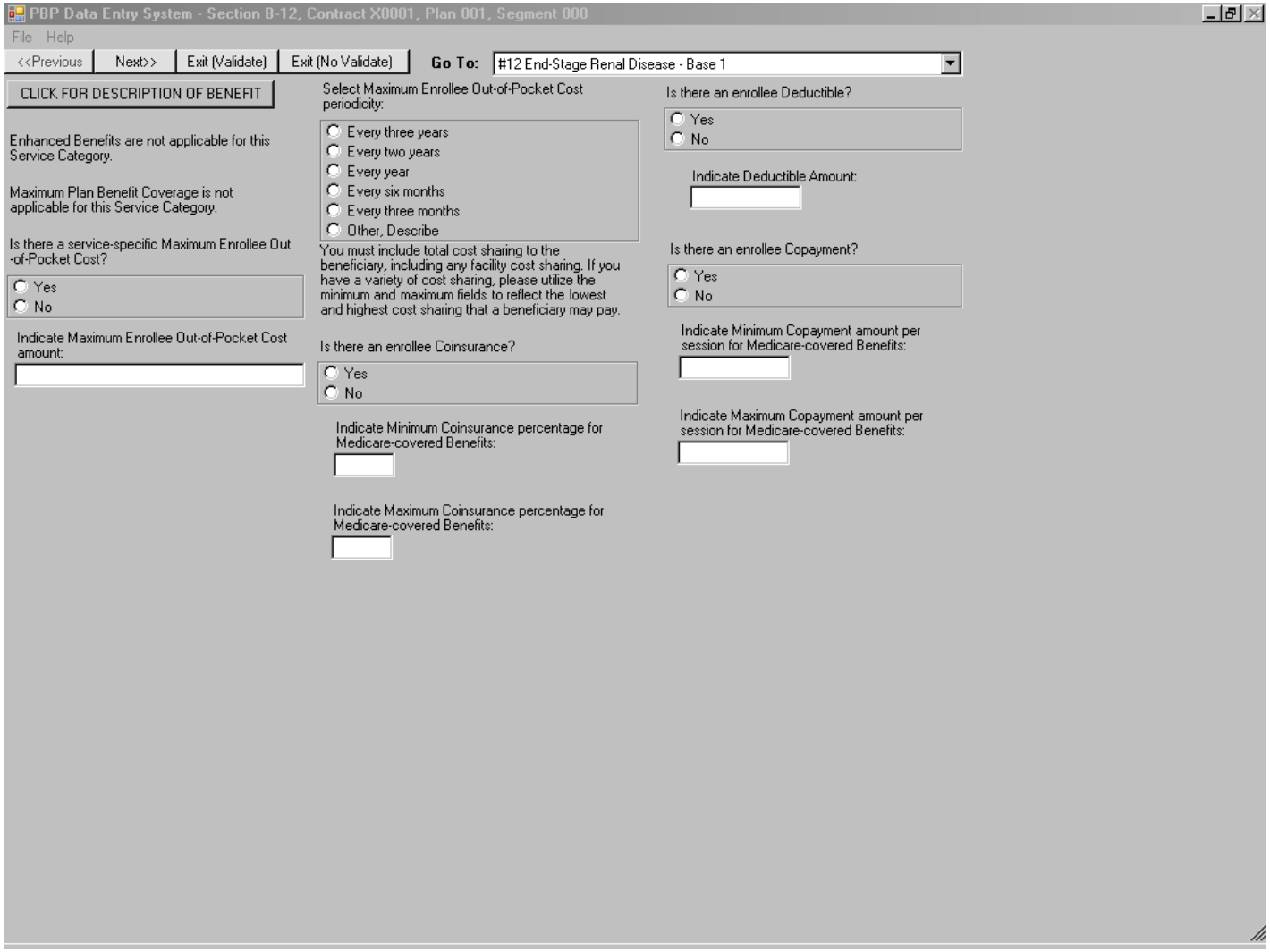
Section B – 11C – Diabetic Supplies and Services – Base 1 Screen



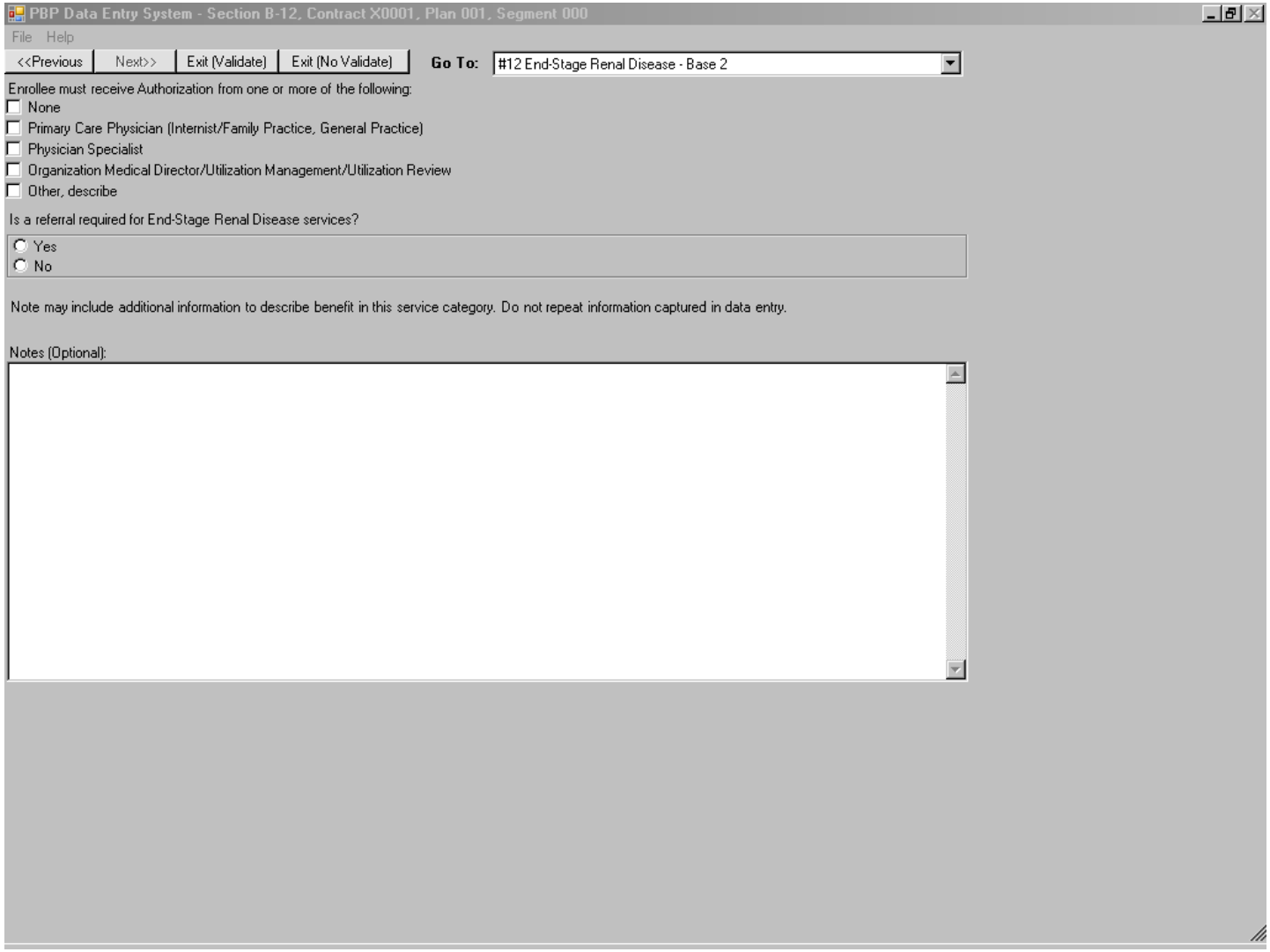
Section B – 11C – Diabetic Supplies and Services – Base 2 Screen



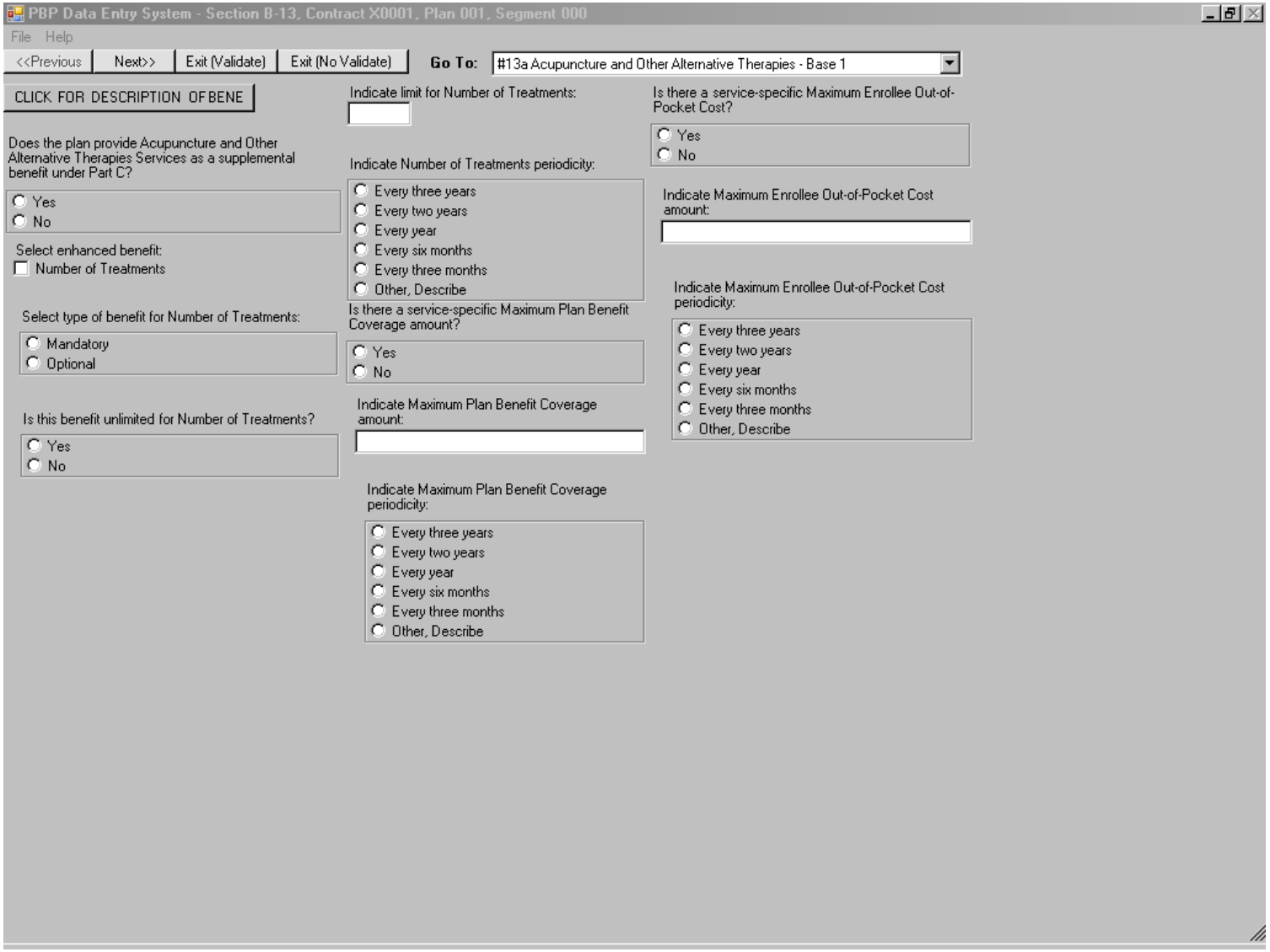
Section B – 12 – End-Stage Renal Disease – Base 1 Screen



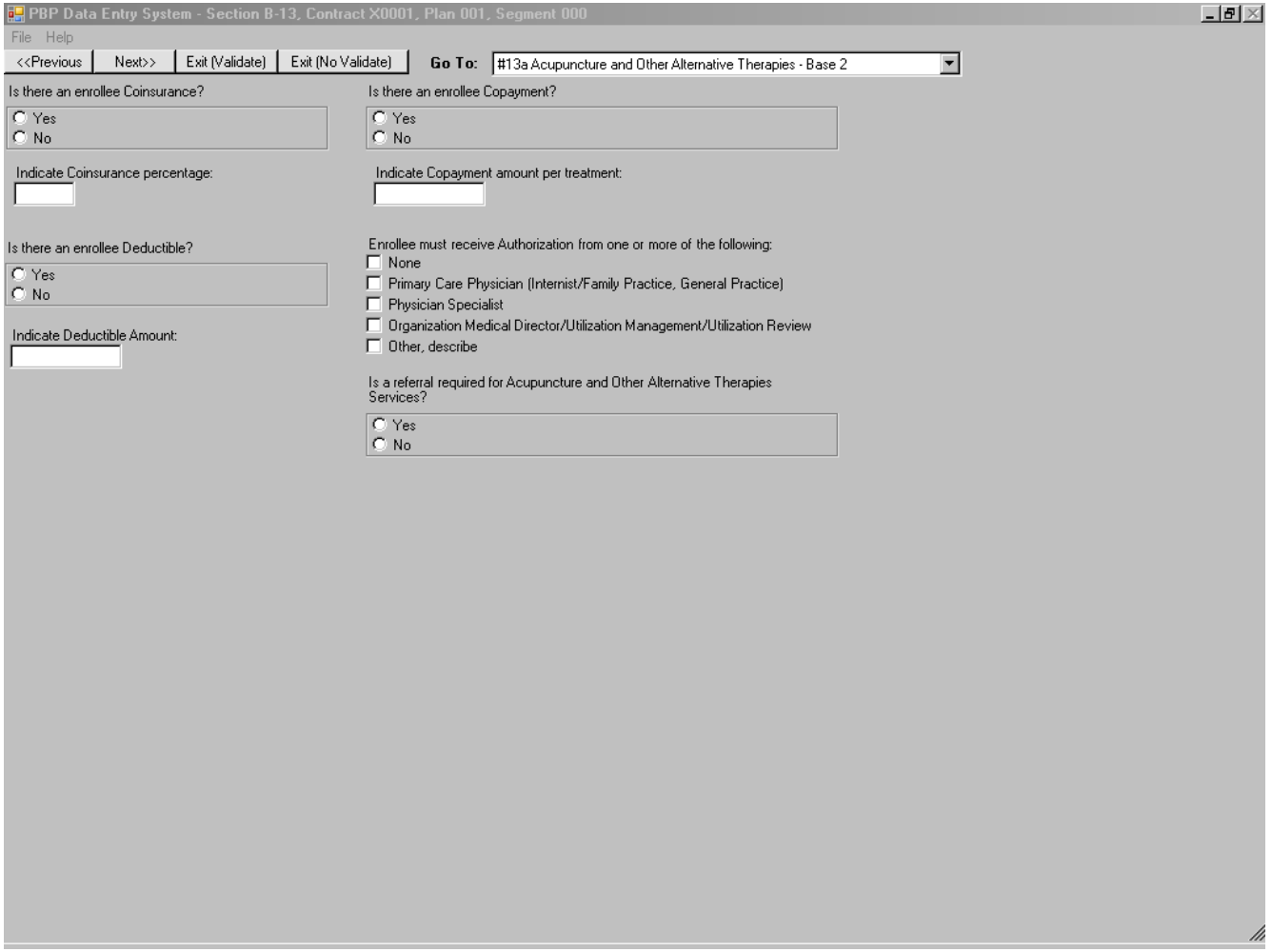
Section B – 12 – End-Stage Renal Disease – Base 2 Screen



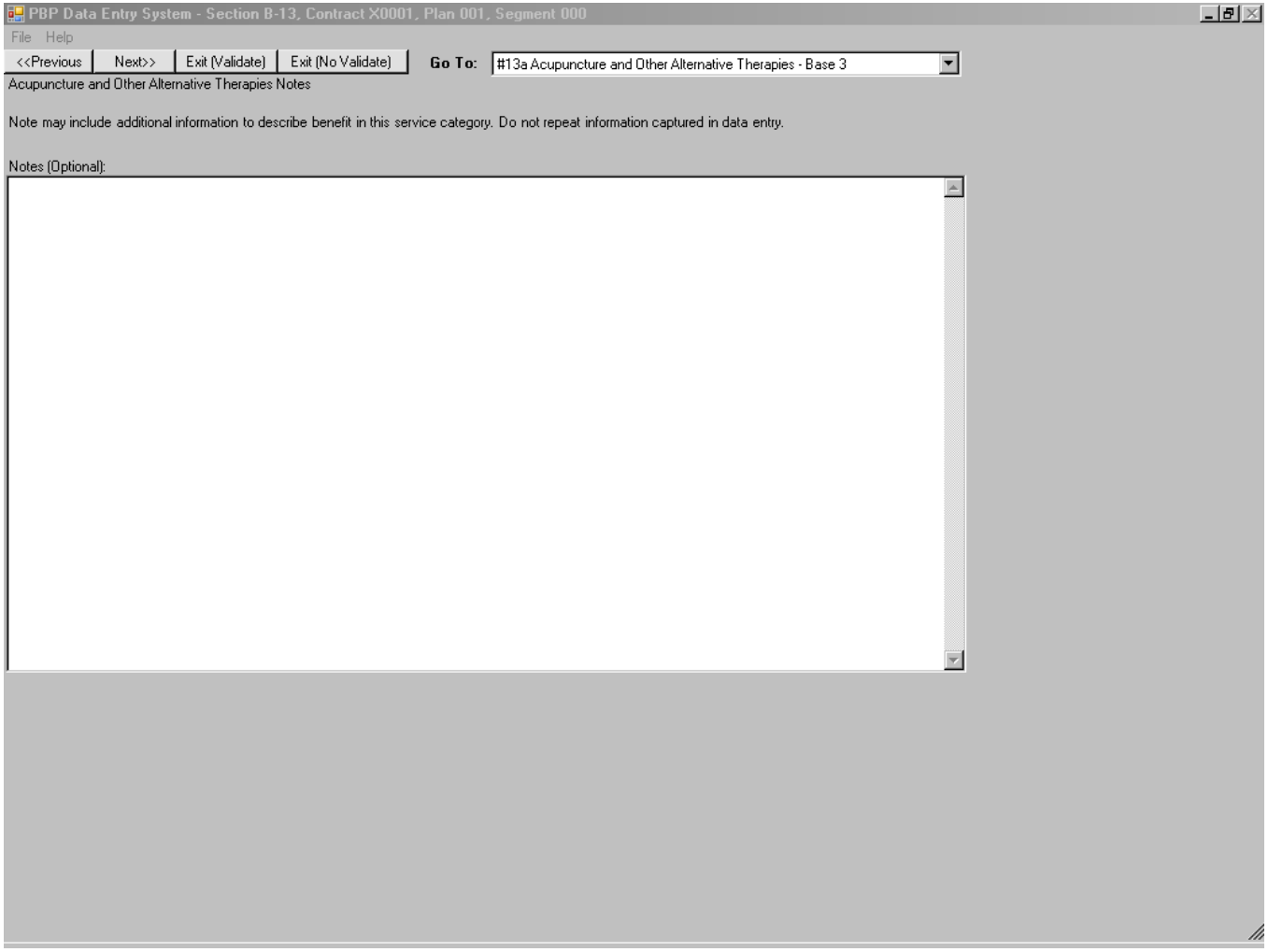
Section B – 13A –Acupuncture and Other Alternative Therapies – Base 1 Screen



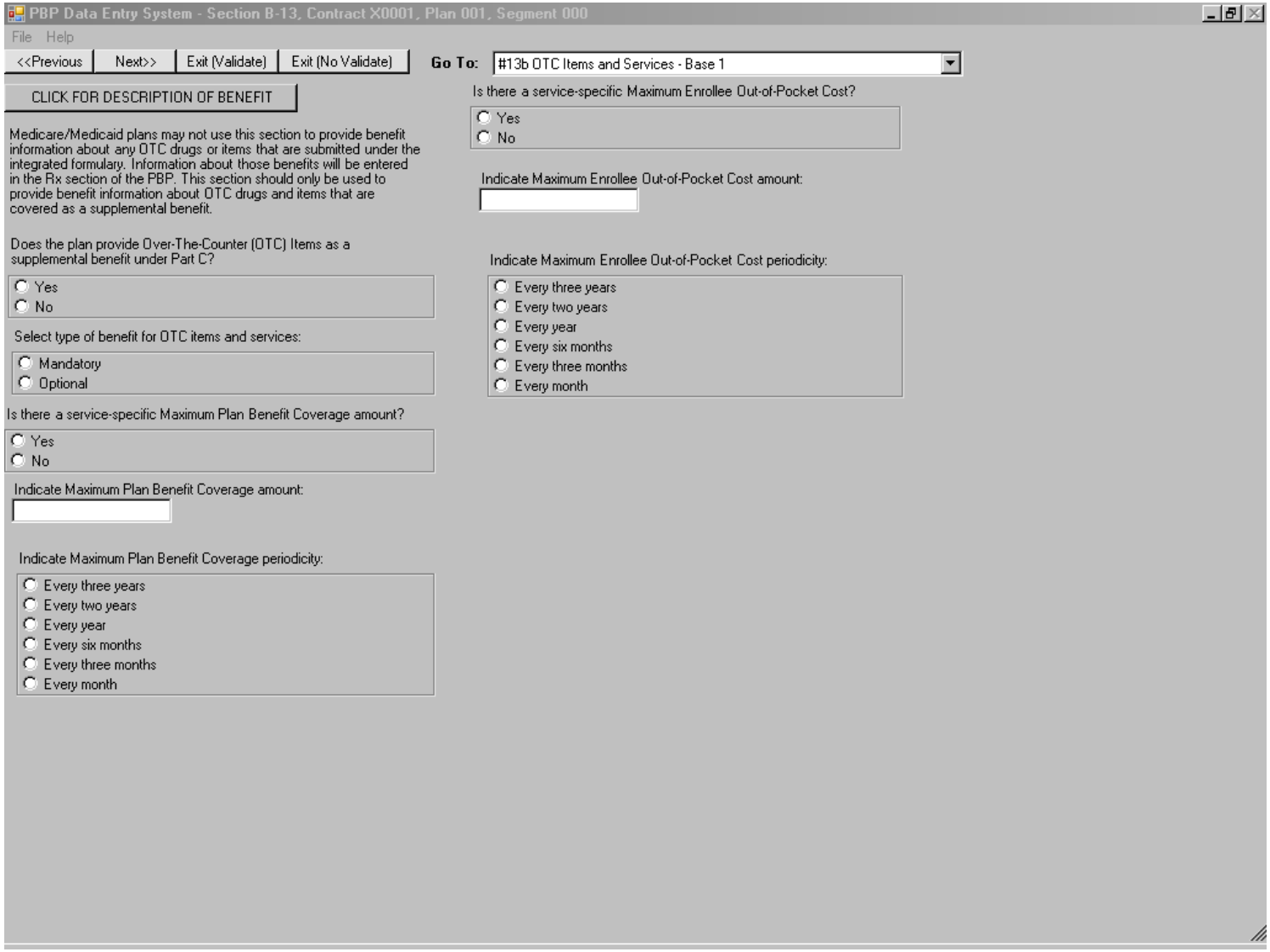
Section B – 13A –Acupuncture and Other Alternative Therapies – Base 2 Screen



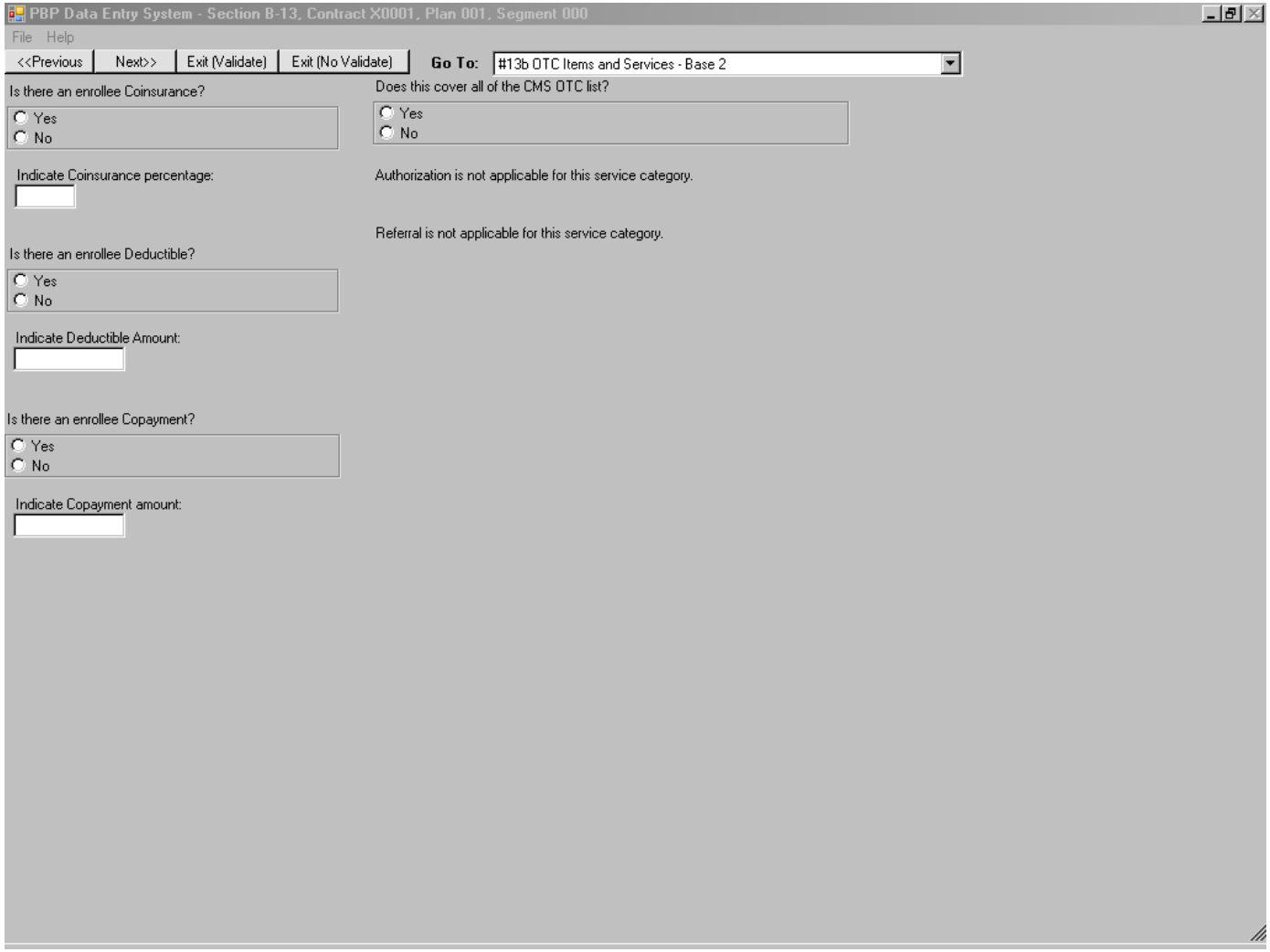
Section B – 13A –Acupuncture and Other Alternative Therapies – Base 3 Screen



Section B – 13B – OTC Items and Services – Base 1 Screen

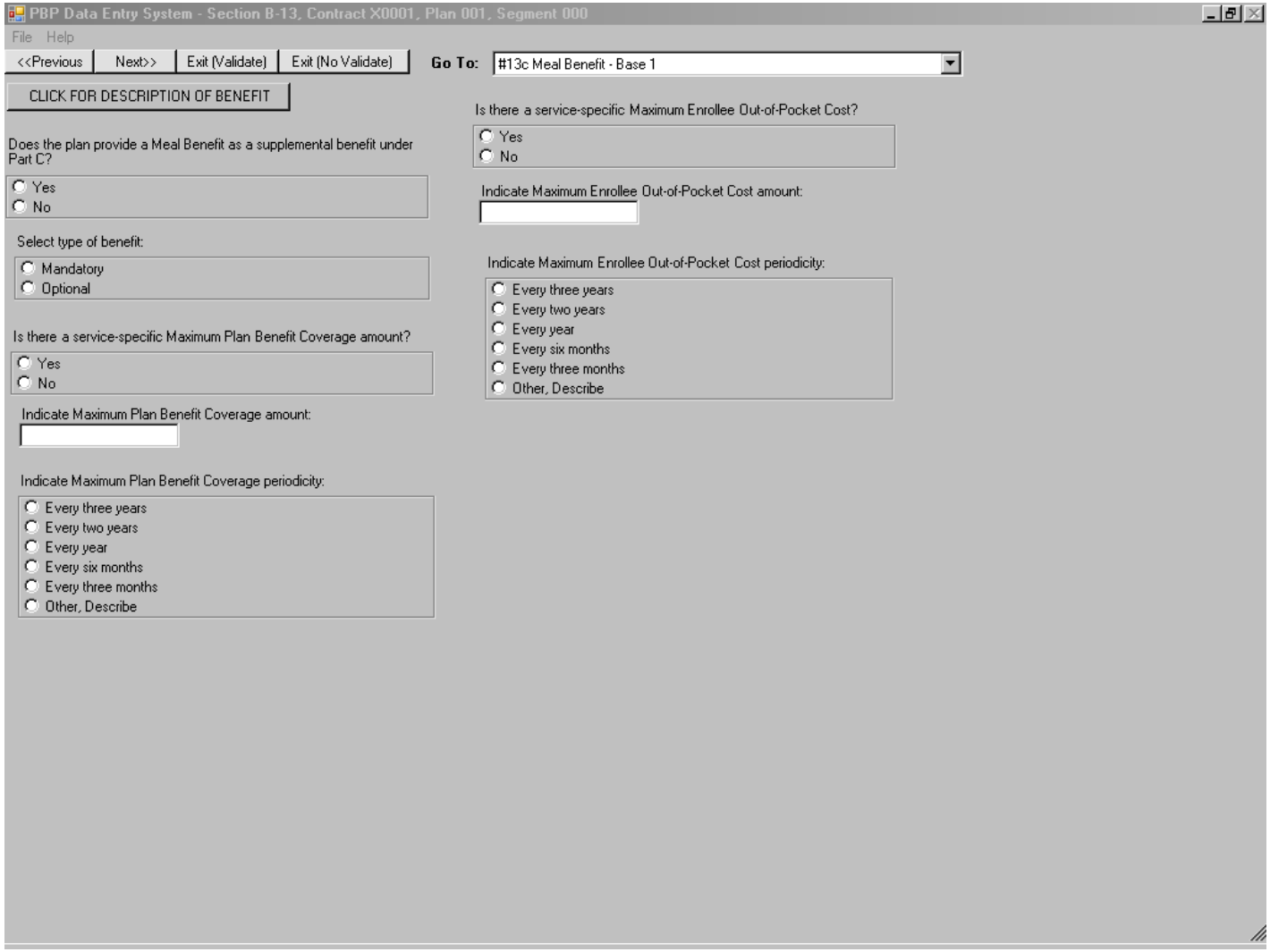


Section B – 13B – OTC Items and Services – Base 2 Screen

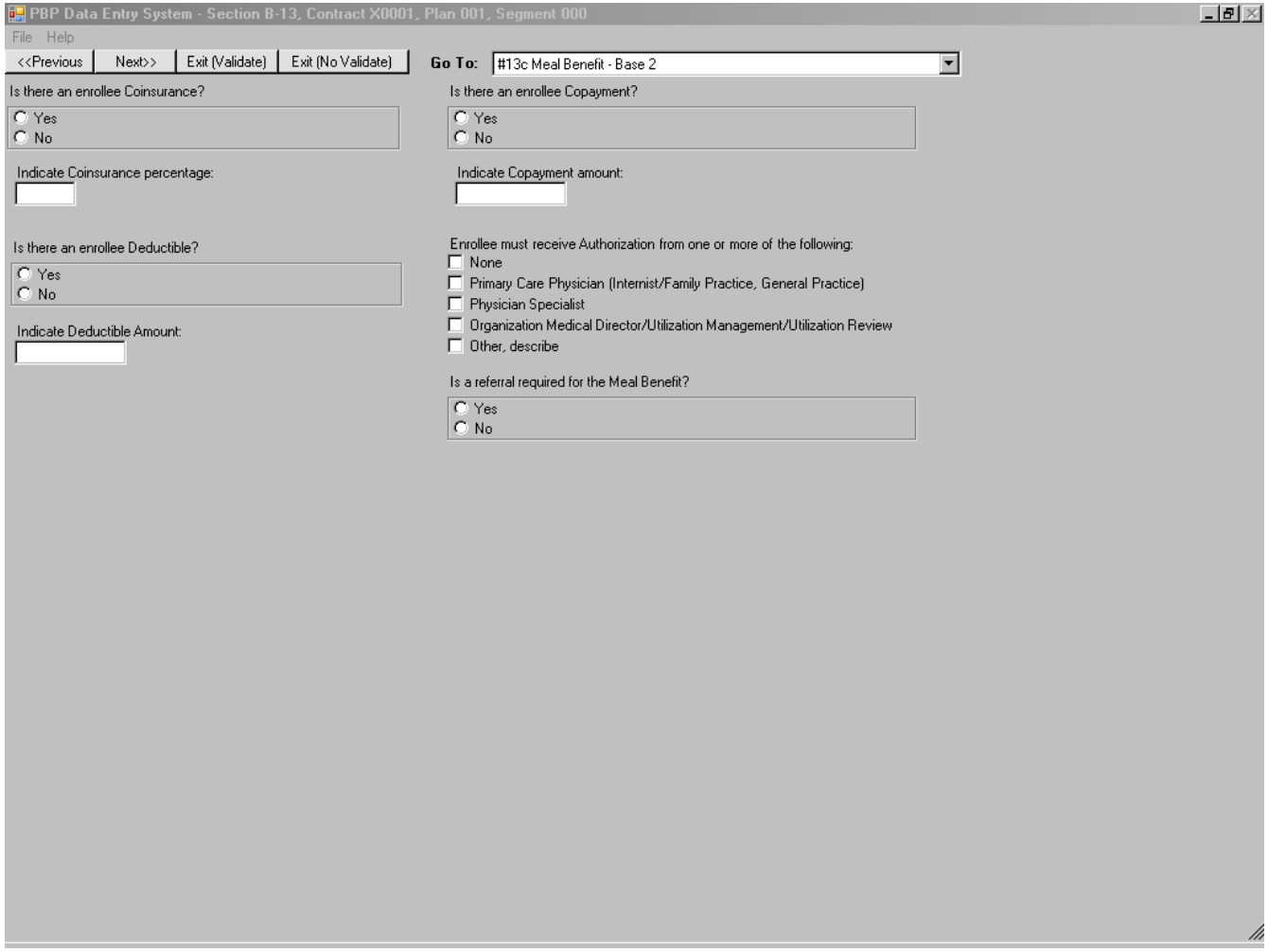


Section B – 13B – OTC Items and Services – Base 3 Screen

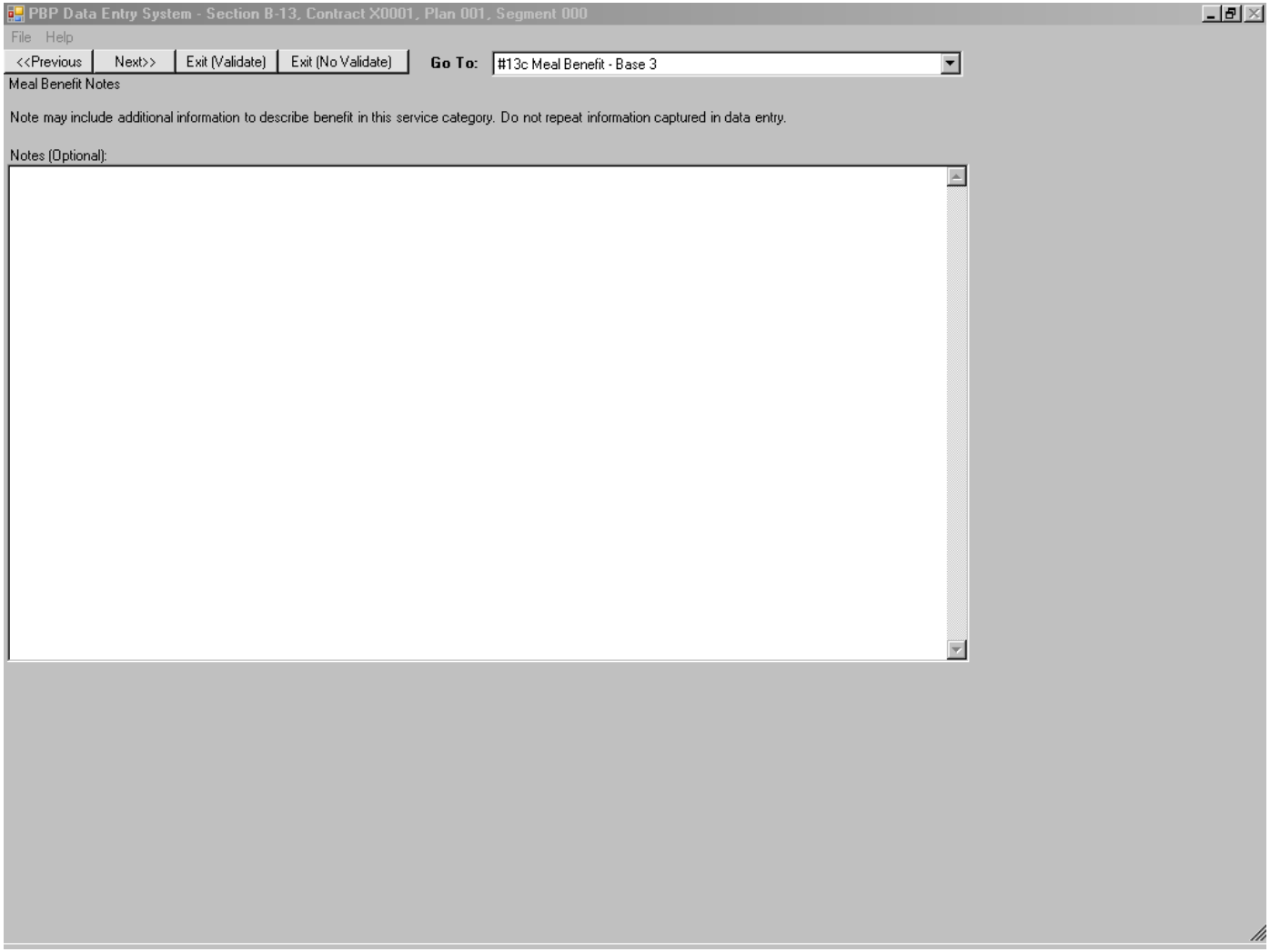
Section B – 13C –Meal Benefit – Base 1 Screen



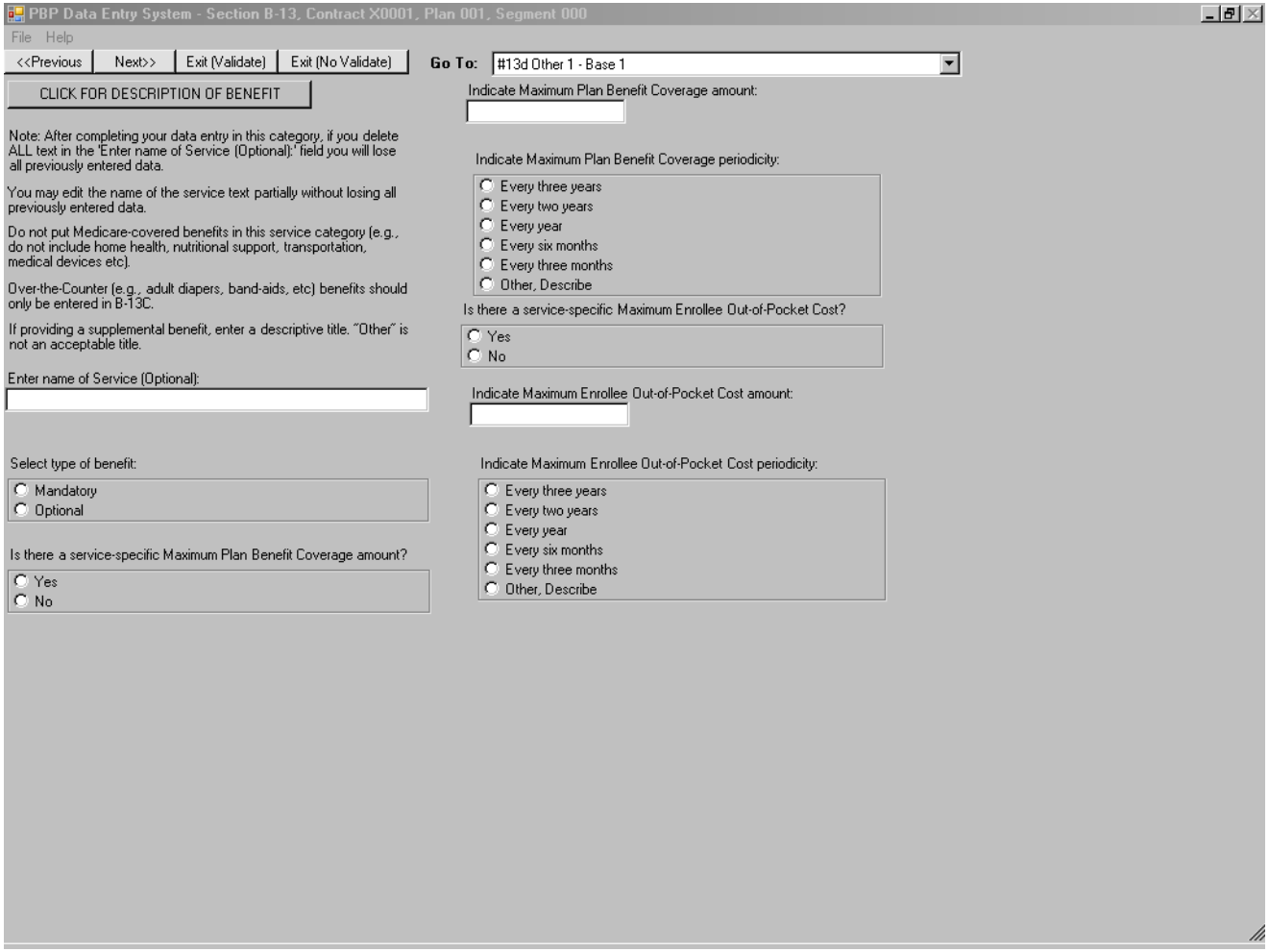
Section B – 13C –Meal Benefit – Base 2 Screen



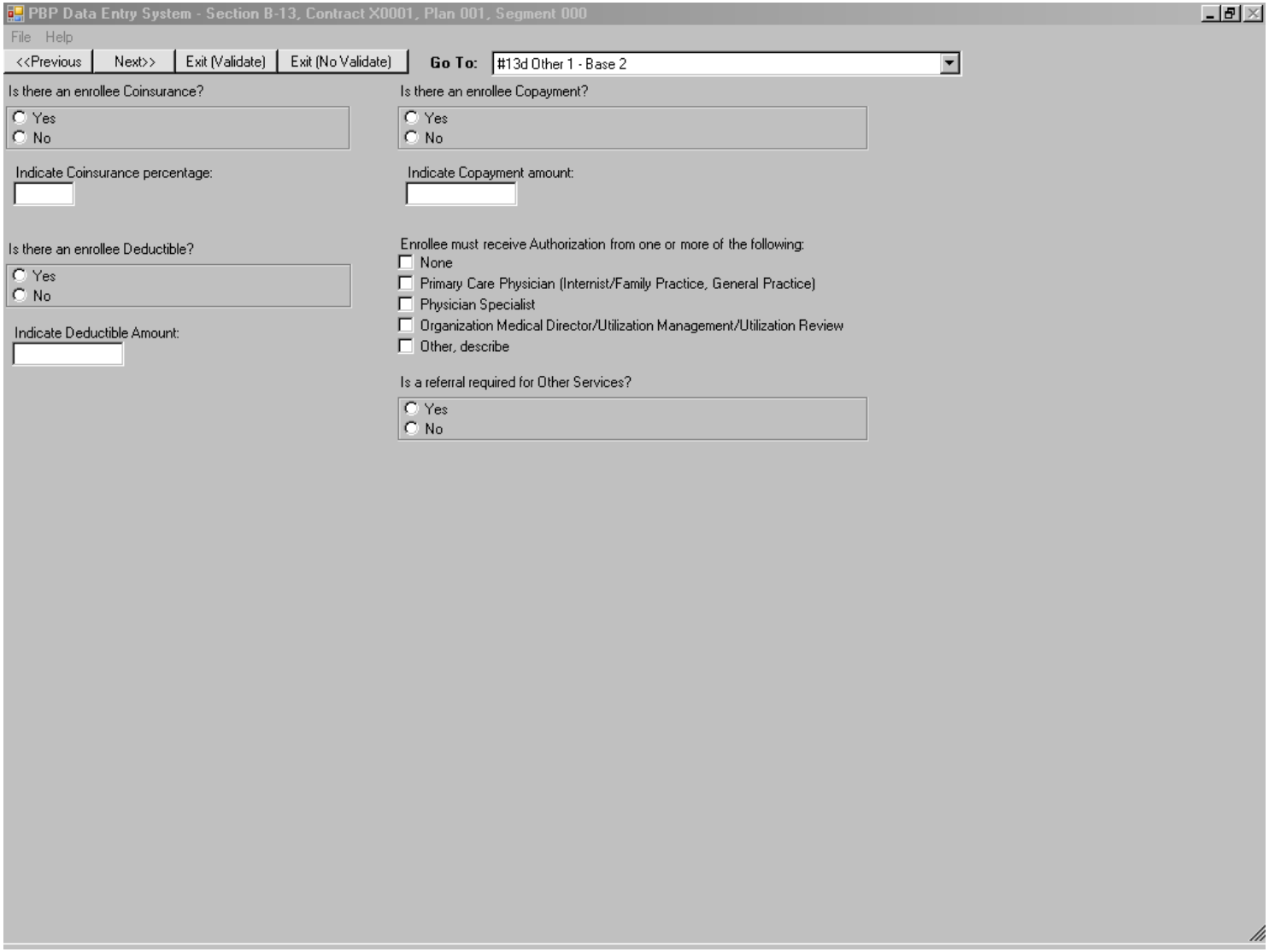
Section B – 13C –Meal Benefit – Base 3 Screen



Section B – 13D – Other 1 – Base 1 Screen

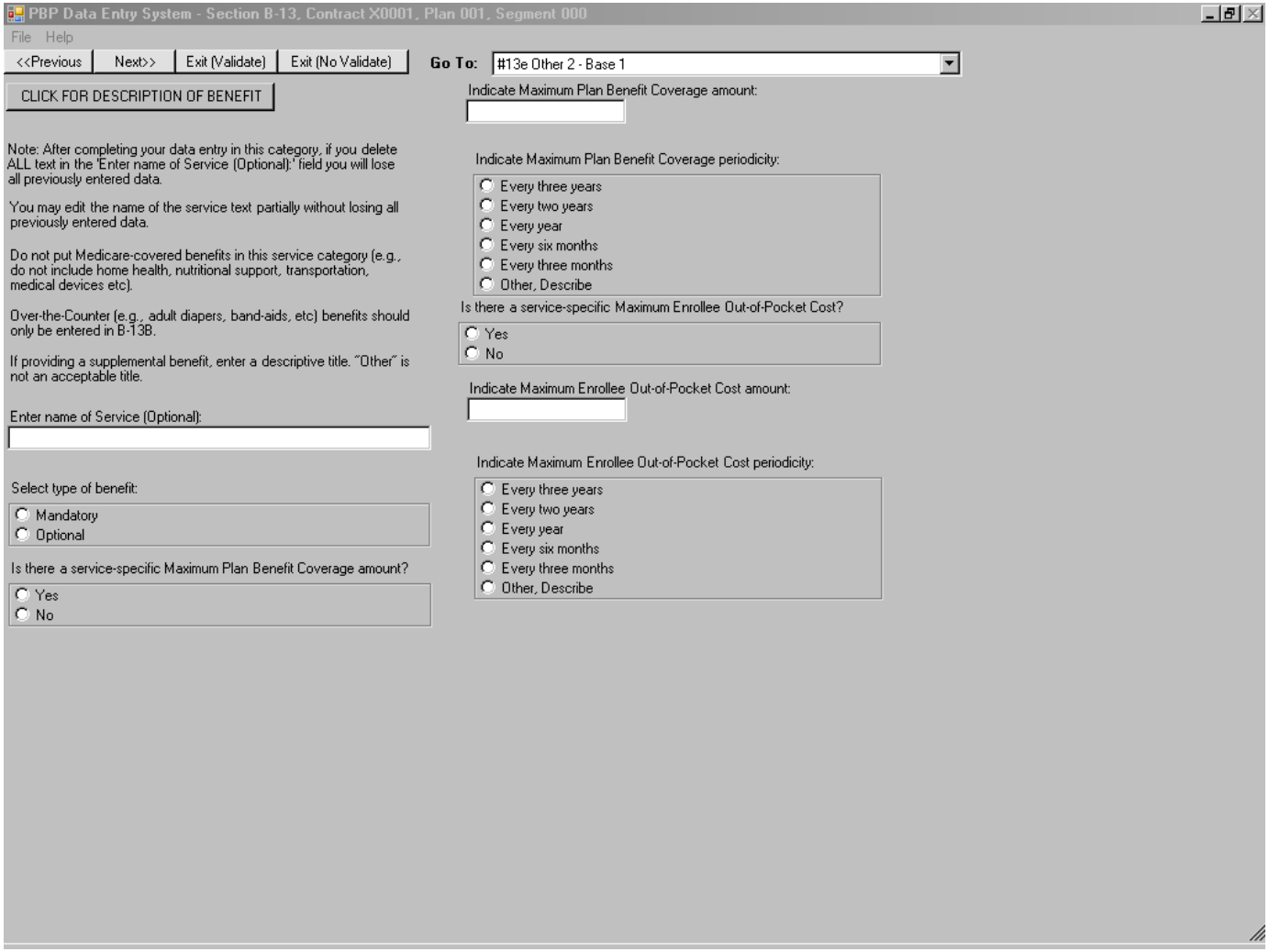


Section B – 13D – Other 1 – Base 2 Screen

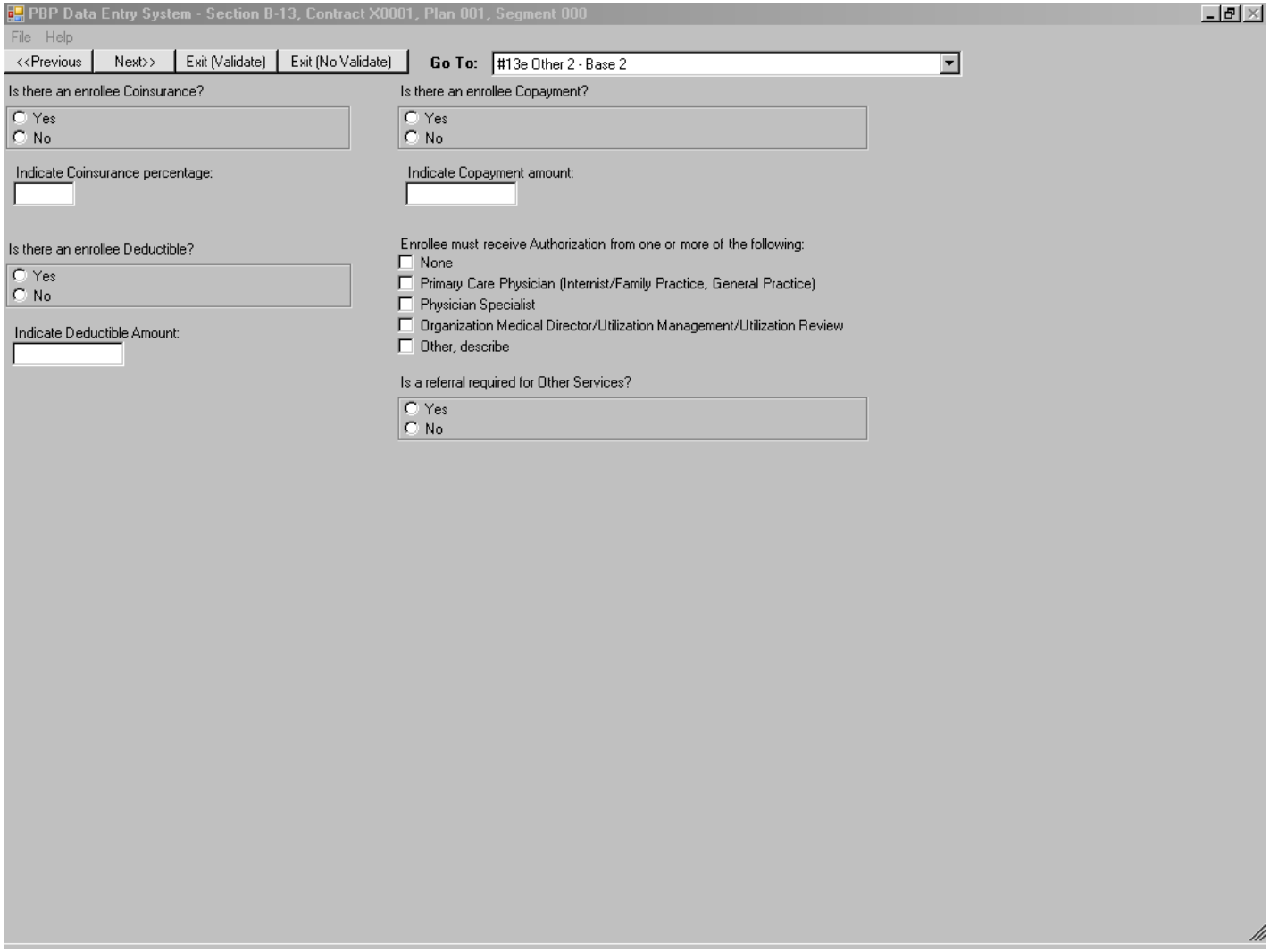


Section B – 13D – Other 1 – Base 3 Screen

Section B – 13E – Other 2 – Base 1 Screen

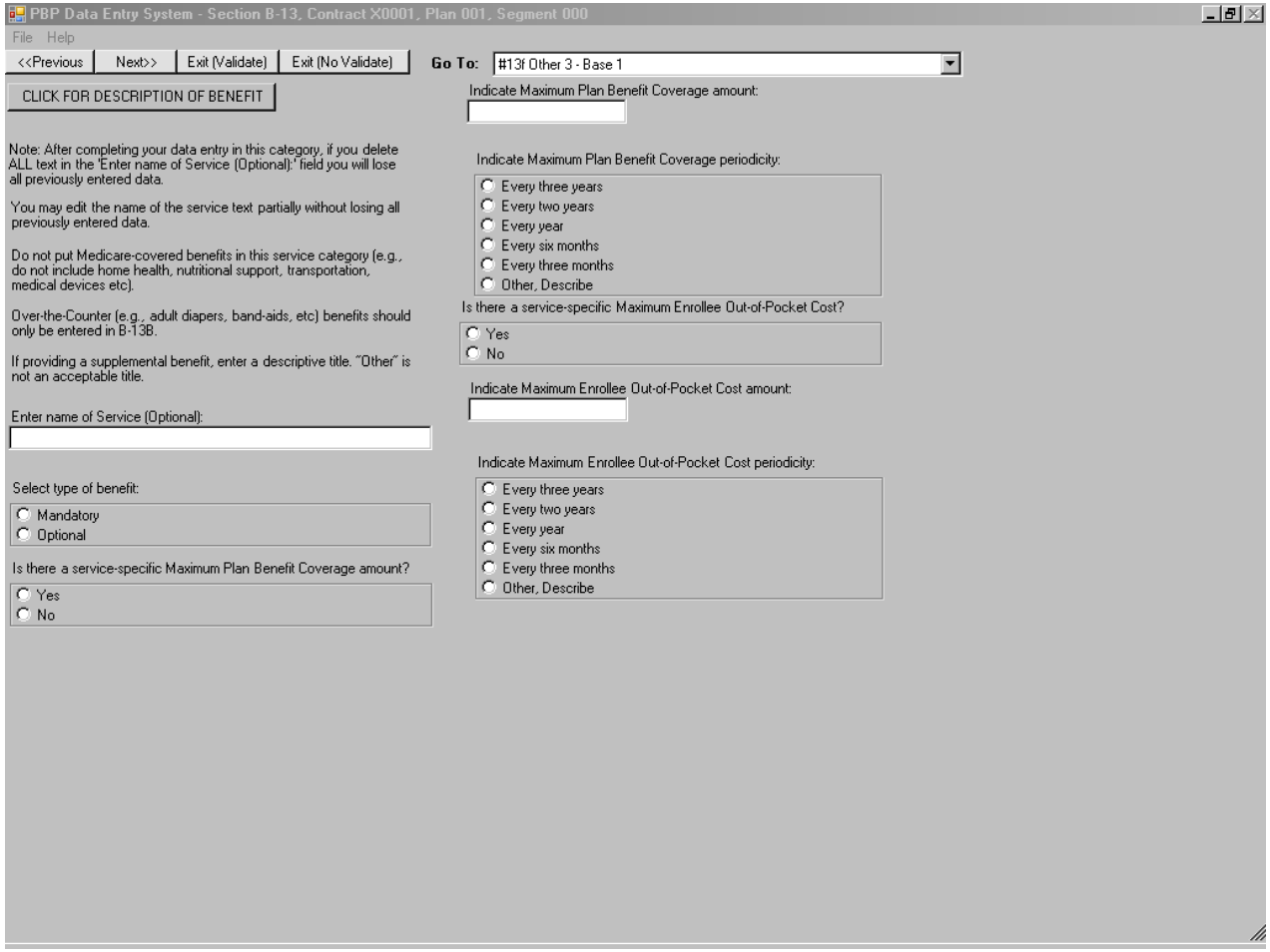


Section B – 13E – Other 2 – Base 2 Screen

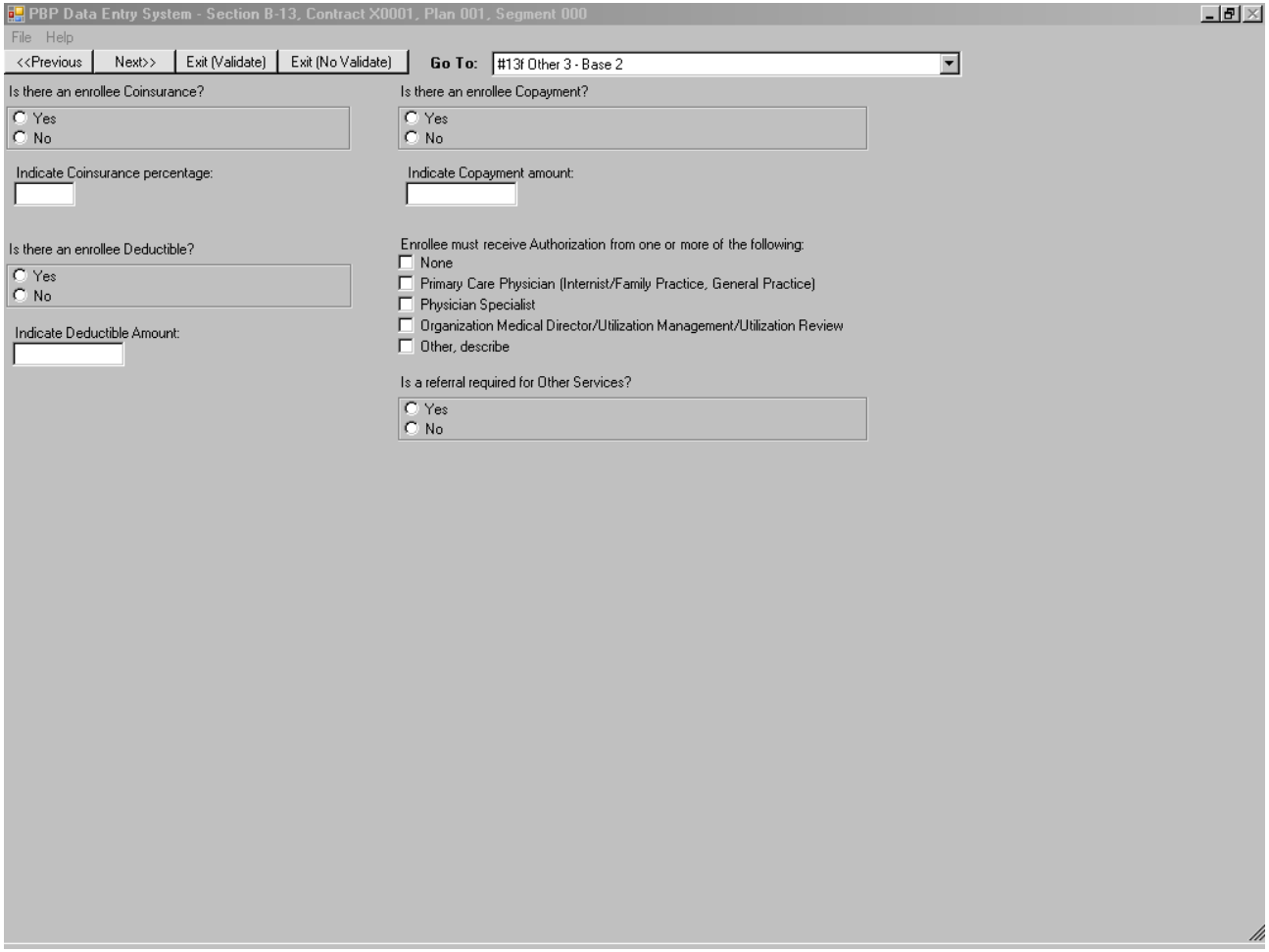


Section B – 13E – Other 2 – Base 3 Screen

Section B – 13F – Other 3 – Base 1 Screen

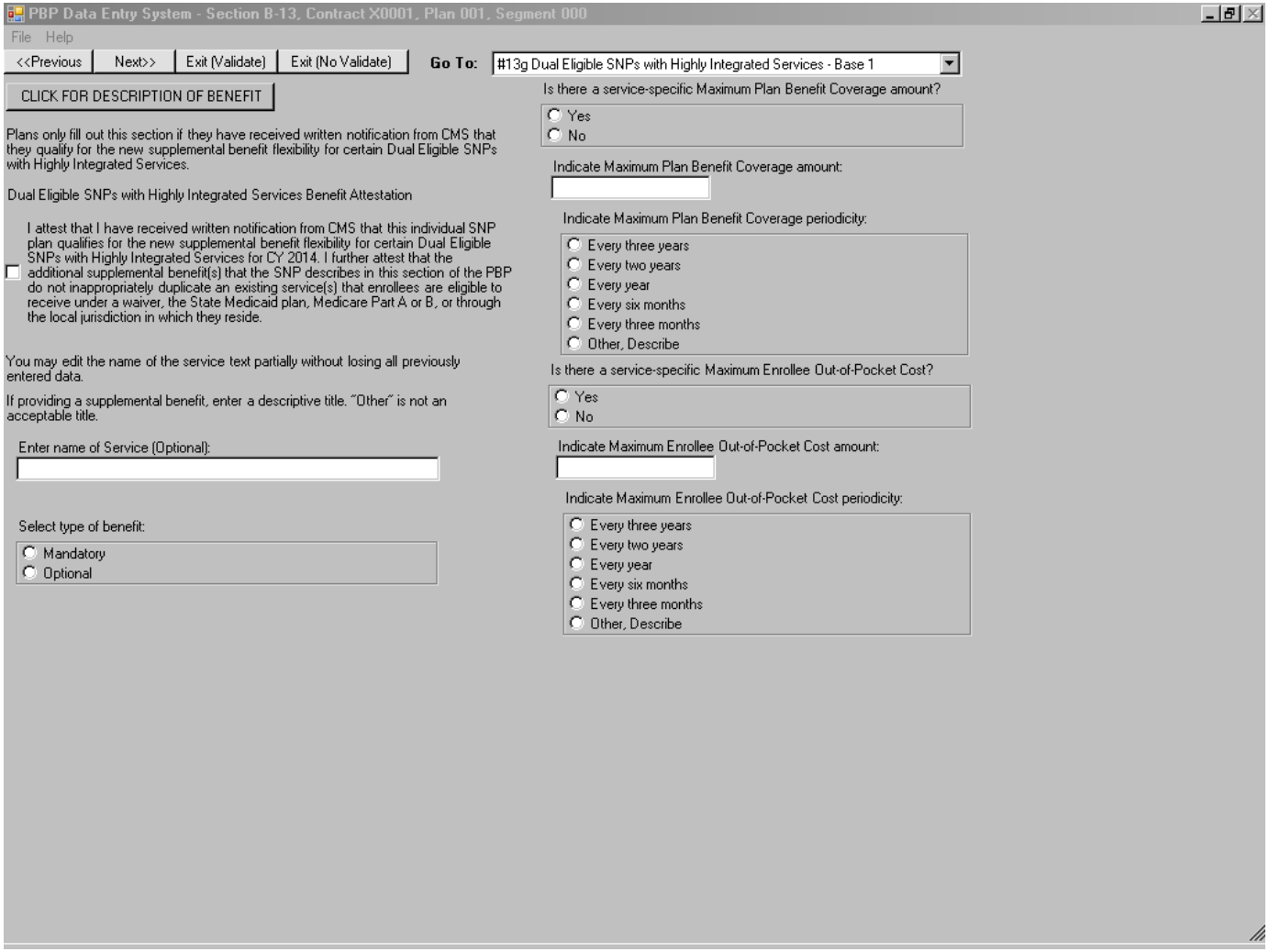


Section B – 13F – Other 3 – Base 2 Screen

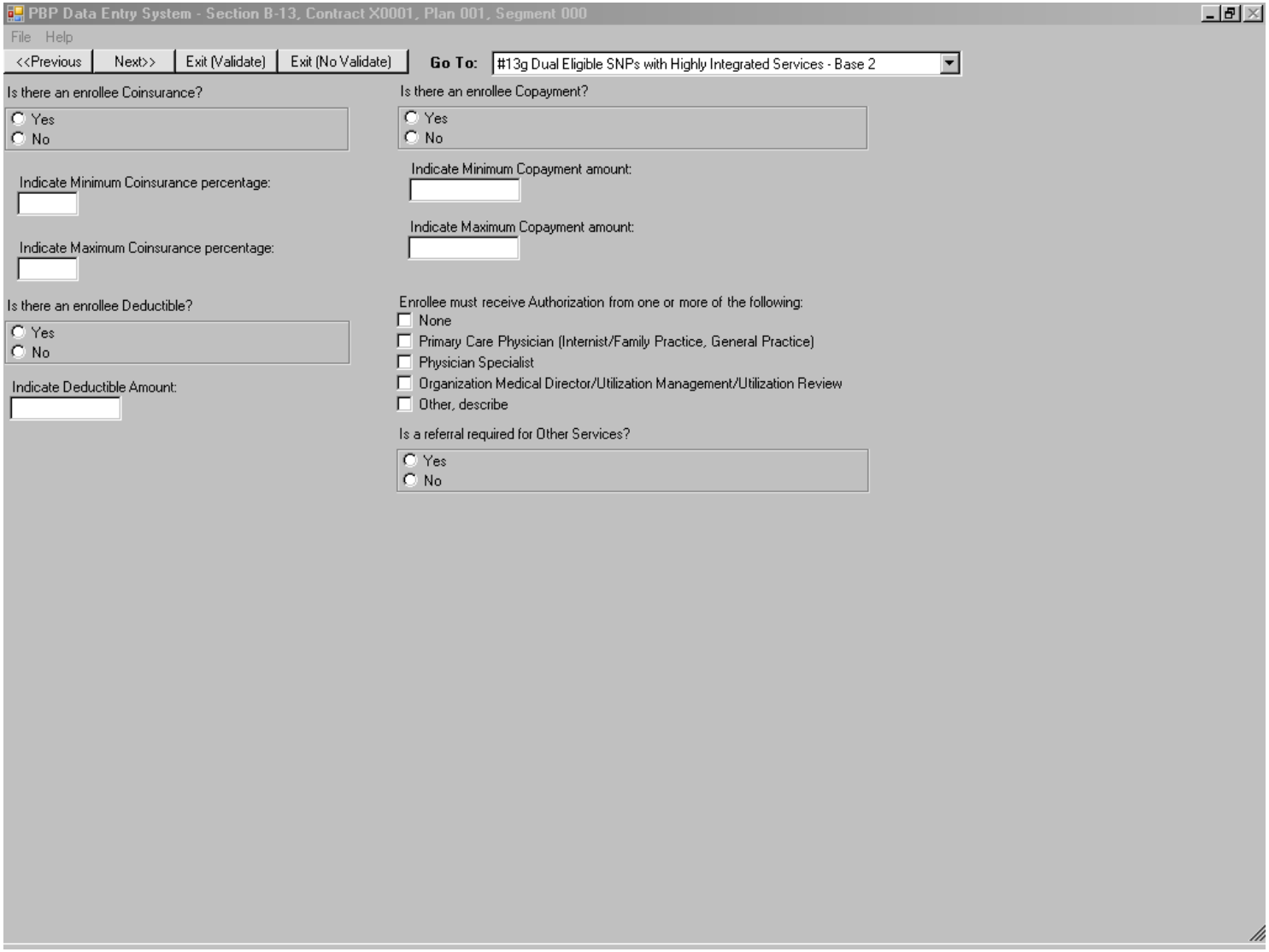


Section B – 13F – Other 3 – Base 3 Screen

Section B – 13G – Dual Eligible SNPs with Highly Integrated Services – Base 1 Screen

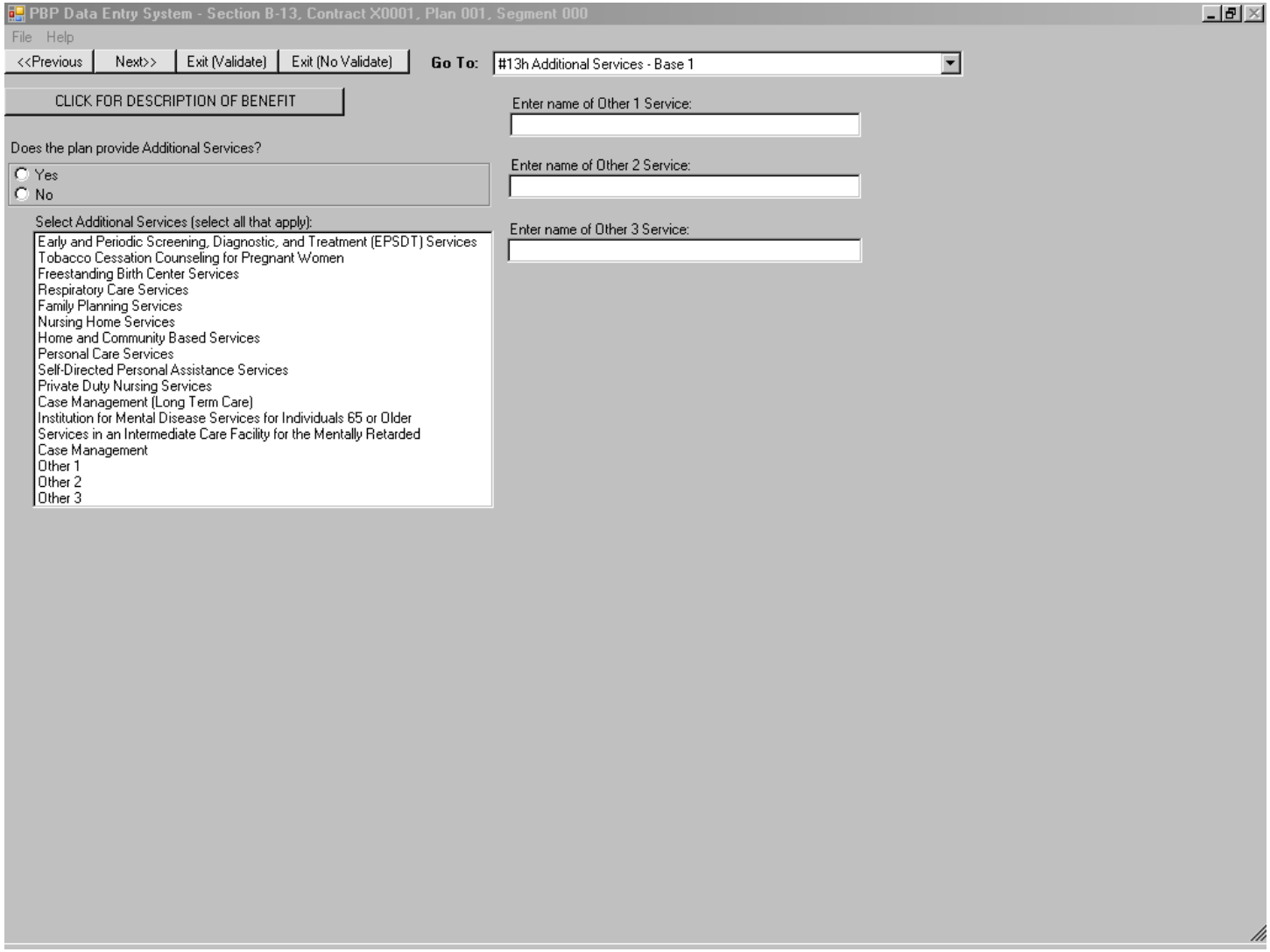


Section B – 13G – Dual Eligible SNPs with Highly Integrated Services – Base 2 Screen

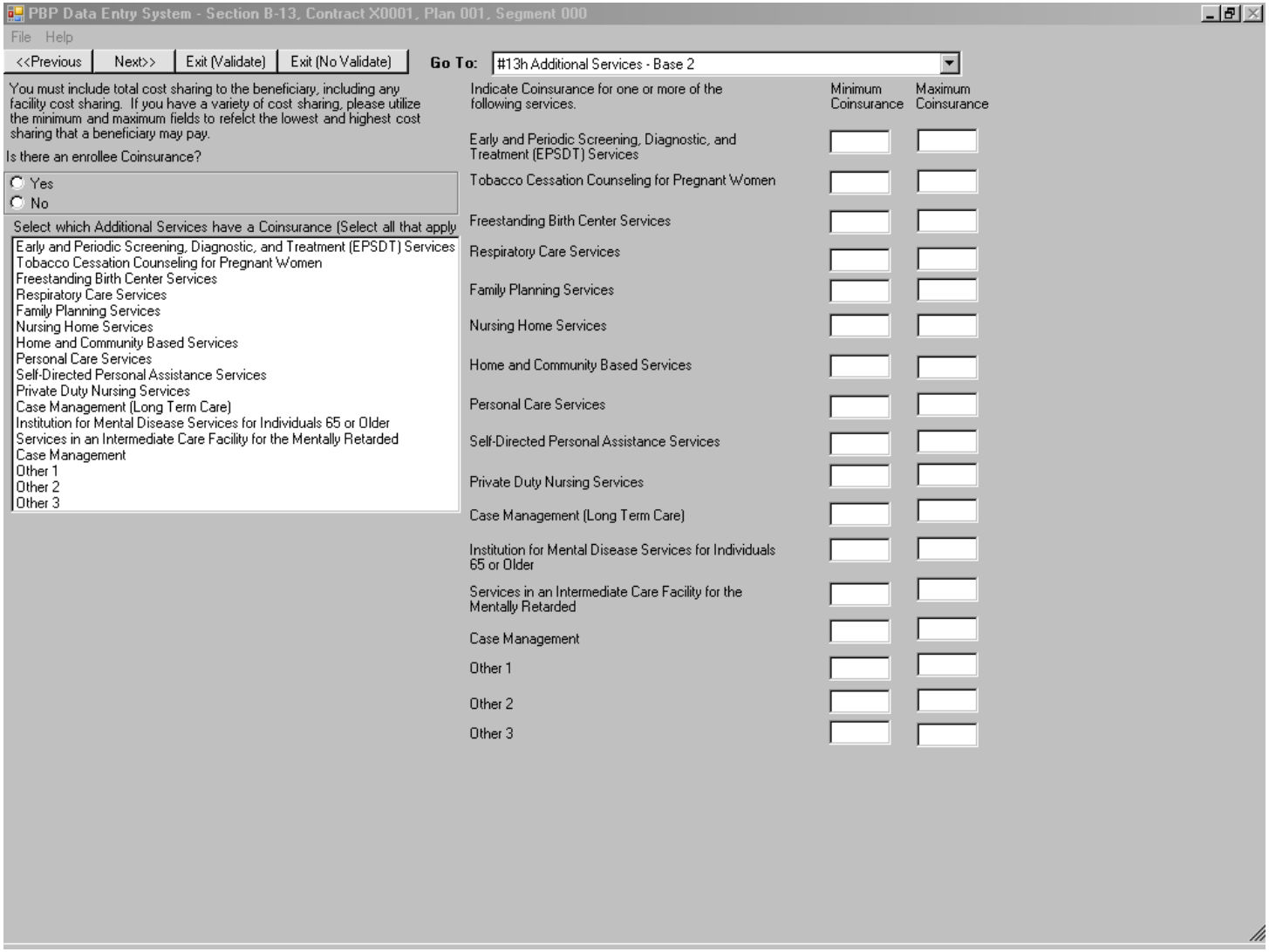


Section B – 13G – Dual Eligible SNPs with Highly Integrated Services – Base 3 Screen

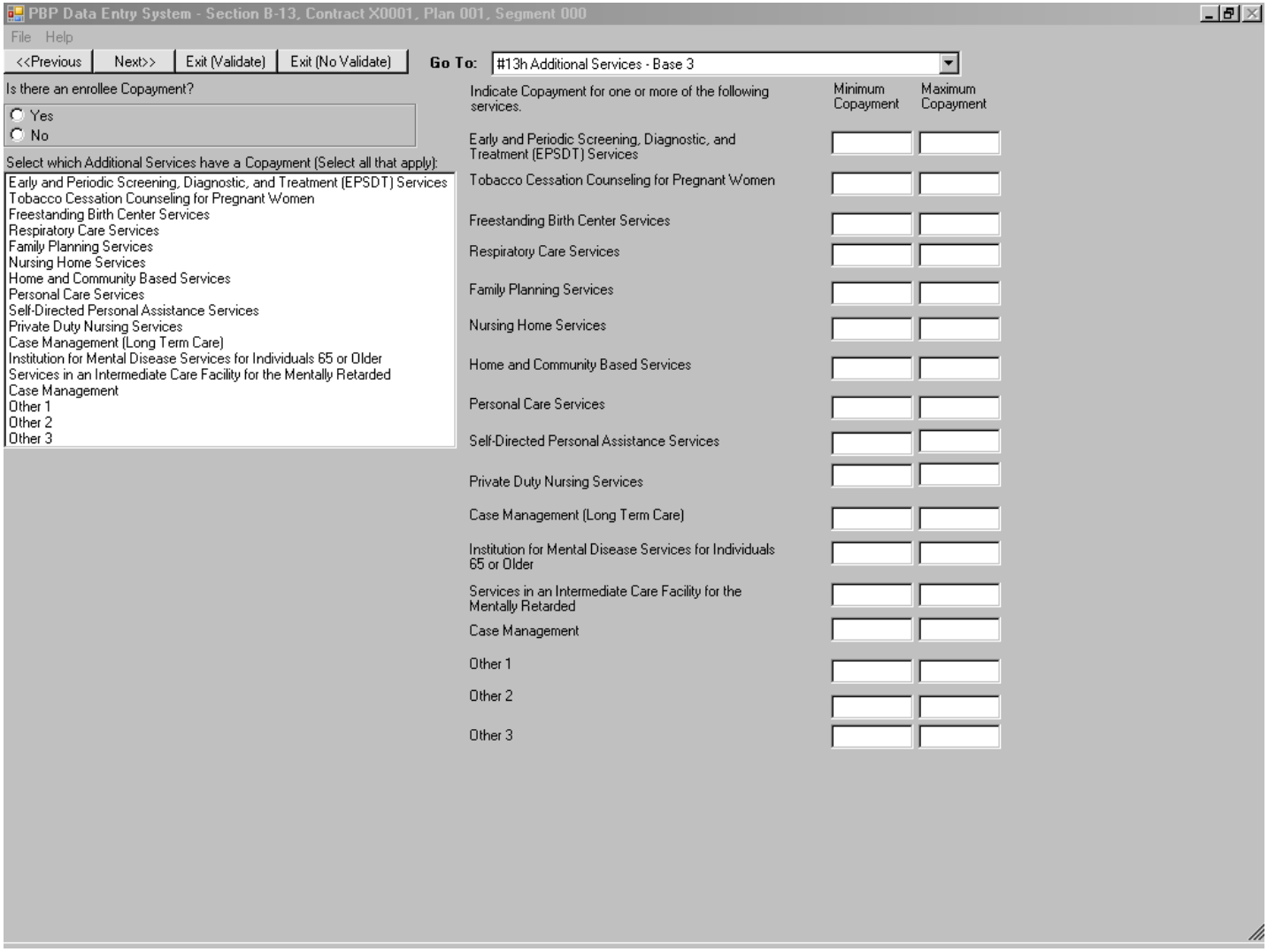
Section B – 13H – Additional Services – Base 1 Screen



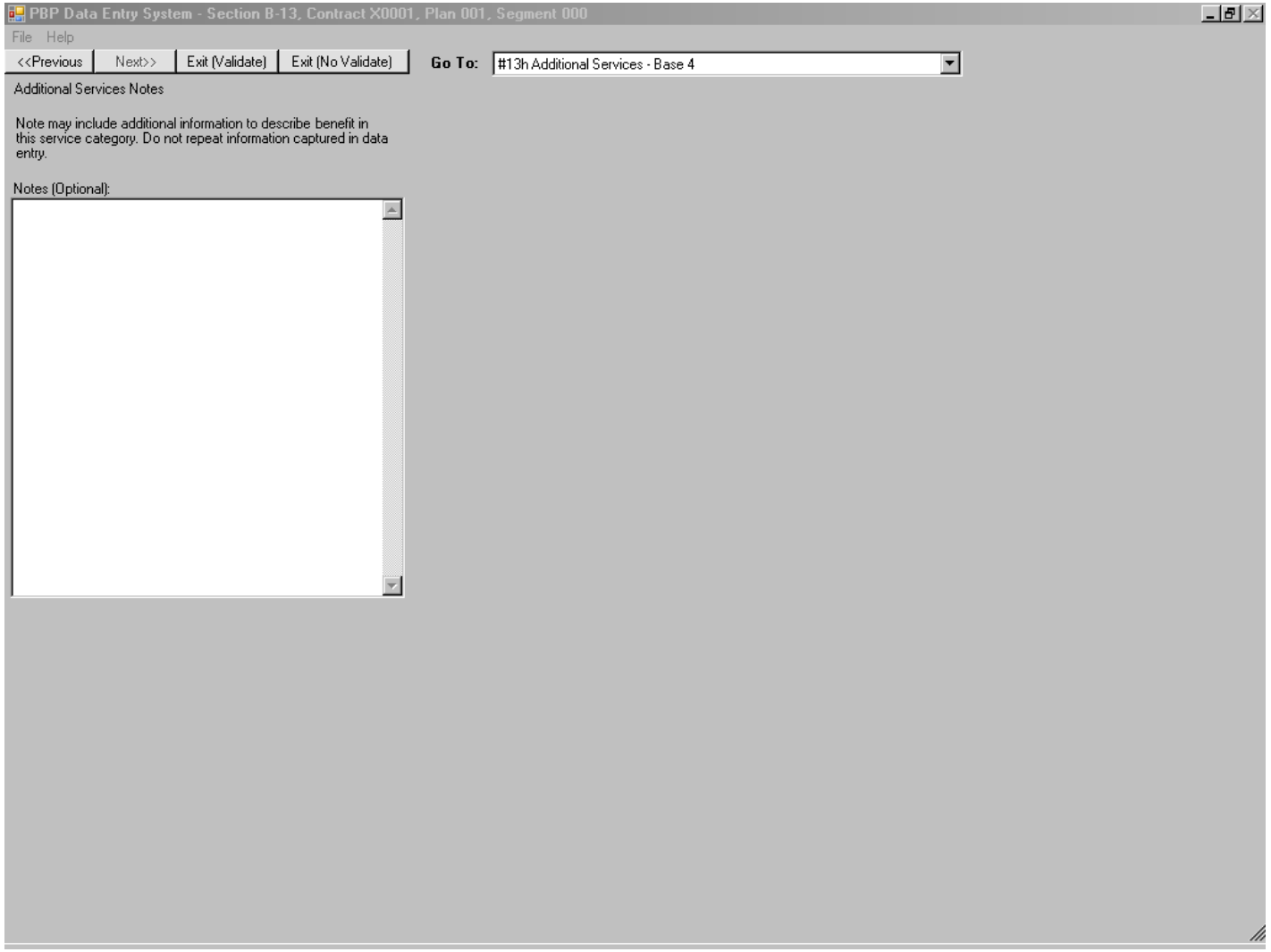
Section B – 13H – Additional Services – Base 2 Screen



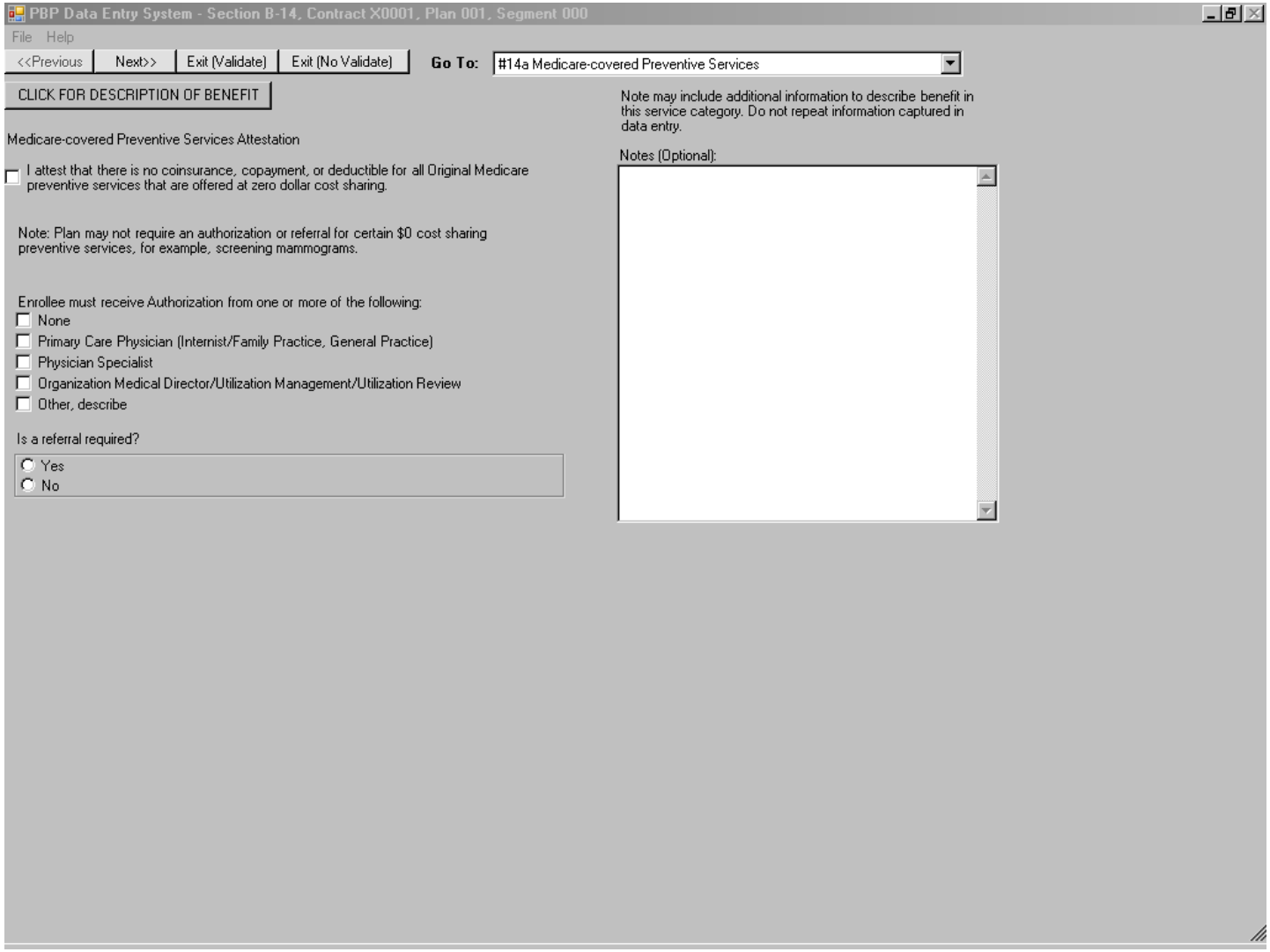
Section B – 13H – Additional Services – Base 3 Screen



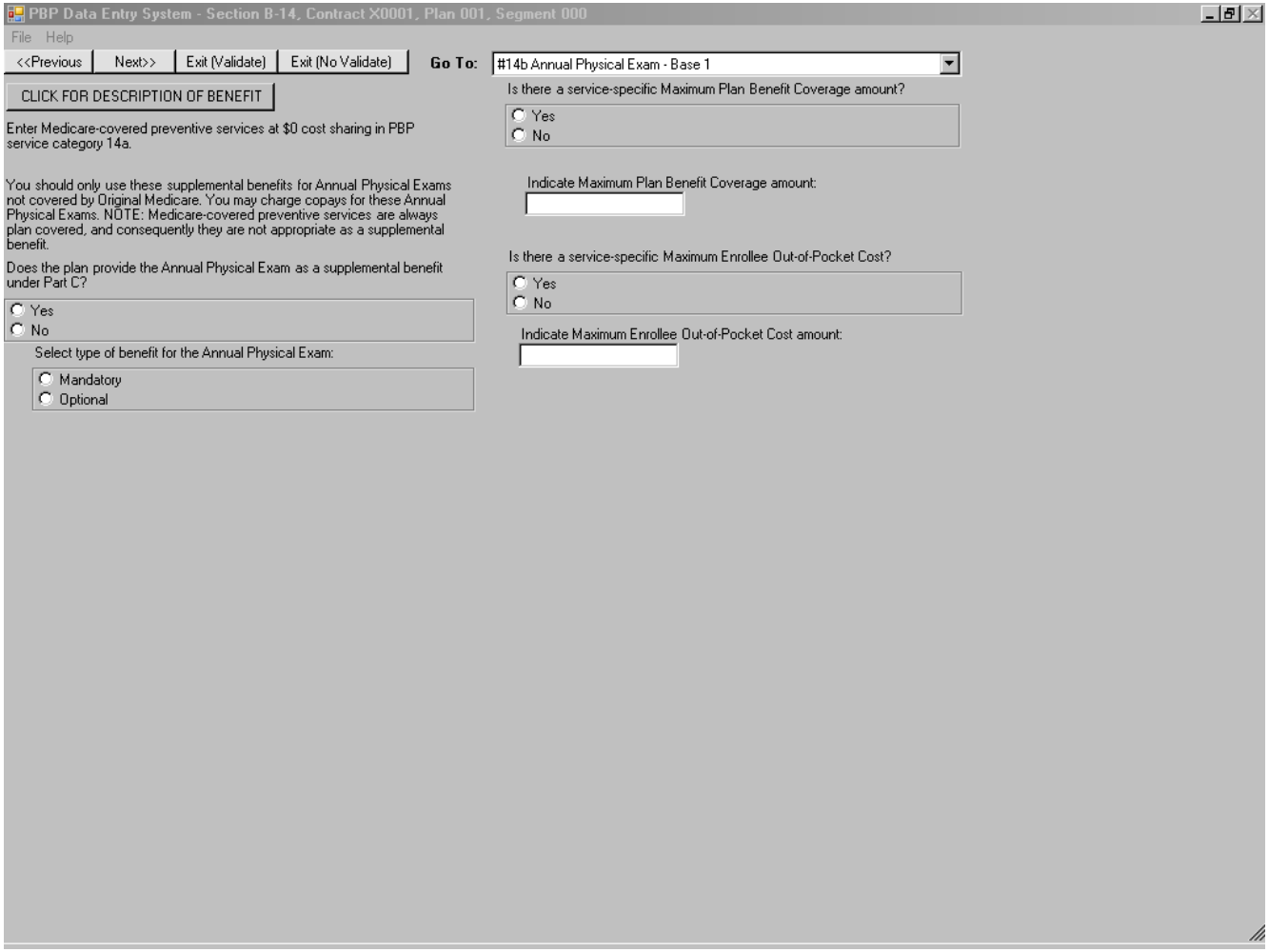
Section B – 13H – Additional Services – Base 4 Screen



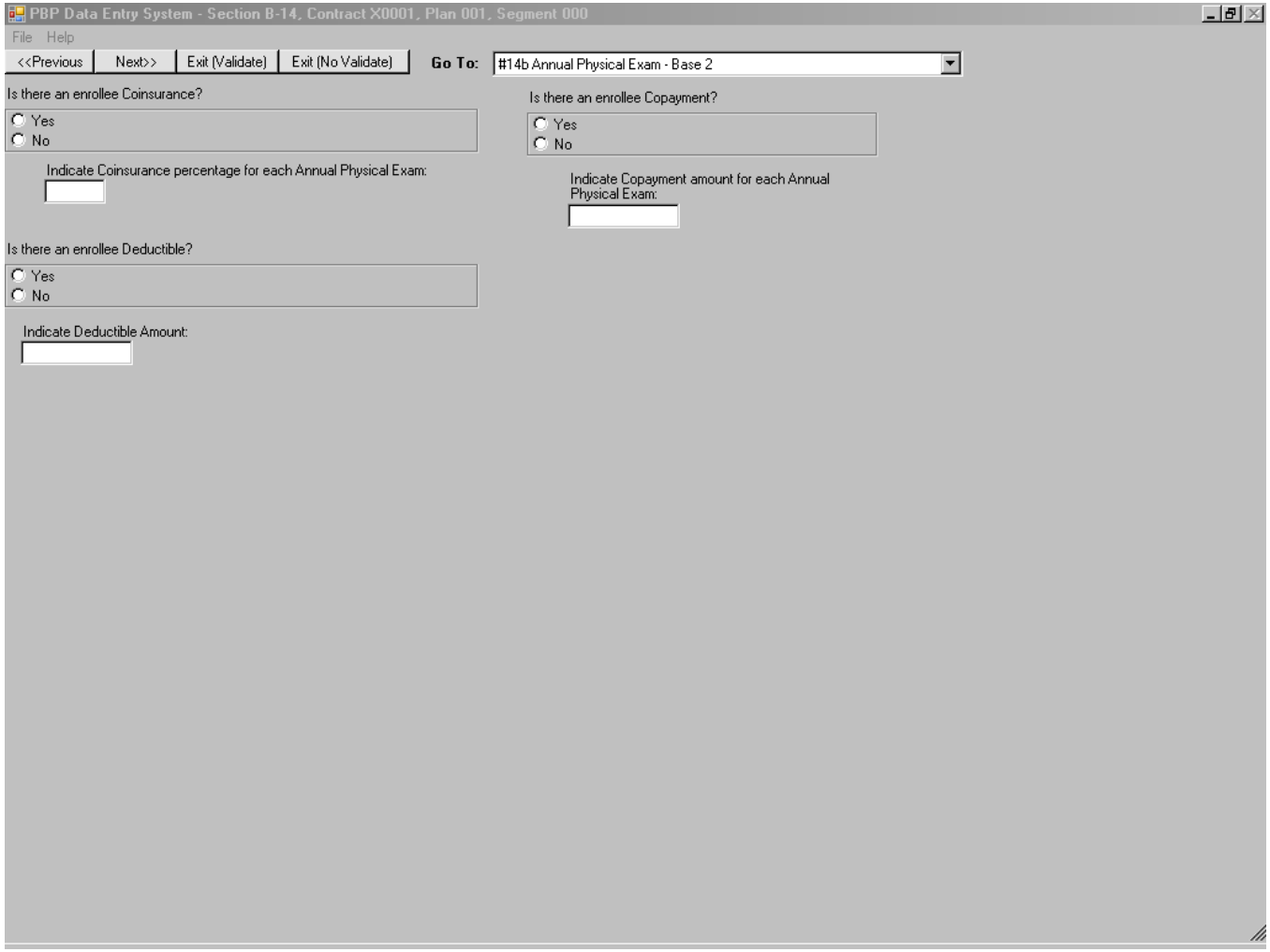
Section B – 14A – Medicare-covered Preventive Services – Screen



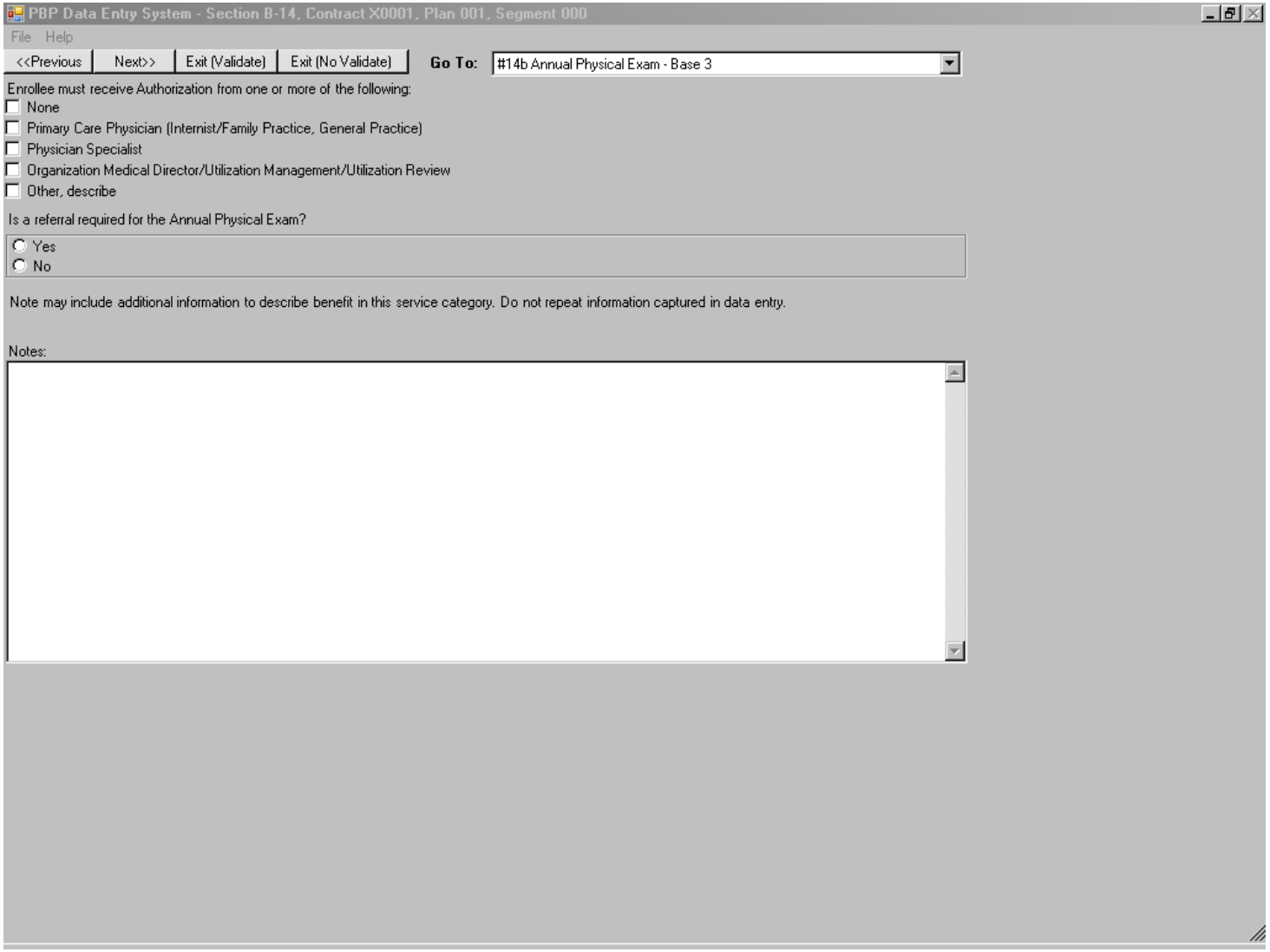
Section B – 14B – Annual Physical Exam – Base 1 Screen



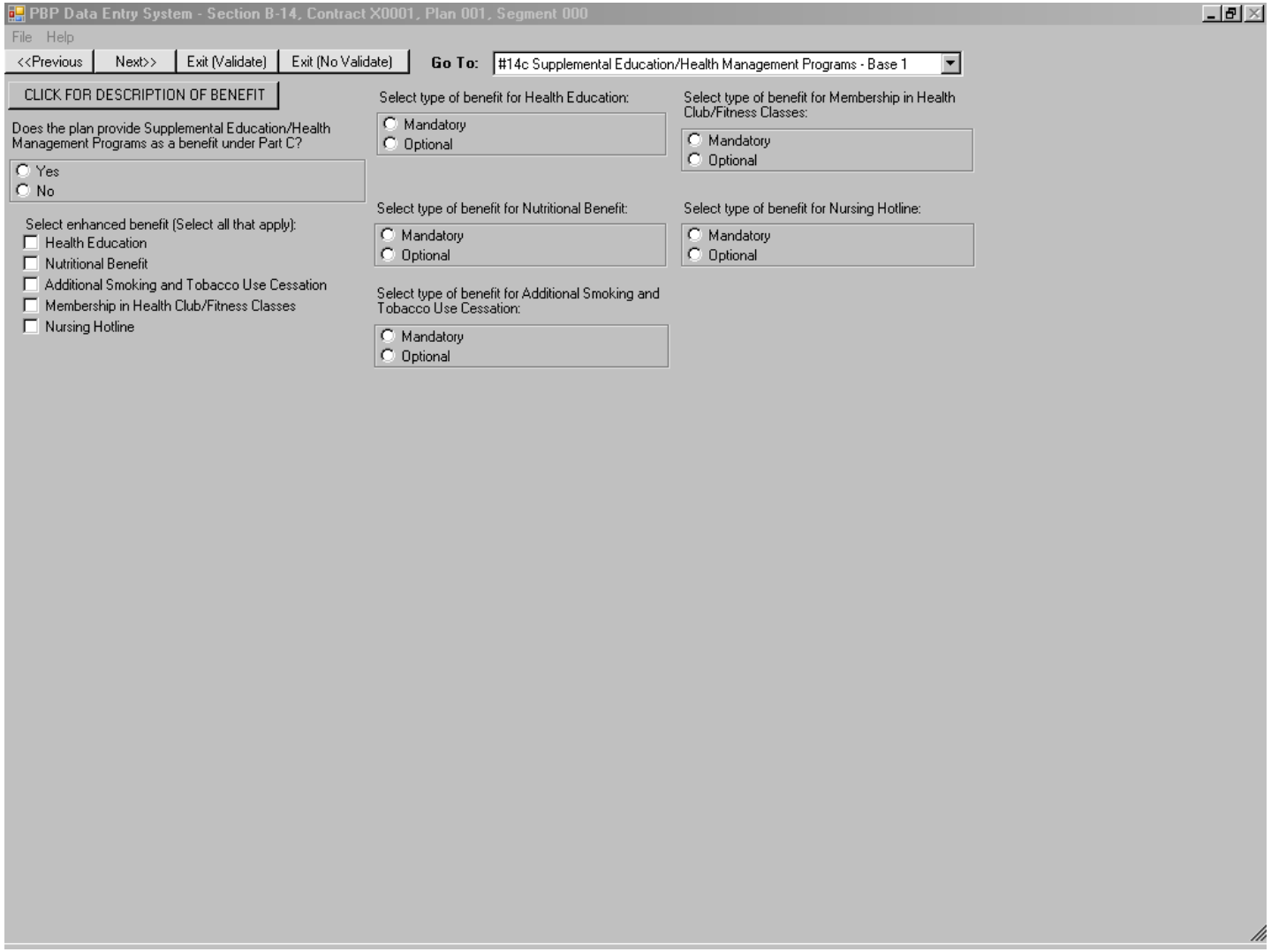
Section B – 14B – Annual Physical Exam – Base 2 Screen



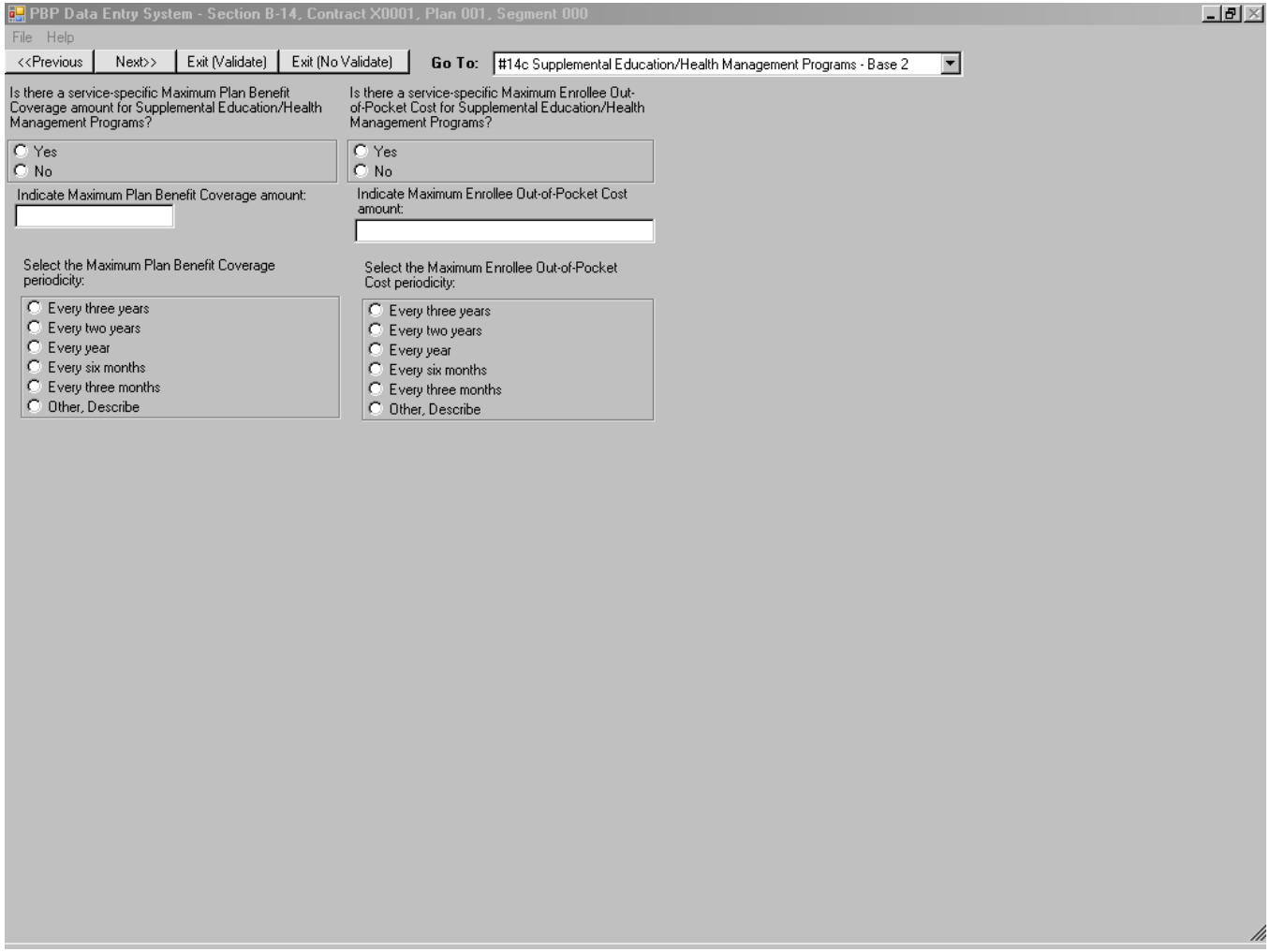
Section B – 14B – Annual Physical Exam – Base 3 Screen



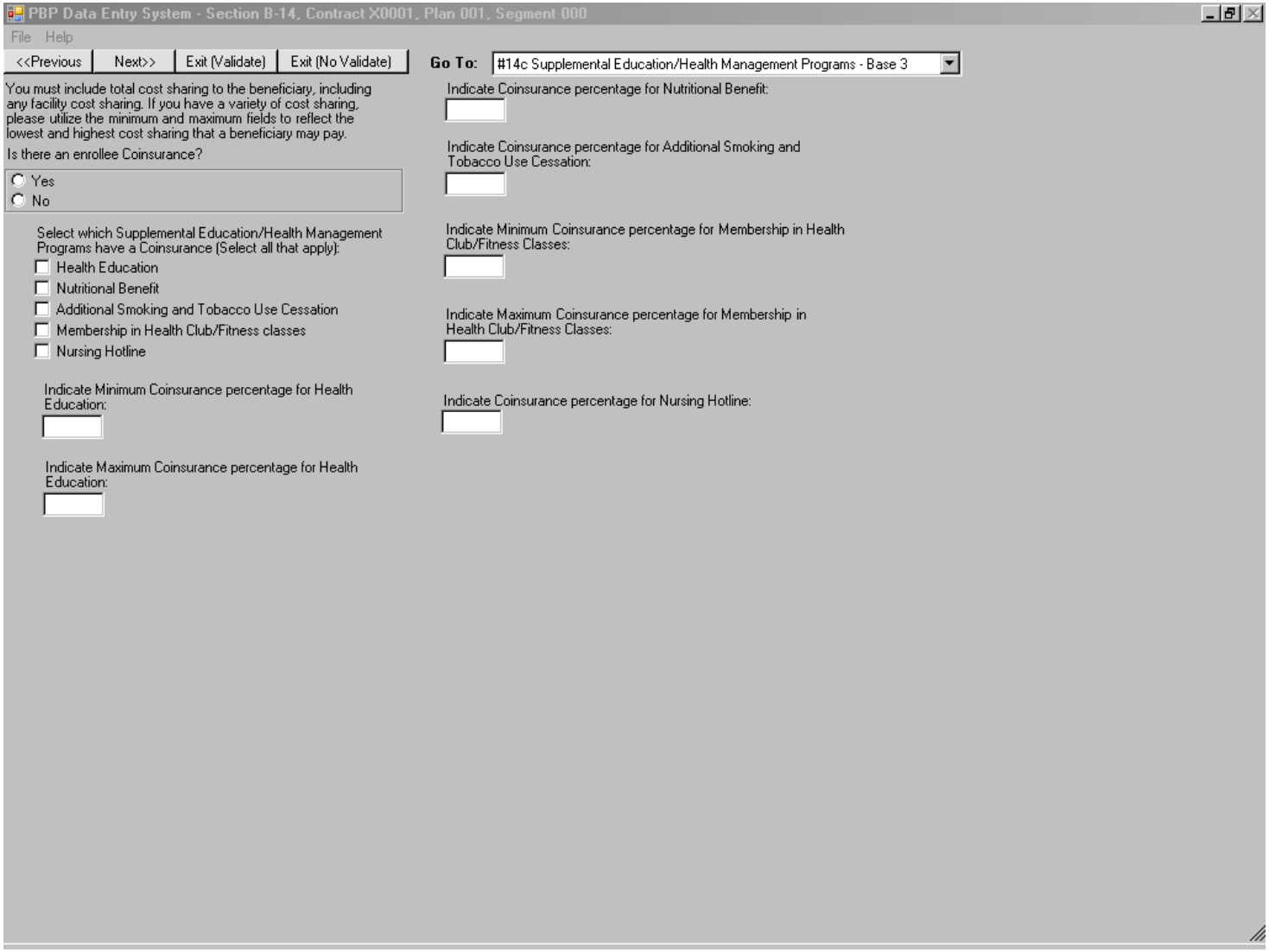
Section B – 14C – Supplemental Education/Health Management Programs – Base 1 Screen



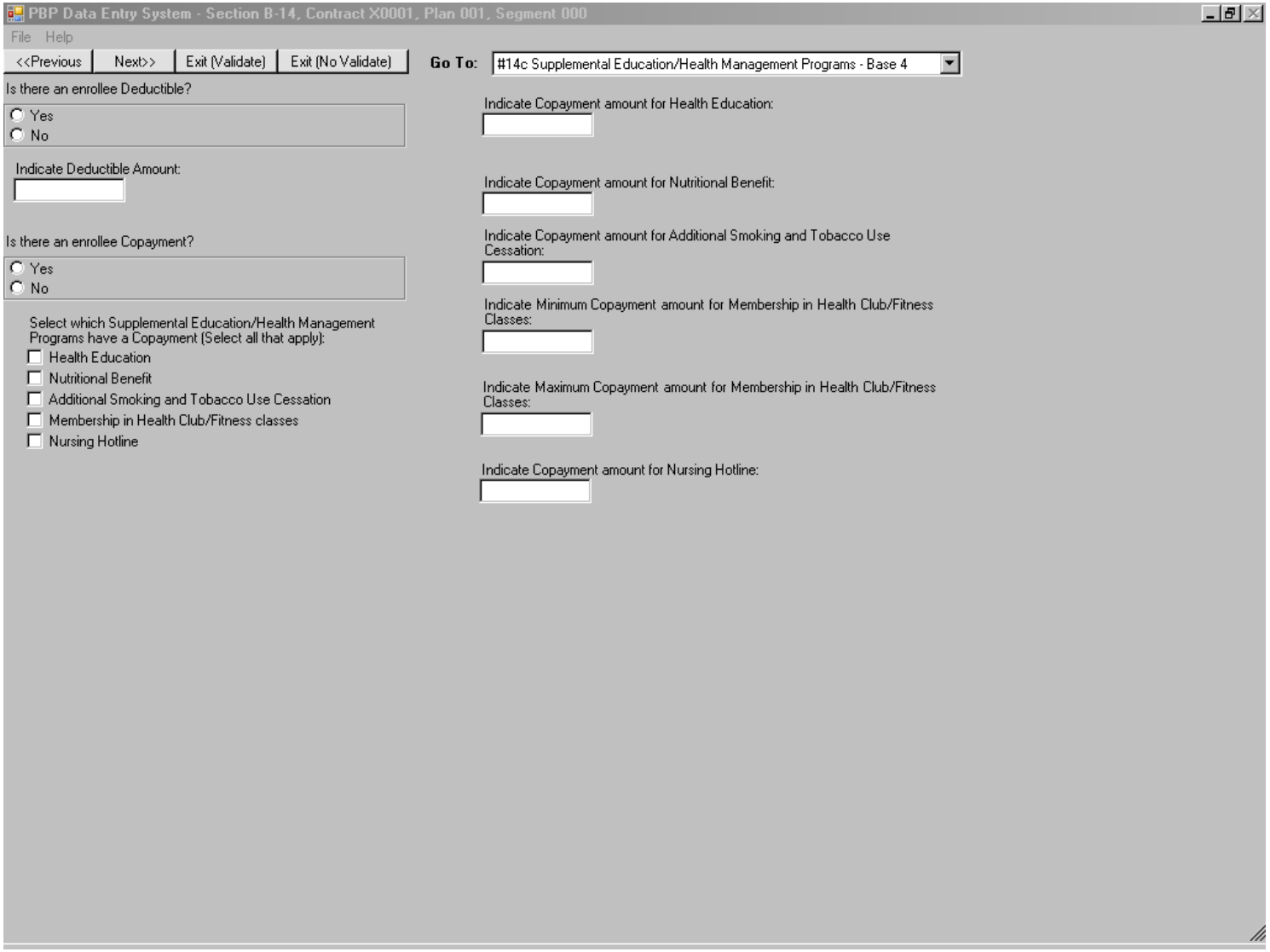
Section B – 14C – Supplemental Education/Health Management Programs – Base 2 Screen



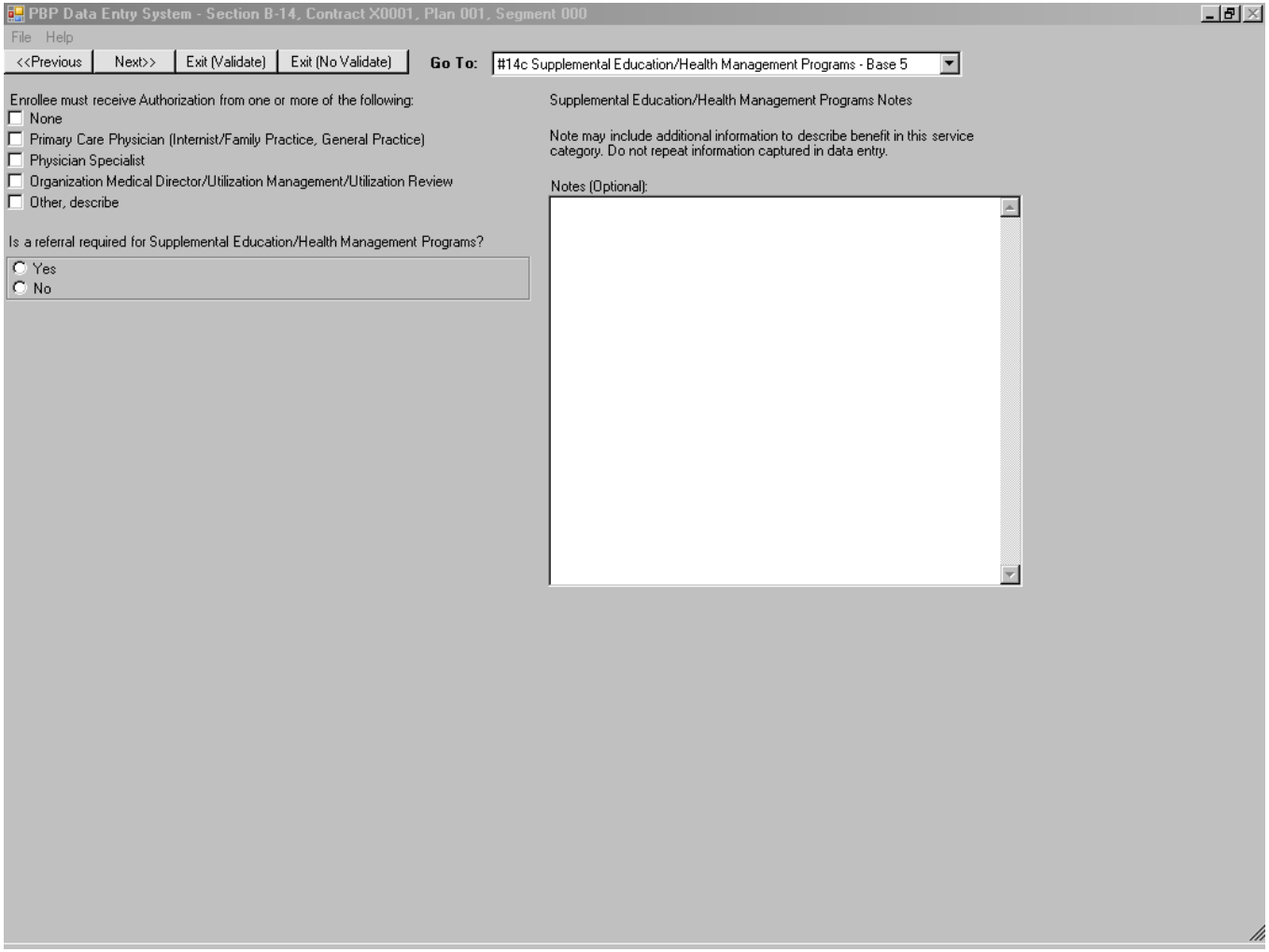
Section B – 14C – Supplemental Education/Health Management Programs – Base 3 Screen



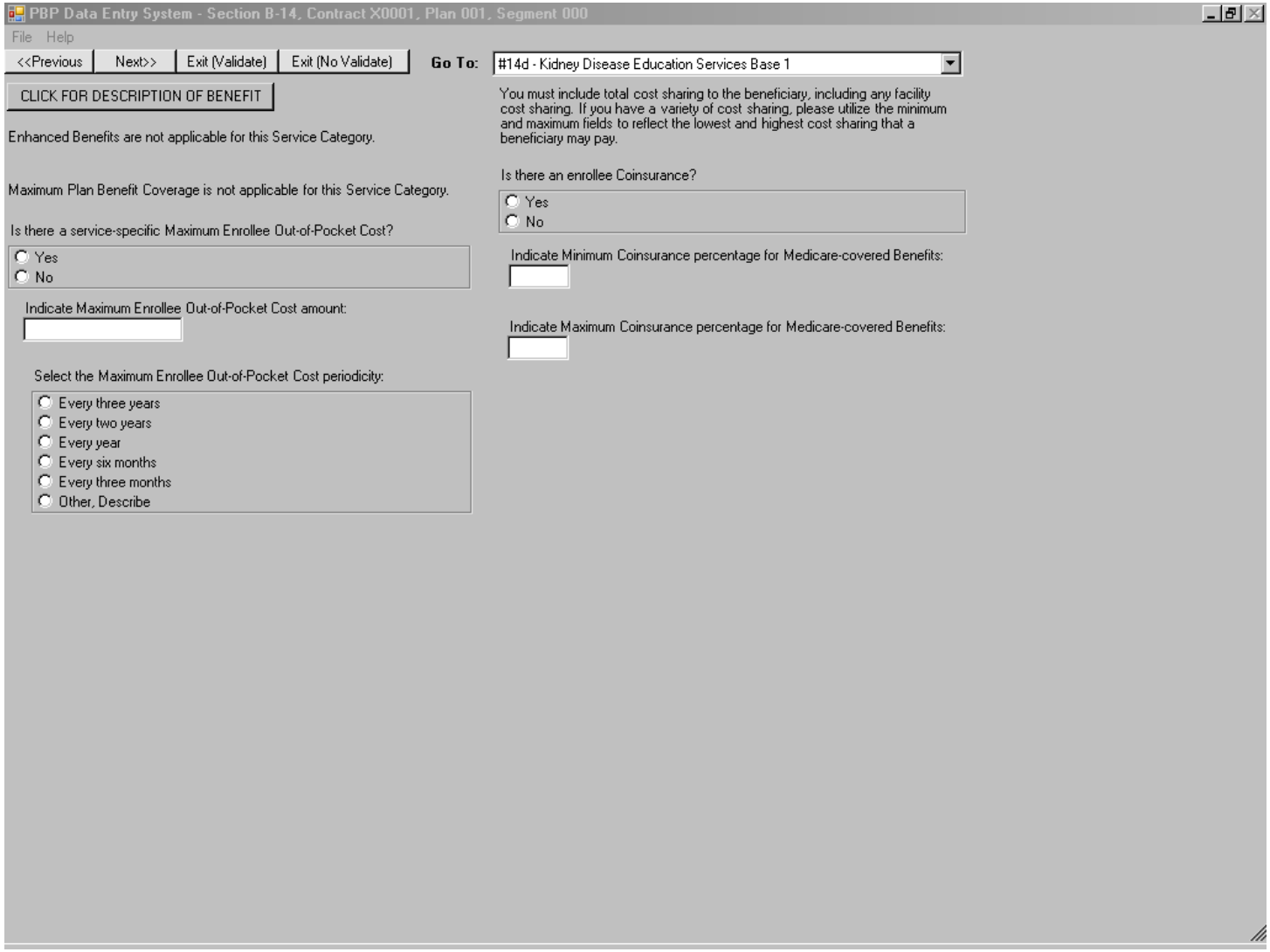
Section B – 14C – Supplemental Education/Health Management Programs – Base 4 Screen



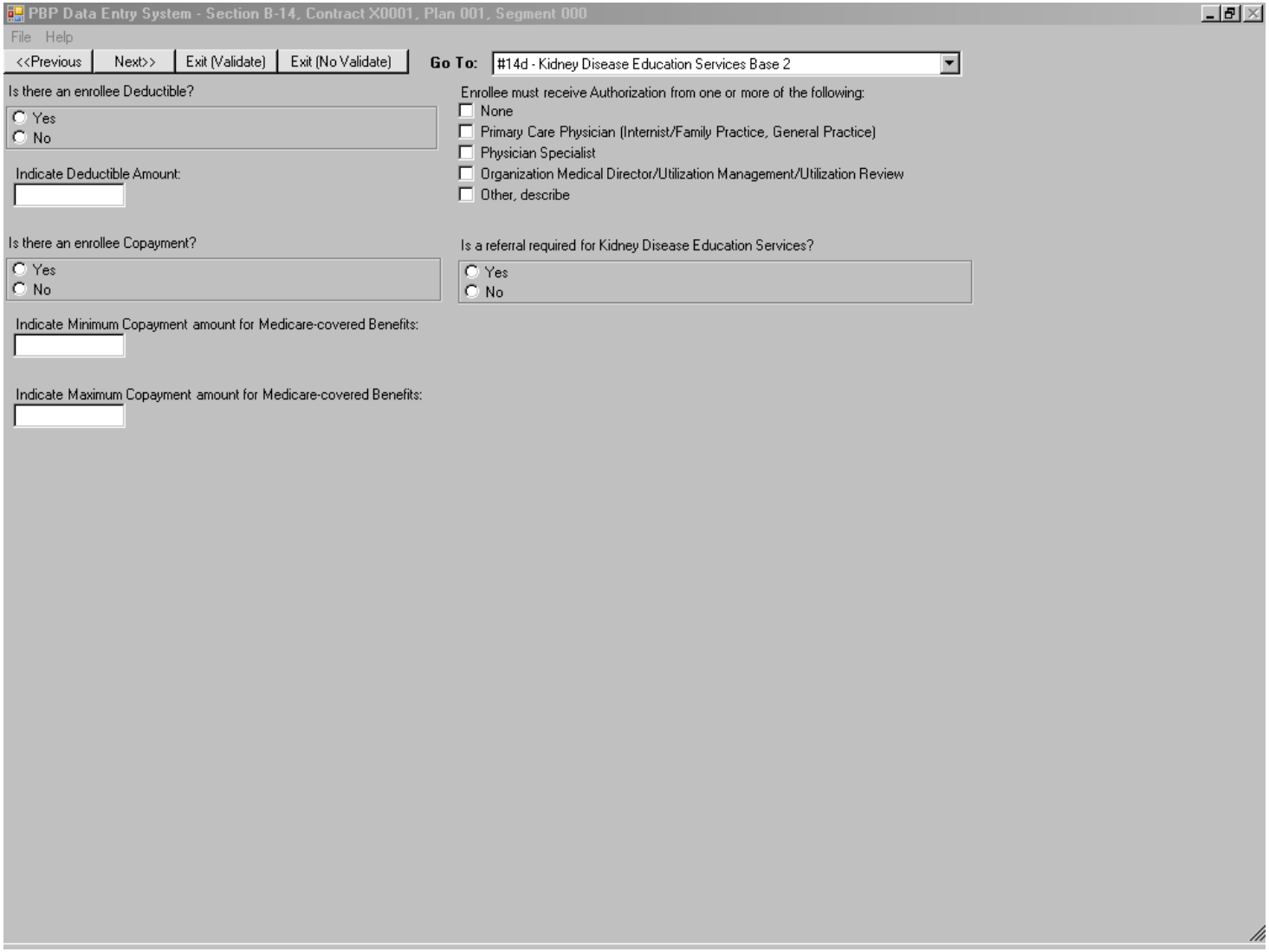
Section B – 14C – Supplemental Education/Health Management Programs – Base 5 Screen



Section B – 14D – Kidney Disease Education Services – Base 1 Screen

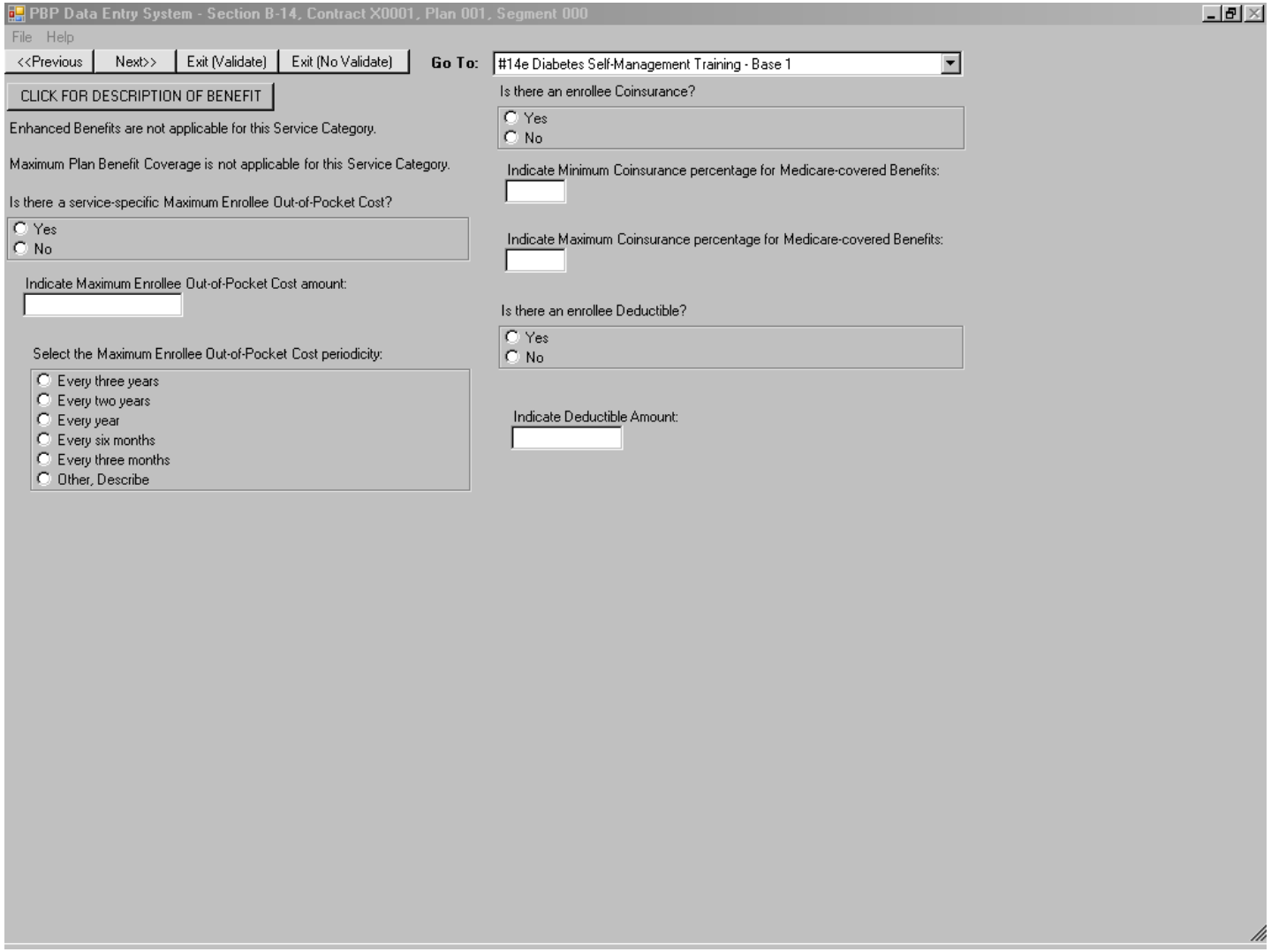


Section B – 14D – Kidney Disease Education Services – Base 2 Screen

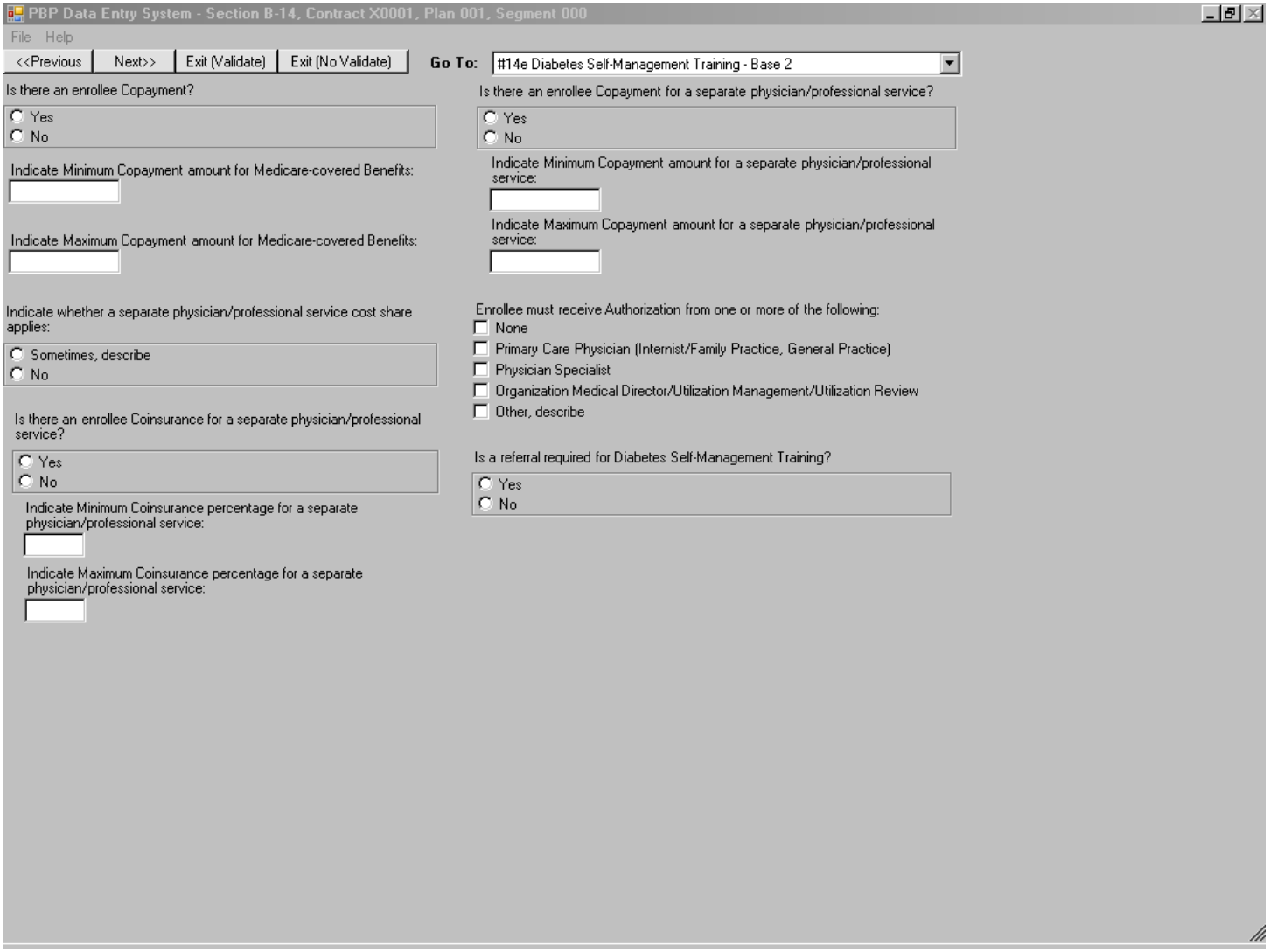


Section B – 14D – Kidney Disease Education Services – Base 3 Screen

Section B – 14E – Diabetes Self-Management Training – Base 1 Screen

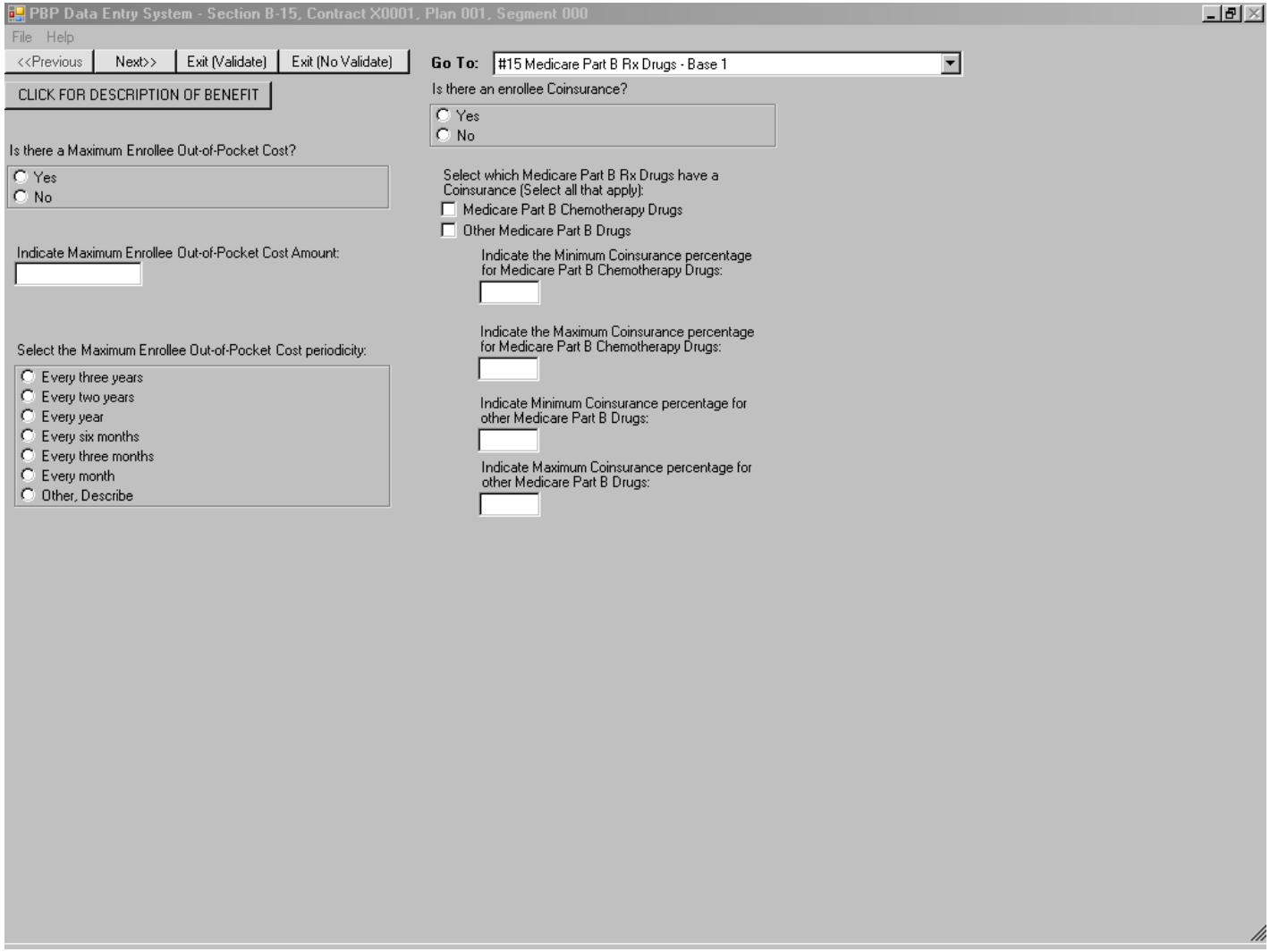


Section B – 14E – Diabetes Self-Management Training – Base 2 Screen

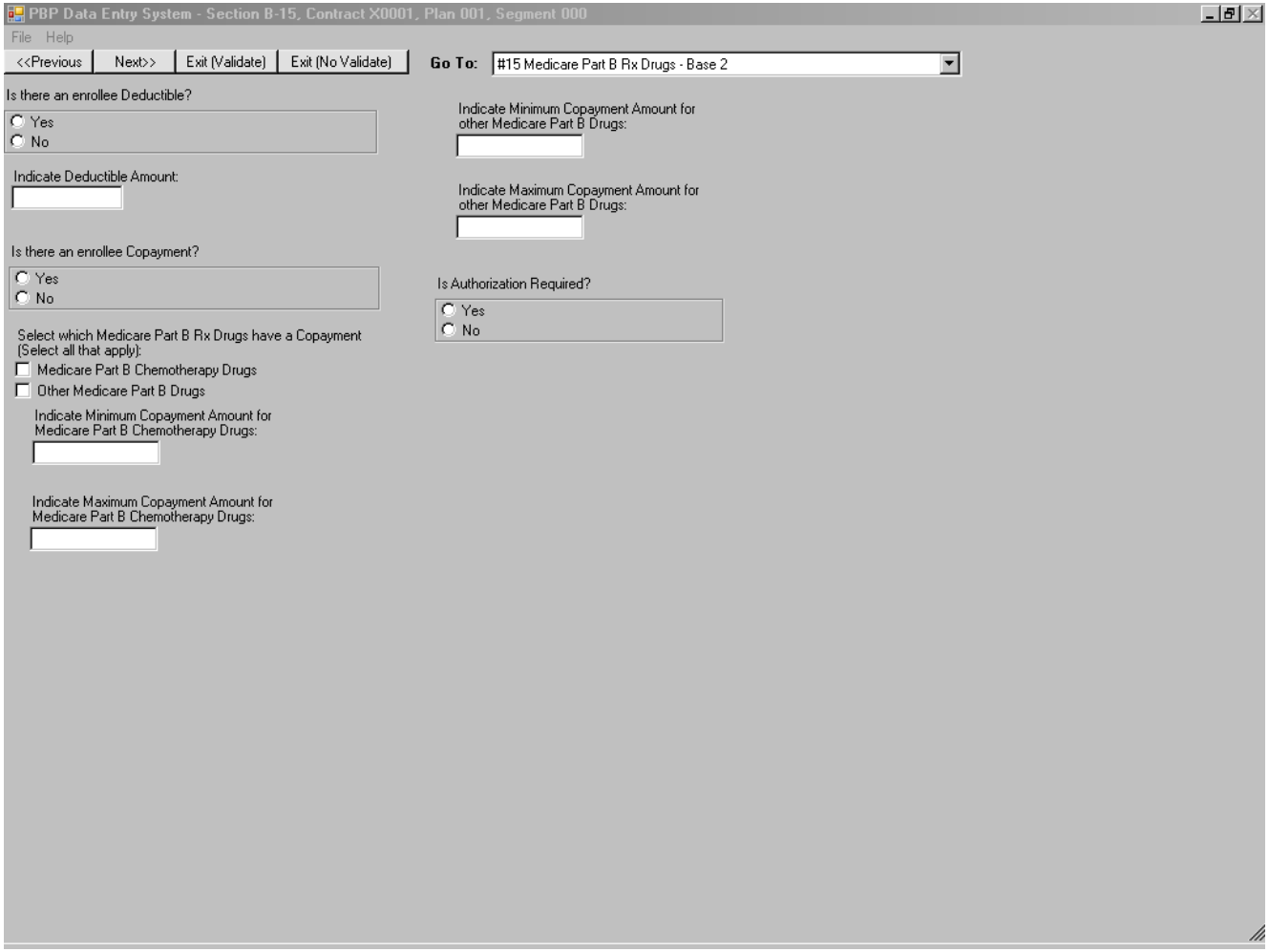


Section B – 14E – Diabetes Self-Management Training – Base 3 Screen

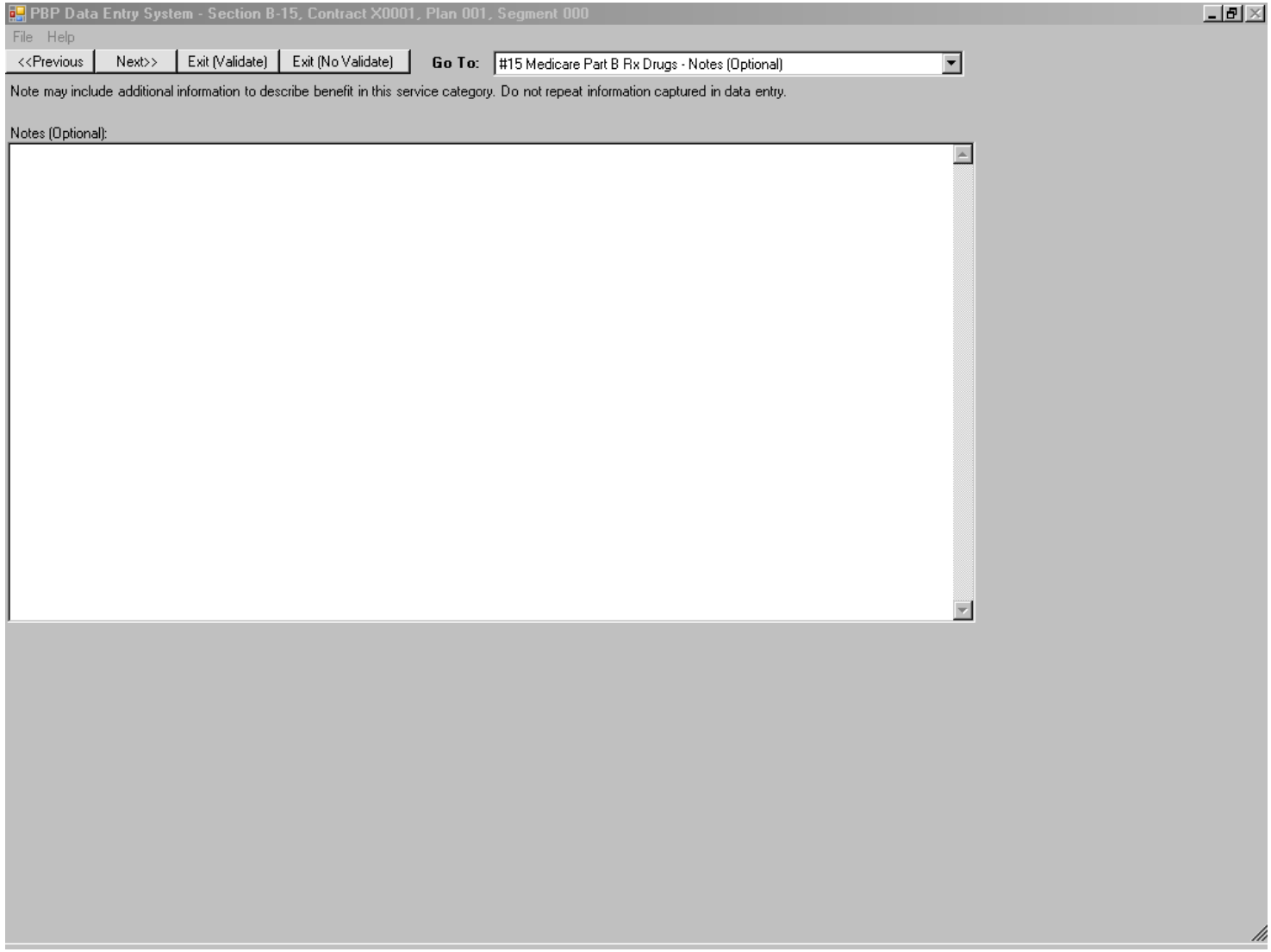
Section B – 15 – Medicare Part B Rx Drugs – Base 1 Screen



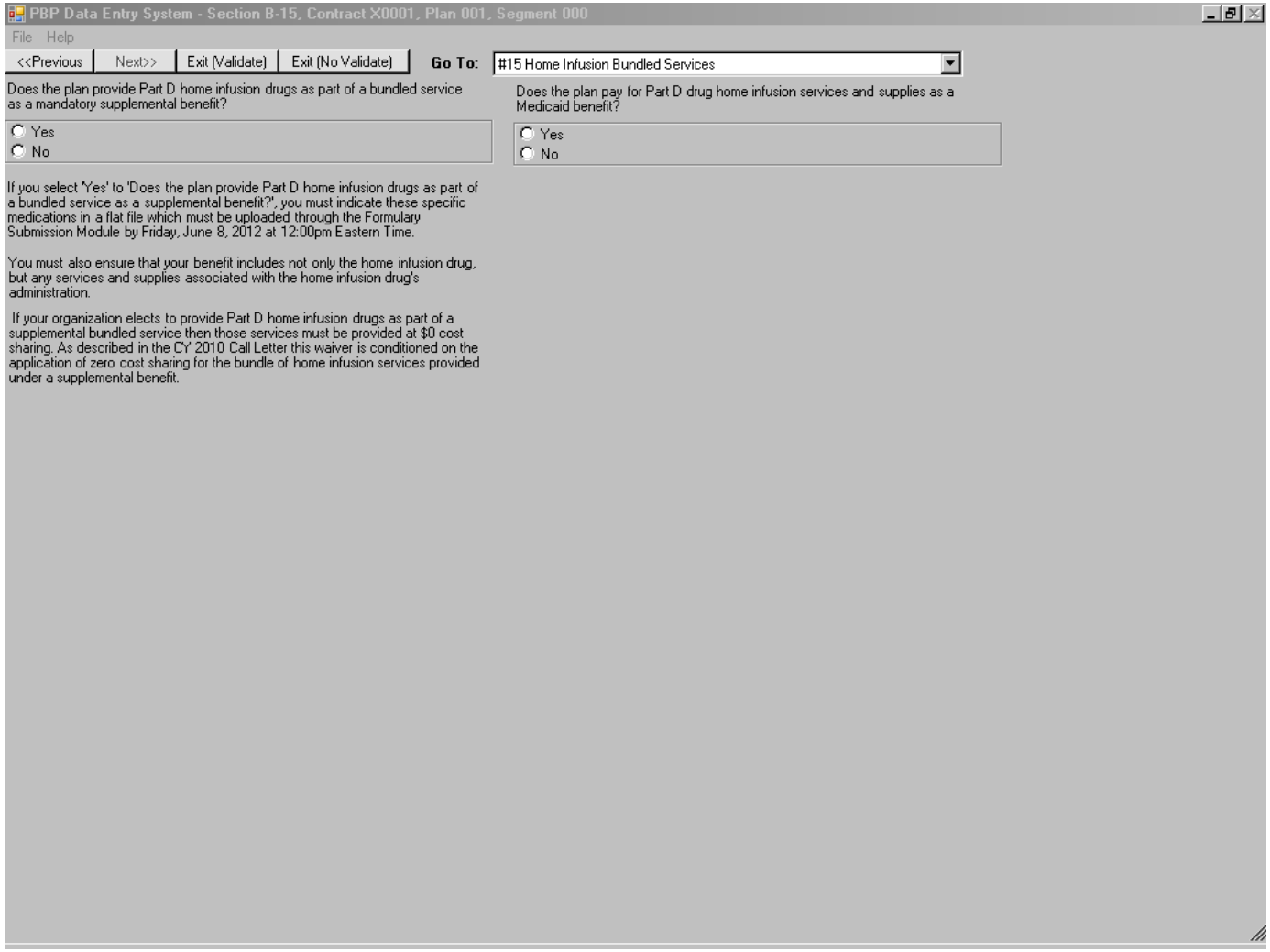
Section B – 15 – Medicare Part B Rx Drugs – Base 2 Screen



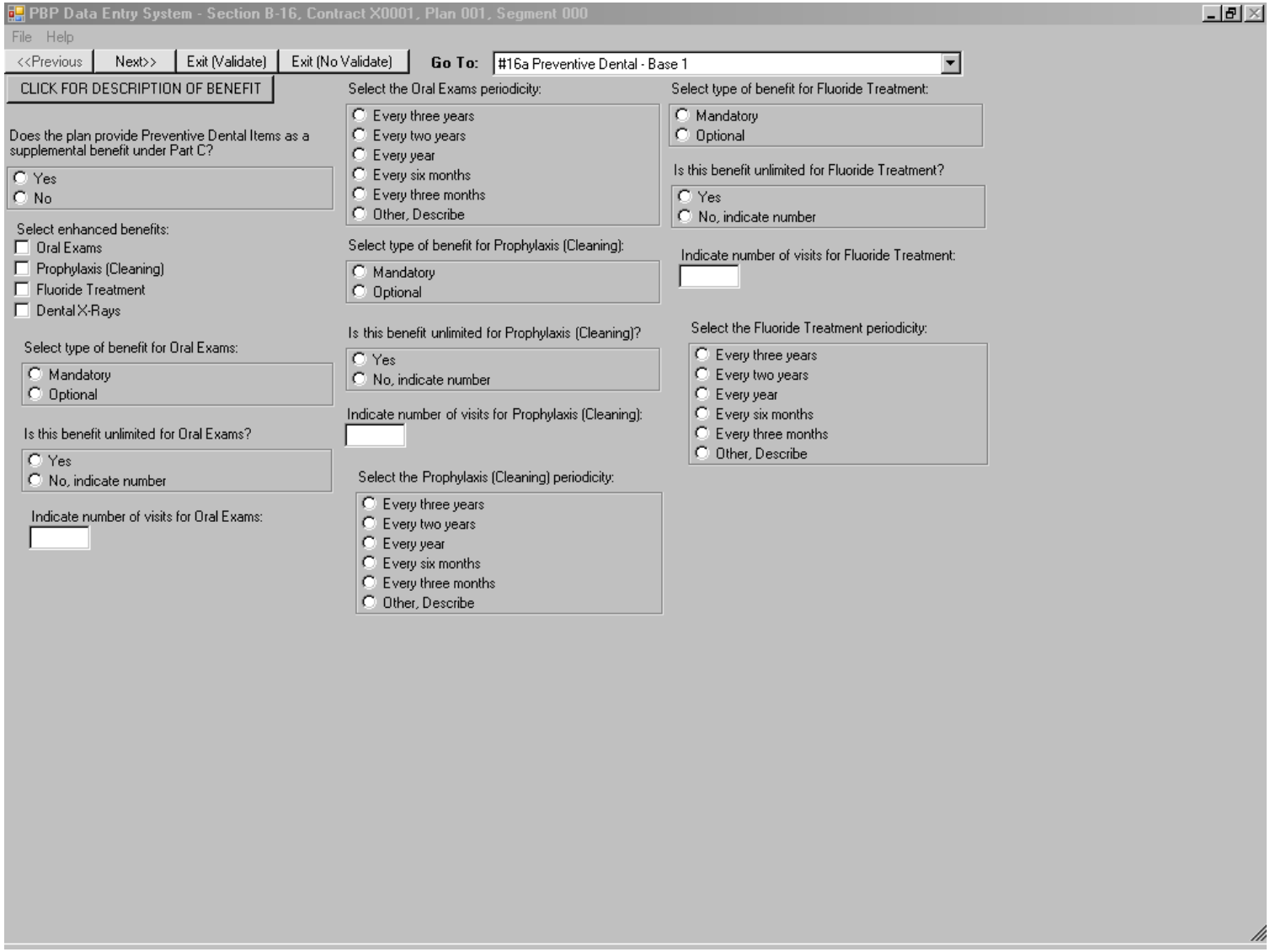
Section B – 15 – Medicare Part B Rx Drugs – Notes (Optional) Screen



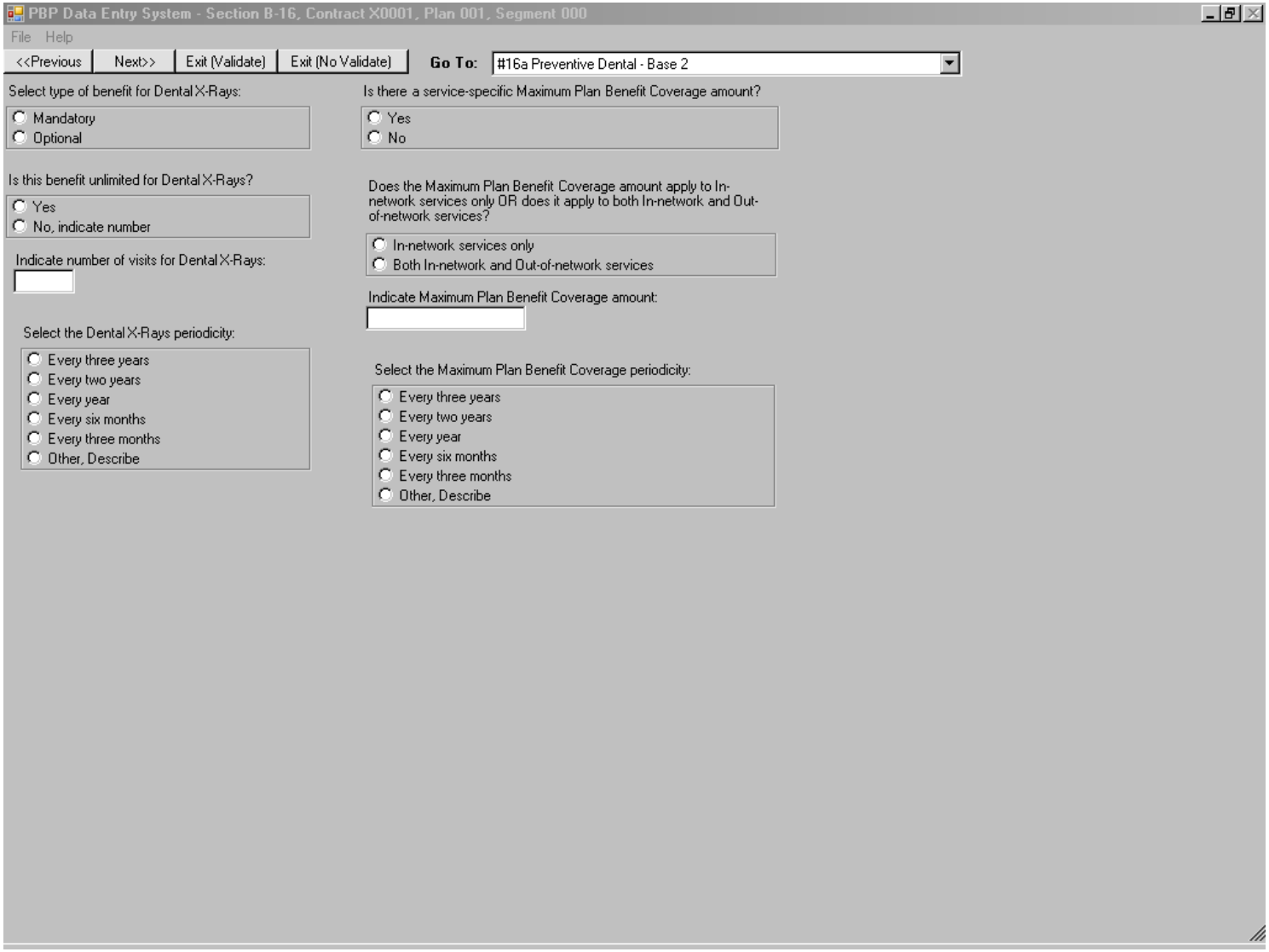
Section B – 15 – Home Infusion Bundled Services Screen



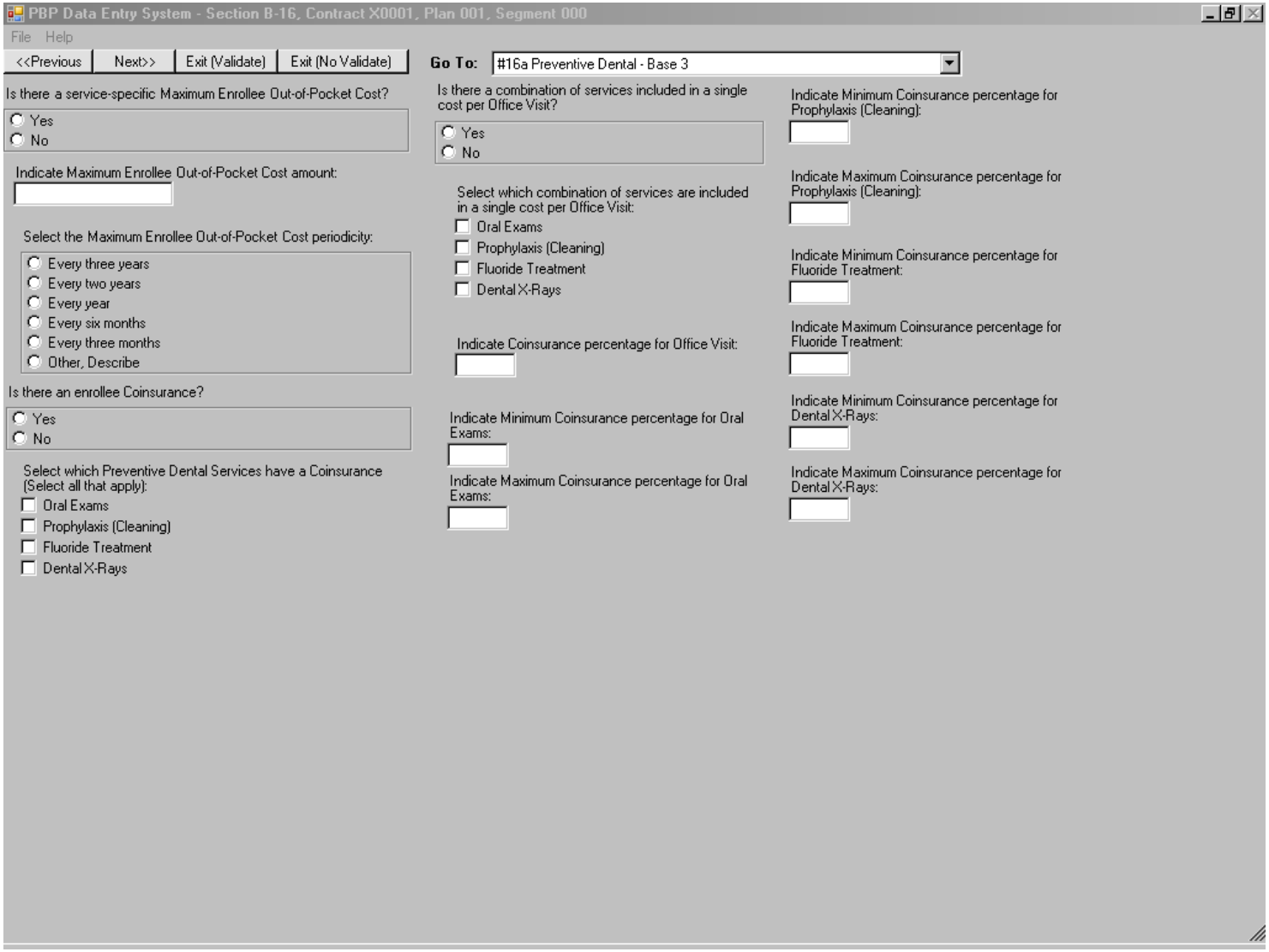
Section B – 16A – Preventive Dental – Base 1 Screen



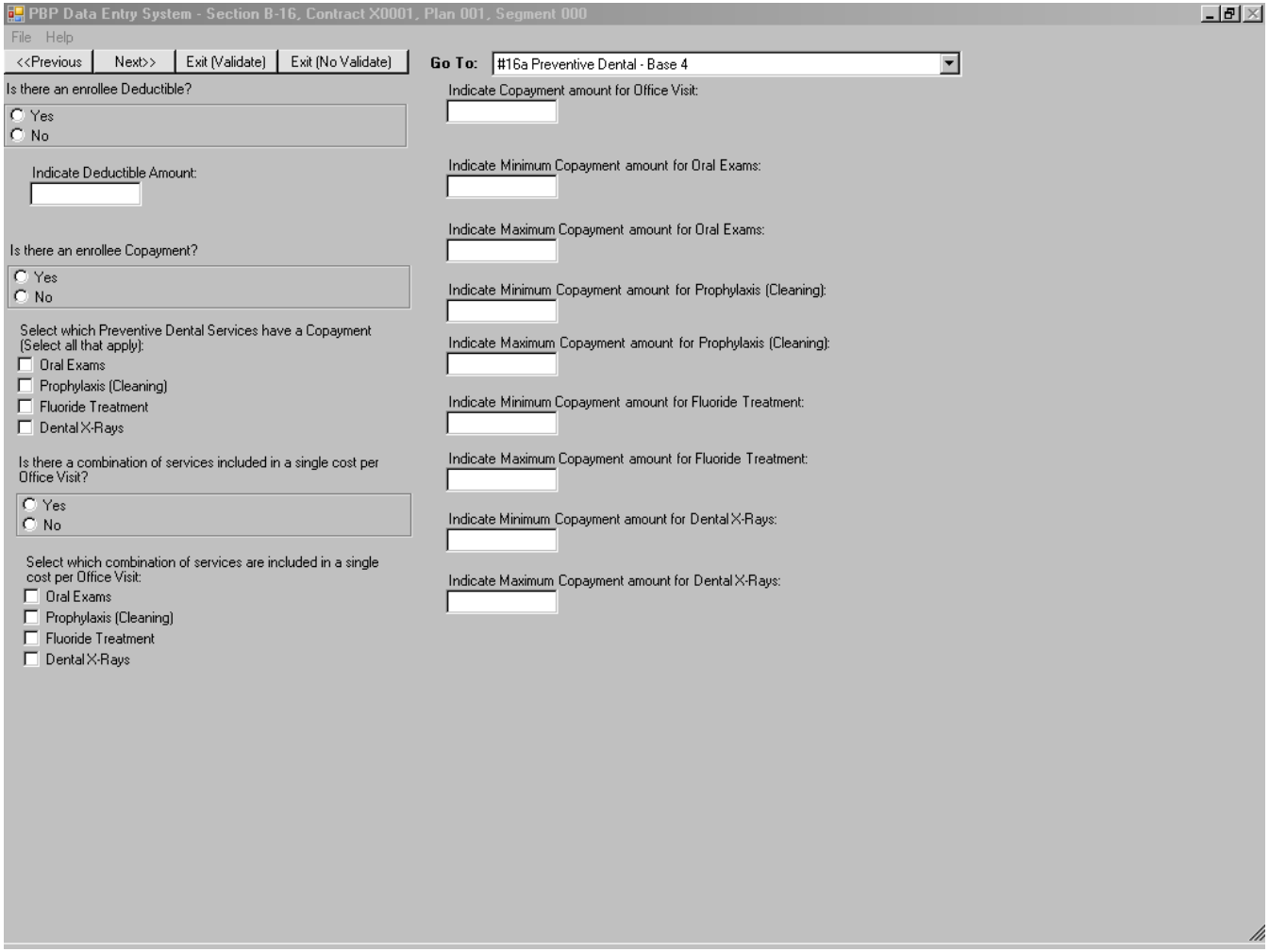
Section B – 16A – Preventive Dental – Base 2 Screen



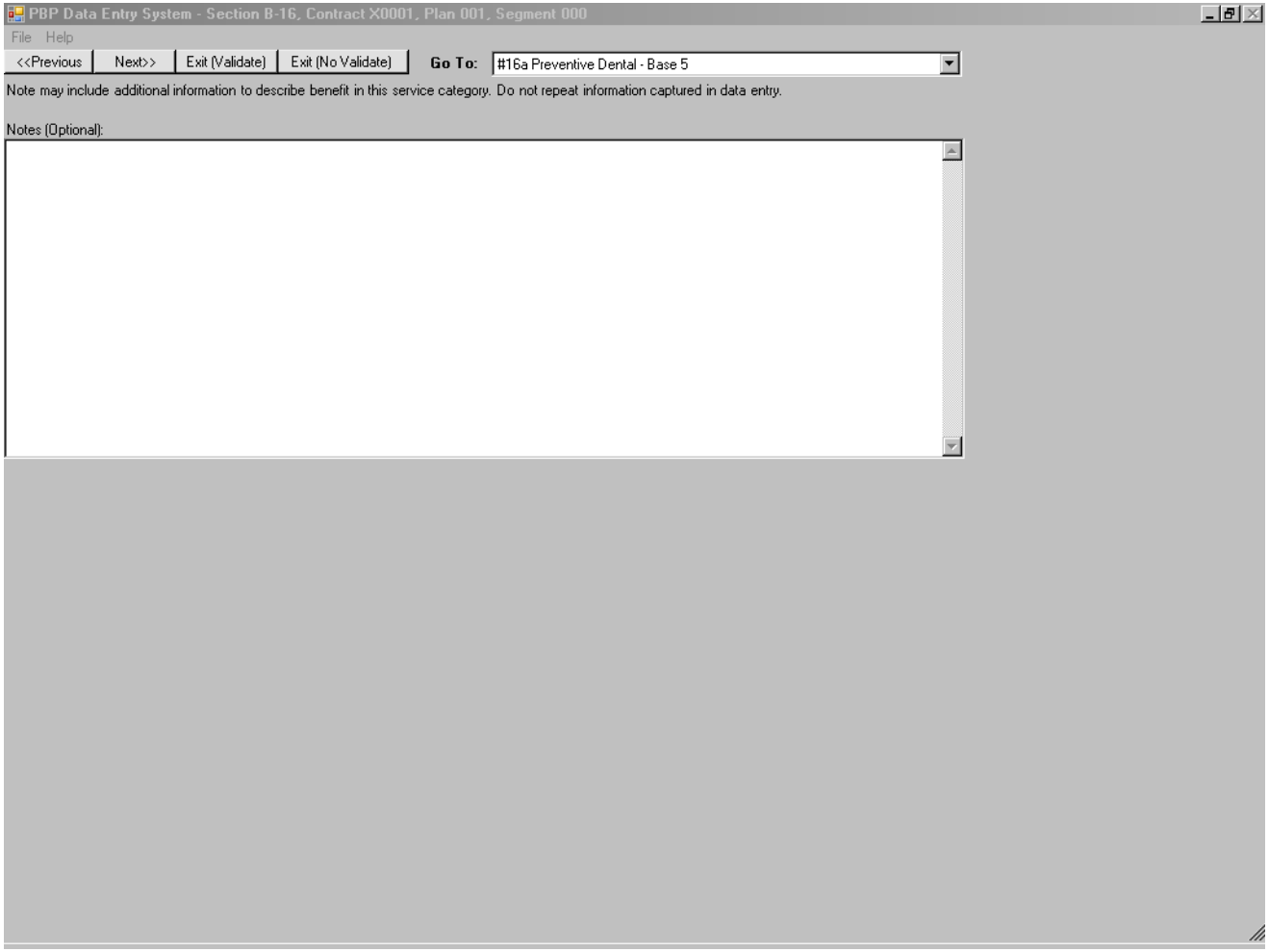
Section B – 16A – Preventive Dental – Base 3 Screen



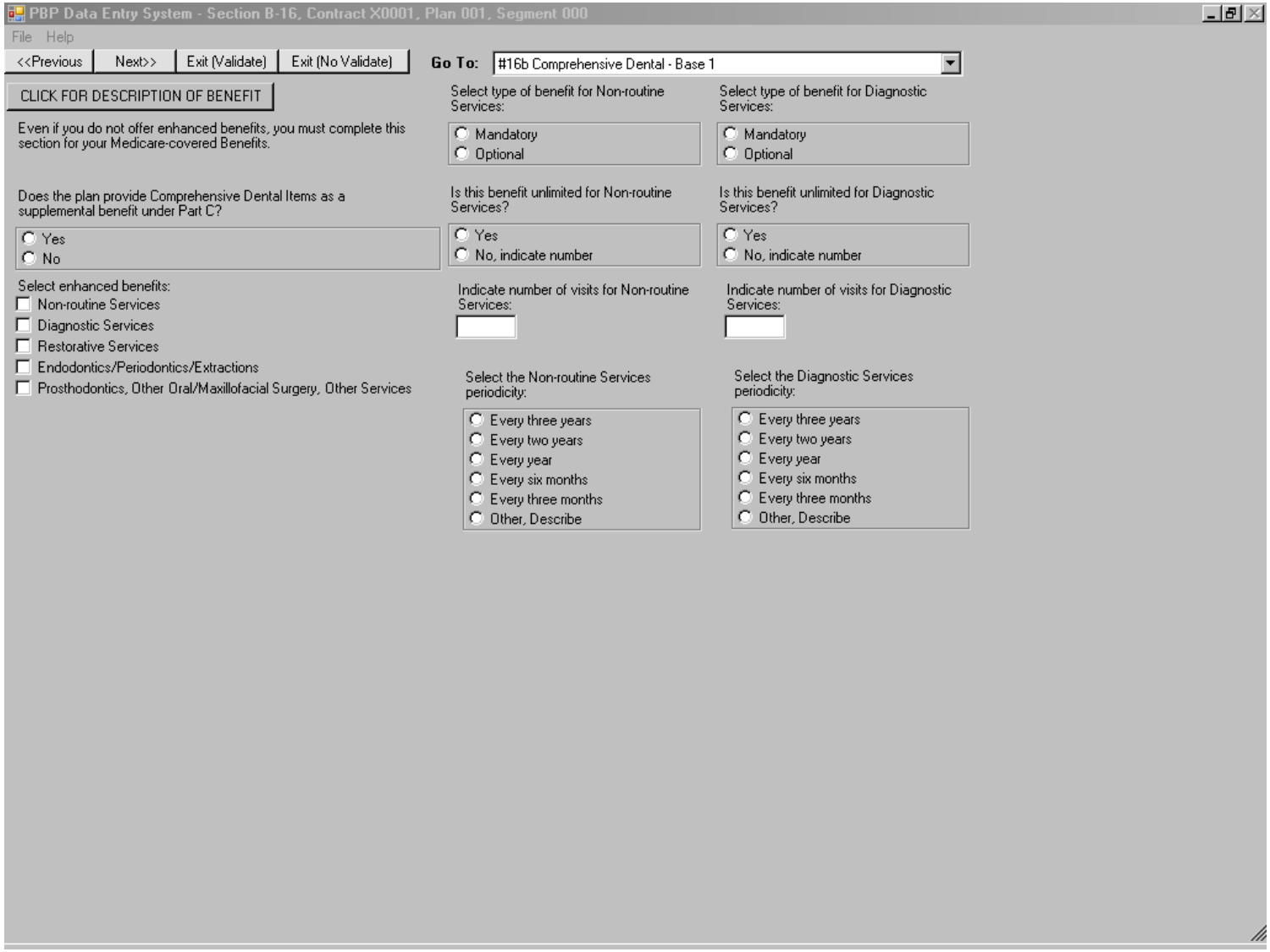
Section B – 16A – Preventive Dental – Base 4 Screen



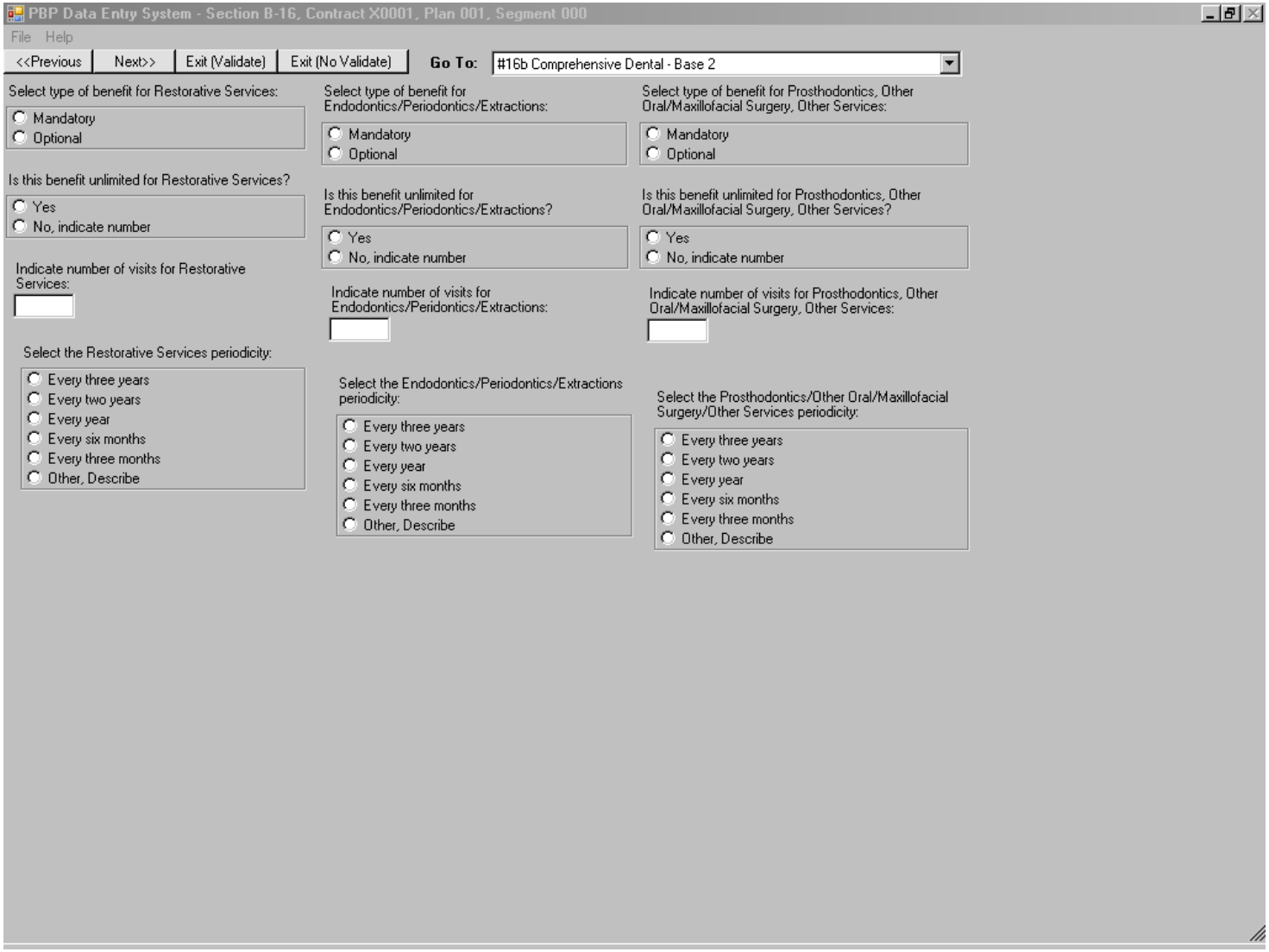
Section B – 16A – Preventive Dental – Base 5 Screen



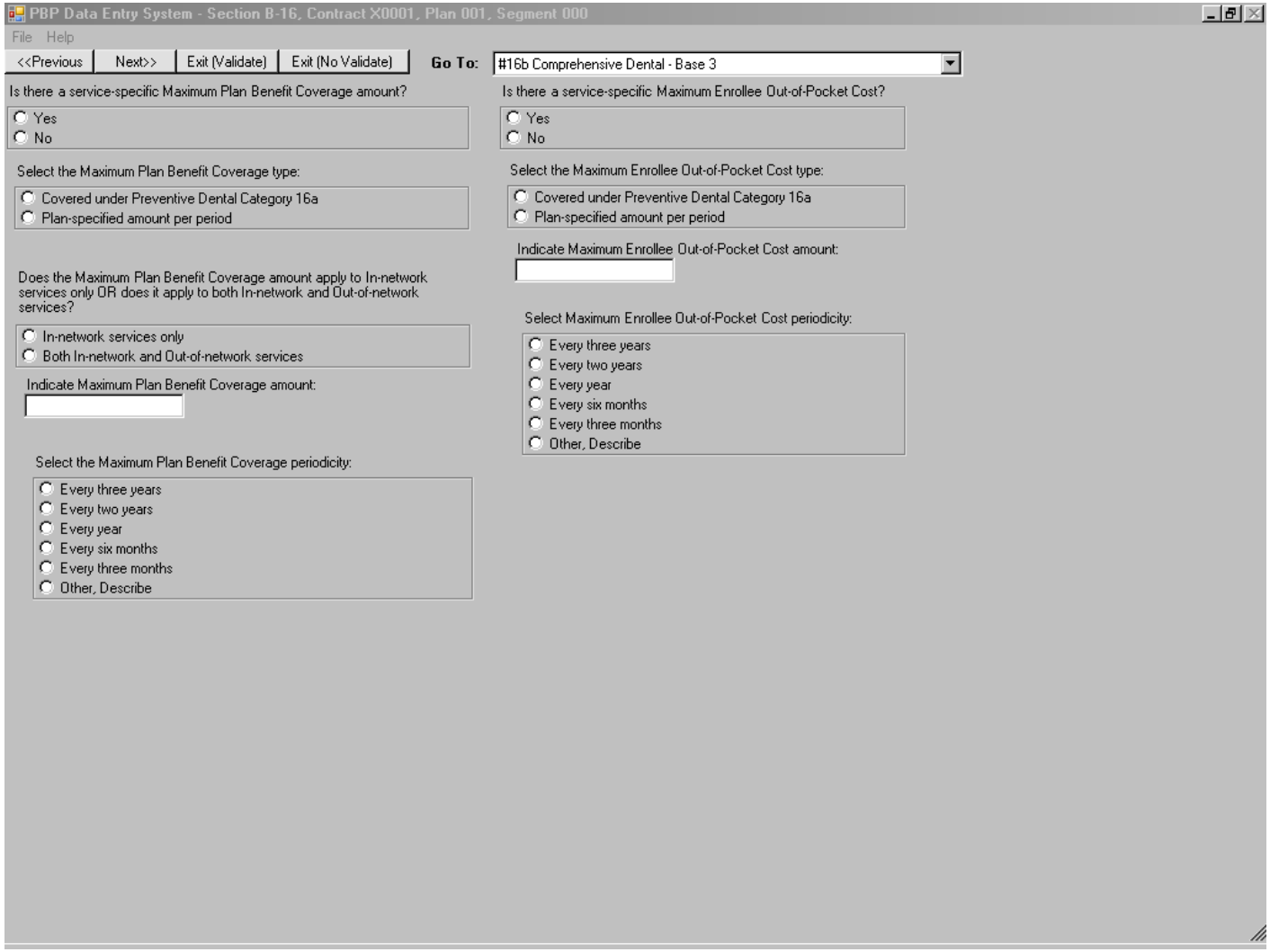
Section B – 16B – Comprehensive Dental – Base 1 Screen



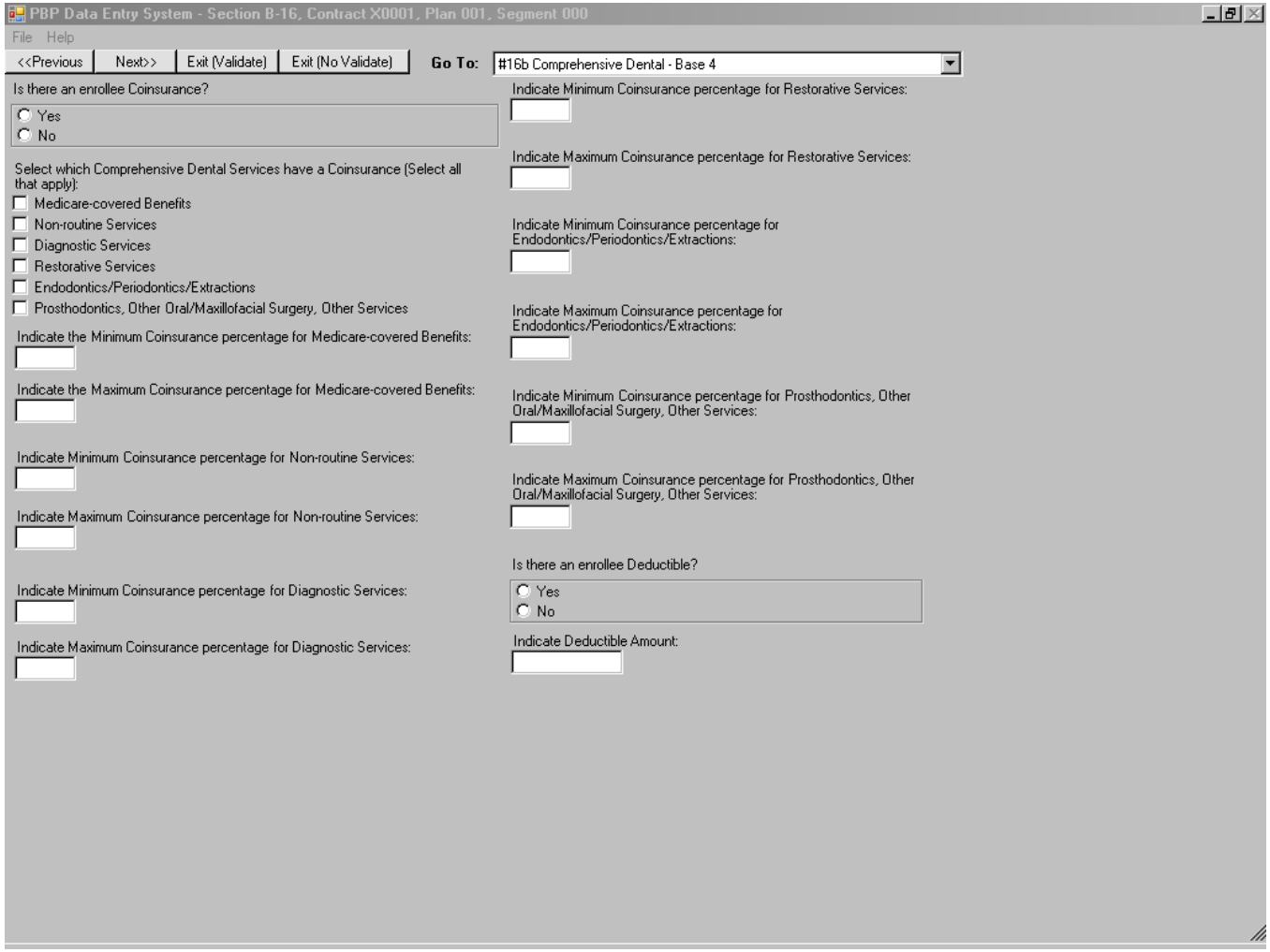
Section B – 16B – Comprehensive Dental – Base 2 Screen



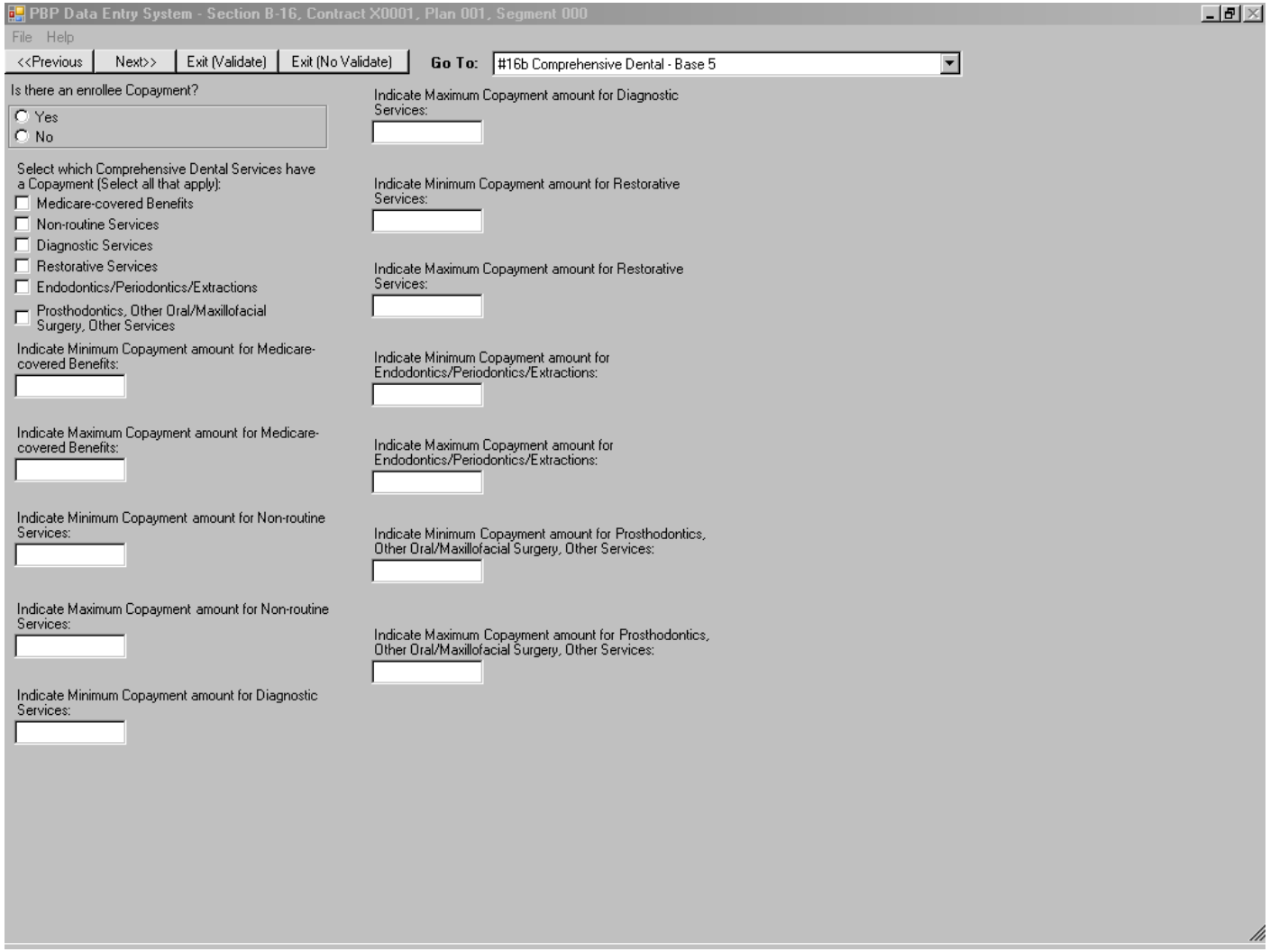
Section B – 16B – Comprehensive Dental – Base 3 Screen



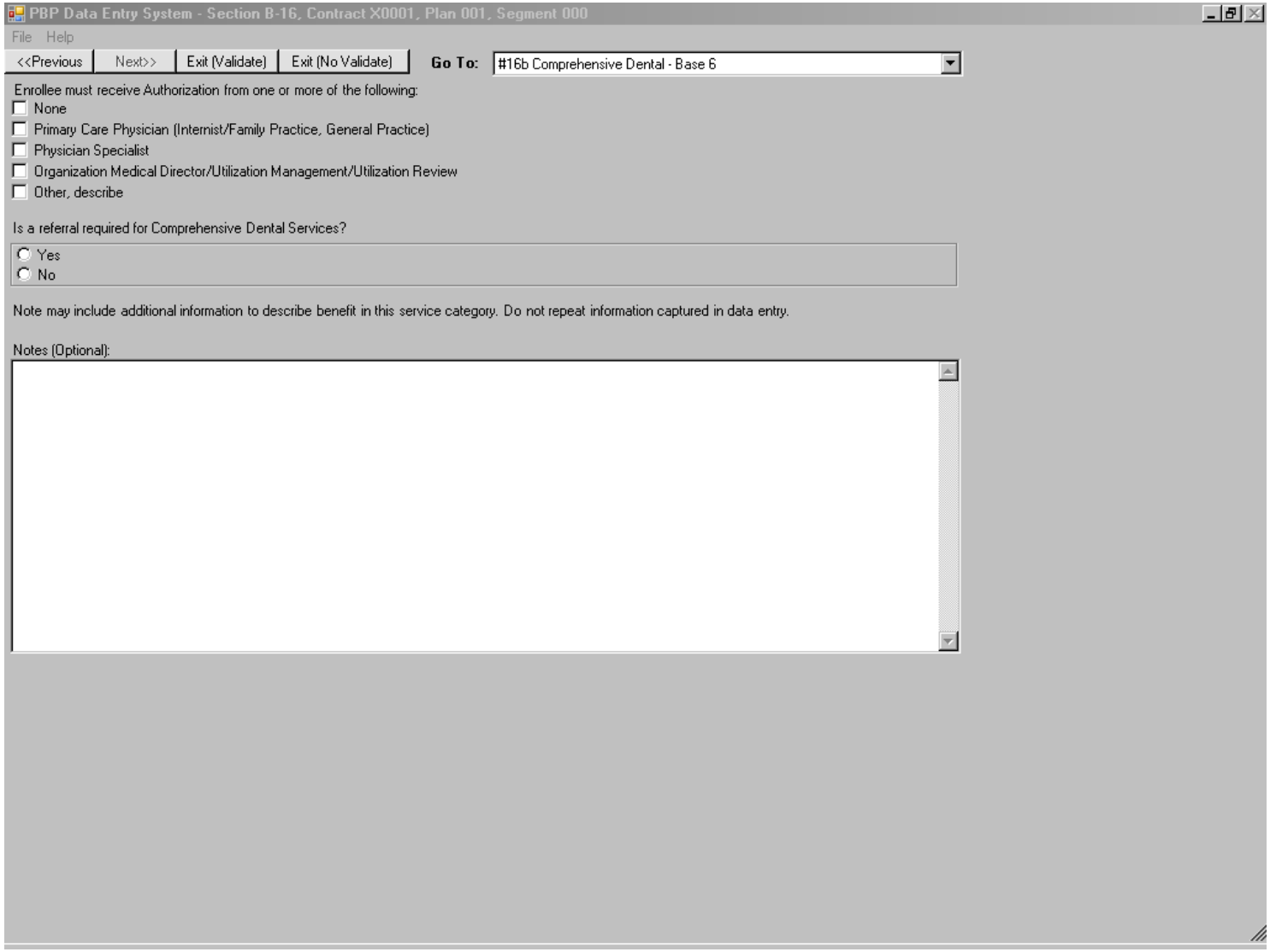
Section B – 16B – Comprehensive Dental – Base 4 Screen



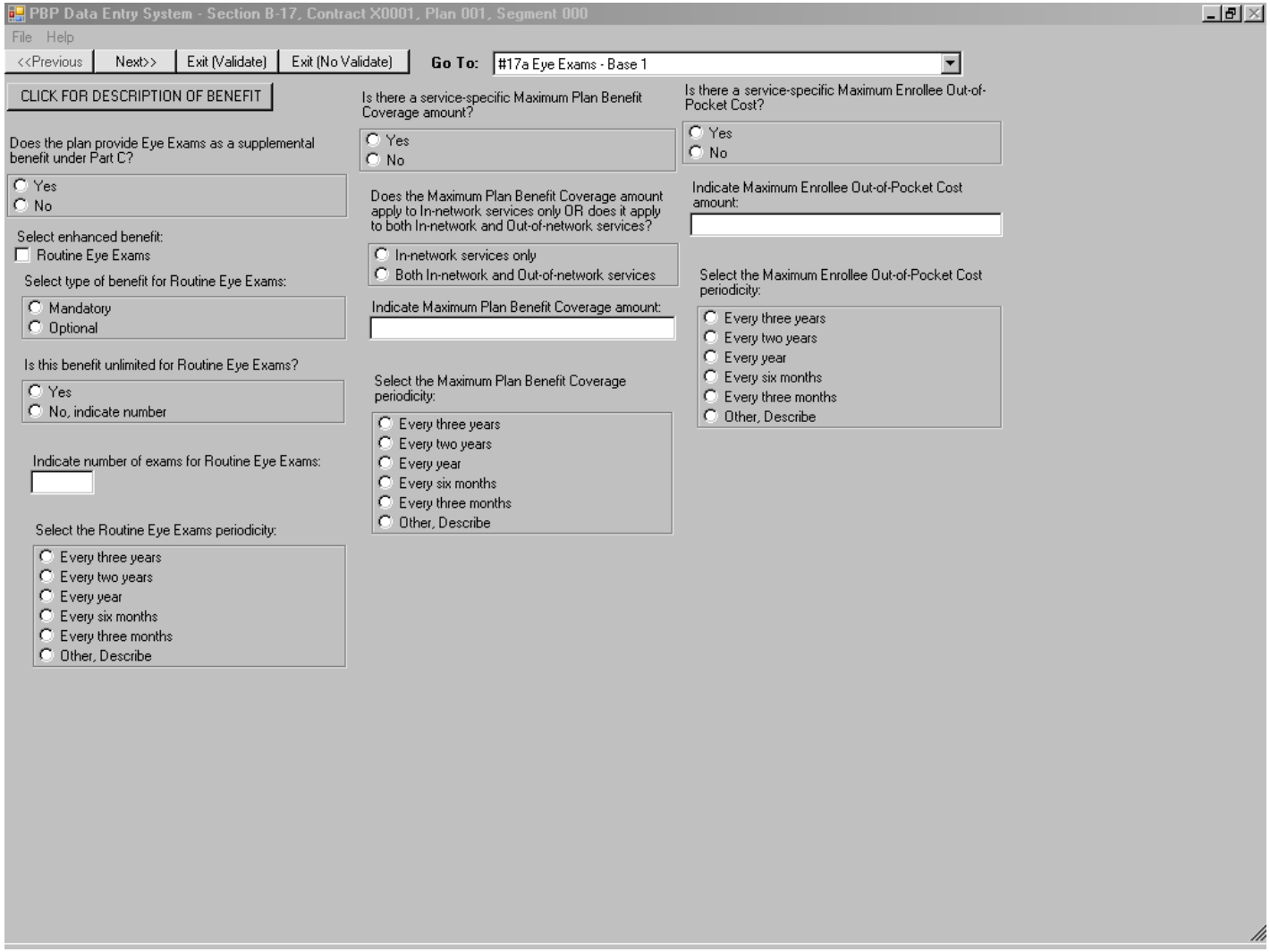
Section B – 16B – Comprehensive Dental – Base 5 Screen



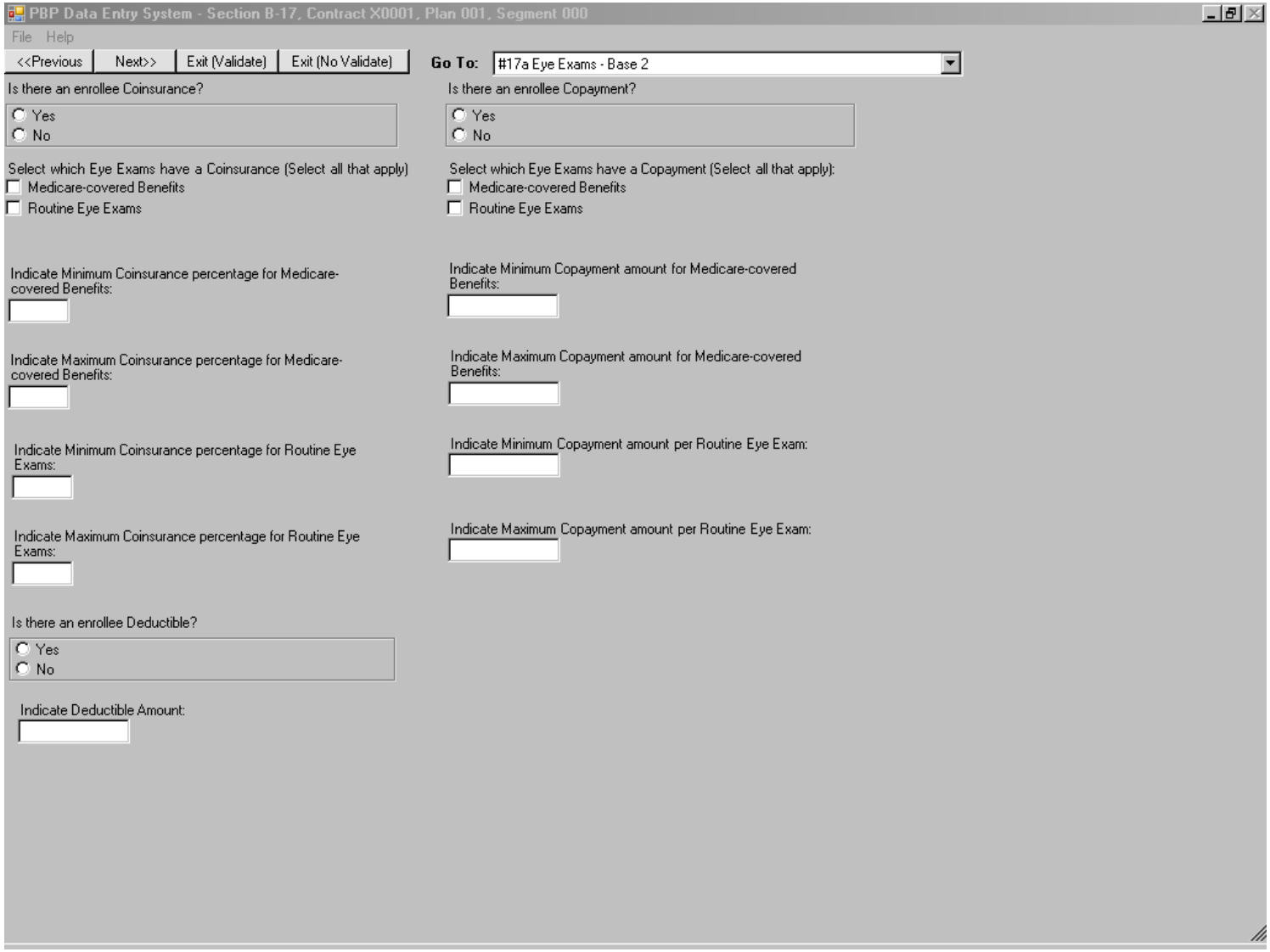
Section B – 16B – Comprehensive Dental – Base 6 Screen



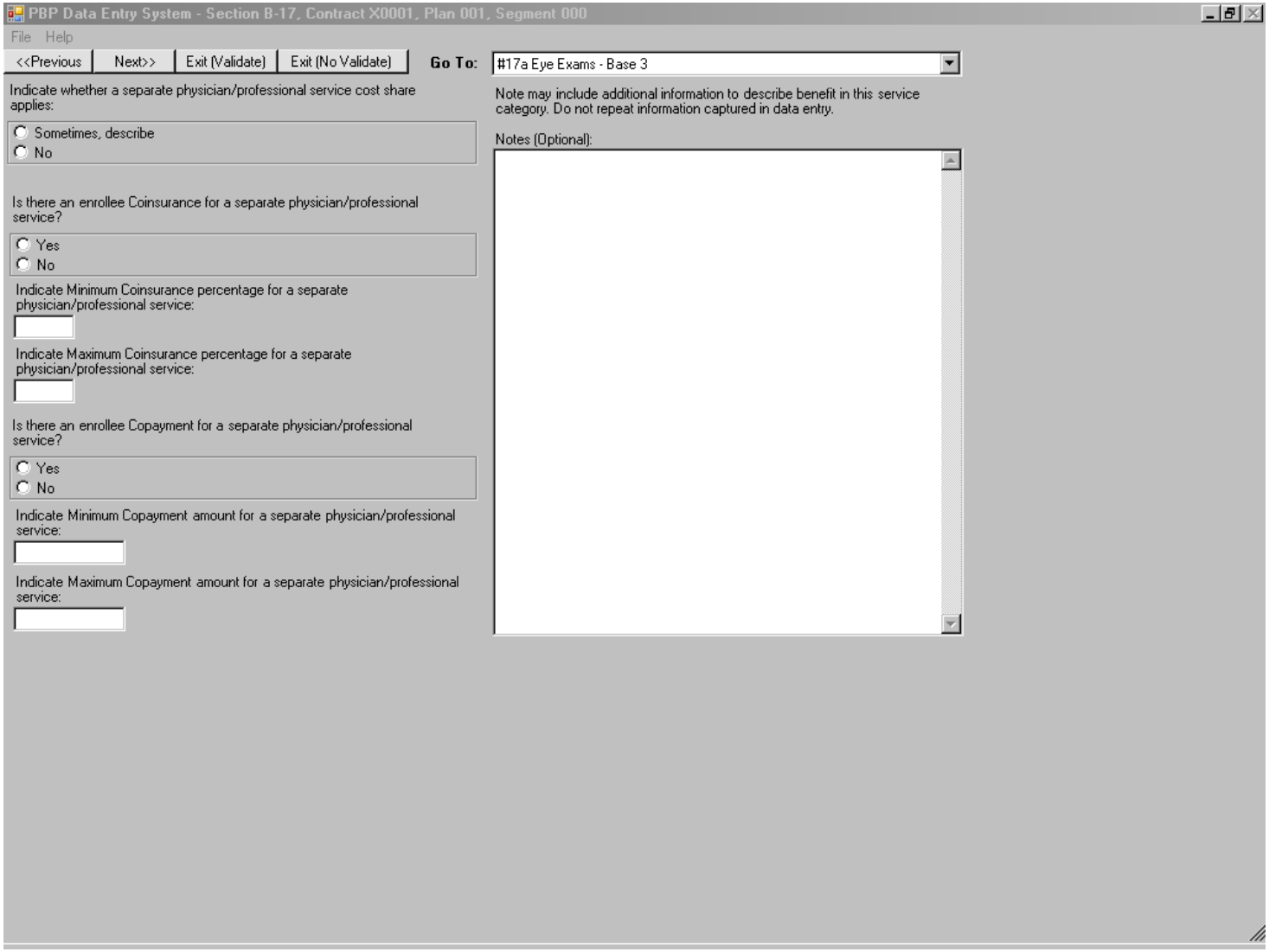
Section B – 17A – Eye Exams – Base 1 Screen



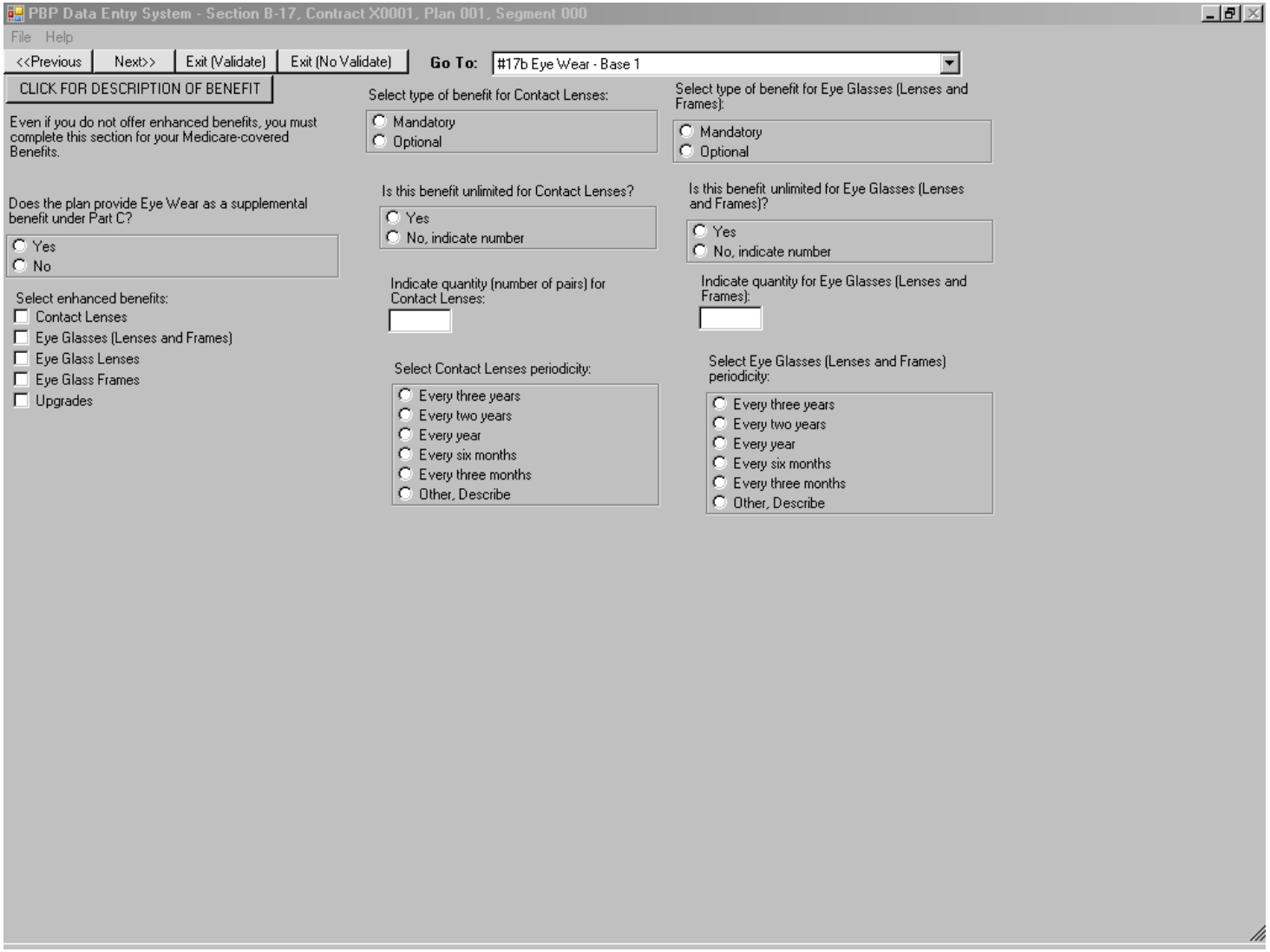
Section B – 17A – Eye Exams – Base 2 Screen



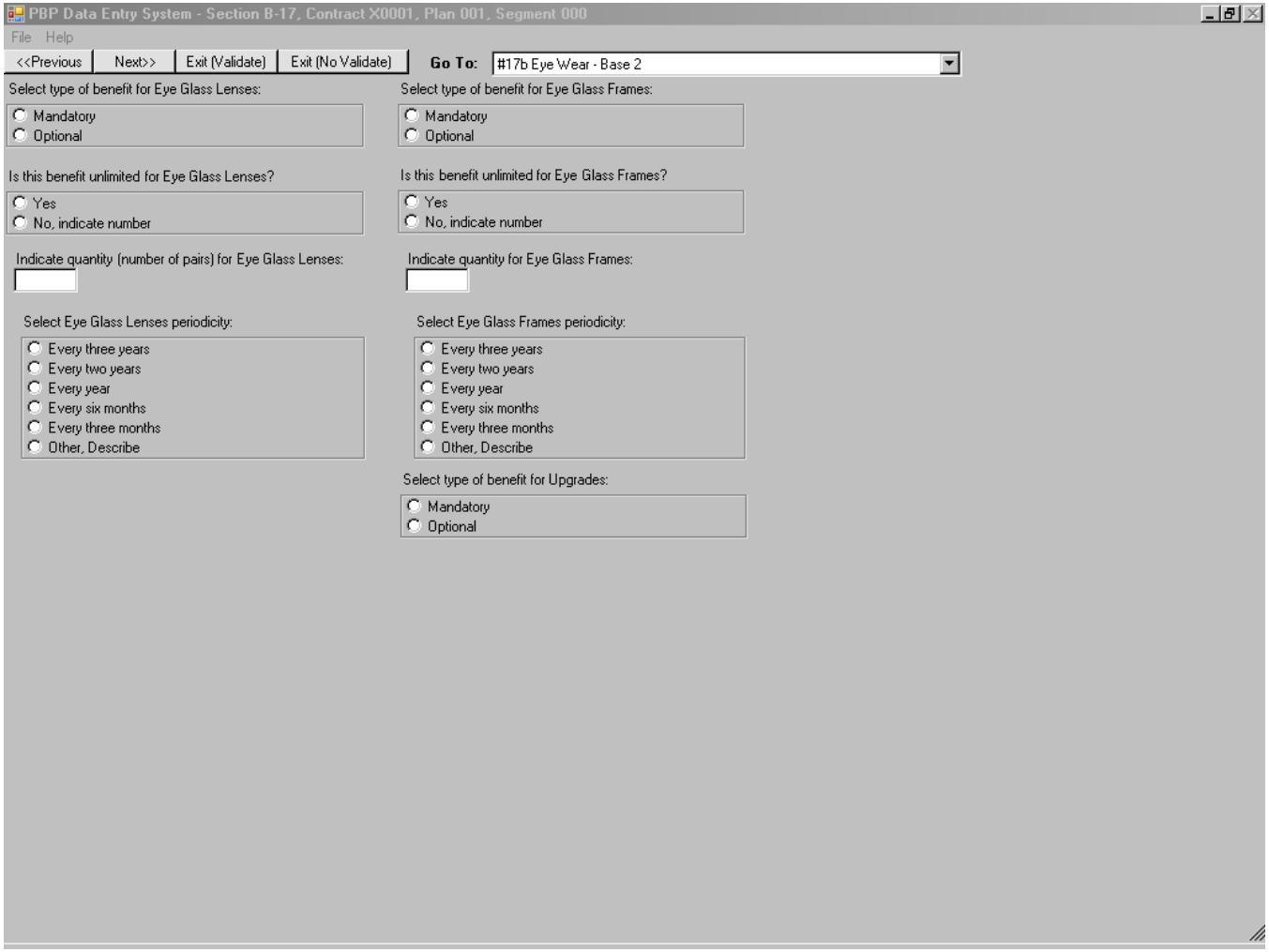
Section B – 17A – Eye Exams – Base 3 Screen



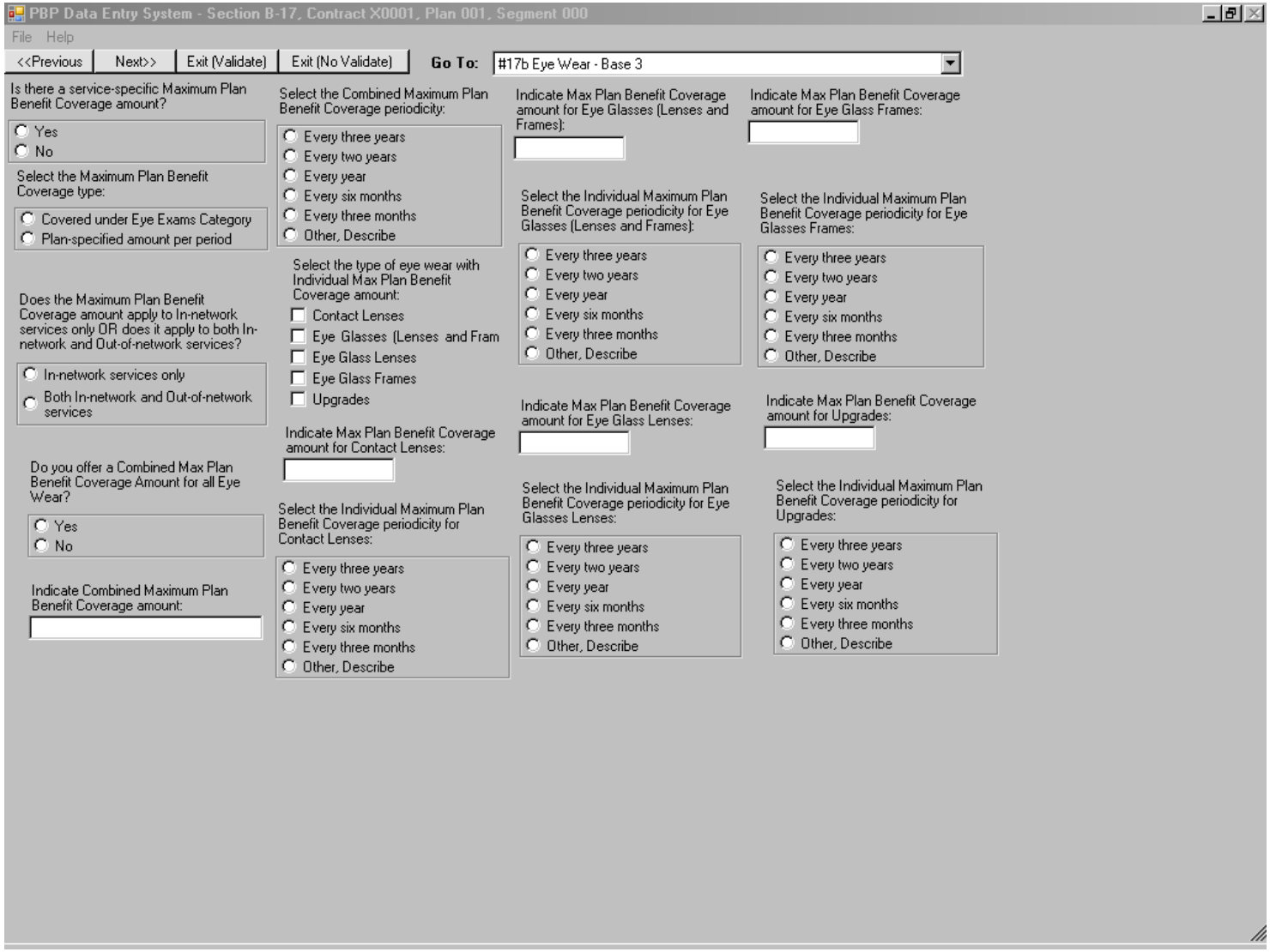
Section B – 17B – Eye Wear – Base 1 Screen



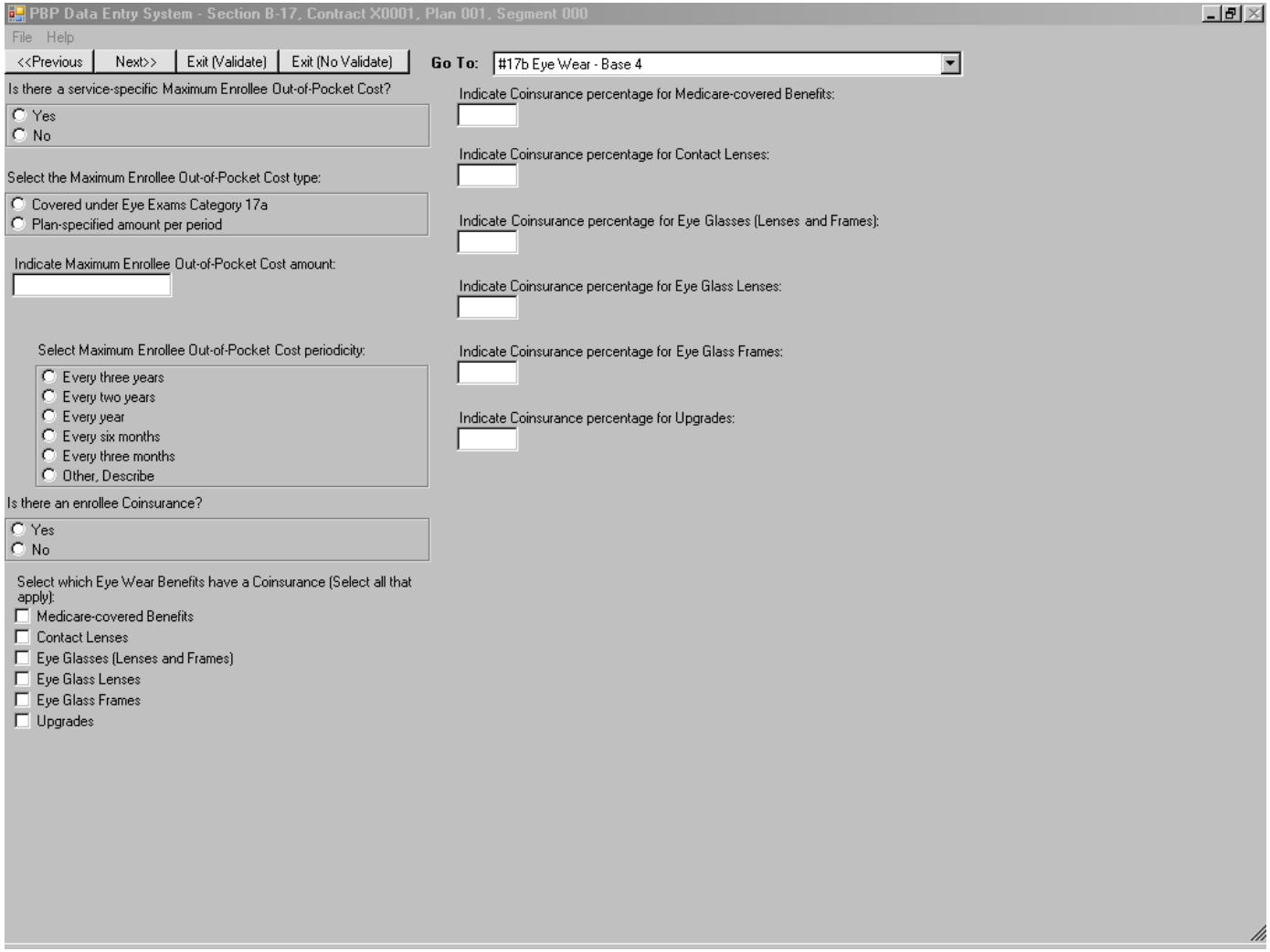
Section B – 17B – Eye Wear – Base 2 Screen



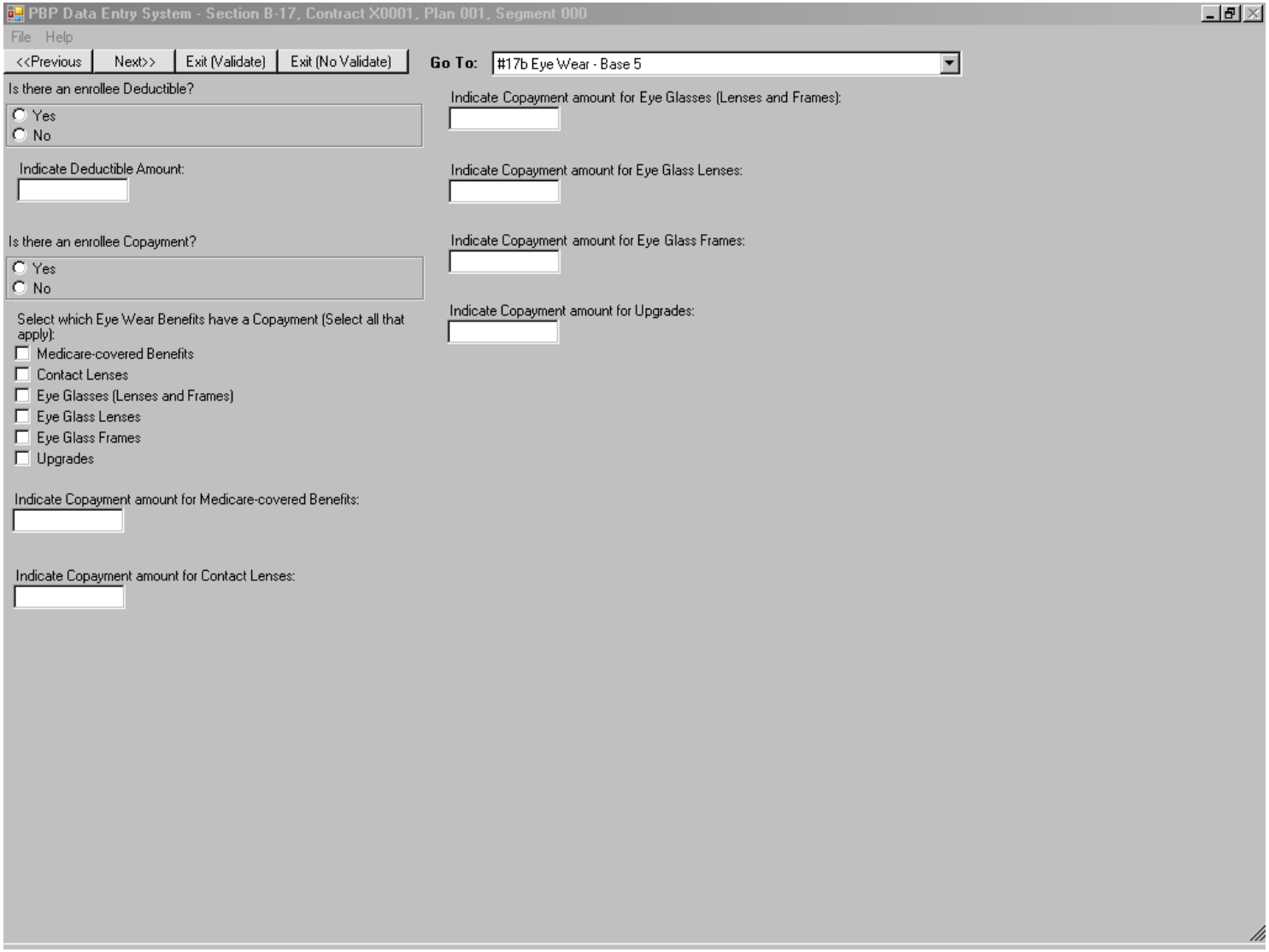
Section B – 17B – Eye Wear – Base 3 Screen



Section B – 17B – Eye Wear – Base 4 Screen

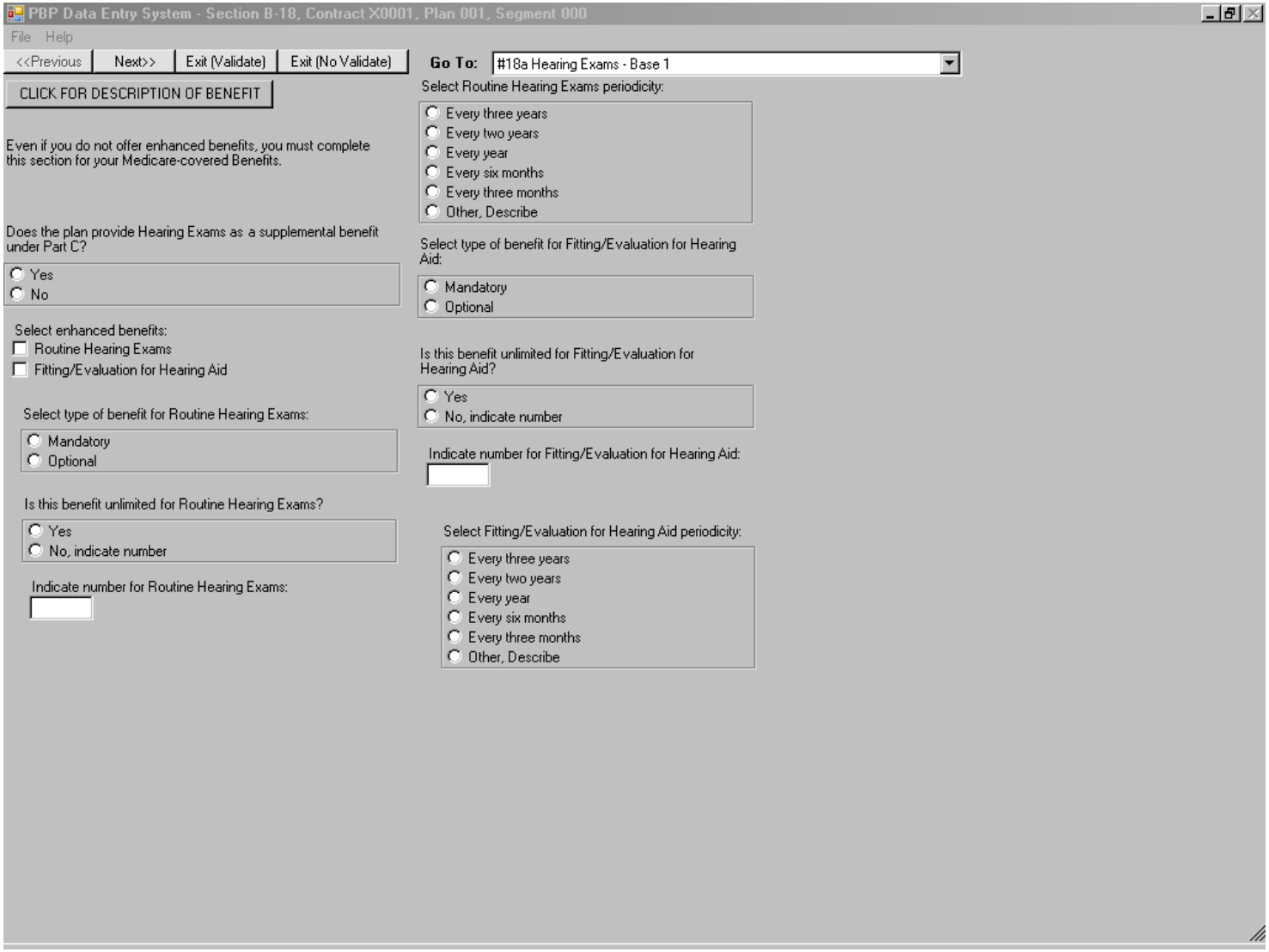


Section B – 17B – Eye Wear – Base 5 Screen

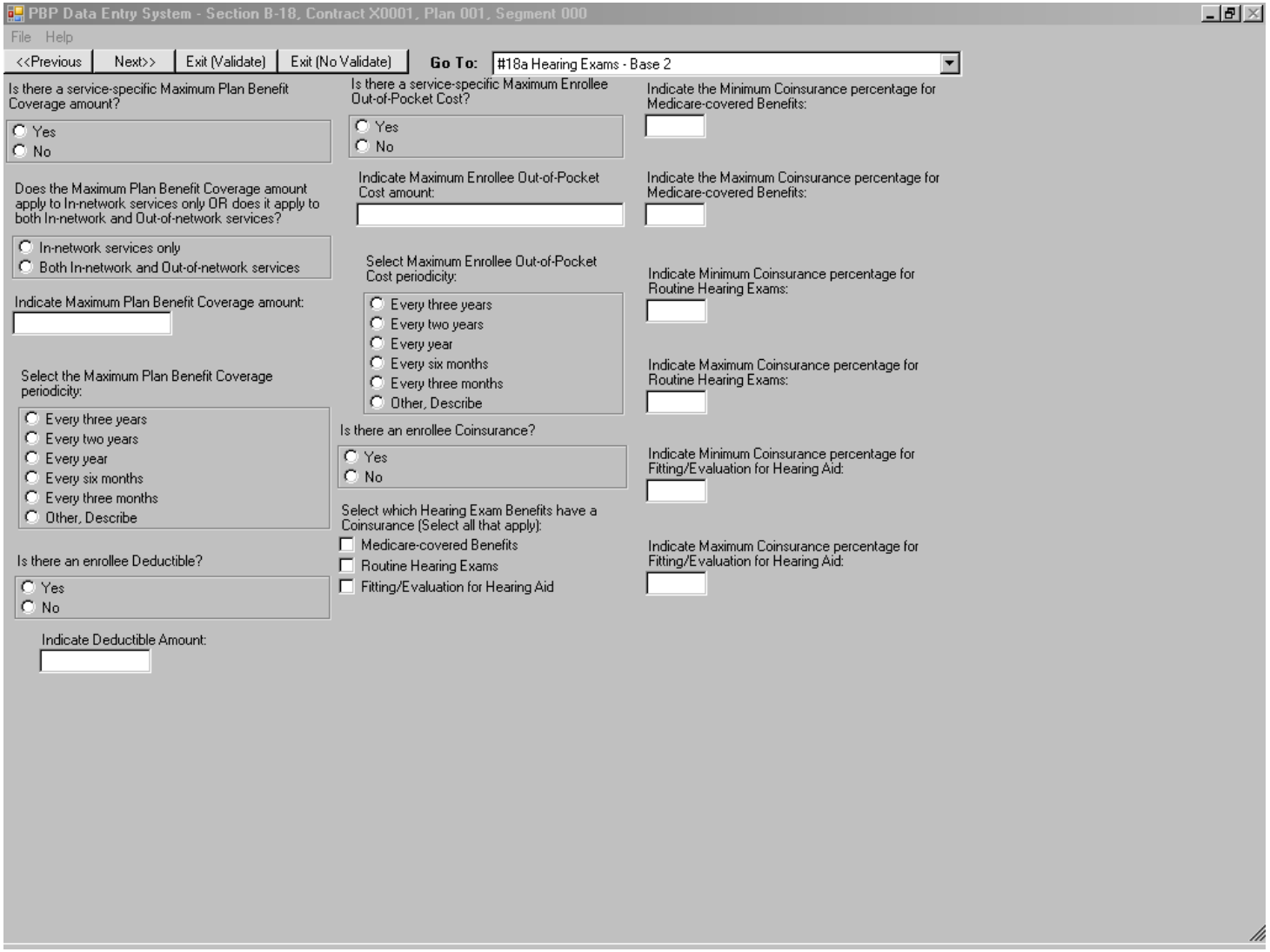


Section B – 17B – Eye Wear – Base 6 Screen

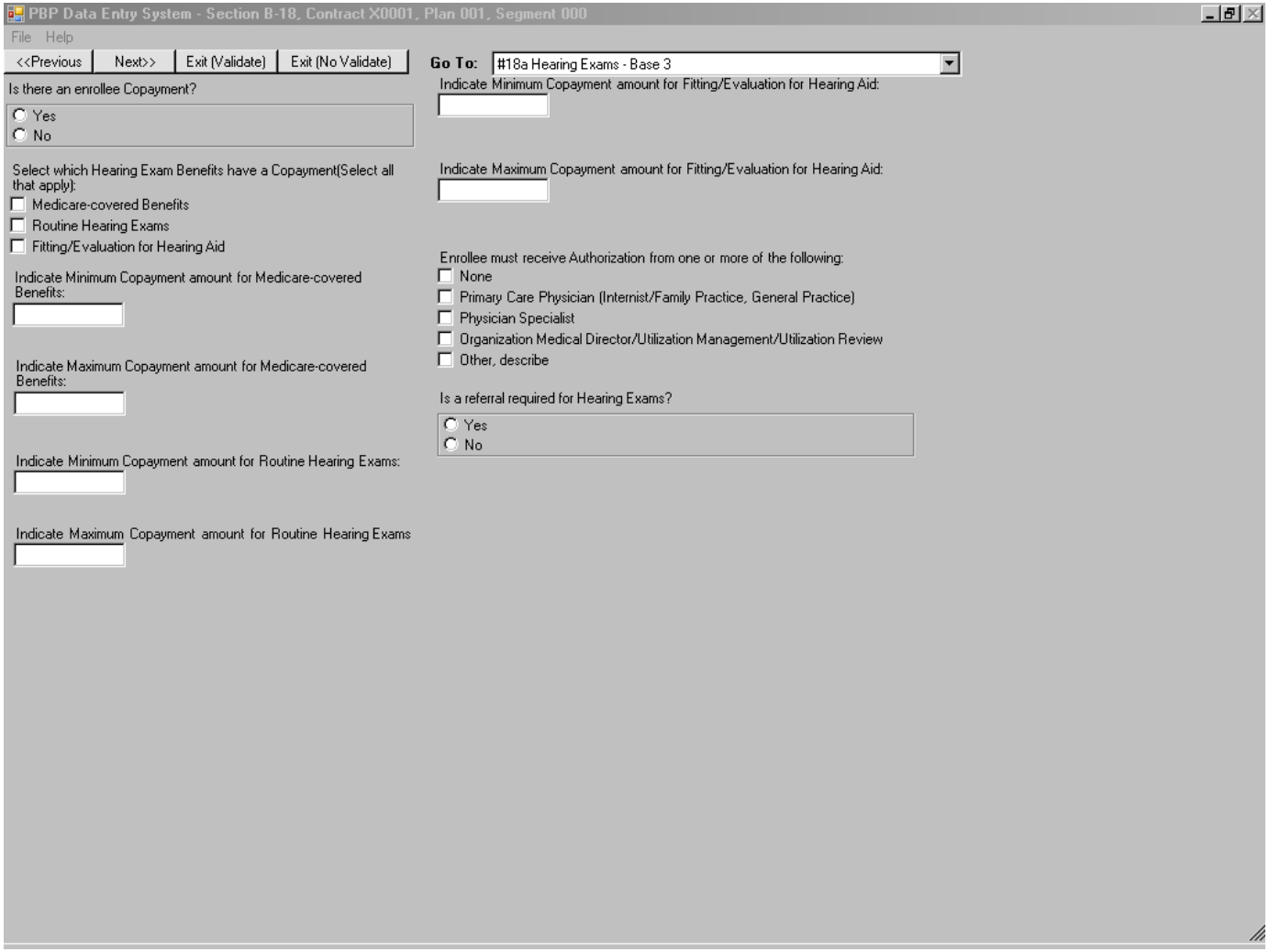
Section B – 18A – Hearing Exams – Base 1 Screen



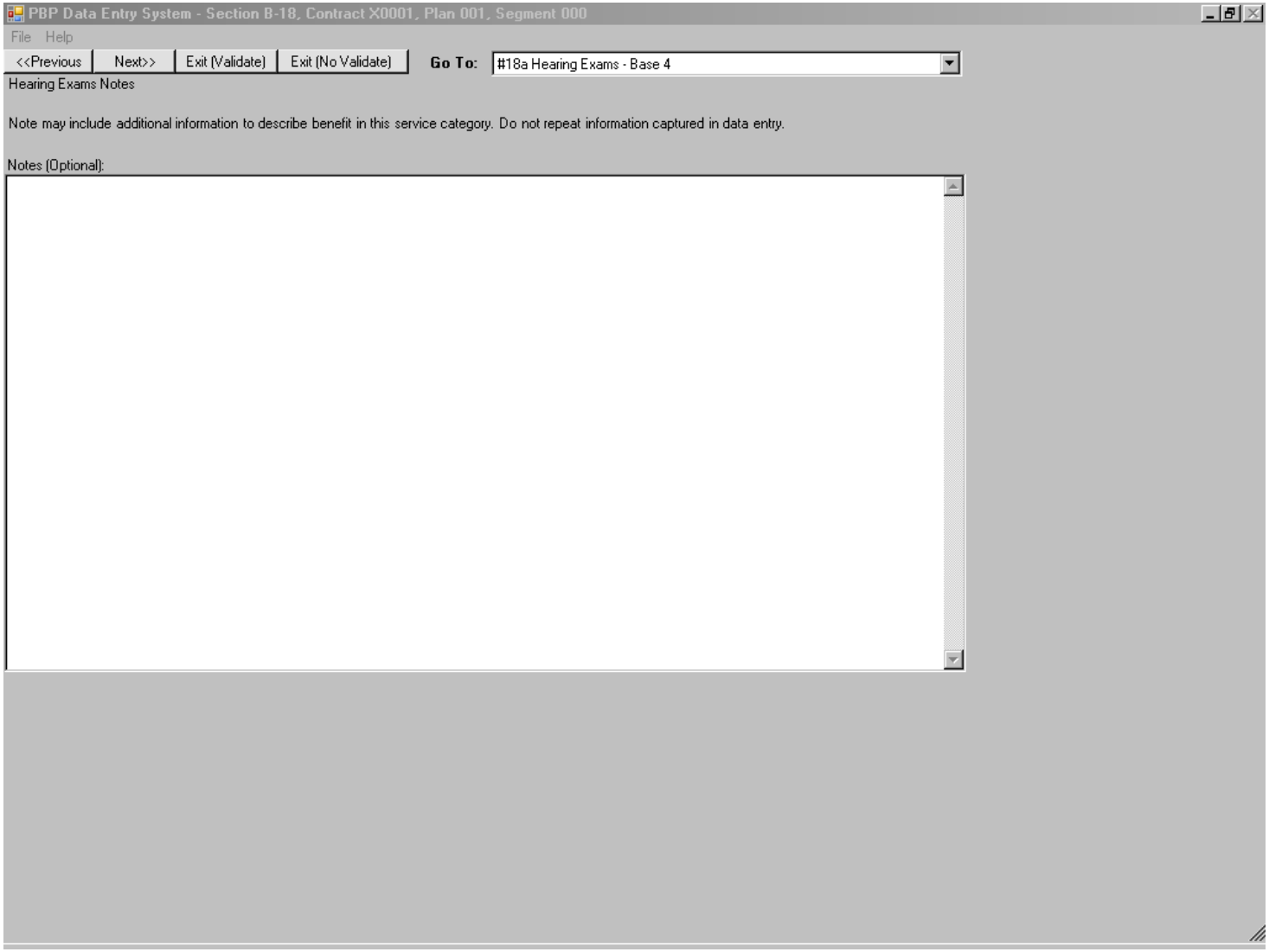
Section B – 18A – Hearing Exams – Base 2 Screen



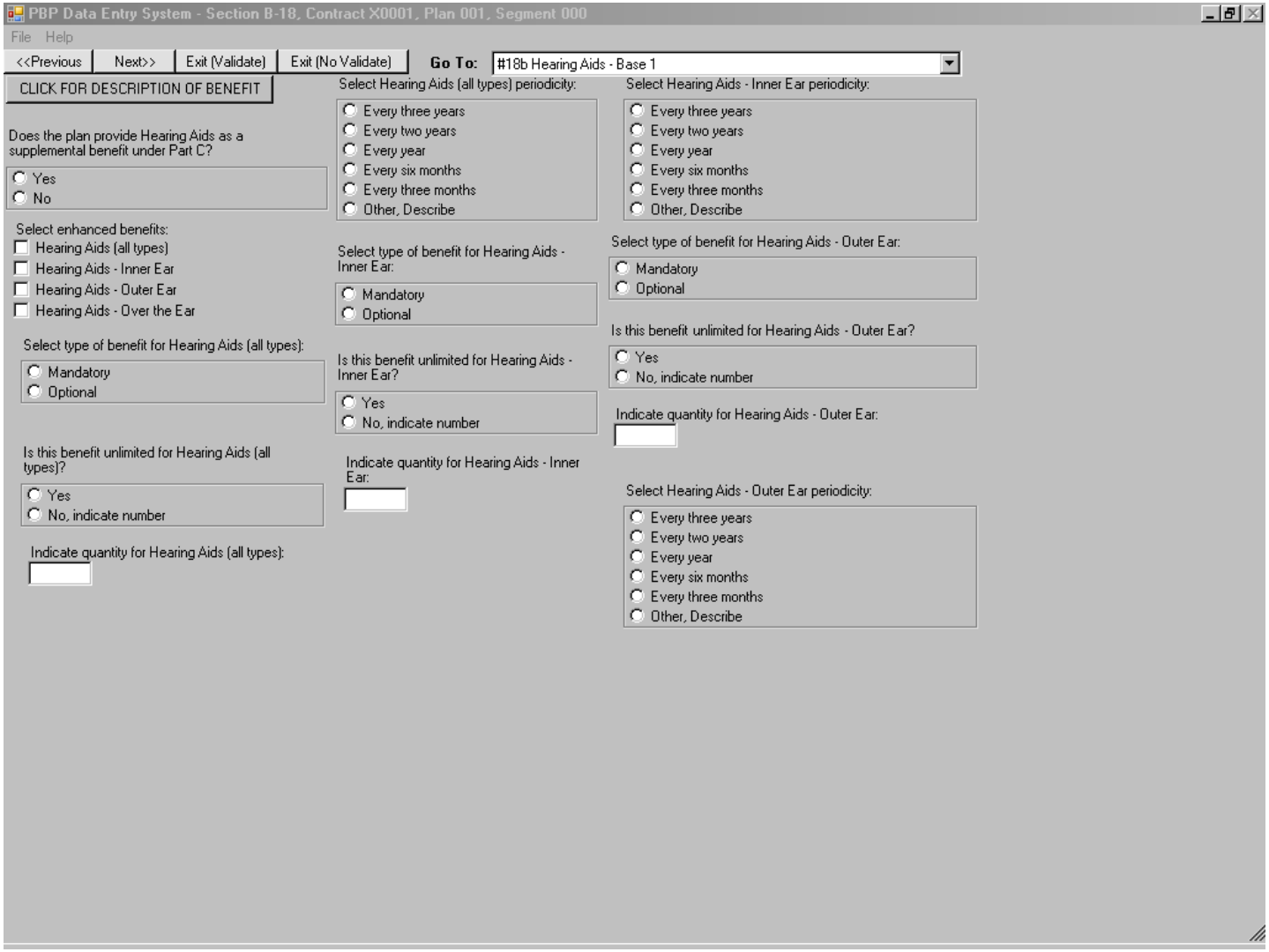
Section B – 18A – Hearing Exams – Base 3 Screen



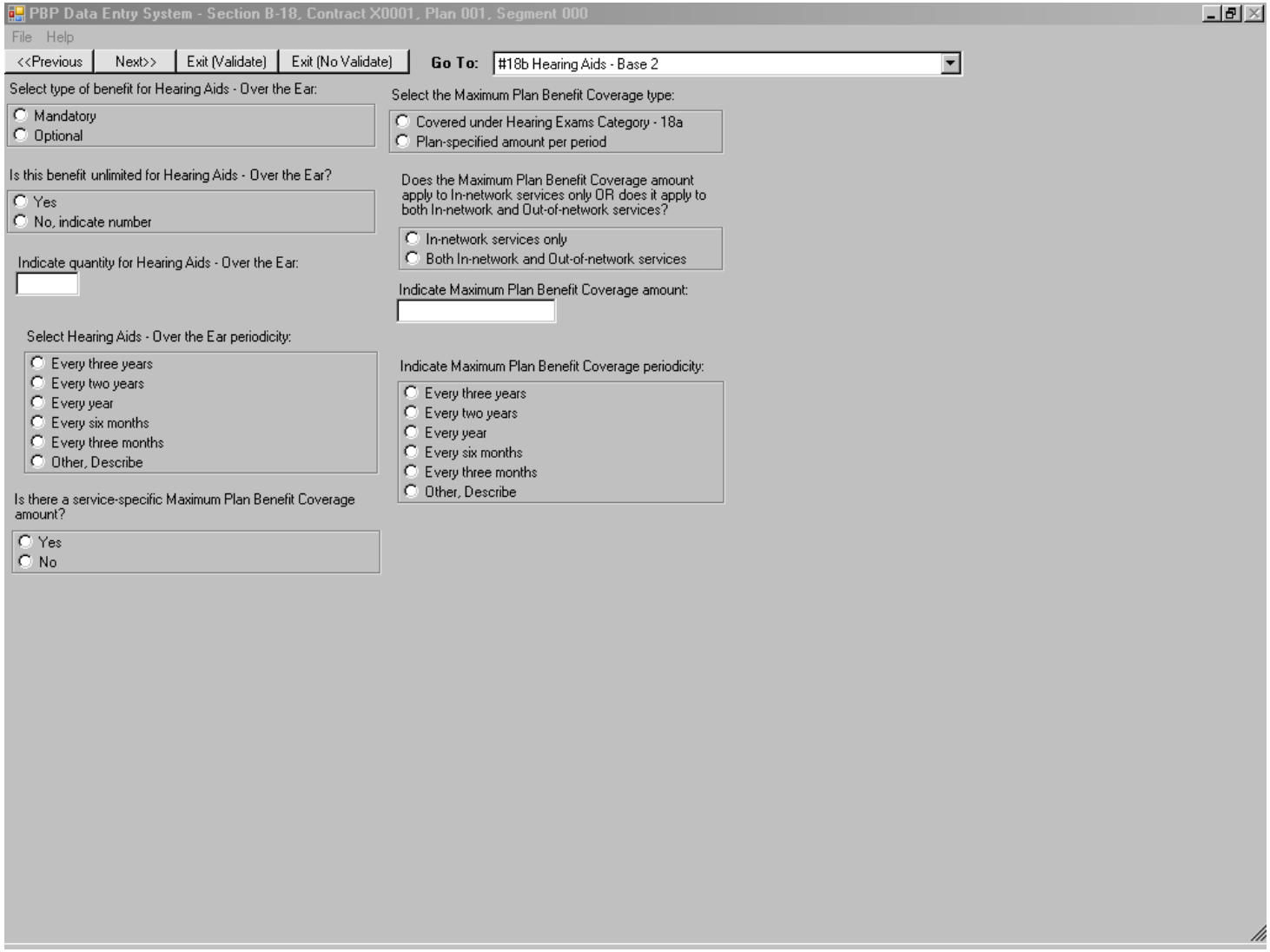
Section B – 18A – Hearing Exams – Base 4 Screen



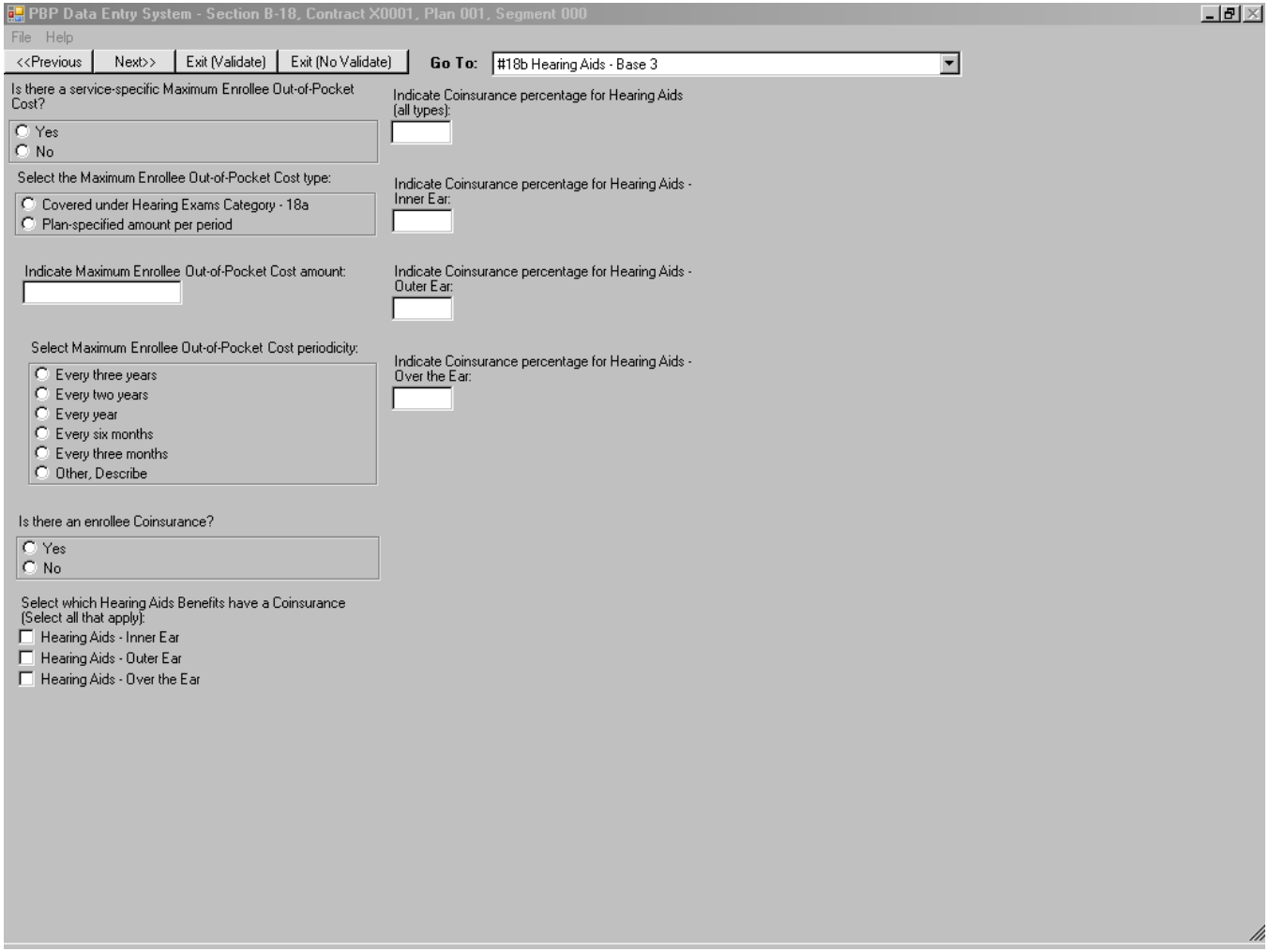
Section B – 18B – Hearing Aids – Base 1 Screen



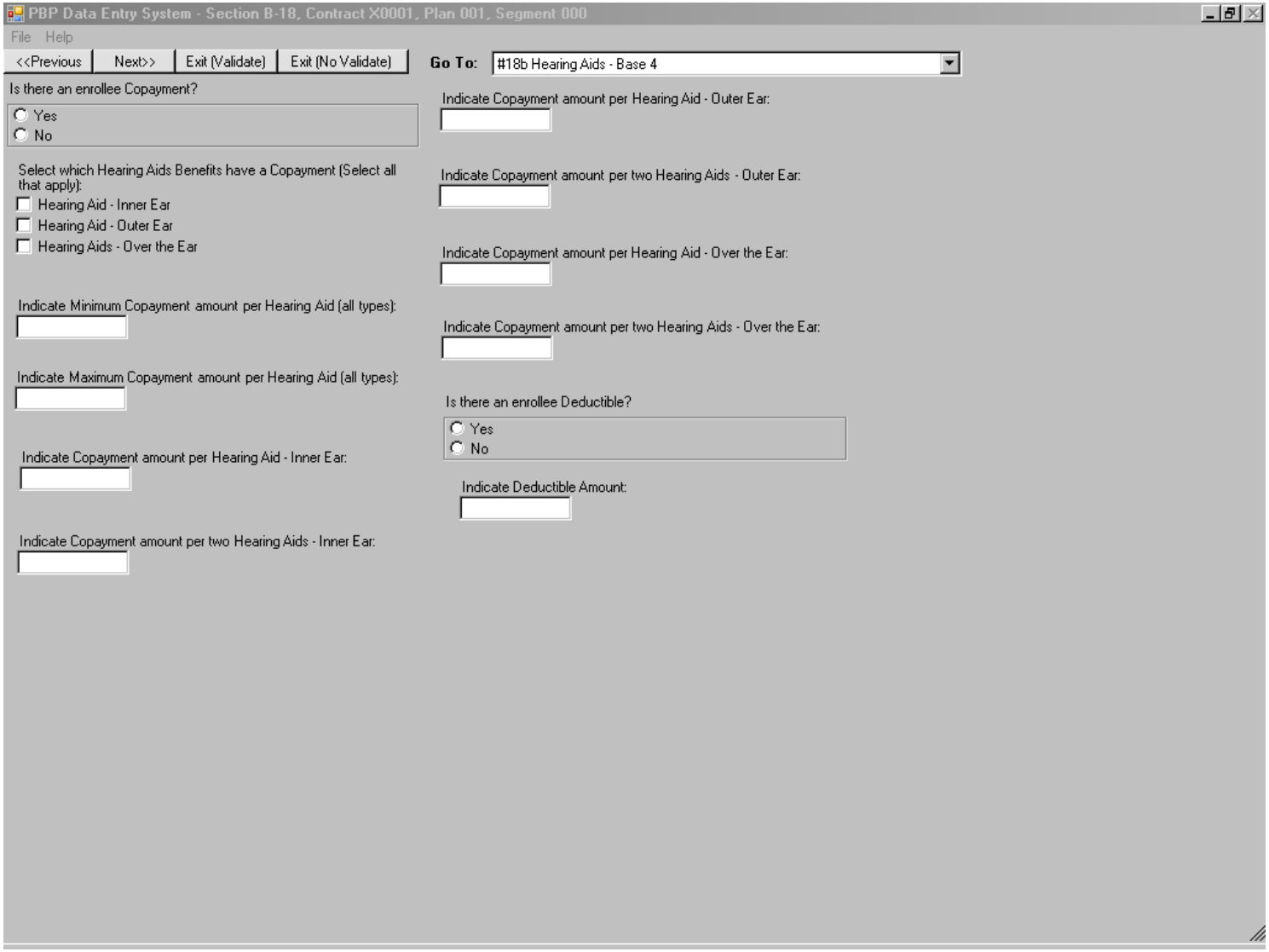
Section B – 18B – Hearing Aids – Base 2 Screen



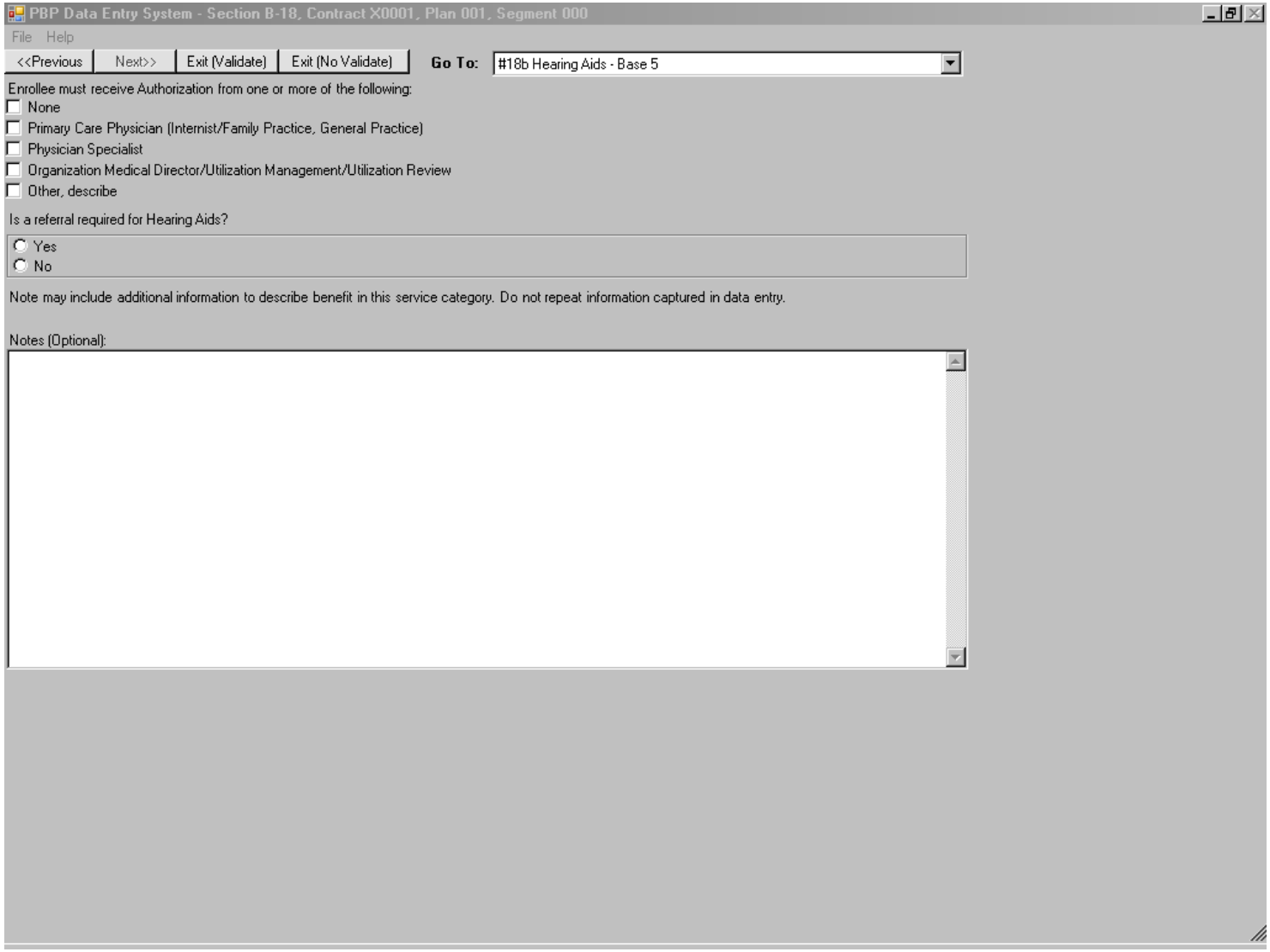
Section B – 18B – Hearing Aids – Base 3 Screen



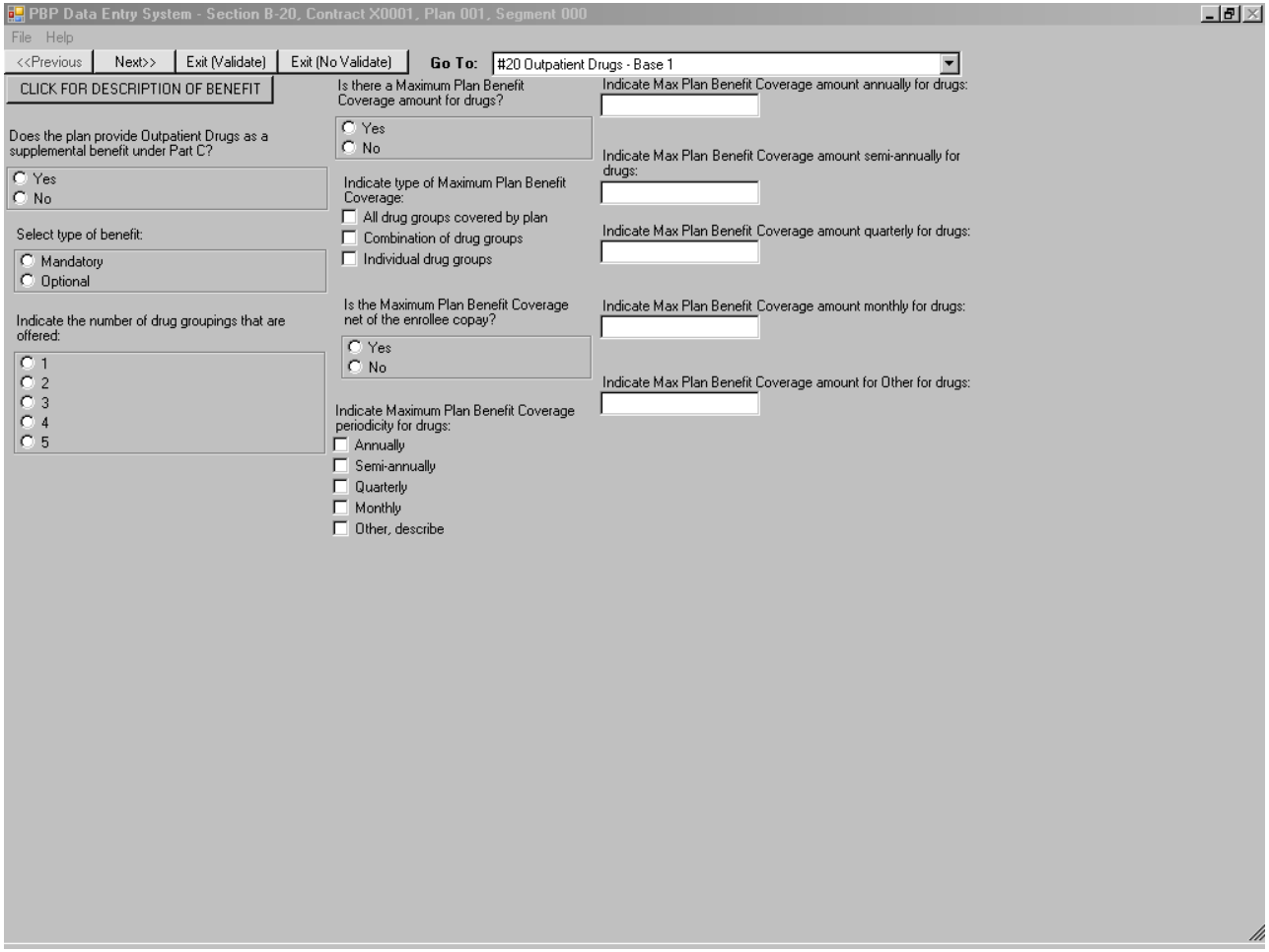
Section B – 18B – Hearing Aids – Base 4 Screen



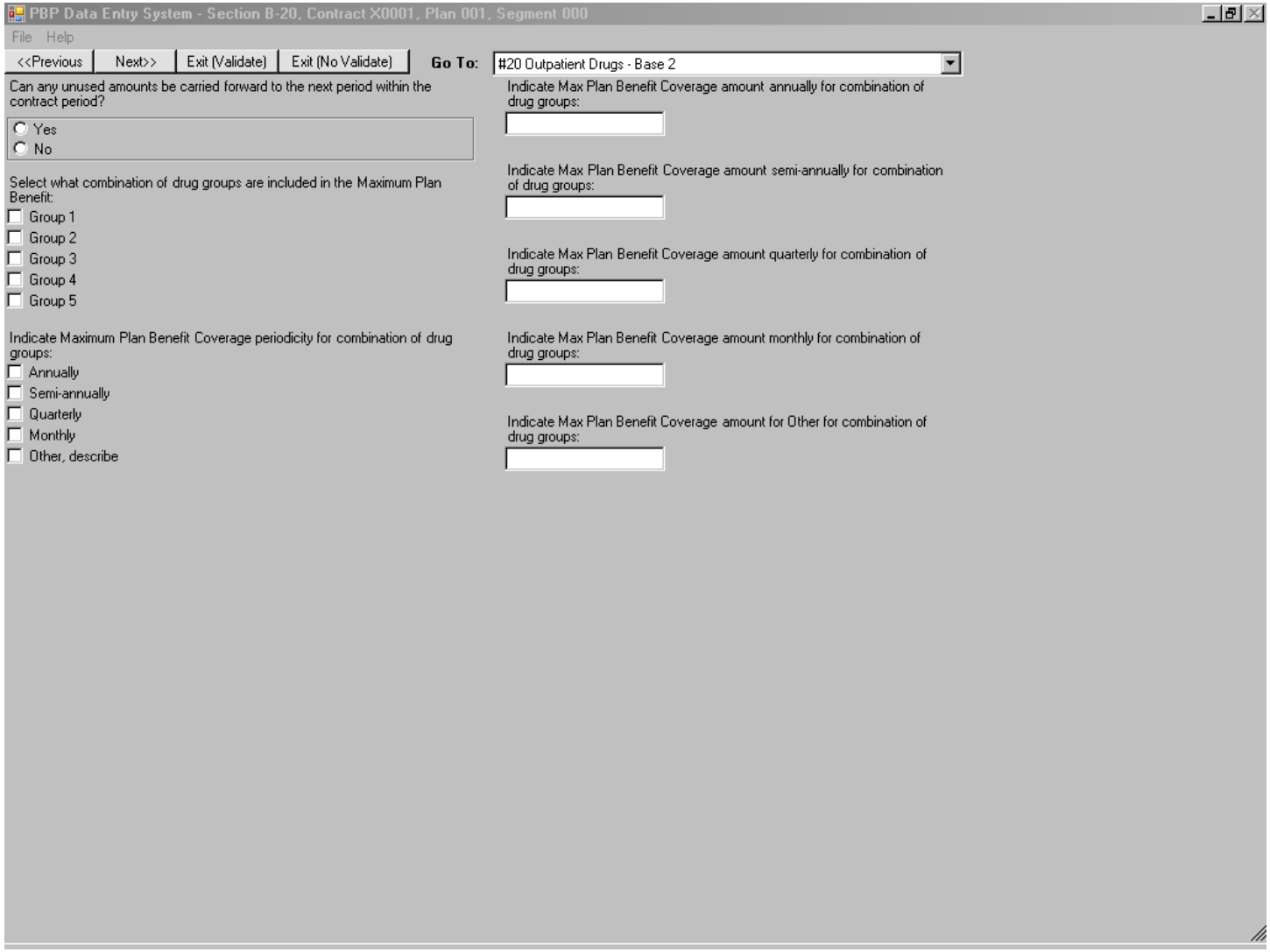
Section B – 18B – Hearing Aids – Base 5 Screen



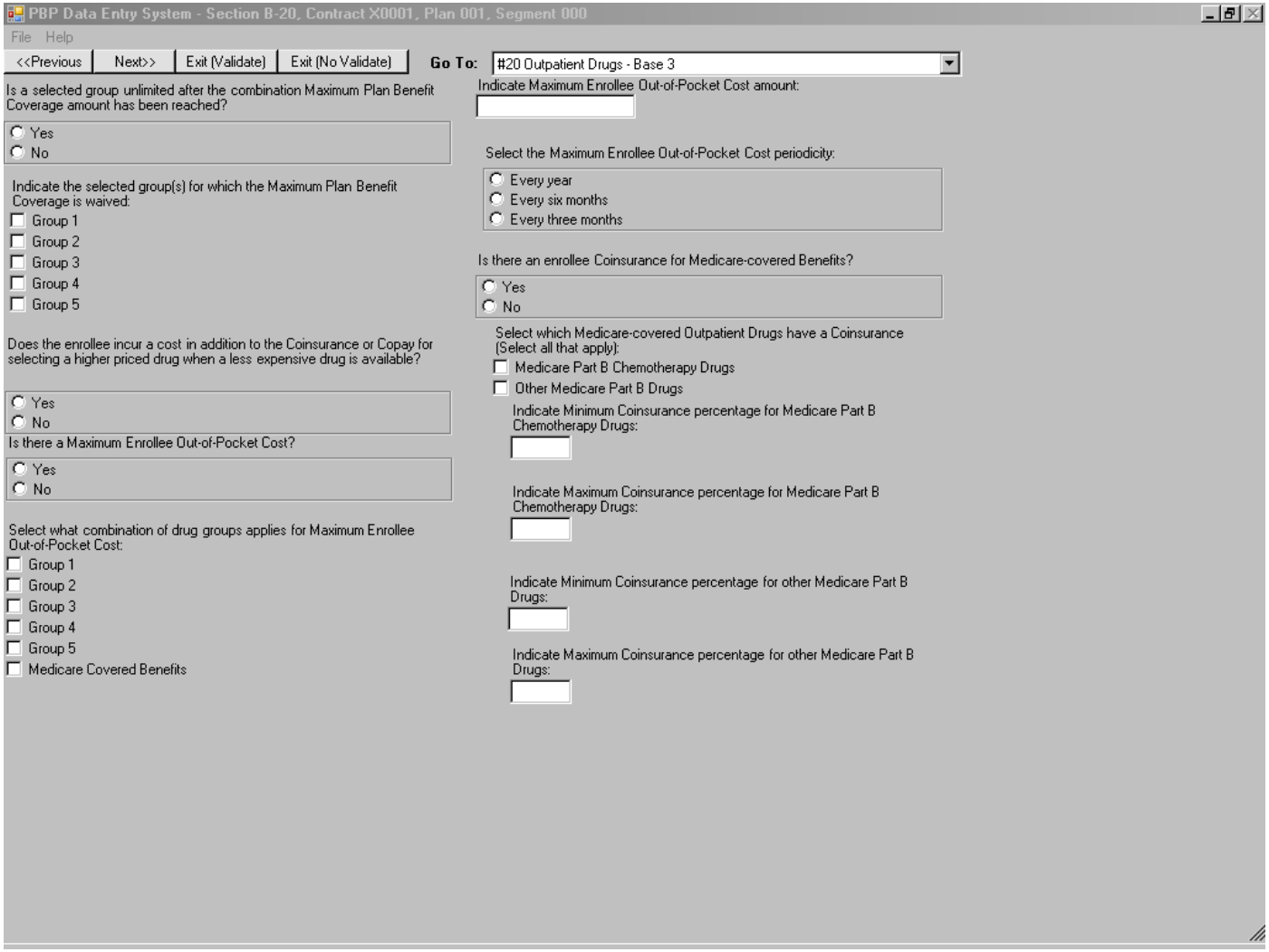
Section B – 20 – Outpatient Drugs – Base 1 Screen



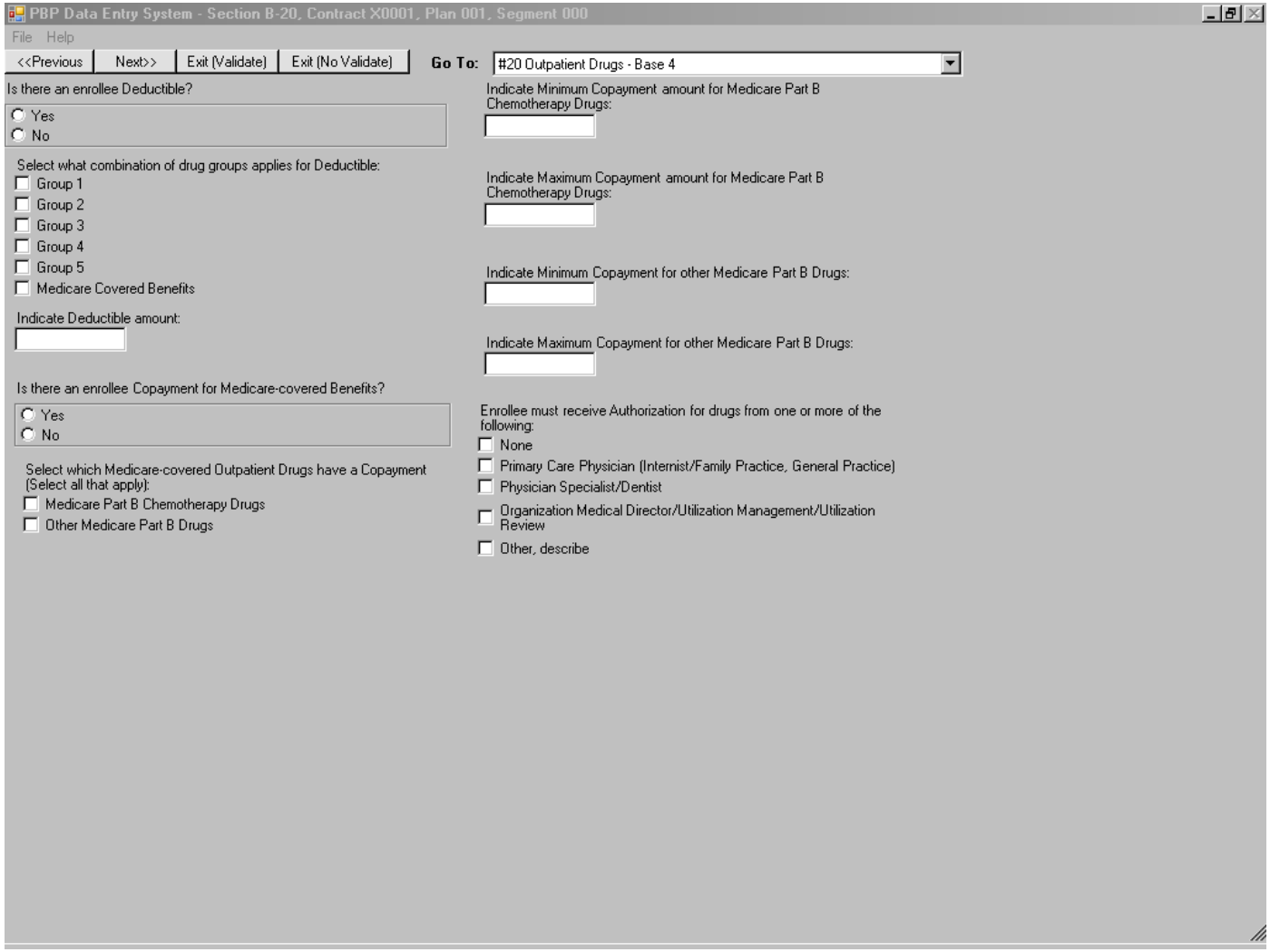
Section B – 20 – Outpatient Drugs – Base 2 Screen



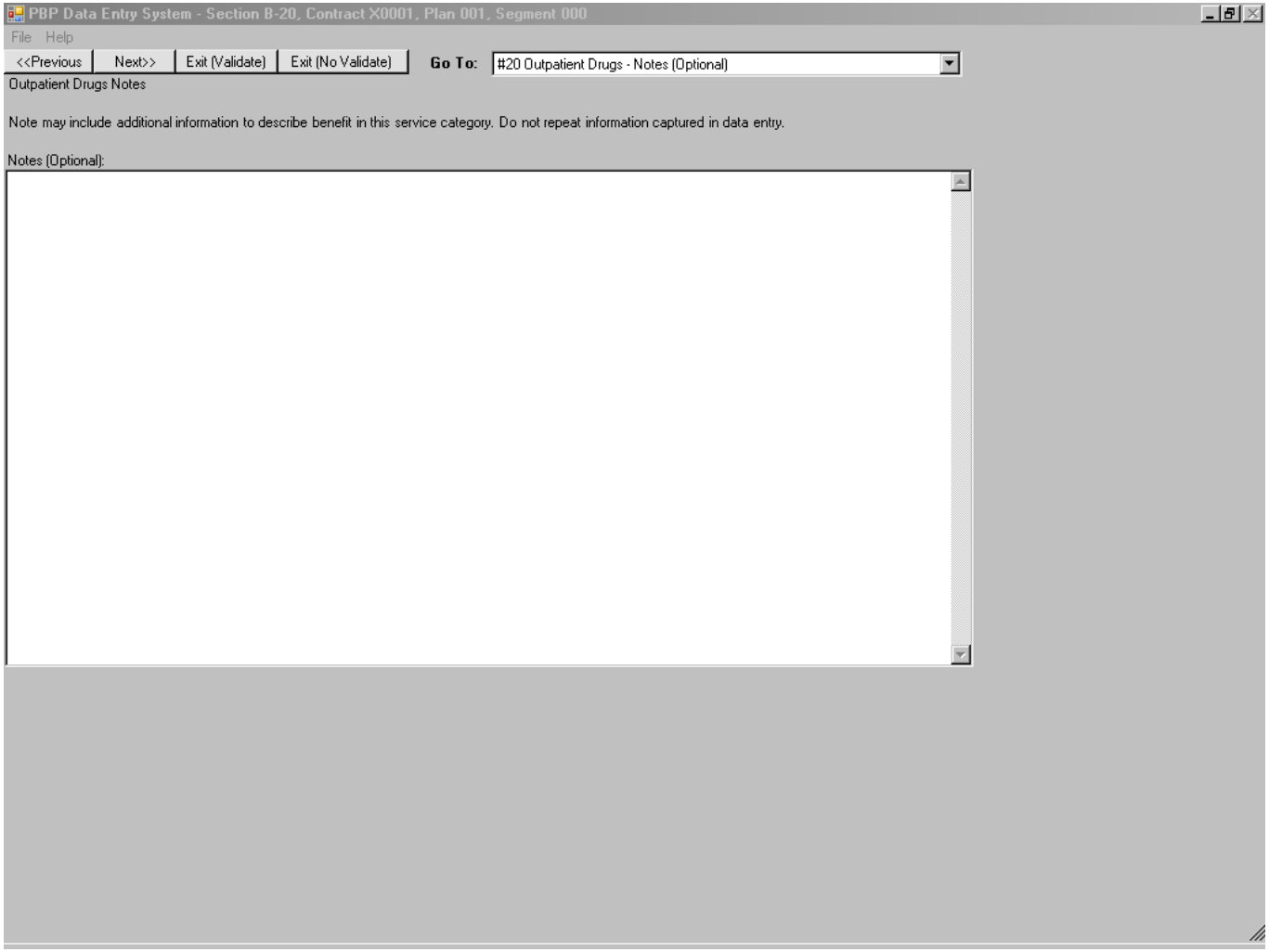
Section B – 20 – Outpatient Drugs – Base 3 Screen



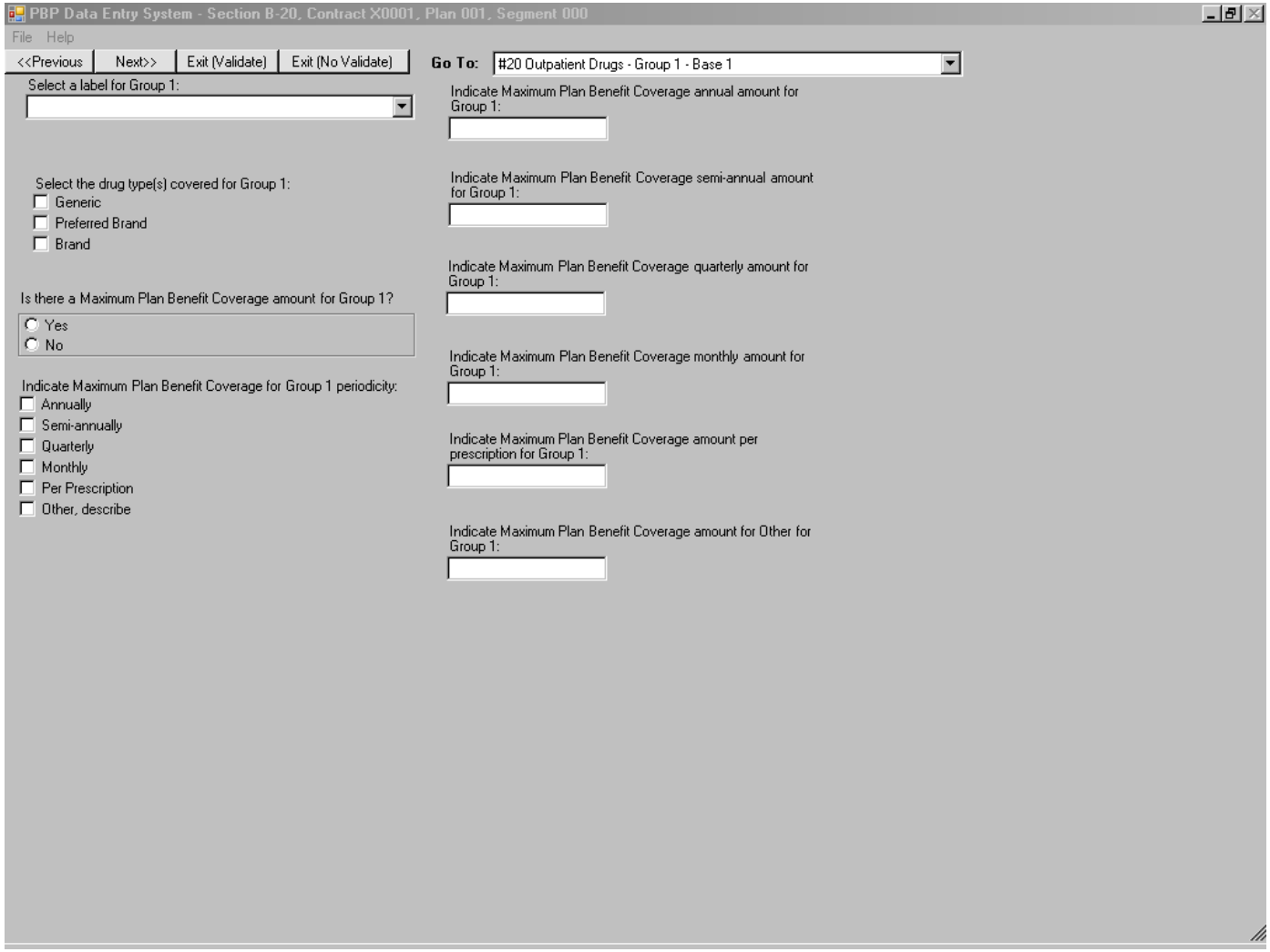
Section B – 20 – Outpatient Drugs – Base 4 Screen



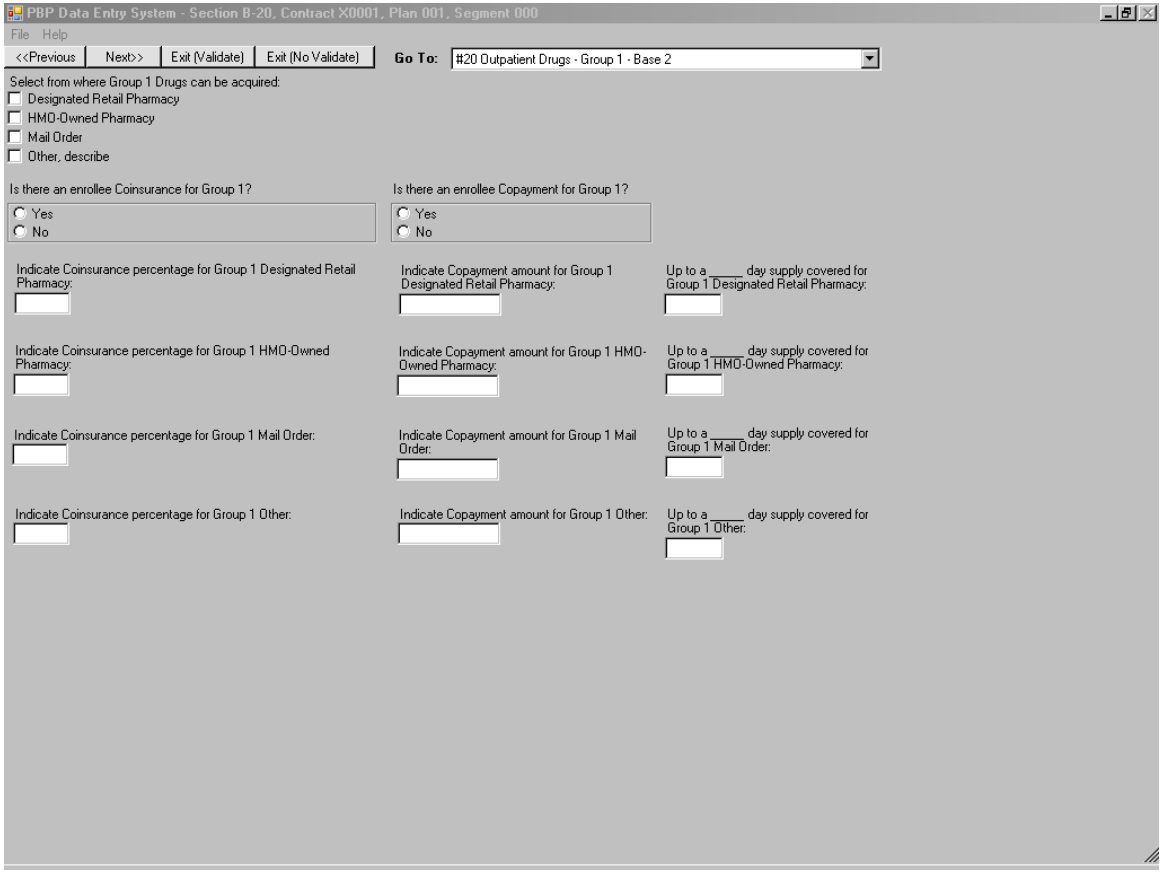
Section B – 20 – Outpatient Drugs – Notes (Optional) Screen



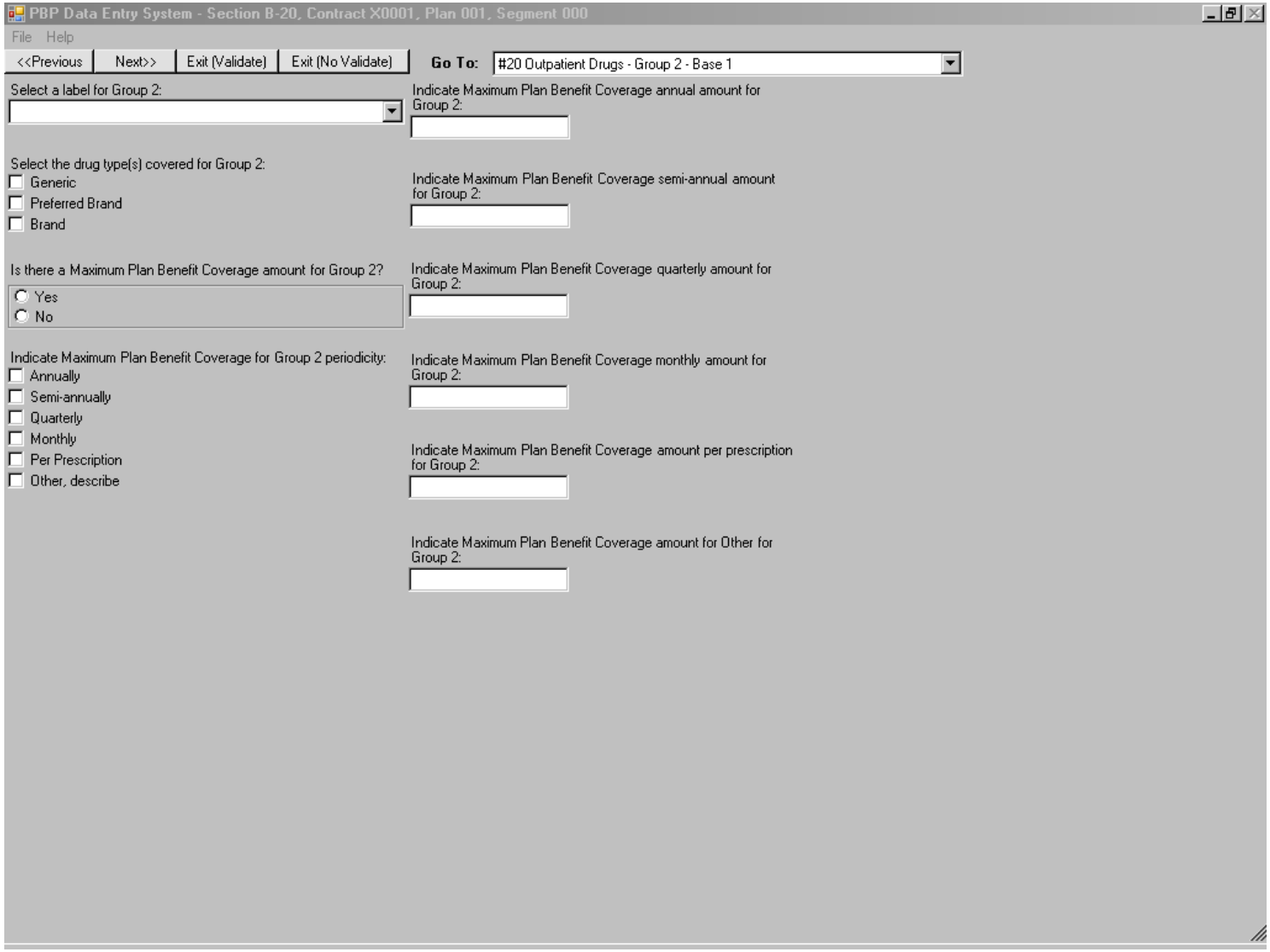
Section B – 20 – Outpatient Drugs-Group 1 – Base 1 Screen



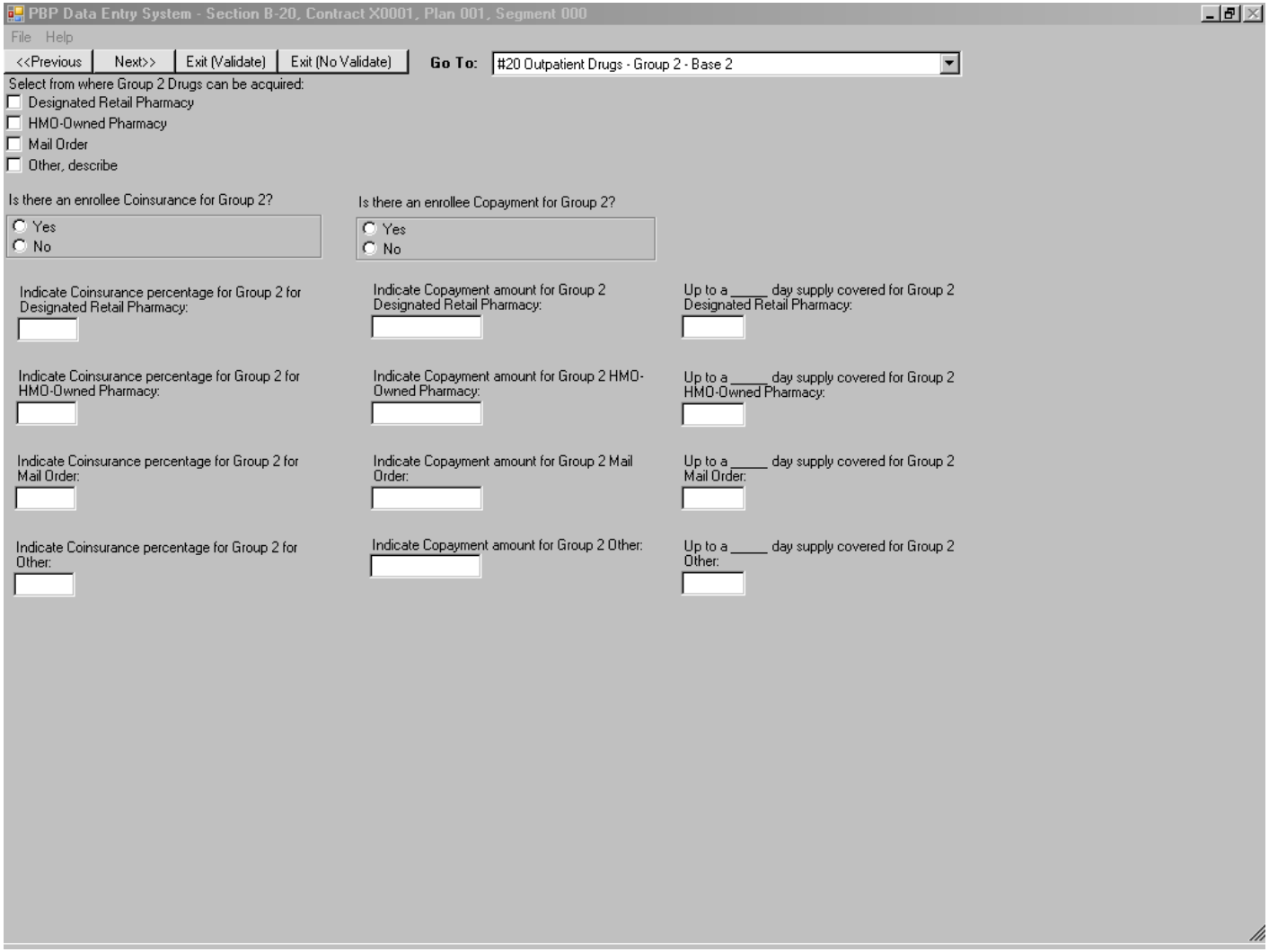
Section B – 20 – Outpatient Drugs-Group 1 – Base 2 Screen



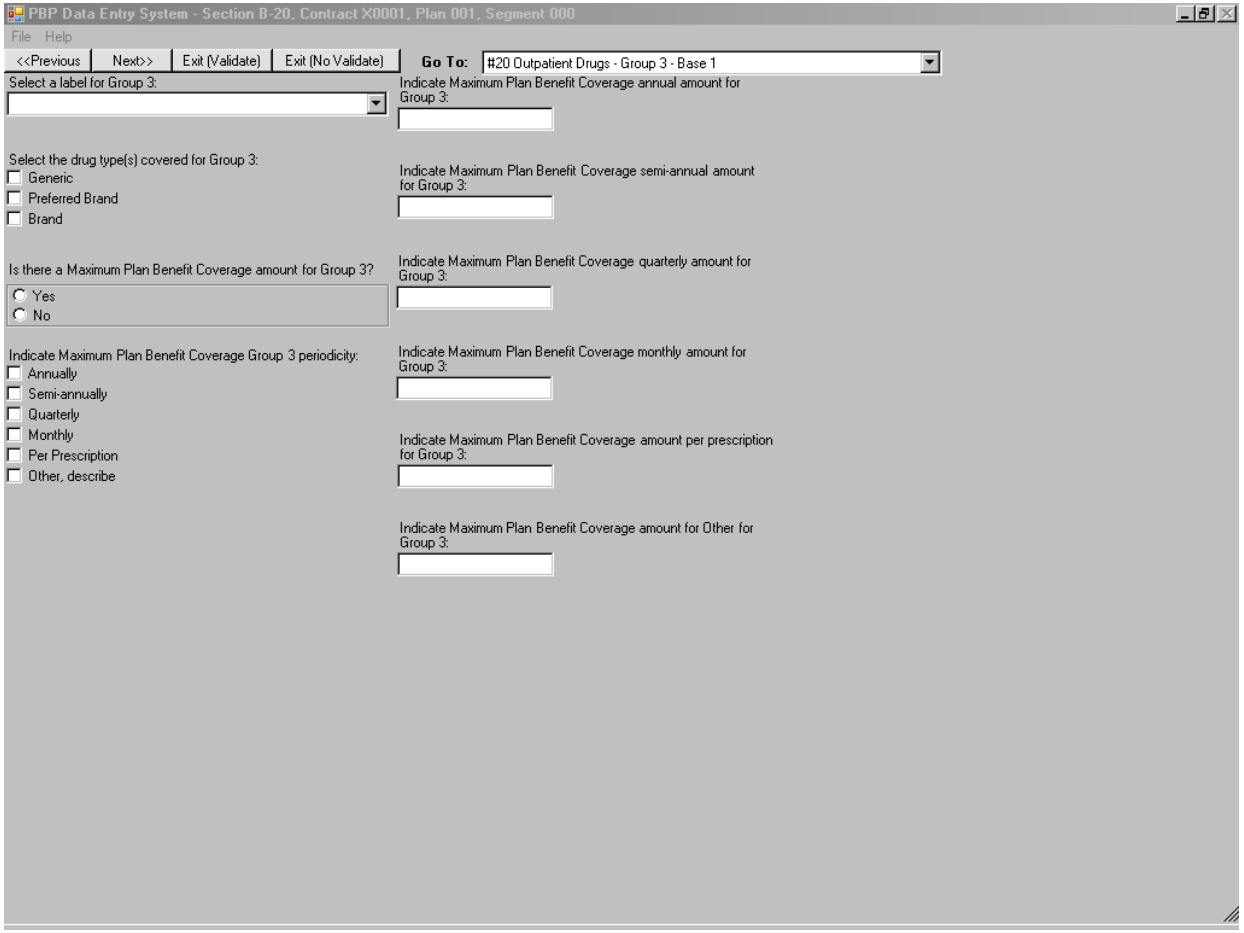
Section B – 20 – Outpatient Drugs-Group 2 – Base 1 Screen



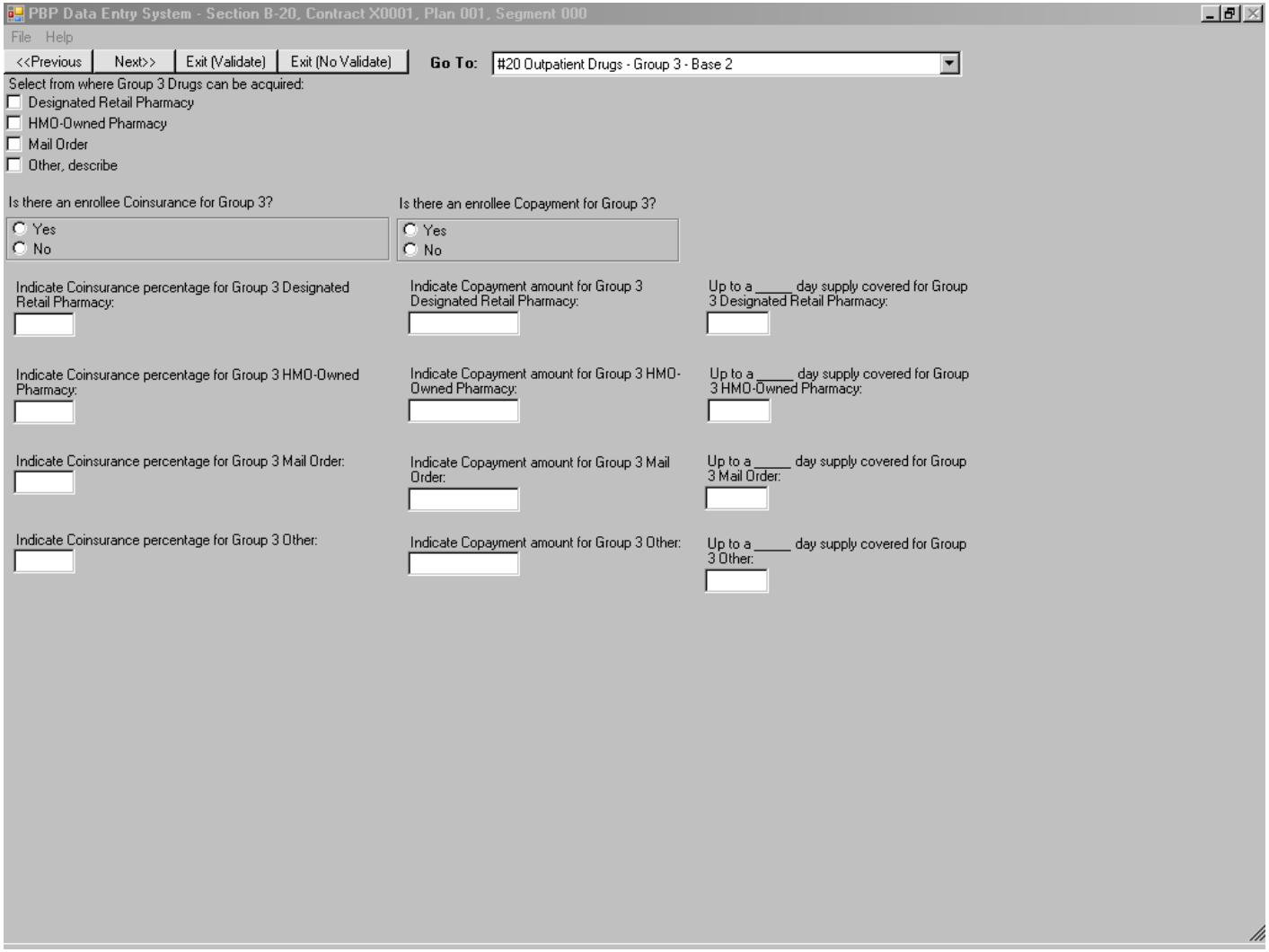
Section B – 20 – Outpatient Drugs-Group 2 – Base 2 Screen



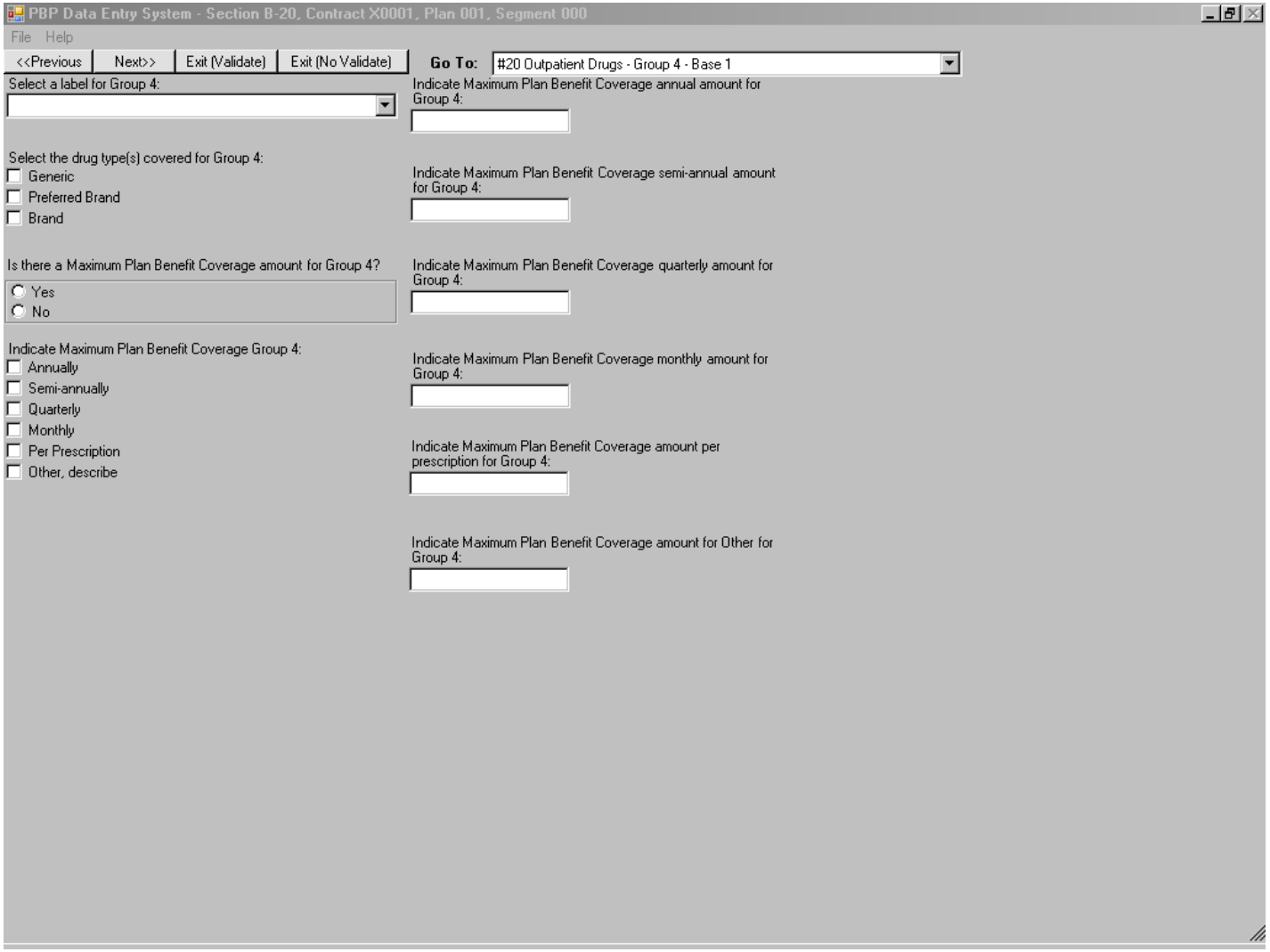
Section B – 20 – Outpatient Drugs-Group 3 – Base 1 Screen



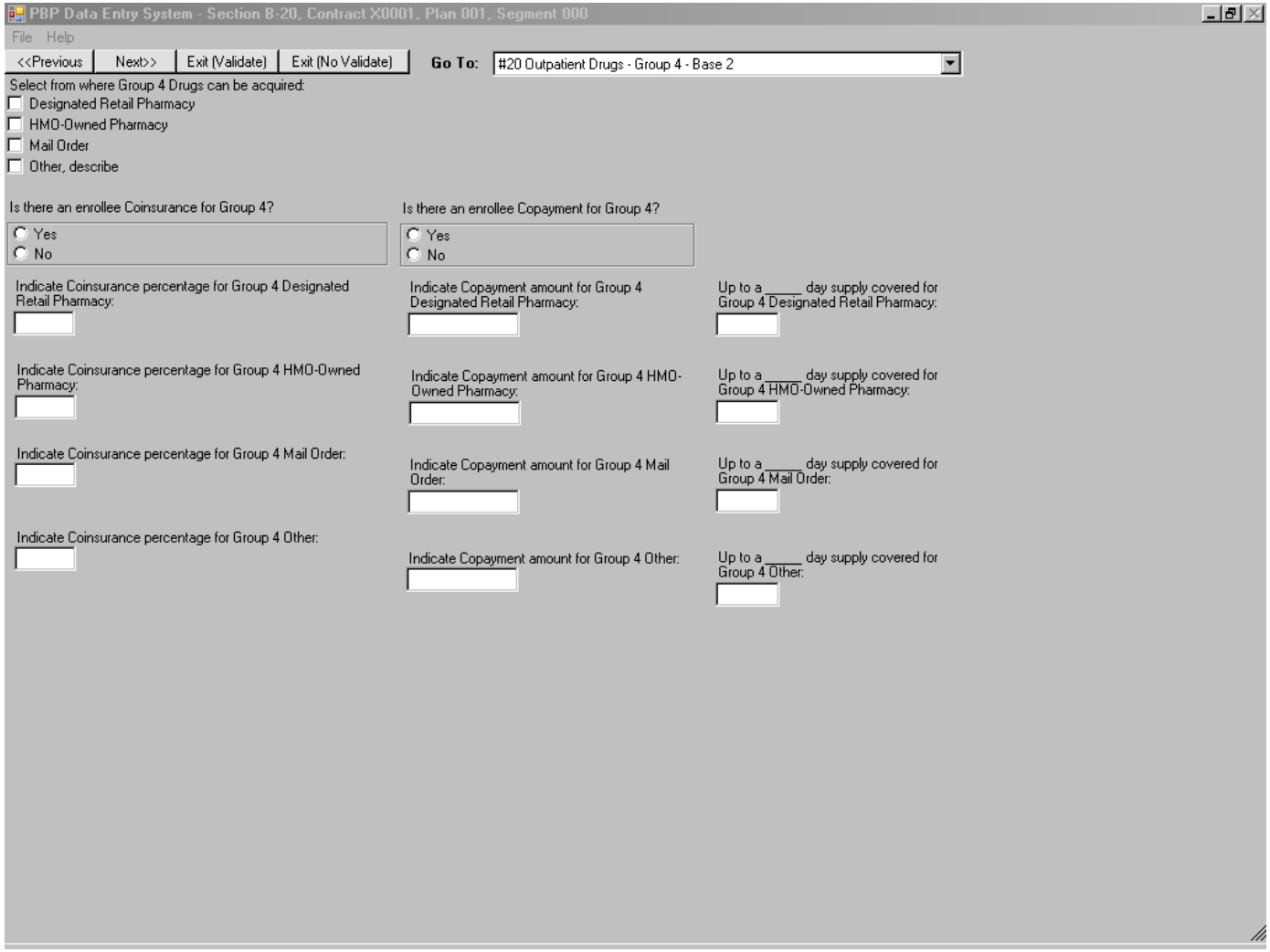
Section B – 20 – Outpatient Drugs-Group 3 – Base 2 Screen



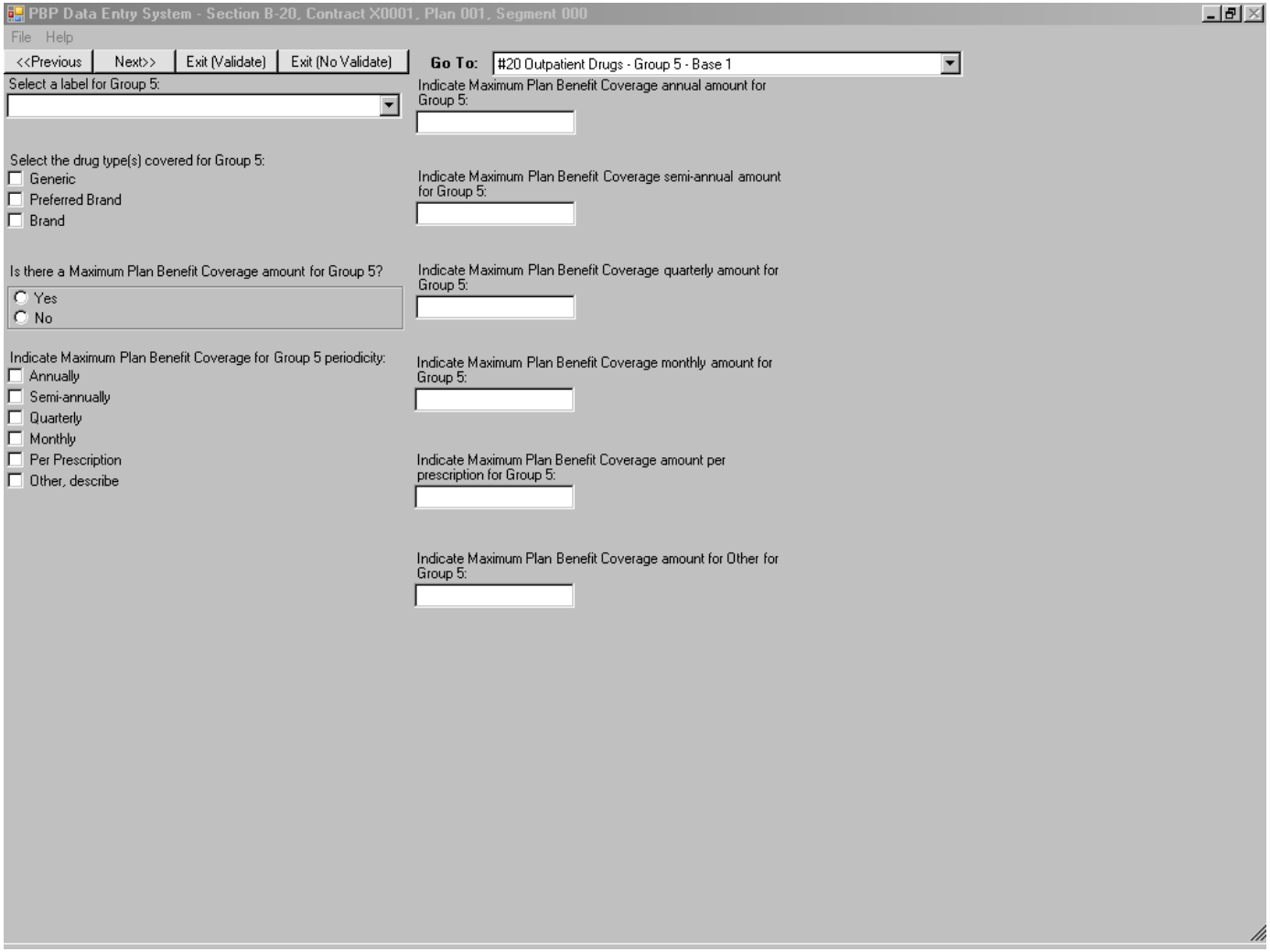
Section B – 20 – Outpatient Drugs-Group 4 – Base 1 Screen



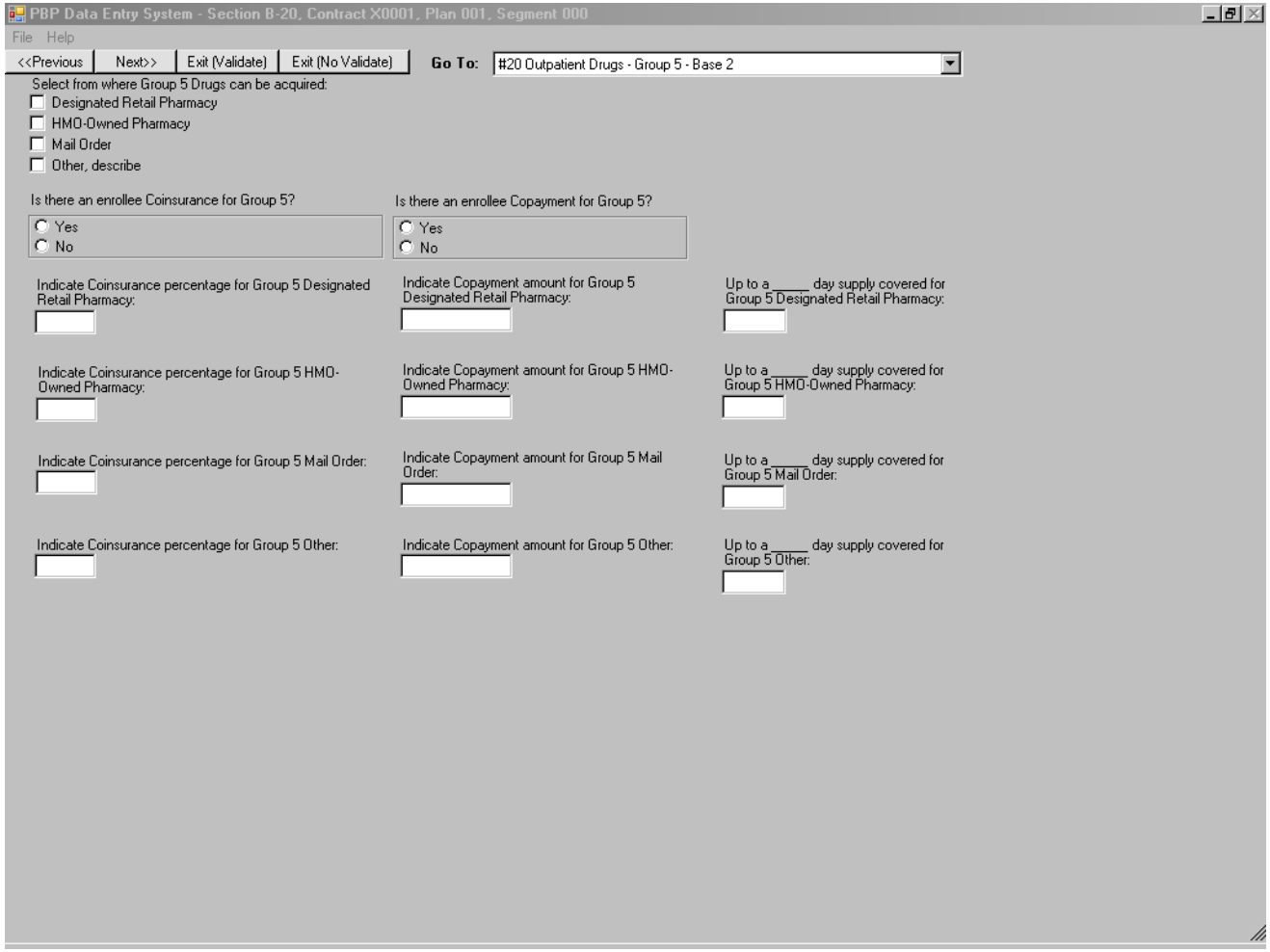
Section B – 20 – Outpatient Drugs-Group 4 – Base 2 Screen



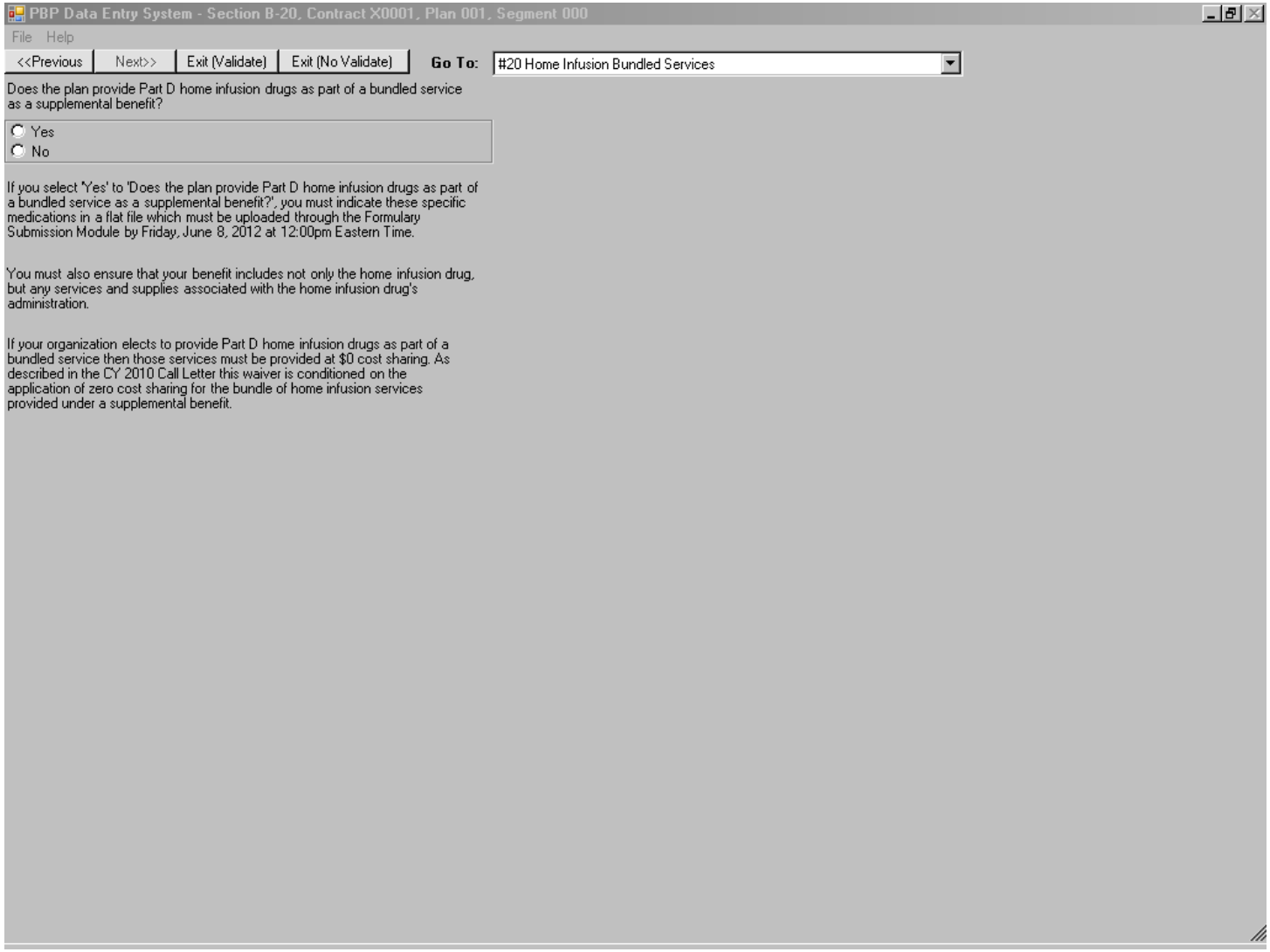
Section B – 20 – Outpatient Drugs-Group 5 – Base 1 Screen



Section B – 20 – Outpatient Drugs-Group 5 – Base 2 Screen



Section B – 20 – Home Infusion Bundled Services – Screen


PBP Data Entry System - Section B-20, Contract X0001, Plan 001, Segment 000
File Help
<<Previous
Next>>
Exit (Validate)
Exit (No Validate)
Go To:
#20 Home Infusion Bundled Services
Does the plan provide Part D home infusion drugs as part of a bundled service as a supplemental benefit?
Yes
No
If you select 'Yes' to 'Does the plan provide Part D home infusion drugs as part of a bundled service as a supplemental benefit?', you must indicate these specific medications in a flat file which must be uploaded through the Formulary Submission Module by Friday, June 8, 2012 at 12:00pm Eastern Time.
You must also ensure that your benefit includes not only the home infusion drug, but any services and supplies associated with the home infusion drug's administration.
If your organization elects to provide Part D home infusion drugs as part of a bundled service then those services must be provided at $0 cost sharing. As described in the CY 2010 Call Letter this waiver is conditioned on the application of zero cost sharing for the bundle of home infusion services provided under a supplemental benefit.