

# CY 2016 PBP Data Entry System Screens

## Section A-1

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

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Organization Legal Name:  Contract Number:

Organization Marketing Name:  Plan ID:

Organization Web Site:  Segment ID:

Plan Name:  Contract Period:

Organization Type:  Service Area(s) (\* = partial county):

Plan Type:  Plan Geographic Name:

Is this a network plan?  Segment Name:

Is this an Employer-Only plan?

Enrollee Type:  
 Part A and Part B  
 Part B only

Do you cover Hospice Care?  
 Yes  
 No

# CY 2016 PBP 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 2016 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 do not have eligibility for, or have not enrolled in the QMB program?  
 Yes  
 No

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## Section A-3

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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

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

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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

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

Do any of these services require prior authorization?  
 Yes  
 No

Do any of these services require referrals?  
 Yes  
 No

Select all of the Service Categories that require authorization:

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

Select all of the Service Categories that require referral:

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

Select all of the Service Categories that require authorization:

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

Select all of the Service Categories that require referral:

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

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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

MA plans may choose to tier the cost-sharing for contracted providers as an incentive to encourage enrollees to seek care from providers the plan identifies based on efficiency and quality data. Plans are expected to use minimum/maximum data entry and notes fields to describe tiering in each applicable section of the PBP. The tiered cost-sharing must satisfy the following standards:

- The plan fully discloses tiered cost-sharing amounts and requirements to enrollees and plan providers.
- The services at each tier of cost-sharing are available to all enrollee
- Enrollees may not be limited to obtaining services from providers/suppliers assigned to a particular tier.
- All enrollees are charged the same amount for the same service provided by the same provider.

Do any of your medical benefits have tiered cost sharing?

Yes  
 No

Select the benefits that have tiered cost sharing:

Medicare-covered  
 Non-Medicare-covered

The following are examples of 'differential cost-sharing' are allowable, but are not considered to be tiering of medical benefits.

- Facility settings for furnishing some services, such as diagnostic imaging services
- In-network versus out-of-network services

Select the Medicare-covered benefits that have tiered cost sharing

- 2: Skilled Nursing Facility (SNF)
- 3-1: Cardiac Rehabilitation Services
- 3-2: Intensive Cardiac Rehabilitation Services
- 3-3: Pulmonary Rehabilitation Services
- 4a: Emergency Care
- 4b: Urgently Needed Care
- 4c: Worldwide Emergency/ Urgent Coverage
- 5: Partial Hospitalization
- 6: Home Health Services
- 7a: Primary Care Physician Services
- 7b: Chiropractic Services
- 7c: Occupational Therapy Services
- 7d: Physician Specialist Services
- 7e1: Individual Sessions for Mental Health Specialty Services
- 7e2: Group Sessions for Mental Health Specialty Services
- 7f: Podiatry Services
- 7g: Other Health Care Professional
- 7h1: Individual Sessions for Psychiatric Services
- 7h2: Group Sessions for Psychiatric Services
- 7i: Physical Therapy and Speech-Language Pathology Services
- 8a: Diagnostic Procedures/Tests/Labs Services
- 8b: Outpatient Diagnostic/Therapeutic Radiological Services
- 9a: Outpatient Hospital Services
- 9b: Ambulatory Surgical Center (ASC) Services
- 9c: Outpatient Substance Abuse
- 9d: Outpatient Blood Services
- 10a: Ambulance Services
- 10b: Transportation Services
- 11a: Durable Medical Equipment (DME)
- 11b1: Prosthetic Devices

Select the Non-Medicare-covered benefits that have tiered cost sharing

- 2: Skilled Nursing Facility (SNF)
- 3-1: Cardiac Rehabilitation Services
- 3-2: Intensive Cardiac Rehabilitation Services
- 3-3: Pulmonary Rehabilitation Services
- 4c: Worldwide Emergency/ Urgent Coverage
- 7b: Chiropractic Services
- 7f: Podiatry Services
- 9d: Outpatient Blood Services
- 10b1: Transportation Services: Plan Approved Location
- 10b2: Transportation Services: Any Location
- 13a: Acupuncture and Other Alternative Therapies
- 13b: Over-the-Counter Items and Services
- 13c: Meal Benefits
- 13d: Other 1
- 13e: Other 2
- 13f: Other 3
- 13g: Dual Eligible SNP with Highly Integrated Services
- 14b: Annual Physical Exam
- 14c1: Health Education
- 14c2: Nutritional/Dietary Benefit
- 14c3: Additional sessions of Smoking and Tobacco Cessation Couns
- 14c4: Fitness Benefit
- 14c5: Enhanced Disease Management
- 14c6: Telemonitoring Services
- 14c7: Remote Access Technology (including Web/Phone based tech
- 14c8: Bathroom Safety Devices
- 14c9: Counseling Services
- 14c10: In-Home Safety Assessment
- 14c11: Personal Emergency Response System (PERS)
- 14c12: Medical Nutrition Therapy (MNT)

# CY 2016 PBP Data Entry System Screens

## Section A-7

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

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Section A Notes

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

Notes:

[Empty text area for notes]