

CY 2016 PBP Data Entry System Screens

Section A-1

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

File Help

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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

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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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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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| | |
|---|----------------------|
| 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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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-Lan
- 8a: Outpatient Diagnostic Procedures:
- 8b1: Diagnostic Radiological Service:
- 8b2: Therapeutic Radiological Service:
- 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-Lan
- 8a: Outpatient Diagnostic Procedures:
- 8b1: Diagnostic Radiological Service:
- 8b2: Therapeutic Radiological Service:
- 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 S
- 14d: Kidney Disease Education Serv

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-Lan
- 8a: Outpatient Diagnostic Procedures:
- 8b1: Diagnostic Radiological Service:
- 8b2: Therapeutic Radiological Service:
- 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-Lan
- 8a: Outpatient Diagnostic Procedures:
- 8b1: Diagnostic Radiological Service:
- 8b2: Therapeutic Radiological Service:
- 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:
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- 14d: Kidney Disease Education Serv

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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

| | |
|--|--|
| <p>Select the Medicare-covered benefits that have tiered cost sharing:</p> <ul style="list-style-type: none"> 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 | <p>Select the Non-Medicare-covered benefits that have tiered cost sharing:</p> <ul style="list-style-type: none"> 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) |
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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: