

CY 2017 PBP Data Entry System Screens

Section A-1

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

File Help Add Variable

Go To: Section A-1

Previous Next Exit (Validate) Exit (No Validate)

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 2017 PBP Data Entry System Screens

Section A-2

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

File Help Add Variable

Go To: Section A-2

Previous Next Exit (Validate) Exit (No Validate)

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 costsharing 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 D-SNP, has the state agreed to cover all Medicare premiums and coinsurance for enrollees in your D-SNP?
 Yes
 No

CY 2017 PBP Data Entry System Screens

Section A-3

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

File Help Add Variable

Go To: Section A-3

Previous Next Exit (Validate) Exit (No Validate)

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:

CY 2017 PBP Data Entry System Screens

Section A-4

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

File Help Add Variable

Go To: Section A-4

Previous Next Exit (Validate) Exit (No Validate)

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

Customer Service Contact TTY/TDD for Current Medicare Beneficiaries: Extension:

Customer Service Contact Local TTY/TDD for Current Medicare Beneficiaries: Extension:

Customer Service Contact TTY/TDD for Prospective Medicare Beneficiaries: Extension:

Customer Service Contact Local TTY/TDD for Prospective Medicare Beneficiaries: Extension:

Customer Service Contact TTY/TDD for Current Part D Medicare Beneficiaries: Extension:

Customer Service Contact Local TTY/TDD for Current Part D Medicare Beneficiaries: Extension:

Customer Service Contact TTY/TDD for Prospective Part D Medicare Beneficiaries: Extension:

Customer Service Contact Local TTY/TDD for Prospective Part D Medicare Beneficiaries: Extension:

CY 2017 PBP Data Entry System Screens

Section A-5

PBP Data Entry System - Section A, Contract X0001, Plan 001, Segment 000
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File Help Add Variable
Go To: Section A-5

◀ Previous
Next ▶

✔ Exit (Validate)
 ✘ Exit (No Validate)

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

Select all of the Service Categories that require authorization:

- 1a: Inpatient Hospital Acute
- 1b: Inpatient Hospital Psychiatric
- 2: Skilled Nursing Facility (SNF)
- 3-1: Cardiac Rehabilitation Services
- 3-2: Intensive Cardiac Rehabilitation Services
- 3-3: 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: Physical Therapy and Speech-Lar
- 7j: Psychiatric Services
- 7k: Other Health Care Professional
- 7l: Psychiatric Services
- 7m: Physical Therapy and Speech-Lar
- 8a: Diagnostic Procedures/Tests/Lab
- 8b1: Diagnostic Radiological Services
- 8b2: Therapeutic Radiological Services
- 8b3: Outpatient X-Ray Services
- 9a: Outpatient Hospital Services
- 9b: Ambulatory Surgical Center (ASC)
- 9c: Outpatient Substance Abuse
- 9d: Outpatient Blood Services

Do any of these services require referrals?

Yes
 No

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: Physical Therapy and Speech-Lar
- 8a: Diagnostic Procedures/Tests/Lab
- 8b1: Diagnostic Radiological Services
- 8b2: Therapeutic Radiological Services
- 8b3: Outpatient X-Ray Services
- 9a: Outpatient Hospital Services
- 9c: Outpatient Substance Abuse
- 9d: Outpatient Blood Services
- 12: Dialysis Services
- 14a: Medicare-covered Zero Dollar P
- 14d: Kidney Disease Education Servi

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

Select all of the Service Categories that require authorization:

- 1a: Inpatient Hospital Acute
- 1b: Inpatient Hospital Psychiatric
- 2: Skilled Nursing Facility (SNF)
- 3-1: Cardiac Rehabilitation Services
- 3-2: Intensive Cardiac Rehabilitation Services
- 3-3: 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: Physical Therapy and Speech-Lar
- 7j: Psychiatric Services
- 7k: Other Health Care Professional
- 7l: Psychiatric Services
- 7m: Physical Therapy and Speech-Lar
- 8a: Diagnostic Procedures/Tests/Lab
- 8b1: Diagnostic Radiological Services
- 8b2: Therapeutic Radiological Services
- 8b3: Outpatient X-Ray Services
- 9a: Outpatient Hospital Services
- 9b: Ambulatory Surgical Center (ASC)
- 9c: Outpatient Substance Abuse
- 9d: Outpatient Blood Services

Do any of these services require referrals?

Yes
 No

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: Physical Therapy and Speech-Lar
- 8a: Diagnostic Procedures/Tests/Lab
- 8b1: Diagnostic Radiological Services
- 8b2: Therapeutic Radiological Services
- 8b3: Outpatient X-Ray Services
- 9a: Outpatient Hospital Services
- 9b: Ambulatory Surgical Center (ASC)
- 9c: Outpatient Substance Abuse
- 9d: Outpatient Blood Services
- 12: Dialysis Services
- 14a: Medicare-covered Zero Dollar P
- 14d: Kidney Disease Education Servi

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CY2017 PBP – Section A
12/4/2015

Page 5 of 8

CMS SENSITIVE INFORMATION - REQUIRES SPECIAL HANDLING

CY 2017 PBP Data Entry System Screens

Section A-6

PBP Data Entry System - Section A, Contract X0001, Plan 001, Segment 000
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File Help Add Variable
Go To: Section A-6

◀ Previous
Next ▶

✔ Exit (Validate)
✘ Exit (No Validate)

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

Do any of your outpatient services have tiered cost sharing? (Please note: Inpatient Hospital services that have tiered cost sharing are entered in Section B of the PBP software)

 Yes
 No

The following are not considered to be tiering of medical benefits when enrollee cost sharing varies based on:

- The facility or place of service in which the service is furnished.
- Which manufacturer (e.g., preferred vendor) the enrollee uses for supplies.
- In-network versus out-of-network services.

Select the benefits that have tiered cost sharing:

 Medicare-covered
 Non-Medicare-covered

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

3-1: Cardiac Rehabilitation Services
 3-2: Intensive Cardiac Rehabilitation Services
 3-3: Pulmonary Rehabilitation Services
 4b: Urgently Needed Services
 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
 8a1: Diagnostic Procedures/Tests
 8a2: Lab Services
 8b1: Diagnostic Radiological Services
 8b2: Therapeutic Radiological Services
 8b3: Outpatient X-Ray Services
 9a: Outpatient Hospital Services
 9b: Ambulatory Surgical Center (ASC) Services
 9c: Outpatient Substance Abuse
 9d: Outpatient Blood Services
 11a: Durable Medical Equipment (DME)
 11b1: Prosthetic Devices
 11b2: Medical Supplies
 11c1: Diabetic Supplies

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

3-1: Cardiac Rehabilitation Services
 3-2: Intensive Cardiac Rehabilitation Services
 3-3: Pulmonary Rehabilitation Services
 7b: Chiropractic Services
 7f: Podiatry Services
 10b1: Transportation Services - Plan Approved Location
 10b2: Transportation Services - Any Location
 13a: Acupuncture
 13b: Over-the-Counter (OTC) Items
 13c: Meal Benefit
 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 Counseling
 14c4: Fitness Benefit
 14c5: Enhanced Disease Management
 14c6: Telemonitoring Services
 14c7: Remote Access Technologies (including Web/Phone based technol
 14c8: Bathroom Safety Devices
 14c9: Counseling Services
 14c10: In-Home Safety Assessment
 14c11: Personal Emergency Response System (PERS)
 14c12: Medical Nutrition Therapy (MNT)
 14c13: Post discharge In-home Medication Reconciliation
 14c14: Re-admission Prevention
 14c15: Wigs for Hair Loss Related to Chemotherapy

CY 2017 PBP Data Entry System Screens

Section A-7

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

File Help Add Variable

Previous Next Exit (Validate) Exit (No Validate) Go To: Section A-7

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]

CY 2017 PBP Data Entry System Screens

Section A-General

PBP Plan Upload

Contract/Plan ID	Assigned User	Plan Name	Last Entry Date	Plan Ready for Upload	Bid Validated	SB Verified	Plan Uploaded
X0001001000	test	RFB MA-PD A/B Full Netw...	12/01/2015	Yes	Pending	Pending	Not uploaded yet

Progress: