

PBP 2015 Data Entry System Screens

Section A-1

PBP 2015 Data Entry System Screens

Section A-2

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

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Indicate CY 2014 total estimated monthly Medicare membership for this plan:

Does this Plan have a CMS-approved Continuation Area?

Yes
 No

Does this Plan have the same cost sharing in the Continuation Area for the services included?

Yes
 No, describe

Notes (Describe Continuation Area Cost Sharing Differences):

Do you intend to participate in the PLATINO program?

Yes
 No

Is this a Special Needs Plan?

Special Needs Plan Type:

Special Needs Institutional Type:

Percentage:

Population:

Chronic or Disabling Conditions:

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

Yes
 No

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Section A-3

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

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Pharmacy Web Address: Formulary Web Address:

Online Provider Directory Web Address:

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

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

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

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

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

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

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

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Section A-4

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

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Section A-5

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

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

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

Yes
 No

Do any of these services require prior authorization?
 Yes
 No

Do any of these services require referrals?
 Yes
 No

Select all of the Service Categories that require authorization:

- 1a: Inpatient Hospital Acute:
- 1b: Inpatient Hospital Psychiatric:
- 2: Skilled Nursing Facility (SNF):
- 3: Cardiac Rehabilitation Services:
- 3: Intensive Cardiac Rehabilitation Services:
- 3: Pulmonary Rehabilitation Services:
- 5: Partial Hospitalization:
- 6: Home Health Services:
- 7c: Occupational Therapy Services:
- 7d: Physician Specialist Services:
- 7e: Mental Health Specialty Services:
- 7f: Podiatry Services:
- 7g: Other Health Care Professional:
- 7i: Psychiatric Services:
- 7i: Physical Therapy and Speech-Lan
- 8a: Outpatient Diagnostic Procedures
- 8a1: Diagnostic Radiological Services
- 8a2: Therapeutic Radiological Services
- 8a3: Outpatient X-Rays:
- 9a: Outpatient Hospital Services:
- 9b: Ambulatory Surgical Center (ASC)
- 9c: Outpatient Substance Abuse:
- 9d: Outpatient Blood Services:
- 12: End-Stage Renal Disease:
- 14a: Medicare-covered Preventive Services
- 14d: Kidney Disease Education Services
- 14e: Diabetes Self-Management Training
- 11a: Durable Medical Equipment (DME)

Select all of the Service Categories that require referral:

- 1a: Inpatient Hospital Acute:
- 1b: Inpatient Hospital Psychiatric:
- 2: Skilled Nursing Facility (SNF):
- 5: Partial Hospitalization:
- 6: Home Health Services:
- 7b: Chiropractic Services:
- 7c: Occupational Therapy Services:
- 7d: Physician Specialist Services:
- 7e: Mental Health Specialty Services:
- 7f: Podiatry Services:
- 7i: Psychiatric Services:
- 7i: Physical Therapy and Speech-Lan
- 8a: Outpatient Diagnostic Procedures
- 8b1: Diagnostic Radiological Services
- 8b2: Therapeutic Radiological Services
- 8b3: Outpatient X-Rays:
- 9a: Outpatient Hospital Services:
- 9b: Ambulatory Surgical Center (ASC)
- 9c: Outpatient Substance Abuse:
- 9d: Outpatient Blood Services:
- 12: End-Stage Renal Disease:
- 14a: Medicare-covered Preventive Services
- 14d: Kidney Disease Education Services
- 14e: Diabetes Self-Management Training
- 16b: Comprehensive Dental:

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

Yes
 No

Do any of these services require prior authorization?
 Yes
 No

Do any of these services require referrals?
 Yes
 No

Select all of the Service Categories that require authorization:

- 1a: Inpatient Hospital Acute:
- 1b: Inpatient Hospital Psychiatric:
- 2: Skilled Nursing Facility (SNF):
- 3: Cardiac Rehabilitation Services:
- 3: Intensive Cardiac Rehabilitation Services:
- 3: Pulmonary Rehabilitation Services:
- 5: Partial Hospitalization:
- 6: Home Health Services:
- 7b: Chiropractic Services:
- 7c: Occupational Therapy Services:
- 7d: Physician Specialist Services:
- 7e: Mental Health Specialty Services:
- 7f: Podiatry Services:
- 7g: Other Health Care Professional:
- 7i: Psychiatric Services:
- 7i: Physical Therapy and Speech-Lan
- 8a: Outpatient Diagnostic Procedures
- 8a1: Diagnostic Radiological Services
- 8a2: Therapeutic Radiological Services
- 8a3: Outpatient X-Rays:
- 9a: Outpatient Hospital Services:
- 9b: Ambulatory Surgical Center (ASC)
- 9c: Outpatient Substance Abuse:
- 9d: Outpatient Blood Services:
- 12: End-Stage Renal Disease:
- 14a: Medicare-covered Preventive Services
- 14d: Kidney Disease Education Services
- 14e: Diabetes Self-Management Training
- 11a: Durable Medical Equipment (DME)

Select all of the Service Categories that require referral:

- 1a: Inpatient Hospital Acute:
- 1b: Inpatient Hospital Psychiatric:
- 2: Skilled Nursing Facility (SNF):
- 5: Partial Hospitalization:
- 6: Home Health Services:
- 7b: Chiropractic Services:
- 7c: Occupational Therapy Services:
- 7d: Physician Specialist Services:
- 7e: Mental Health Specialty Services:
- 7f: Podiatry Services:
- 7g: Other Health Care Professional:
- 7i: Psychiatric Services:
- 7i: Physical Therapy and Speech-Lan
- 8a: Outpatient Diagnostic Procedures
- 8b1: Diagnostic Radiological Services
- 8b2: Therapeutic Radiological Services
- 8b3: Outpatient X-Rays:
- 9a: Outpatient Hospital Services:
- 9b: Ambulatory Surgical Center (ASC)
- 9c: Outpatient Substance Abuse:
- 9d: Outpatient Blood Services:
- 12: End-Stage Renal Disease:
- 14a: Medicare-covered Preventive Services
- 14d: Kidney Disease Education Services
- 14e: Diabetes Self-Management Training
- 16b: Comprehensive Dental:

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Section A-6

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

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

Yes
 No

Section A Notes

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

Notes (Optional):

[Empty text area]