

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

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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 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

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Section A-3

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

File Help Add Variable

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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:

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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:
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:

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Section A-5

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

File Help Add Variable

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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)
- 3-1: 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: Therapeutic Radiological Services
- 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

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
- 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

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)
- 3-1: 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: Therapeutic Radiological Services
- 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

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
- 12: Dialysis Services
- 14a: Medicare-covered Zero Dollar P
- 14d: Kidney Disease Education Servi

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Section A-6

PBP Data Entry System - Section A, Contract X0001, Plan 001, Segment 000
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File Help Add Variable
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Next ▶
✓ Exit (Validate)
✗ Exit (No Validate)

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

Yes
 No

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

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

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.

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 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: Heal 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

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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]

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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

[Validate Bid](#) [Upload Plan\(s\)](#) [Close](#)

Progress: