

PBP File Paths Screen

**PBP File Paths**

**Network Configuration**  
PBP can store the data collection and plans databases in a different location (e.g., network drive). Enter the file path where the databases will reside:

**Backups**  
PBP will backup the data collection databases (PBP2014.MDB and PBPPLANS2014.MDB) each time it is exited normally. Enter the file path where the databases will be copied and zipped:

NOTE: This field may not be left blank.

**BPT Spreadsheets**  
When performing the Upload and Update features, PBP needs to know where the BPT Spreadsheets are located. Enter the file path for BPT Spreadsheets:

**Reports**  
Enter the file path for PBP reports saved to file:

**Import/Export File Location**  
When performing the Import/Export features, PBP needs to know where the Import/Export file is located. Enter the file path for the Import/Export File:

Section A-1 Screen

PBP Data Entry System - Section A, Contract X0001, 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

A-2 Screen

PBP Data Entry System - Section A, Contract X0001, Plan 001, Segment 000

File Help

<<Previous Next>> Exit (Validate) Exit (No Validate) Go To: Section A-2

Indicate CY 2014 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

Under this plan, has the state agreed to cover all Medicare premiums and coinsurance for enrollees in your full-benefit dual eligible SNP, including any that either don't have eligibility for, or have not enrolled in the QMB program?

Yes  
 No

Section A-3 Screen

PBP Data Entry System - Section A, Contract X0001, Plan 001, Segment 000

File Help

<<Previous Next>> Exit (Validate) Exit (No Validate) Go To: Section A-3

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-4 Screen

PBP Data Entry System - Section A, Contract X0001, Plan 001, Segment 000

File Help

<<Previous Next>> Exit (Validate) Exit (No Validate) Go To: Section A-4

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-5 Screen

PBP Data Entry System - Section A, Contract X0001, Plan 001, Segment 000

File Help

<<Previous Next>> Exit (Validate) Exit (No Validate) Go To: Section A-5

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:
- 11a: Durable Medical Equipment (DMEPOS):

Select all of the Service Categories that require referral:

- 1a: Inpatient Hospital Acute:
- 1b: Inpatient Hospital Psychiatric:
- 2: Skilled Nursing Facility (SNF):
- 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:
- 11a: Durable Medical Equipment (DMEPOS):
- 16b: Comprehensive Dental:

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:
- 11a: Durable Medical Equipment (DMEPOS):

Select all of the Service Categories that require referral:

- 1a: Inpatient Hospital Acute:
- 1b: Inpatient Hospital Psychiatric:
- 2: Skilled Nursing Facility (SNF):
- 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:
- 11a: Durable Medical Equipment (DMEPOS):
- 16b: Comprehensive Dental:

Section A-6 Screen

PBP Data Entry System - Section A, Contract X0001, Plan 001, Segment 000

File Help

<<Previous Next>> Exit (Validate) Exit (No Validate) Go To: Section A-6

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):

PBP Plan Upload Screen

**PBP Plan Upload**

Contract/Plan ID	Assigned User	Plan Name	Last Entry Date	Plan Ready for Upload	Bid Validated	SB Verified	Plan Uploaded
Z0000001000	test	PD-Onl...	08/30/2012	Yes	N/A	N/A	08/30/2012 #...

Validate Bid    Review SB    Verify SB    Upload Plan(s)    Close

Your plans have been successfully uploaded into the PBP and are now ready to upload through HPMS. A zip file containing these plans has been created and is located in your PBP directory. The default database directory is: C:\PBP2014\ The name of the zip file is PBPUPLOD2014.ZIP.

Progress: