

PBP 2015 Data Entry System Screens

Medicare Rx General 1

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

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

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

- Standard Retail Cost-Sharing
- Standard and Preferred Retail Cost-Sharing
- Out-of-Network Pharmacy
- Mail Order Pharmacy
- Mail Order Preferred/Non-Preferred Pharmacy
- Long Term Care Pharmacy

Unless sponsor's compliance is waived by the regulation, sponsor must comply with 42 CFR § 423.154 beginning January 1, 2013 regarding the appropriate dispensing of prescription drugs in long-term care (LTC) facilities. This section requires, among other things:

- 1) that certain drugs be dispensed to Part D enrollees in LTC facilities in no greater than 14-day increments;
- 2) that the use of uniform dispensing techniques as defined by each of the LTC facilities be permitted;
- 3) that information be collected and reported in a form and manner specified by CMS on the dispensing methodology used for each applicable dispensing event and on the nature and quantity of unused brand and generic drugs dispensed to Part D enrollees in LTC facilities;
- 4) that the total cost-sharing for a Part D drug to which the LTC dispensing requirements apply must be no greater than the total that would be imposed if the requirements did not apply; and
- 5) that the terms and conditions offered by the sponsor to a network pharmacy must include provisions that address the disposal of drugs that have been dispensed to Part D enrollees in LTC facilities but not used and returned to the pharmacy, including whether credit and reuse is authorized.

Sponsor attests that it will comply with 42 CFR 423.154.

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.

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Medicare Rx General 2

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

File Help

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Does plan utilize floor pricing?

Yes
 No

Floor pricing is used when a sponsor negotiates a minimum price, such as for very low cost generics, that a pharmacy(ies) will be paid for filling a prescription.

Does plan utilize ceiling pricing?

Yes
 No

Ceiling pricing is used when a sponsor negotiates a maximum price that a given pharmacy will be paid for a specific NDC. Ceiling pricing is often used for high cost generics.

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 RxCU for Lipitor in the flat file which must be uploaded through the Formulary Submission Module by Friday, June 7, 2013 at 12:00pm Eastern Time.

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 must be uploaded through the Formulary Submission Module by Friday, June 7, 2013 at 12:00pm Eastern Time.

OTC Medication Attestation statement

Per Chapter 4 of the Medicare Managed Care Manual, 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.

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Medicare Rx General 3

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

File Help

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

Indicate number of Tiers in your Part D benefit:

What is your Formulary Exception Tier?

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.

PBP 2015 Data Entry System Screens

Medicare Rx – Tier 2 Model

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

File Help

<<Previous Next>> Exit (Validate) Exit (No Validate) Go To: Medicare Rx - Tier 2 Model

Select 2 Tier Model Type:

Tier 1	Tier 2
<input type="radio"/> Generic	Brand
<input type="radio"/> Generic	Preferred Brand
<input type="radio"/> Preferred Generic	Brand
<input type="radio"/> Preferred Generic	Preferred Brand

PBP 2015 Data Entry System Screens

Medicare Rx – Tier 3 Model

Select 3 Tier Model Type:		
Tier 1	Tier 2	Tier 3
<input type="radio"/> Generic	Brand	Specialty Tier
<input type="radio"/> Generic	Preferred Brand	Specialty Tier
<input type="radio"/> Preferred Generic	Brand	Specialty Tier
<input type="radio"/> Preferred Generic	Preferred Brand	Specialty Tier
<input type="radio"/> Generic	Preferred Brand	Non-Preferred Brand
<input type="radio"/> Preferred Generic	Preferred Brand	Non-Preferred Brand

PBP 2015 Data Entry System Screens

Medicare Rx – Tier 4 Model

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

File Help

<<Previous Next>> Exit (Validate) Exit (No Validate) Go To: Medicare Rx - Tier 4 Model

Select 4 Tier Model Type:

	Tier 1	Tier 2	Tier 3	Tier 4
<input type="radio"/> Generic	Preferred Brand	Non-Preferred Brand	Specialty Tier	
<input type="radio"/> Preferred Generic	Preferred Brand	Non-Preferred Brand	Specialty Tier	
<input type="radio"/> Preferred Generic	Non-Preferred Generic Preferred Brand	Non-Preferred Brand		
<input type="radio"/> Preferred Generic	Non-Preferred Generic Preferred Brand	Specialty Tier		
<input type="radio"/> Generic	Preferred Brand	Non-Preferred Brand	Injectable Drugs	
<input type="radio"/> Preferred Generic	Preferred Brand	Non-Preferred Brand	Injectable Drugs	

PBP 2015 Data Entry System Screens

Medicare Rx – Tier 5 Model

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

File Help

<<Previous Next>> Exit (Validate) Exit (No Validate) Go To: Medicare Rx - Tier 5 Model

Select 5 Tier Model Type:

	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5
<input type="radio"/>	Generic	Preferred Brand	Non-Preferred Brand	Specialty Tier	<input type="text"/>
<input type="radio"/>	Preferred Generic	Preferred Brand	Non-Preferred Brand	Specialty Tier	<input type="text"/>
<input type="radio"/>	Preferred Generic	Non-Preferred Generic	Preferred Brand	Non-Preferred Brand	<input type="text"/>
<input type="radio"/>	Preferred Generic	Non-Preferred Generic	Preferred Brand	Specialty Tier	<input type="text"/>
<input type="radio"/>	Generic	Preferred Brand	Non-Preferred Brand	Injectable Drugs	<input type="text"/>
<input type="radio"/>	Preferred Generic	Preferred Brand	Non-Preferred Brand	Injectable Drugs	<input type="text"/>
<input type="radio"/>	Preferred Generic	Non-Preferred Generic	Preferred Brand	Non-Preferred Brand	Specialty Tier
<input type="radio"/>	Preferred Generic	Non-Preferred Generic	Preferred Brand	Non-Preferred Brand	Injectable Drugs
<input type="radio"/>	Preferred Generic	Non-Preferred Generic	Preferred Brand	Injectable Drugs	Specialty Tier
<input type="radio"/>	Generic	Preferred Brand	Non-Preferred Brand	Injectable Drugs	Specialty Tier
<input type="radio"/>	Preferred Generic	Preferred Brand	Non-Preferred Brand	Injectable Drugs	Specialty Tier

PBP 2015 Data Entry System Screens

Medicare Rx – Tier 6 Model

Select 6 Tier Model Type:	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
<input checked="" type="radio"/>	Preferred Generic	Non-Preferred Generic	Preferred Brand	Non-Preferred Brand	Specialty Tier	<input type="text"/>
<input type="radio"/>	Preferred Generic	Non-Preferred Generic	Preferred Brand	Non-Preferred Brand	Injectable Drugs	<input type="text"/>
<input type="radio"/>	Preferred Generic	Non-Preferred Generic	Preferred Brand	Injectable Drugs	Specialty Tier	<input type="text"/>
<input type="radio"/>	Generic	Preferred Brand	Non-Preferred Brand	Injectable Drugs	Specialty Tier	<input type="text"/>
<input type="radio"/>	Preferred Generic	Preferred Brand	Non-Preferred Brand	Injectable Drugs	Specialty Tier	<input type="text"/>

PBP 2015 Data Entry System Screens

Medicare Rx – Medicare-Medicaid Formulary Tier Model 2

The screenshot shows a software window titled "PBP Data Entry System - Section RX, Contract X0001, Plan 001, Segment 000". The window contains a menu bar with "File" and "Help". Below the menu bar is a navigation area with buttons for "<<Previous", "Next>>", "Exit (Validate)", and "Exit (No Validate)". To the right of these buttons is a "Go To:" dropdown menu currently displaying "Medicare Rx - Medicare-Medicaid Formulary Tier Model 2". The main content area of the window is a light gray background with the text "Select 2 Tier Model Type:" followed by two columns of options. The first column, labeled "Tier 1", has a radio button selected next to the word "Generic". The second column, labeled "Tier 2", has the word "Brand" listed below it.

PBP 2015 Data Entry System Screens

Medicare Rx – Medicare-Medicaid Formulary Tier Model 3

Select 3 Tier Model Type:		
Tier 1	Tier 2	Tier 3
<input type="radio"/> Generic	Preferred Brand	Non-Preferred Brand
<input type="radio"/> Preferred Generic	Non-Preferred Generic	Brand
<input type="radio"/> \$0 Drugs	Generic	Brand
<input type="radio"/> Generic	Brand	Non-Medicare Rx/OTC
<input type="radio"/> Generic	Brand	Non-Medicare Rx Drugs
<input type="radio"/> Generic	Brand	Non-Medicare OTC

PBP 2015 Data Entry System Screens

Medicare Rx – Medicare-Medicaid Formulary Tier Model 4

Select 4 Tier Model Type:			
Tier 1	Tier 2	Tier 3	Tier 4
<input type="radio"/> Generic	Preferred Brand	Non-Preferred Brand	Specialty Tier
<input type="radio"/> Preferred Generic	Preferred Brand	Non-Preferred Brand	Specialty Tier
<input type="radio"/> Preferred Generic	Non-Preferred Generic	Preferred Brand	Non-Preferred Brand
<input type="radio"/> Preferred Generic	Non-Preferred Generic	Preferred Brand	Specialty Tier
<input type="radio"/> Generic	Preferred Brand	Non-Preferred Brand	Injectable Drugs
<input type="radio"/> Preferred Generic	Preferred Brand	Non-Preferred Brand	Injectable Drugs

PBP 2015 Data Entry System Screens

Medicare Rx – Medicare-Medicaid Formulary Tier Model 5

Select 5 Tier Model Type:				
Tier 1	Tier 2	Tier 3	Tier 4	Tier 5
<input checked="" type="radio"/> Generic	Brand	Non-Medicare Rx Drugs	Non-Medicare OTC Generic Drugs	Non-Medicare OTC Brand Drugs
<input type="radio"/> Generic	Brand	Non-Medicare Rx Generic Drugs	Non-Medicare OTC Generic Drugs	Non-Medicare OTC Brand Drugs
<input type="radio"/> Generic	Brand	Non-Medicare Rx Brand Drugs	Non-Medicare OTC Generic Drugs	Non-Medicare OTC Brand Drugs
<input type="radio"/> Generic	Brand	Non-Medicare Rx Generic Drugs	Non-Medicare Rx Brand Drugs	Non-Medicare OTC
<input type="radio"/> Generic	Brand	Non-Medicare Rx Generic Drugs	Non-Medicare Rx Brand Drugs	Non-Medicare OTC Generic Drugs

PBP 2015 Data Entry System Screens

Medicare Rx – Medicare-Medicaid Formulary Tier Model 6

Select 6 Tier Model Type:

	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
<input type="radio"/>	\$0 Drugs	Preferred Generic	Non-Preferred Generic	Brand	Non-Medicare Rx Drugs	Non-Medicare OTC
<input type="radio"/>	\$0 Drugs	Preferred Generic	Preferred Brand	Non-Preferred Brand	Non-Medicare Rx Drugs	Non-Medicare OTC
<input type="radio"/>	Preferred Generic	Non-Preferred Generic	Preferred Brand	Non-Preferred Brand	Non-Medicare Rx Drugs	Non-Medicare OTC
<input type="radio"/>	\$0 Drugs	Preferred Generic	Non-Preferred Generic	Preferred Brand	Non-Preferred Brand	Non-Medicare Rx/OTC

PBP 2015 Data Entry System Screens

Defined Standard – ICL and OOP Threshold

The screenshot displays a software window titled "PBP Data Entry System - Section RX, Contract X0001, Plan 001, Segment 000". The window includes a menu bar with "File" and "Help", and a navigation bar with buttons for "<<Previous", "Next>>", "Exit (Validate)", and "Exit (No Validate)". A "Go To:" dropdown menu is set to "Defined Standard - ICL and OOP Threshold". The main content area is titled "Defined Standard Benefit Screen" and lists the following Medicare-defined Part D parameters:

- Medicare-defined Part D Deductible Amount
- Medicare-defined Part D Coinsurance Amount
- Medicare-defined Part D Initial Coverage Limit (ICL) Amount
- Medicare-defined Part D Annual Out-of-Pocket Cost Threshold
- Medicare-defined Cost Shares Applicable Beyond the Annual Out-of-Pocket Cost Threshold Charged on a Drug-by-Drug basis

PBP 2015 Data Entry System Screens

Actuarially Equivalent Characteristics

PBP Data Entry System - Section RX, Contract X0001, 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.

PBP 2015 Data Entry System Screens

Actuarially Equivalent – Pre-ICL

PBP Data Entry System - Section RX, Contract X0001, 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

PBP 2015 Data Entry System Screens

Actuarially Equivalent – Tier Type and Cost Share Structure – Pre-ICL

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

File Help Tiers

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

Tier Label Description(s)

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

	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
Generic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Generic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Generic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tier Includes (select only one for each tier):

	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
Part D Drugs Only	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Excluded Drugs Only (e.g. erectile dysfunction drugs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Both Part D and Excluded Drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Indicate the type of cost sharing structure (select only one for each tier):

	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
Coinsurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Copayment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Greater of Coinsurance and Copayment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lesser of Coinsurance and Copayment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PBP 2015 Data Entry System Screens

Actuarially Equivalent – Tier Locations – Pre-ICL

Select all Location/supply amounts that apply:	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
Standard Retail Cost-Sharing - one month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard Retail Cost-Sharing - two month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard Retail Cost-Sharing - three month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard Retail/Preferred Retail Cost-Sharing - one month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard Retail/Preferred Retail Cost-Sharing - two month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard Retail/Preferred Retail Cost-Sharing - three month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Out-of-Network Pharmacy - one month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Out-of-Network Pharmacy - other day supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mail Order Pharmacy - one month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mail Order Pharmacy - two month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mail Order Pharmacy - three month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mail Order Preferred/Non-Preferred Pharmacy - one month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mail Order Preferred/Non-Preferred Pharmacy - two month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mail Order Preferred/Non-Preferred Pharmacy - three month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long Term Care Pharmacy - one month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PBP 2015 Data Entry System Screens

Actuarially Equivalent – Retail Pharmacy Location Supply – Pre-ICL

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

File Help Tiers

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

Tier Label Description(s)

Standard Retail Cost-Sharing Component

Day Supply		1-Month	2-Month	3-Month	*Extended day supply applies to all Drugs?	
Tier 1	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	Are all of the drugs on your formulary for this tier available with an extended day supply?	<input type="radio"/> Yes <input type="radio"/> No
	Standard Retail/Preferred Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Tier 2	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	Are all of the drugs on your formulary for this tier available with an extended day supply?	<input type="radio"/> Yes <input type="radio"/> No
	Standard Retail/Preferred Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Tier 3	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	Are all of the drugs on your formulary for this tier available with an extended day supply?	<input type="radio"/> Yes <input type="radio"/> No
	Standard Retail/Preferred Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Tier 4	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	Are all of the drugs on your formulary for this tier available with an extended day supply?	<input type="radio"/> Yes <input type="radio"/> No
	Standard Retail/Preferred Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Tier 5	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	Are all of the drugs on your formulary for this tier available with an extended day supply?	<input type="radio"/> Yes <input type="radio"/> No
	Standard Retail/Preferred Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Tier 6	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	Are all of the drugs on your formulary for this tier available with an extended day supply?	<input type="radio"/> Yes <input type="radio"/> No
	Standard Retail/Preferred Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>		

*For example, you chose a 2-month or 3-month supply at the Standard/Preferred Retail Cost-Sharing or the Mail-Order Pharmacy, you must answer "yes" to the question "Are all drugs on your formulary for this tier available with an extended day supply?" if all of the drugs on that tier are available at the extended day supply.

PBP 2015 Data Entry System Screens

Actuarially Equivalent – Mail Order Location Supply – Pre-ICL

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

File Help Tiers

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

Tier Label Description(s)

Mail Order Pharmacy Network Component

Day Supply		1-Month	2-Month	3-Month
Tier 1	Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred/Non-Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 2	Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred/Non-Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 3	Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred/Non-Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 4	Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred/Non-Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 5	Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred/Non-Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 6	Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred/Non-Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>

PBP 2015 Data Entry System Screens

Actuarially Equivalent – OON and LTC Location Supply – Pre-ICL

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

File Help Tiers

<<Previous Next>> Exit (Validate) Exit (No Validate) Go To: Actuarially Equivalent - OON and LTC Location Supply - Pre-ICL

Tier Label Description(s)

Day Supply	Network Component	1-Month	Other Day
Tier 1	Out-of-Network	<input type="text"/>	<input type="text"/>
	Long Term Care Drugs	<input type="text"/>	
Tier 2	Out-of-Network	<input type="text"/>	<input type="text"/>
	Long Term Care Drugs	<input type="text"/>	
Tier 3	Out-of-Network	<input type="text"/>	<input type="text"/>
	Long Term Care Drugs	<input type="text"/>	
Tier 4	Out-of-Network	<input type="text"/>	<input type="text"/>
	Long Term Care Drugs	<input type="text"/>	
Tier 5	Out-of-Network	<input type="text"/>	<input type="text"/>
	Long Term Care Drugs	<input type="text"/>	
Tier 6	Out-of-Network	<input type="text"/>	<input type="text"/>
	Long Term Care Drugs	<input type="text"/>	

PBP 2015 Data Entry System Screens

Actuarially Equivalent – Retail Pharmacy Copayment and Coinsurance – Pre-ICL

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

File Help Tiers

<<Previous Next>> Exit (Validate) Exit (No Validate) Go To: Actuarially Equivalent - Retail Pharmacy Copayment and Coinsurance - Pre-ICL

Tier Label Description(s)

Tier	Standard Retail Cost-Sharing Component - Cost Sharing	Copayment				Avg Expected Coins Dollar Amt (30 day supply) (\$):	Coinsurance		
		Daily (\$)	1-Month (\$)	2-Month (\$)	3-Month (\$)		1-Month (%)	2-Month (%)	3-Month (%)
Tier 1	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Standard Retail/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 2	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Standard Retail/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 3	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Standard Retail/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 4	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Standard Retail/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 5	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Standard Retail/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 6	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Standard Retail/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PBP 2015 Data Entry System Screens

Actuarially Equivalent – Mail Order Copayment and Coinsurance – Pre-ICL

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

File Help Tiers

<<Previous Next>> Exit (Validate) Exit (No Validate) Go To: Actuarially Equivalent - Mail Order Copayment and Coinsurance - Pre-ICL

Tier Label Description(s)

Mail Order Pharmacy Network Component - Cost Sharing		Copayment				Coinsurance		
		Daily (\$)	1-Month (\$)	2-Month (\$)	3-Month (\$)	1-Month (%)	2-Month (%)	3-Month (%)
Tier 1	Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Non-Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 2	Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Non-Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 3	Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Non-Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 4	Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Non-Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 5	Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Non-Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 6	Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Non-Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PBP 2015 Data Entry System Screens

Actuarially Equivalent – OON and LTC Copayment and Coinsurance – Pre-ICL

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

File Help Tiers

<<Previous Next>> Exit (Validate) Exit (No Validate) Go To: Actuarially Equivalent - OON and LTC Copayment and Coinsurance - Pre-ICL

Tier Label Description(s)

Tier	Network Component	Copayment			Coinsurance	
		Daily (\$)	1-Month (\$)	Other (\$):	1-Month (%)	Other (%)
Tier 1	Out-of-Network	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Long Term Care Drugs	<input type="text"/>	<input type="text"/>		<input type="text"/>	
Tier 2	Out-of-Network	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Long Term Care Drugs	<input type="text"/>	<input type="text"/>		<input type="text"/>	
Tier 3	Out-of-Network	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Long Term Care Drugs	<input type="text"/>	<input type="text"/>		<input type="text"/>	
Tier 4	Out-of-Network	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Long Term Care Drugs	<input type="text"/>	<input type="text"/>		<input type="text"/>	
Tier 5	Out-of-Network	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Long Term Care Drugs	<input type="text"/>	<input type="text"/>		<input type="text"/>	
Tier 6	Out-of-Network	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Long Term Care Drugs	<input type="text"/>	<input type="text"/>		<input type="text"/>	

PBP 2015 Data Entry System Screens

Actuarially Equivalent – OOP Threshold

PBP Data Entry System - Section RX, Contract X0001, 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

PBP 2015 Data Entry System Screens

Actuarially Equivalent – Tier Type – Post-OOP Threshold

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

File Help Tiers

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

Tier Label Description(s)

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

	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
Generic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Generic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Generic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tier Includes (select only one for each tier):

	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
Part D Drugs Only	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Excluded Drugs Only (e.g. erectile dysfunction drugs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Both Part D and Excluded Drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Indicate the Type of Cost Sharing Structure (select only one for each tier):

	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
Coinsurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Copayment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Greater of Coinsurance and Copayment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lesser of Coinsurance and Copayment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PBP 2015 Data Entry System Screens

Actuarially Equivalent – Tier Cost Sharing – Post-OOP Threshold

The screenshot shows a software window titled "PBP Data Entry System - Section RX, Contract X0001, Plan 001, Segment 000". The window has a menu bar with "File", "Help", and "Tiers". Below the menu bar are navigation buttons: "<<Previous", "Next>>", "Exit (Validate)", and "Exit (No Validate)". A "Go To:" dropdown menu is set to "Actuarially Equivalent - Tier Cost Sharing - Post-OOP Threshold". Below this is a text field for "Tier Label Description(s)".

	Copayment (\$)	Coinsurance (%)
Tier 1	<input type="text"/>	<input type="text"/>
Tier 2	<input type="text"/>	<input type="text"/>
Tier 3	<input type="text"/>	<input type="text"/>
Tier 4	<input type="text"/>	<input type="text"/>
Tier 5	<input type="text"/>	<input type="text"/>
Tier 6	<input type="text"/>	<input type="text"/>

PBP 2015 Data Entry System Screens

Alternative – Deductible

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

File Help

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

Basic/Enhanced Alternative Benefit Screens

During the deductible phase, is the cost-sharing for drugs to which the deductible does not apply, 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 these drugs 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:

Standard Retail Copay/Coinsurance (No Differential)*
 Standard Retail Copay/Coinsurance plus a differential between the OON billed charge and the Standard Retail allowable
 Standard Retail 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.

PBP 2015 Data Entry System Screens

Alternative – Enhanced Alternative Characteristics

PBP Data Entry System - Section RX, Contract X0001, 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

Additional gap coverage offered by enhanced alternative plans through a supplemental benefit represents coverage that is significantly greater than the standard benefit for generic and brand 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 (35% reduction in beneficiary cost-sharing for generic drugs and 5% reduction in cost-sharing for brand drugs in 2015), 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, the standard brand gap benefit would be satisfied and included in the 60% reduction in cost-sharing provided through this supplemental benefit but 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.

Do you cover excluded drugs as part of your supplemental coverage (e.g., drugs used to treat erectile dysfunction)? (Enhanced Alternative ONLY).

Yes
 No

If you select "Yes" to "Do you cover excluded drugs as part of your supplemental coverage (e.g., drugs used to treat erectile dysfunction)?", you must indicate these specific medications in a flat file which must be uploaded through the Formulary Submission Module by Friday, June 7, 2013 at 12:00pm Eastern Time.

The 2015 standard gap coverage benefit of 35% for generic drugs and 5% for brand 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 Part D benefit, that is over and above the standard benefit for generic and brand drugs and applied before the coverage gap discount for brand drugs.

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

Yes
 No

Indicate Maximum Plan Benefit Coverage amount for excluded drugs:

PBP 2015 Data Entry System Screens

Alternative – Pre-ICL

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

File Help

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

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

PBP 2015 Data Entry System Screens

Alternative – Tier Type and Cost Share Structure – Pre-ICL

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

File Help Tiers

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

Tier Label Description(s)

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

	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
Generic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Generic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Generic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tier Includes (select only one for each tier):

	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
Part D Drugs Only	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Excluded Drugs Only (e.g. erectile dysfunction drugs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Both Part D and Excluded Drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Indicate the type of cost sharing structure (select only one for each tier):

	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
Coinsurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Copayment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Greater of Coinsurance and Copayment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lesser of Coinsurance and Copayment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PBP 2015 Data Entry System Screens

Alternative – Tier Locations – Pre-ICL

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

File Help Tiers

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

Tier Label Description(s)

Select all Location/supply amounts that apply:

	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
Standard Retail Cost-Sharing - one month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard Retail Cost-Sharing - two month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard Retail Cost-Sharing - three month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard Retail/Preferred Retail Cost-Sharing - one month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard Retail/Preferred Retail Cost-Sharing - two month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard Retail/Preferred Retail Cost-Sharing - three month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Out-of-Network Pharmacy - one month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Out-of-Network Pharmacy - other day supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mail Order Pharmacy - one month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mail Order Pharmacy - two month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mail Order Pharmacy - three month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mail Order Preferred/Non-Preferred Pharmacy - one month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mail Order Preferred/Non-Preferred Pharmacy - two month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mail Order Preferred/Non-Preferred Pharmacy - three month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long Term Care Pharmacy - one month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PBP 2015 Data Entry System Screens

Alternative – Retail Pharmacy Location Supply – Pre-ICL

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

File Help Tiers

<<Previous Next>> Exit (Validate) Exit (No Validate) Go To: Alternative - Retail Pharmacy Location Supply - Pre-ICL

Tier Label Description(s)

Standard Retail Cost-Sharing Component

Day Supply		1-Month	2-Month	3-Month	*Extended day supply applies to all Drugs?	
Tier 1	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	Are all of the drugs on your formulary for this tier available with an extended day supply?	<input type="radio"/> Yes <input type="radio"/> No
	Standard Retail/Preferred Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Tier 2	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	Are all of the drugs on your formulary for this tier available with an extended day supply?	<input type="radio"/> Yes <input type="radio"/> No
	Standard Retail/Preferred Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Tier 3	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	Are all of the drugs on your formulary for this tier available with an extended day supply?	<input type="radio"/> Yes <input type="radio"/> No
	Standard Retail/Preferred Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Tier 4	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	Are all of the drugs on your formulary for this tier available with an extended day supply?	<input type="radio"/> Yes <input type="radio"/> No
	Standard Retail/Preferred Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Tier 5	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	Are all of the drugs on your formulary for this tier available with an extended day supply?	<input type="radio"/> Yes <input type="radio"/> No
	Standard Retail/Preferred Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Tier 6	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	Are all of the drugs on your formulary for this tier available with an extended day supply?	<input type="radio"/> Yes <input type="radio"/> No
	Standard Retail/Preferred Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>		

*For example, you chose a 2-month or 3-month supply at the Standard/Preferred Retail Cost-Sharing or the Mail-Order Pharmacy, you must answer "yes" to the question "Are all drugs on your formulary for this tier available with an extended day supply?" if all of the drugs on that tier are available at the extended day supply.

PBP 2015 Data Entry System Screens

Alternative – Mail Order Location Supply – Pre-ICL

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

File Help Tiers

<<Previous Next>> Exit (Validate) Exit (No Validate) Go To: Alternative - Mail Order Location Supply - Pre-ICL

Tier Label Description(s)

Mail Order Pharmacy Network Component

Day Supply		1-Month	2-Month	3-Month
Tier 1	Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred/Non-Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 2	Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred/Non-Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 3	Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred/Non-Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 4	Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred/Non-Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 5	Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred/Non-Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 6	Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred/Non-Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>

PBP 2015 Data Entry System Screens

Alternative – OON and LTC Location Supply – Pre-ICL

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

File Help Tiers

<<Previous Next>> Exit (Validate) Exit (No Validate) Go To: Alternative - OON and LTC Location Supply - Pre-ICL

Tier Label Description(s)

Day Supply	Network Component	1-Month	Other Day
Tier 1	Out-of-Network	<input type="text"/>	<input type="text"/>
	Long Term Care Drugs	<input type="text"/>	
Tier 2	Out-of-Network	<input type="text"/>	<input type="text"/>
	Long Term Care Drugs	<input type="text"/>	
Tier 3	Out-of-Network	<input type="text"/>	<input type="text"/>
	Long Term Care Drugs	<input type="text"/>	
Tier 4	Out-of-Network	<input type="text"/>	<input type="text"/>
	Long Term Care Drugs	<input type="text"/>	
Tier 5	Out-of-Network	<input type="text"/>	<input type="text"/>
	Long Term Care Drugs	<input type="text"/>	
Tier 6	Out-of-Network	<input type="text"/>	<input type="text"/>
	Long Term Care Drugs	<input type="text"/>	

PBP 2015 Data Entry System Screens

Alternative – Retail Pharmacy Copayment and Coinsurance – Pre-ICL

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

File Help Tiers

<<Previous Next>> Exit (Validate) Exit (No Validate) Go To: Alternative - Retail Pharmacy Copayment and Coinsurance - Pre-ICL

Tier Label Description(s)

Tier	Standard Retail Cost-Sharing Component - Cost Sharing	Copayment			Avg Expected Coins Dollar Amt (30 day supply) (\$):	Coinsurance		
		Daily (\$)	1-Month (\$)	2-Month (\$)		3-Month (\$)	1-Month (%)	2-Month (%)
Tier 1	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Standard Retail/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 2	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Standard Retail/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 3	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Standard Retail/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 4	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Standard Retail/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 5	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Standard Retail/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 6	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Standard Retail/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PBP 2015 Data Entry System Screens

Alternative – Mail Order Copayment and Coinsurance – Pre-ICL

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

File Help Tiers

<<Previous Next>> Exit (Validate) Exit (No Validate) Go To: Alternative - Mail Order Copayment and Coinsurance - Pre-ICL

Tier Label Description(s)

Tier	Mail Order Pharmacy Network Component - Cost Sharing	Copayment				Coinsurance		
		Daily (\$)	1-Month (\$)	2-Month (\$)	3-Month (\$)	1-Month (%)	2-Month (%)	3-Month (%)
Tier 1	Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Non-Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 2	Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Non-Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 3	Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Non-Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 4	Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Non-Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 5	Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Non-Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 6	Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Non-Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PBP 2015 Data Entry System Screens

Alternative – OON and LTC Copayment and Coinsurance – Pre-ICL

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

File Help Tiers

<<Previous Next>> Exit (Validate) Exit (No Validate) Go To: Alternative - OON and LTC Copayment and Coinsurance - Pre-ICL

Tier Label Description(s)

Tier	Network Component	Copayment			Coinsurance	
		Daily (\$)	1-Month (\$)	Other (\$):	1-Month (%)	Other (%)
Tier 1	Out-of-Network					
	Long Term Care Drugs					
Tier 2	Out-of-Network					
	Long Term Care Drugs					
Tier 3	Out-of-Network					
	Long Term Care Drugs					
Tier 4	Out-of-Network					
	Long Term Care Drugs					
Tier 5	Out-of-Network					
	Long Term Care Drugs					
Tier 6	Out-of-Network					
	Long Term Care Drugs					

PBP 2015 Data Entry System Screens

Alternative – Pre-ICL Medicare-Medicaid

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

File Help

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

How do you apply your cost sharing before the Out-of-Pocket Threshold?

No cost sharing
 Cost Share Tiers

Is there an annual Maximum Enrollee Out-of-Pocket Cost?

Yes
 No

Indicate the Maximum Enrollee Out-of-Pocket Cost Amount:

Will any of your tiers apply the LIS Cost Sharing values?

Yes
 No

Indicate each tier on which your cost sharing will be the LIS cost sharing standards:

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

MMPs may not enter the OOP Threshold or Total Covered Part D Spending at OOP Threshold amounts here. The annual Maximum Enrollee OOP Cost field is only meant to capture any State-required limit on total drug spending for both Medicare and Medicaid-covered drugs.

PBP 2015 Data Entry System Screens

Alternative – Medicare-Medicaid Tier Type – Pre-ICL

Tier Drug Type(s) (select all that apply):	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
Generic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Generic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Generic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tier Includes (select only one for each tier):	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
Part D Drugs Only	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Non-Medicare Covered Drugs and/or Non-Medicare Covered OTCs Only	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Both Part D Drugs and Non-Medicare Covered Drugs and/or Non-Medicare Covered OTCs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PBP 2015 Data Entry System Screens

Alternative – Medicare-Medicaid Tier Locations – Pre-ICL

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

File Help Tiers

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

Tier Label Description(s)

Select all Location/supply amounts that apply:	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
Standard Retail Cost-Sharing - one month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard Retail Cost-Sharing - two month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard Retail Cost-Sharing - three month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard Retail/Preferred Retail Cost-Sharing - one month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard Retail/Preferred Retail Cost-Sharing - two month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard Retail/Preferred Retail Cost-Sharing - three month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Out-of-Network Pharmacy - one month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Out-of-Network Pharmacy - other day supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mail Order Pharmacy - one month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mail Order Pharmacy - two month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mail Order Pharmacy - three month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mail Order Preferred/Non-Preferred Pharmacy - one month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mail Order Preferred/Non-Preferred Pharmacy - two month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mail Order Preferred/Non-Preferred Pharmacy - three month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long Term Care Pharmacy - one month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PBP 2015 Data Entry System Screens

Alternative – Medicare-Medicaid Retail Pharmacy Location Supply - Pre-ICL

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

File Help Tiers

<<Previous Next>> Exit (Validate) Exit (No Validate) Go To: Alternative - Medicare-Medicaid Retail Pharmacy Location Supply - Pre-ICL

Tier Label Description(s)

Standard Retail Cost-Sharing Component

Day Supply		1-Month	2-Month	3-Month	*Extended day supply applies to all Drugs?	
Tier 1	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	Are all of the drugs on your formulary for this tier available with an extended day supply?	<input type="radio"/> Yes <input type="radio"/> No
	Standard Retail/Preferred Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Tier 2	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	Are all of the drugs on your formulary for this tier available with an extended day supply?	<input type="radio"/> Yes <input type="radio"/> No
	Standard Retail/Preferred Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Tier 3	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	Are all of the drugs on your formulary for this tier available with an extended day supply?	<input type="radio"/> Yes <input type="radio"/> No
	Standard Retail/Preferred Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Tier 4	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	Are all of the drugs on your formulary for this tier available with an extended day supply?	<input type="radio"/> Yes <input type="radio"/> No
	Standard Retail/Preferred Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Tier 5	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	Are all of the drugs on your formulary for this tier available with an extended day supply?	<input type="radio"/> Yes <input type="radio"/> No
	Standard Retail/Preferred Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Tier 6	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	Are all of the drugs on your formulary for this tier available with an extended day supply?	<input type="radio"/> Yes <input type="radio"/> No
	Standard Retail/Preferred Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>		

*For example, you chose a 2-month or 3-month supply at the Standard/Preferred Retail Cost-Sharing or the Mail-Order Pharmacy, you must answer "yes" to the question "Are all drugs on your formulary for this tier available with an extended day supply?" if all of the drugs on that tier are available at the extended day supply.

PBP 2015 Data Entry System Screens

Alternative – Medicare-Medicaid Mail Order Location Supply – Pre-ICL

The screenshot displays the 'PBP Data Entry System - Section RX, Contract X0001, Plan 001, Segment 000' window. The interface includes a menu bar (File, Help, Tiers), navigation buttons (<<Previous, Next>>, Exit (Validate), Exit (No Validate)), and a 'Go To' dropdown menu currently set to 'Alternative - Medicare-Medicaid Mail Order Location Supply - Pre-ICL'. Below this is a text field for 'Tier Label Description(s)'. The main section is titled 'Mail Order Pharmacy Network Component' and contains a table with the following structure:

		1-Month	2-Month	3-Month
Tier 1	Day Supply			
	Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred/Non-Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 2	Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred/Non-Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 3	Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred/Non-Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 4	Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred/Non-Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 5	Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred/Non-Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 6	Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred/Non-Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>

PBP 2015 Data Entry System Screens

Alternative – Medicare-Medicaid OON and LTC Location Supply – Pre-ICL

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

File Help Tiers

<<Previous Next>> Exit (Validate) Exit (No Validate) Go To: Alternative - Medicare-Medicaid OON and LTC Location Supply - Pre-ICL

Tier Label Description(s)

Day Supply	Network Component	1-Month	Other Day
Tier 1	Out-of-Network	<input type="text"/>	<input type="text"/>
	Long Term Care Drugs	<input type="text"/>	
Tier 2	Out-of-Network	<input type="text"/>	<input type="text"/>
	Long Term Care Drugs	<input type="text"/>	
Tier 3	Out-of-Network	<input type="text"/>	<input type="text"/>
	Long Term Care Drugs	<input type="text"/>	
Tier 4	Out-of-Network	<input type="text"/>	<input type="text"/>
	Long Term Care Drugs	<input type="text"/>	
Tier 5	Out-of-Network	<input type="text"/>	<input type="text"/>
	Long Term Care Drugs	<input type="text"/>	
Tier 6	Out-of-Network	<input type="text"/>	<input type="text"/>
	Long Term Care Drugs	<input type="text"/>	

PBP 2015 Data Entry System Screens

Alternative – Medicare-Medicaid Copayment – Pre-ICL

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

File Help Tiers

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

Cost Sharing for In-network Retail, Mail Order, Out-of-network, and Long Term Care

Tier Label Description(s)

	Network Component	Minimum Copayment(\$)	Maximum Copayment(\$)	Network Component	Minimum Copayment(\$)	Maximum Copayment(\$)
Tier 1	Standard Retail	<input type="text"/>	<input type="text"/>	Out-of-Network	<input type="text"/>	<input type="text"/>
	Mail Order	<input type="text"/>	<input type="text"/>	Long Term Care Drugs	<input type="text"/>	<input type="text"/>
Tier 2	Standard Retail	<input type="text"/>	<input type="text"/>	Out-of-Network	<input type="text"/>	<input type="text"/>
	Mail Order	<input type="text"/>	<input type="text"/>	Long Term Care Drugs	<input type="text"/>	<input type="text"/>
Tier 3	Standard Retail	<input type="text"/>	<input type="text"/>	Out-of-Network	<input type="text"/>	<input type="text"/>
	Mail Order	<input type="text"/>	<input type="text"/>	Long Term Care Drugs	<input type="text"/>	<input type="text"/>
Tier 4	Standard Retail	<input type="text"/>	<input type="text"/>	Out-of-Network	<input type="text"/>	<input type="text"/>
	Mail Order	<input type="text"/>	<input type="text"/>	Long Term Care Drugs	<input type="text"/>	<input type="text"/>
Tier 5	Standard Retail	<input type="text"/>	<input type="text"/>	Out-of-Network	<input type="text"/>	<input type="text"/>
	Mail Order	<input type="text"/>	<input type="text"/>	Long Term Care Drugs	<input type="text"/>	<input type="text"/>
Tier 6	Standard Retail	<input type="text"/>	<input type="text"/>	Out-of-Network	<input type="text"/>	<input type="text"/>
	Mail Order	<input type="text"/>	<input type="text"/>	Long Term Care Drugs	<input type="text"/>	<input type="text"/>

PBP 2015 Data Entry System Screens

Alternative – ICL

PBP Data Entry System - Section RX, Contract X0001, 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:

PBP 2015 Data Entry System Screens

Alternative – Gap Coverage

PBP Data Entry System - Section RX, Contract X0001, 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

PBP 2015 Data Entry System Screens

Alternative – Tier Type and Cost Share Structure – Gap

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

File Help Tiers

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

Tier Label Description(s)

Tier Drug Type(s) (select all that apply):	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
Generic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Generic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Generic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tier Includes (select only one for each tier):						
Part D Drugs Only	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Excluded Drugs Only (e.g. erectile dysfunction drugs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Both Part D and Excluded Drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Indicate the type of cost sharing structure (select only one for each tier):						
Coinsurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Copayment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Greater of Coinsurance and Copayment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lesser of Coinsurance and Copayment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PBP 2015 Data Entry System Screens

Alternative – Tier Coverage – Gap

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

File Help Tiers

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

Tier Label Description(s)

	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
To what extent are any Pre-ICL covered drugs on this tier covered through the gap?						
Full Tier Coverage (All drugs on the tier)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Partial Tier Coverage (Only some drugs on the tier)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
For each tier that is only partially covered in the gap, you must indicate whether that coverage is for brand drugs only, generic drugs only or both brand and generic drugs.						
Brand Drugs Only	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Generic Drugs Only	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Brand and Generic Drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Indicate the type of drugs covered on your partially covered tiers:						
Part D Drugs Only	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Excluded Drugs Only (e.g. erectile dysfunction drugs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Both Part D and Excluded Drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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 the drugs covered on the partially covered tier. The gap supplemental file must be uploaded through the Formulary Submission Module by Friday, June 7, 2013 at 12:00pm Eastern Time.

PBP 2015 Data Entry System Screens

Alternative – Tier Locations – Gap

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

File Help Tiers

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

Tier Label Description(s)

Select all Location/supply amounts that apply:	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
Standard Retail Cost-Sharing - one month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard Retail Cost-Sharing - two month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard Retail Cost-Sharing - three month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard Retail/Preferred Retail Cost-Sharing - one month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard Retail/Preferred Retail Cost-Sharing - two month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard Retail/Preferred Retail Cost-Sharing - three month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Out-of-Network Pharmacy - one month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Out-of-Network Pharmacy - other day supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mail Order Pharmacy - one month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mail Order Pharmacy - two month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mail Order Pharmacy - three month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mail Order Preferred/Non-Preferred Pharmacy - one month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mail Order Preferred/Non-Preferred Pharmacy - two month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mail Order Preferred/Non-Preferred Pharmacy - three month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long Term Care Pharmacy - one month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PBP 2015 Data Entry System Screens

Alternative – Retail Pharmacy Location Supply – Gap

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

File Help Tiers

<<Previous Next>> Exit (Validate) Exit (No Validate) Go To: Alternative - Retail Pharmacy Location Supply - Gap

Tier Label Description(s)

Standard Retail Cost-Sharing Component

Day Supply		1-Month	2-Month	3-Month	*Extended day supply applies to all Drugs?
Tier 1	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	Are all of the drugs on your formulary for this tier available with an extended day supply? <input type="radio"/> Yes <input type="radio"/> No
	Standard Retail/Preferred Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Tier 2	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	Are all of the drugs on your formulary for this tier available with an extended day supply? <input type="radio"/> Yes <input type="radio"/> No
	Standard Retail/Preferred Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Tier 3	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	Are all of the drugs on your formulary for this tier available with an extended day supply? <input type="radio"/> Yes <input type="radio"/> No
	Standard Retail/Preferred Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Tier 4	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	Are all of the drugs on your formulary for this tier available with an extended day supply? <input type="radio"/> Yes <input type="radio"/> No
	Standard Retail/Preferred Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Tier 5	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	Are all of the drugs on your formulary for this tier available with an extended day supply? <input type="radio"/> Yes <input type="radio"/> No
	Standard Retail/Preferred Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Tier 6	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	Are all of the drugs on your formulary for this tier available with an extended day supply? <input type="radio"/> Yes <input type="radio"/> No
	Standard Retail/Preferred Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	

*For example, you chose a 2-month or 3-month supply at the Standard/Preferred Retail Cost-Sharing or the Mail-Order Pharmacy, you must answer "yes" to the question "Are all drugs on your formulary for this tier available with an extended day supply?" if all of the drugs on that tier are available at the extended day supply.

PBP 2015 Data Entry System Screens

Alternative – Mail Order Location Supply – Gap

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

File Help Tiers

<<Previous Next>> Exit (Validate) Exit (No Validate) Go To: Alternative - Mail Order Location Supply - Gap

Tier Label Description(s)

Mail Order Pharmacy Network Component

Day Supply		1-Month	2-Month	3-Month
Tier 1	Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred/Non-Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 2	Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred/Non-Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 3	Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred/Non-Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 4	Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred/Non-Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 5	Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred/Non-Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 6	Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred/Non-Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>

PBP 2015 Data Entry System Screens

Alternative – OON and LTC Location Supply – Gap

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

File Help Tiers

<<Previous Next>> Exit (Validate) Exit (No Validate) Go To: Alternative - OON and LTC Location Supply - Gap

Tier Label Description(s)

Day Supply	Tier	Network Component	1-Month	Other Day
	Tier 1	Out-of-Network	<input type="text"/>	<input type="text"/>
		Long Term Care Drugs	<input type="text"/>	
	Tier 2	Out-of-Network	<input type="text"/>	<input type="text"/>
		Long Term Care Drugs	<input type="text"/>	
	Tier 3	Out-of-Network	<input type="text"/>	<input type="text"/>
		Long Term Care Drugs	<input type="text"/>	
	Tier 4	Out-of-Network	<input type="text"/>	<input type="text"/>
		Long Term Care Drugs	<input type="text"/>	
	Tier 5	Out-of-Network	<input type="text"/>	<input type="text"/>
		Long Term Care Drugs	<input type="text"/>	
	Tier 6	Out-of-Network	<input type="text"/>	<input type="text"/>
		Long Term Care Drugs	<input type="text"/>	

PBP 2015 Data Entry System Screens

Alternative – Retail Pharmacy Copayment and Coinsurance – Gap

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

File Help Tiers

<<Previous Next>> Exit (Validate) Exit (No Validate) Go To: Alternative - Retail Pharmacy Copayment and Coinsurance - Gap

Tier Label Description(s)

Tier	Standard Retail Cost-Sharing Component - Cost Sharing	Copayment				Avg Expected Coins Dollar Amt (30 day supply) (\$):	Coinsurance		
		Daily (\$)	1-Month (\$)	2-Month (\$)	3-Month (\$)		1-Month (%)	2-Month (%)	3-Month (%)
Tier 1	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Standard Retail/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 2	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Standard Retail/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 3	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Standard Retail/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 4	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Standard Retail/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 5	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Standard Retail/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 6	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Standard Retail/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PBP 2015 Data Entry System Screens

Alternative – Mail Order Copayment and Coinsurance – Gap

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

File Help Tiers

<<Previous Next>> Exit (Validate) Exit (No Validate) Go To: Alternative - Mail Order Copayment and Coinsurance - Gap

Tier Label Description(s)

Mail Order Pharmacy Network Component - Cost Sharing		Copayment				Coinsurance		
		Daily (\$)	1-Month (\$)	2-Month (\$)	3-Month (\$)	1-Month (%)	2-Month (%)	3-Month (%)
Tier 1	Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Non-Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 2	Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Non-Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 3	Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Non-Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 4	Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Non-Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 5	Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Non-Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 6	Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Non-Preferred	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PBP 2015 Data Entry System Screens

Alternative – OON and LTC Copayment and Coinsurance – Gap

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

File Help Tiers

<<Previous Next>> Exit (Validate) Exit (No Validate) Go To: Alternative - OON and LTC Copayment and Coinsurance - Gap

Tier Label Description(s)

Tier	Network Component	Copayment			Coinsurance	
		Daily (\$)	1-Month (\$)	Other (\$):	1-Month (%)	Other (%)
Tier 1	Out-of-Network					
	Long Term Care Drugs					
Tier 2	Out-of-Network					
	Long Term Care Drugs					
Tier 3	Out-of-Network					
	Long Term Care Drugs					
Tier 4	Out-of-Network					
	Long Term Care Drugs					
Tier 5	Out-of-Network					
	Long Term Care Drugs					
Tier 6	Out-of-Network					
	Long Term Care Drugs					

PBP 2015 Data Entry System Screens

Alternative – OOP Threshold

PBP Data Entry System - Section RX, Contract X0001, 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

PBP 2015 Data Entry System Screens

Alternative – Tier Type – Post-OOP Threshold

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

File Help Tiers

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

Tier Label Description(s)

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

	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
Generic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Generic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Generic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tier Includes (select only one for each tier):

	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
Part D Drugs Only	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Excluded Drugs Only (e.g. erectile dysfunction drugs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Both Part D and Excluded Drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Indicate the Type of Cost Sharing Structure (select only one for each tier):

	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
Coinsurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Copayment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Greater of Coinsurance and Copayment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lesser of Coinsurance and Copayment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

PBP 2015 Data Entry System Screens

Alternative – Tier Cost Sharing Post-OOP Threshold

Tier	Copayment (\$)	Coinsurance (%)
Tier 1	<input type="text"/>	<input type="text"/>
Tier 2	<input type="text"/>	<input type="text"/>
Tier 3	<input type="text"/>	<input type="text"/>
Tier 4	<input type="text"/>	<input type="text"/>
Tier 5	<input type="text"/>	<input type="text"/>
Tier 6	<input type="text"/>	<input type="text"/>

PBP 2015 Data Entry System Screens

Alternative – Medicare-Medicaid Post-OOP Threshold

The screenshot shows a software window titled "PBP Data Entry System - Section RX, Contract X0001, Plan 001, Segment 000". The window has a menu bar with "File" and "Help". Below the menu bar is a navigation bar with buttons for "<<Previous", "Next>>", "Exit (Validate)", and "Exit (No Validate)". To the right of these buttons is a "Go To:" label followed by a dropdown menu currently displaying "Alternative - Medicare-Medicaid Post-OOP Threshold".

The main content area of the window displays the text "Medicare-defined Part D Annual Out-of-Pocket Cost Threshold". Below this, a question is posed: "How do you apply your cost sharing beyond the Medicare-defined Part D Annual Out-of-Pocket Threshold?". Two radio button options are provided: "No cost sharing" and "Cost Share Tiers". The "No cost sharing" option is selected.

PBP 2015 Data Entry System Screens

Alternative – Tier Type and Tier Cost Sharing Post-OOP Medicare-Medicaid

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

File Help Tiers

<<Previous Next>> Exit (Validate) Exit (No Validate) Go To: Alternative - Tier Type and Tier Cost Sharing Post-OOP Medicare-Medicaid

Tier Label Description(s)

Tier includes (select only one for each tier):

	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
Part D Drugs Only	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Non-Medicare Covered Drugs and/or Non-Medicare Covered OTCs Only	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Both Part D Drugs and Non-Medicare Covered Drugs and/or Non-Medicare Covered OTCs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Copayment (\$)

Minimum:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maximum:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PBP 2015 Data Entry System Screens

Defined Standard – Locations and Location Supply

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

File Help

<<Previous Next>> Exit (Validate) Exit (No Validate) Go To: Defined Standard - Locations and Location Supply

Enter number of days for:

	1-Month	2-Month	3-Month	Other Day
Select all Location/supply amounts that apply:				
Standard Retail Cost-Sharing - one month supply	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Standard Retail Cost-Sharing - two month supply	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Standard Retail Cost-Sharing - three month supply	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Out-of-Network Pharmacy - one month supply	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Out-of-Network Pharmacy - other day supply	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mail Order Pharmacy - one month supply	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mail Order Pharmacy - two month supply	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mail Order Pharmacy - three month supply	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Long Term Care Pharmacy - one month supply	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Yes
 No

*For example, you chose an or 2-month or 3-month supply at the Standard Retail Pharmacy or the Mail-Order Pharmacy, you must answer "yes" to the question "Are all drugs on your formulary for this tier available with an extended day supply?" if all of the drugs on that tier are available at the extended day supply.

The 2015 standard gap coverage benefit of 35% for generic drugs and 5% for brand 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 Part D benefit, that is over and above the standard benefit for generic and brand drugs and applied before the coverage gap discount for brand drugs.

PBP 2015 Data Entry System Screens

Medicare Rx – Notes

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

File Help

<<Previous Next>> Exit (Validate) Exit (No Validate) Go To: Medicare Rx - Notes

Notes (Optional):

NOTE: The Medicare Rx notes field should ONLY be used when required to clarify information that cannot otherwise be entered into the PBP. Generally, there should be little or no need to enter any information in the notes field and therefore this field should only be completed for unusual circumstances. For more information refer to the on-screen label on the Medicare Rx notes screen. This field is limited to 225 characters.

- 1) Statements that may reduce any Part D benefits;
- 2) Redundant information that is either contained elsewhere in the PBP or in a Part D requirement;
- 3) Information concerning excluded or OTCs (these must be submitted in the Excluded Drugs or OTC Supplemental files);
- 4) Statements concerning out-of-network coverage and cost-sharing; or
- 5) Information that is not related to Part D benefits.

It is the Part D sponsor's responsibility, both before and after bid approval, to ensure that the information included in the Medicare Rx notes section complies with the requirements above. Once bids are approved, additions to the notes field during the plan corrections period will not be allowed.