

CY 2018 PBP Data Entry System Screens

Medicare Rx General 1

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

File Help Add Variable

Go To: Medicare Rx General 1

Previous Next Exit (Validate) Exit (No Validate)

CLICK FOR DESCRIPTION OF BENEFIT

Does your plan offer a Medicare Prescription drug (Part D) benefit?

Select the type of drug benefit:

Defined Standard Benefit
 Actuarially Equivalent Standard
 Basic Alternative
 Enhanced Alternative

Describe the components of your network (select all that apply):

Standard Retail Cost-Sharing
 Standard/Preferred Retail Cost-Sharing
 Out-of-Network Pharmacy
 Standard Mail Order Cost-Sharing
 Standard/Preferred Mail Order Cost-Sharing
 Long Term Care Pharmacy

A plan should specify both standard and preferred mail order cost-sharing if it will require different cost sharing amounts at different mail order locations, even if both standard and preferred mail order pharmacies are not currently included in its network.

Unless sponsor's compliance is waived by the regulation, sponsor must comply with 42 CFR § 423.154 beginning January 1, 2013 regarding the appropriate dispensing of prescription drugs in long-term care (LTC) facilities. This section requires, among other things:

- 1) that certain drugs be dispensed to Part D enrollees in LTC facilities in no greater than 14-day increments;
- 2) that the use of uniform dispensing techniques as defined by each of the LTC facilities be permitted;
- 3) that information be collected and reported in a form and manner specified by CMS on the dispensing methodology used for each applicable dispensing event and on the nature and quantity of unused brand and generic drugs dispensed to Part D enrollees in LTC facilities;
- 4) that the total cost-sharing for a Part D drug to which the LTC dispensing requirements apply must be no greater than the total that would be imposed if the requirements did not apply; and
- 5) that the terms and conditions offered by the sponsor to a network pharmacy must include provisions that address the disposal of drugs that have been dispensed to Part D enrollees in LTC facilities but not used and returned to the pharmacy, including whether credit and reuse is authorized.

Sponsor attests that it will comply with 42 CFR 423.154.

CY 2018 PBP Data Entry System Screens

Medicare Rx General 2

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

File Help Add Variable

Go To: Medicare Rx General 2

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Does plan utilize floor pricing?
 Yes
 No

Floor pricing is used when a sponsor negotiates a minimum price, such as for very low cost generics, that a pharmacy(ies) will be paid for filling a prescription.

Does plan utilize ceiling pricing?
 Yes
 No

Ceiling pricing is used when a sponsor negotiates a maximum price that a given pharmacy will be paid for a specific NDC. Ceiling pricing is often used for high cost generics.

Do you offer a free first fill (i.e. \$0 copayment) for any drugs?
 Yes
 No

Example: If your plan offers a \$0 copay for the first fill of a Lipitor prescription, you should answer 'yes' to 'Do you offer a free first fill for any drugs' and indicate the RxCUI for Lipitor in the flat file which must be uploaded through the Formulary Submission Module by Friday, June 09, 2017 at 11:59am Eastern Time.

Are there quantity limits on certain prescription drugs?
 Yes
 No

Is prior authorization required for certain prescription drugs?
 Yes
 No

Do any drugs in your formulary require a step therapy plan?
 Yes
 No

Do you pay for Over-the-Counter medications (OTCs) under the Utilization Management Program?
 Yes
 No

If you select "Yes" to "Do you pay for Over-the-Counter medications (OTCs) under the Utilization Management Program?", you must indicate these specific medications in a flat file which must be uploaded through the Formulary Submission Module by Friday, June 09, 2017 at 11:59am Eastern Time.

OTC Medication Attestation statement
 Per Chapter 4 of the Medicare Managed Care Manual, an MAO cannot offer the same OTC drug under both its Part C supplemental benefit and its Part D benefit. I attest any OTC drugs that are covered under Part C are separate and distinct from OTC drugs covered under Part D.

Do you offer OTCs as a part of a formal Step Therapy Protocol submitted for review and approval by CMS?
 Yes
 No

With respect to OTCs, a Step Therapy protocol is one that requires the use of the OTC product prior to receiving a prescription formulary drug. This is in contrast to a general utilization management strategy that offers OTCs as alternatives to prescription formulary drugs but without a requirement to try the OTC first. All OTC drugs used in either a Part D Step Therapy Protocol or a general utilization management strategy must appear in an OTC supplemental file. However, only those OTCs used in a Step Therapy Protocol must be documented in the Step Therapy Criteria text files submitted with the formulary files.

CY 2018 PBP Data Entry System Screens

Medicare Rx General 3

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

File Help Add Variable

Go To: Medicare Rx General 3

Previous Next Exit (Validate) Exit (No Validate)

Indicate number of Tiers in your Part D benefit:

What is your Formulary Exception Tier?

Do you apply a second less expensive cost sharing level for all generic drugs approved for formulary exceptions?
 Yes
 No

What is the lower level cost sharing Formulary Exceptions Tier?

Each plan must indicate one specific cost-sharing tier from its PBP at which it will adjudicate all non-formulary drugs approved through the formulary exceptions process.

Although CMS generally allows Part D sponsors to apply only one level of cost sharing from an existing formulary tier to all approved formulary exceptions, sponsors may also elect to apply a second less expensive level of cost sharing for all approved formulary exceptions for generic drugs, so long as this second level is also associated with an existing formulary tier and is uniformly applied to all approved formulary exceptions for generic drugs.

CY 2018 PBP Data Entry System Screens

Medicare Rx – Tier Model (when a tier includes 2 tiers)

The screenshot shows a software window titled "PBP Data Entry System - Section RX, Contract X0001, Plan 001, Segment 000". The interface includes a menu bar with "File" and "Help", and a toolbar with "Previous", "Next", "Exit (Validate)", and "Exit (No Validate)" buttons. A "Go To:" dropdown menu is set to "Medicare Rx - Tier Model". The main content area is titled "Indicate Formulary Tier Label Model (Click to select):" and contains a table with two columns: "Tier 1" and "Tier 2".

Tier 1	Tier 2
Generic	Brand
Generic	Preferred Brand

CY 2018 PBP Data Entry System Screens

Medicare Rx- Tier Model (when a tier includes 3 tiers)

Indicate Formulary Tier Label Model (Click to select):

Tier 1	Tier 2	Tier 3
Generic	Brand	Specialty Tier
Generic	Preferred Brand	Specialty Tier
Generic	Preferred Brand	Non-Preferred Brand
Preferred Generic	Preferred Brand	Non-Preferred Drug
Generic	Preferred Brand	Non-Preferred Drug

CY 2018 PBP Data Entry System Screens

Medicare Rx – Tier Model (when a tier includes 4 tiers)

Indicate Formulary Tier Label Model (Click to select):

Tier 1	Tier 2	Tier 3	Tier 4
Generic	Preferred Brand	Non-Preferred Brand	Specialty Tier
Preferred Generic	Generic	Preferred Brand	Non-Preferred Brand
Preferred Generic	Generic	Preferred Brand	Specialty Tier
Generic	Preferred Brand	Non-Preferred Brand	Injectable Drugs
Preferred Generic	Preferred Brand	Non-Preferred Drug	Specialty Tier
Preferred Generic	Preferred Brand	Non-Preferred Drug	Injectable Drugs
Preferred Generic	Generic	Preferred Brand	Non-Preferred Drug

CY 2018 PBP Data Entry System Screens

Medicare Rx – Tier Model (when a tier includes 5 tiers)

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

File Help

Previous
Next
Exit (Validate)
Exit (No Validate)
 Go To: Medicare Rx - Tier Model

Indicate Formulary Tier Label Model (Click to select):

Tier 1	Tier 2	Tier 3	Tier 4	Tier 5
Generic	Preferred Brand	Non-Preferred Brand	Specialty Tier	Specialty Tier
Preferred Generic	Generic	Preferred Brand	Non-Preferred Brand	
Preferred Generic	Generic	Preferred Brand	Specialty Tier	
Generic	Preferred Brand	Non-Preferred Brand	Injectable Drugs	
Preferred Generic	Preferred Brand	Non-Preferred Drug	Specialty Tier	
Preferred Generic	Preferred Brand	Non-Preferred Drug	Injectable Drugs	
Preferred Generic	Generic	Preferred Brand	Non-Preferred Drug	
Preferred Generic	Generic	Preferred Brand	Non-Preferred Brand	Specialty Tier
Preferred Generic	Generic	Preferred Brand	Non-Preferred Brand	Injectable Drugs
Preferred Generic	Generic	Preferred Brand	Injectable Drugs	Specialty Tier
Generic	Preferred Brand	Non-Preferred Brand	Injectable Drugs	Specialty Tier
Preferred Generic	Preferred Brand	Non-Preferred Drug	Injectable Drugs	Specialty Tier
Preferred Generic	Generic	Preferred Brand	Non-Preferred Drug	Specialty Tier
Preferred Generic	Generic	Preferred Brand	Non-Preferred Drug	Injectable Drugs

CY 2018 PBP Data Entry System Screens

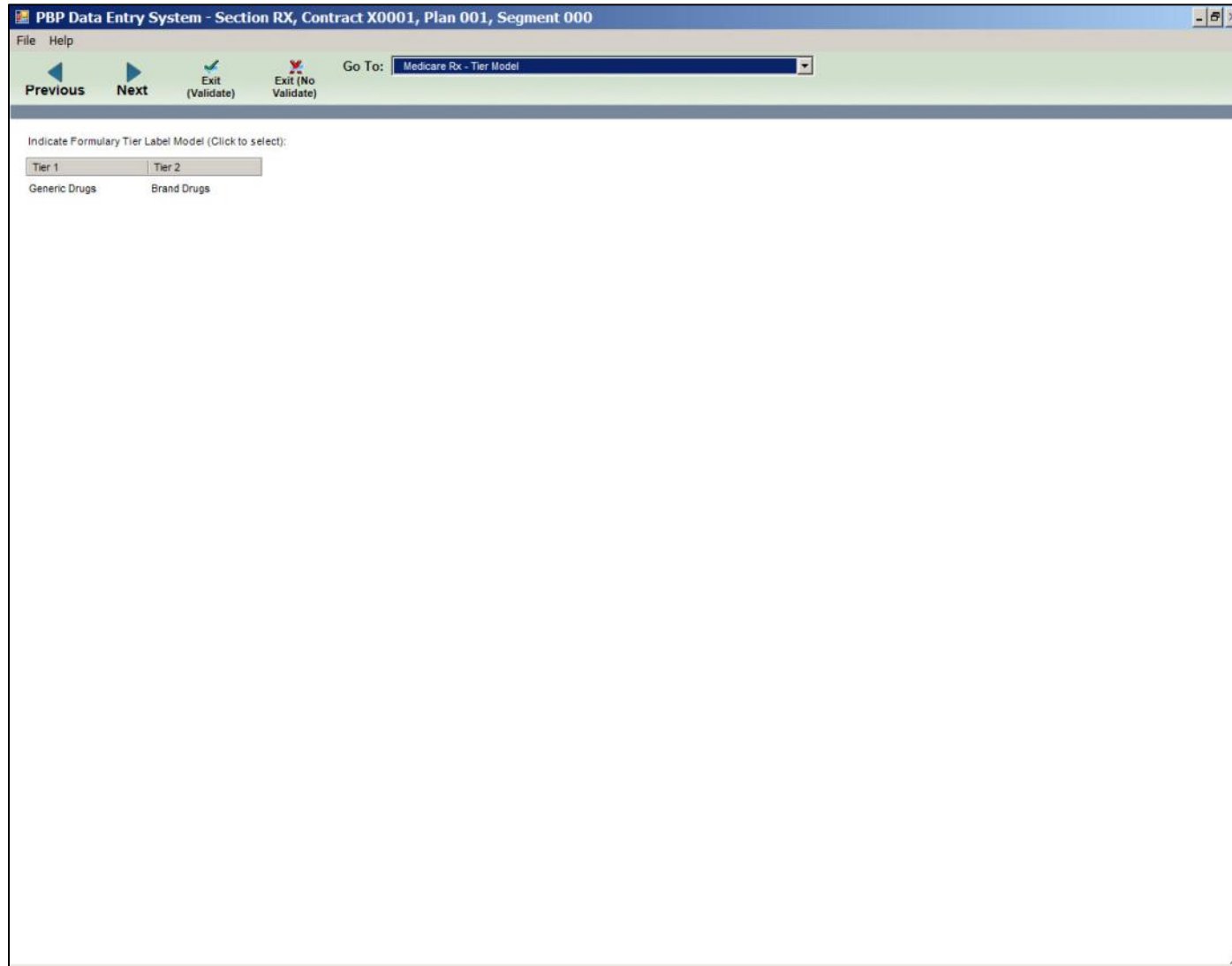
Medicare Rx – Tier Model (when a tier includes 6 tiers)

Indicate Formulary Tier Label Model (Click to select):

Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
Preferred Generic	Generic	Preferred Brand	Non-Preferred Brand	Specialty Tier	
Preferred Generic	Generic	Preferred Brand	Non-Preferred Brand	Injectable Drugs	
Preferred Generic	Generic	Preferred Brand	Injectable Drugs	Specialty Tier	
Generic	Preferred Brand	Non-Preferred Brand	Injectable Drugs	Specialty Tier	
Preferred Generic	Preferred Brand	Non-Preferred Drug	Injectable Drugs	Specialty Tier	
Preferred Generic	Generic	Preferred Brand	Non-Preferred Drug	Specialty Tier	
Preferred Generic	Generic	Preferred Brand	Non-Preferred Drug	Injectable Drugs	
Preferred Generic	Generic	Preferred Brand	Non-Preferred Brand	Injectable Drugs	Specialty Tier
Preferred Generic	Generic	Preferred Brand	Non-Preferred Brand	Specialty Tier	Injectable Drugs
Preferred Generic	Generic	Preferred Brand	Non-Preferred Drug	Injectable Drugs	Specialty Tier
Preferred Generic	Generic	Preferred Brand	Non-Preferred Drug	Specialty Tier	Injectable Drugs

CY 2018 PBP Data Entry System Screens

Medicare Rx – Medicare-Medicaid Formulary Tier Model (when a tier includes 2 tiers)



CY 2018 PBP Data Entry System Screens

Medicare Rx – Medicare-Medicaid Formulary Tier Model (when a tier includes 3 tiers)

Indicate Formulary Tier Label Model (Click to select):

Tier 1	Tier 2	Tier 3
Generic Drugs	Preferred Brand Drugs	Non-Preferred Brand Drugs
Preferred Generic Drug	Generic Drugs	Brand Drugs
\$0 Drugs	Generic Drugs	Brand Drugs
Generic Drugs	Brand Drugs	Non-Medicare Rx/OTC Drugs
Generic Drugs	Brand Drugs	Non-Medicare Rx Drugs
Generic Drugs	Brand Drugs	Non-Medicare OTC Drugs

CY 2018 PBP Data Entry System Screens

Medicare Rx – Medicare-Medicaid Formulary Tier Model (when a tier includes 4 tiers)

The screenshot shows a software window titled "PBP Data Entry System - Section RX, Contract X0001, Plan 001, Segment 000". The interface includes a menu bar with "File" and "Help", and a toolbar with "Previous", "Next", "Exit (Validate)", and "Exit (No Validate)" buttons. A "Go To:" dropdown menu is set to "Medicare Rx - Tier Model".

The main content area is titled "Indicate Formulary Tier Label Model (Click to select):" and contains a table with four columns: Tier 1, Tier 2, Tier 3, and Tier 4. The table lists various drug categories for each tier.

Tier 1	Tier 2	Tier 3	Tier 4
Preferred Generic Drugs	Generic Drugs	Preferred Brand Drugs	Non-Preferred Brand Drugs
Generic Drugs	Preferred Brand Drugs	Non-Preferred Brand Drugs	Non-Medicare Rx/OTC Drugs
Preferred Generic Drugs	Generic Drugs	Brand Drugs	Non-Medicare Rx/OTC Drugs
\$0 Drugs	Generic Drugs	Brand Drugs	Non-Medicare Rx/OTC Drugs
Generic Drugs	Brand Drugs	Non-Medicare Rx Drugs	Non-Medicare OTC Drugs

CY 2018 PBP Data Entry System Screens

Medicare Rx – Medicare-Medicaid Formulary Tier Model (when a tier includes 5 tiers)

The screenshot shows a software window titled "PBP Data Entry System - Section RX, Contract X0001, Plan 001, Segment 000". The interface includes a menu bar with "File" and "Help", and a toolbar with "Previous", "Next", "Exit (Validate)", and "Exit (No Validate)" buttons. A "Go To:" dropdown menu is set to "Medicare Rx - Tier Model".

Below the toolbar, the instruction "Indicate Formulary Tier Label Model (Click to select):" is displayed. A table with five columns (Tier 1 to Tier 5) and five rows of options is shown:

Tier 1	Tier 2	Tier 3	Tier 4	Tier 5
Preferred Generic Drugs	Generic Drugs	Preferred Brand Drugs	Non-Preferred Brand Drugs	Non-Medicare RX/OTC Drugs
\$0 Drugs	Preferred Generic Drugs	Generic Drugs	Brand Drugs	Non-Medicare RX/OTC Drugs
\$0 Drugs	Generic Drugs	Preferred Brand Drugs	Non-Preferred Brand Drugs	Non-Medicare RX/OTC Drugs
Generic Drugs	Preferred Brand Drugs	Non-Preferred Brand Drugs	Non-Medicare Rx Drugs	Non-Medicare OTC Drugs
Preferred Generic Drugs	Generic Drugs	Brand Drugs	Non-Medicare Rx Drugs	Non-Medicare OTC Drugs

CY 2018 PBP Data Entry System Screens

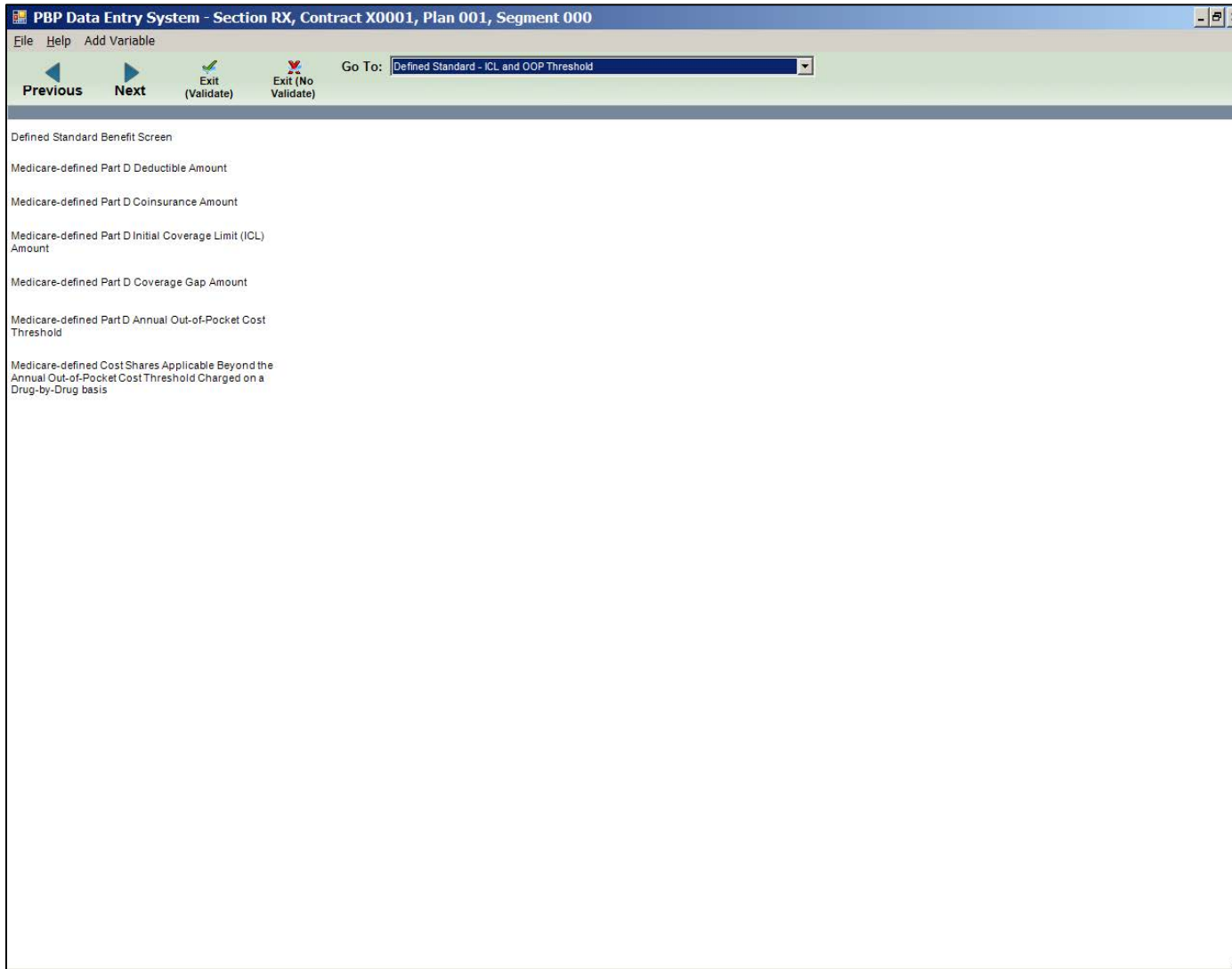
Medicare Rx – Medicare-Medicaid Formulary Tier Model (when a tier includes 6 tiers)

Indicate Formulary Tier Label Model (Click to select):

Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
\$0 Drugs	Preferred Generic Drugs	Generic Drugs	Brand Drugs	Non-Medicare Rx Drugs	Non-Medicare OTC Drugs
\$0 Drugs	Generic Drugs	Preferred Brand Drugs	Non-Preferred Brand Drugs	Non-Medicare Rx Drugs	Non-Medicare OTC Drugs
Preferred Generic Drugs	Generic Drugs	Preferred Brand Drugs	Non-Preferred Brand Drugs	Non-Medicare Rx Drugs	Non-Medicare OTC Drugs
\$0 Drugs	Preferred Generic Drugs	Generic Drugs	Preferred Brand Drugs	Non-Preferred Brand Drugs	Non-Medicare Rx/OTC Drugs

CY 2018 PBP Data Entry System Screens

Defined Standard – ICL and OOP Threshold



CY 2018 PBP Data Entry System Screens

Actuarially Equivalent Characteristics

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

File Help Add Variable

Previous Next Exit (Validate) Exit (No Validate) Go To: Actuarially Equivalent Characteristics

Actuarially Equivalent Benefit Screens

Medicare-defined Part D Deductible Amount

Indicate the Out-of-Network cost sharing structure for this plan:

- Standard Retail Copay/Coinsurance (No Differential)*
- Standard Retail Copay/Coinsurance plus a differential between the ODN billed charge and the Standard Retail allowable
- Standard Retail Copay/Coinsurance with Limited Days supply

*If a plan chooses this option and does not utilize either a differential in cost sharing or a differential in days supply for out of network coverage, CMS' expectation is that the plan is monitoring for appropriate out of network use with either a post authorization process or alternate review tool.

CY 2018 PBP Data Entry System Screens

Actuarially Equivalent – Pre-ICL

The screenshot shows a software window titled "PBP Data Entry System - Section RX, Contract X0001, Plan 001, Segment 000". The window has a menu bar with "File", "Help", and "Add Variable". Below the menu bar is a toolbar with "Previous" (left arrow), "Next" (right arrow), "Exit (Validate)" (green checkmark), and "Exit (No Validate)" (red X). A "Go To:" dropdown menu is set to "Actuarially Equivalent - Pre-ICL". The main content area contains the question: "How do you apply your cost sharing before the Initial Coverage Limit (ICL) is reached?". There are two radio button options: "Medicare-defined Part D Coinsurance amount" and "Cost Share Tiers".

CY 2018 PBP Data Entry System Screens

Actuarially Equivalent – Tier Type and Cost Share Structure – Pre-ICL

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

File Help Add Variable

Go To: Actuarially Equivalent - Tier Type and Cost Share Structure - Pre-ICL

Previous Next Exit (Validate) Exit (No Validate)

Tier Label Description(s)

Tier Drug Type(s) (select all that apply):	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
Generic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tier Includes (select only one for each tier):						
Part D Drugs Only	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Excluded Drugs Only (e.g. erectile dysfunction drugs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Both Part D and Excluded Drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Indicate the type of cost sharing structure (select only one for each tier):						
Coinsurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Copayment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Greater of Coinsurance and Copayment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lesser of Coinsurance and Copayment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CY 2018 PBP Data Entry System Screens

Actuarially Equivalent – Tier Locations – Pre-ICL

PBP Data Entry System - Section RX, Contract X0001, Plan 001, Segment 000
_ | 5 | X

File Help Add Variable

◀ Previous
Next ▶
✔ Exit (Validate)
✘ Exit (No Validate)
Go To: Actuarially Equivalent - Tier Locations - Pre-ICL ▼

Tier Label Description(s)

Select all Location/supply amounts that apply:	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
Standard Retail Cost-Sharing - one month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard Retail Cost-Sharing - two month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard Retail Cost-Sharing - three month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard Retail/Preferred Retail Cost-Sharing - one month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard Retail/Preferred Retail Cost-Sharing - two month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard Retail/Preferred Retail Cost-Sharing - three month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Out-of-Network Pharmacy - one month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Out-of-Network Pharmacy - other day supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard Mail Order Cost-Sharing - one month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard Mail Order Cost-Sharing - two month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard Mail Order Cost-Sharing - three month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard Mail Order/Preferred Mail Order Cost-Sharing - one month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard Mail Order/Preferred Mail Order Cost-Sharing - two month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard Mail Order/Preferred Mail Order Cost-Sharing - three month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long Term Care Pharmacy - one month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CY 2018 PBP Data Entry System Screens

Actuarially Equivalent – Retail Pharmacy Location Supply – Pre-ICL

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

File Help Add Variable

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Exit (Validate)
Exit (No Validate)
 Go To: Actuarially Equivalent - Retail Pharmacy Location Supply - Pre-ICL

Tier Label Description(s)

Standard Retail Cost-Sharing Component

Day Supply	1-Month	2-Month	3-Month	*Extended day supply applies to all Drugs?	Limited First Fill for Extended Day Supply
Tier 1					
Standard Retail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are all of the drugs on your formulary for this tier available with an extended day supply?	Are any of the drugs available at an extended day supply for this tier limited to a 1-month supply for the first fill?
Standard Retail/Preferred Retail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Tier 2					
Standard Retail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are all of the drugs on your formulary for this tier available with an extended day supply?	Are any of the drugs available at an extended day supply for this tier limited to a 1-month supply for the first fill?
Standard Retail/Preferred Retail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Tier 3					
Standard Retail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are all of the drugs on your formulary for this tier available with an extended day supply?	Are any of the drugs available at an extended day supply for this tier limited to a 1-month supply for the first fill?
Standard Retail/Preferred Retail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Tier 4					
Standard Retail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are all of the drugs on your formulary for this tier available with an extended day supply?	Are any of the drugs available at an extended day supply for this tier limited to a 1-month supply for the first fill?
Standard Retail/Preferred Retail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Tier 5					
Standard Retail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are all of the drugs on your formulary for this tier available with an extended day supply?	Are any of the drugs available at an extended day supply for this tier limited to a 1-month supply for the first fill?
Standard Retail/Preferred Retail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No
Tier 6					
Standard Retail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are all of the drugs on your formulary for this tier available with an extended day supply?	Are any of the drugs available at an extended day supply for this tier limited to a 1-month supply for the first fill?
Standard Retail/Preferred Retail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No

*For example, you chose a 2-month or 3-month supply at the Standard/Preferred Retail Cost-Sharing or the Mail-Order Pharmacy, you must answer "yes" to the question "Are all drugs on your formulary for this tier available with an extended day supply?" if all of the drugs on that tier are available at the extended day supply.

If you select "No" to "Are all of the drugs on your formulary for this tier available with an extended day supply?", you must indicate the specific Part D Covered medications that will not be offered at an extended day supply in a flatfile (referred to as Non-Extended Day Supply file) which must be uploaded through the Formulary Submission Module by Friday June 9, 2017 at 11:59am Eastern Time. Do not include Non-Medicare Covered Drugs and/or Non-Medicare Covered OTCs in this file submission.

CY 2018 PBP Data Entry System Screens

Actuarially Equivalent – Mail Order Location Supply – Pre-ICL

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

File Help Add Variable

◀ Previous
Next ▶
✓ Exit (Validate)
✗ Exit (No Validate)
Go To: Actuarially Equivalent - Mail Order Location Supply - Pre-ICL

Tier Label Description(s)

Standard Mail Order Cost-Sharing Network

Component	Day Supply	1-Month	2-Month	3-Month
Tier 1	Standard Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Standard/Preferred Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 2	Standard Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Standard/Preferred Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 3	Standard Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Standard/Preferred Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 4	Standard Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Standard/Preferred Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 5	Standard Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Standard/Preferred Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 6	Standard Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Standard/Preferred Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>

CY 2018 PBP Data Entry System Screens

Actuarially Equivalent – OON and LTC Location Supply – Pre-ICL

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

File Help Add Variable

Previous
Next
Exit (Validate)
Exit (No Validate)
Go To: Actuarially Equivalent - OON and LTC Location Supply - Pre-ICL

Tier Label Description(s)

Day Supply	Network Component	1-Month	Other Day
Tier 1	Out-of-Network	<input type="text"/>	<input type="text"/>
	Long Term Care Drugs	<input type="text"/>	
Tier 2	Out-of-Network	<input type="text"/>	<input type="text"/>
	Long Term Care Drugs	<input type="text"/>	
Tier 3	Out-of-Network	<input type="text"/>	<input type="text"/>
	Long Term Care Drugs	<input type="text"/>	
Tier 4	Out-of-Network	<input type="text"/>	<input type="text"/>
	Long Term Care Drugs	<input type="text"/>	
Tier 5	Out-of-Network	<input type="text"/>	<input type="text"/>
	Long Term Care Drugs	<input type="text"/>	
Tier 6	Out-of-Network	<input type="text"/>	<input type="text"/>
	Long Term Care Drugs	<input type="text"/>	

CY 2018 PBP Data Entry System Screens

Actuarially Equivalent – Retail Pharmacy Copayment and Coinsurance – Pre-ICL

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

File Help Add Variable

Previous
Next
Exit (Validate)
Exit (No Validate)
Go To: Actuarially Equivalent - Retail Pharmacy Copayment and Coinsurance - Pre-ICL

Tier Label Description(s)

Tier	Standard Retail Cost-Sharing Component - CostSharing	Copayment			Avg Expected Coins Dollar Amt (1 month supply) (\$):	Coinsurance		
		1-Month (\$)	2-Month (\$)	3-Month (\$)		1-Month (%)	2-Month (%)	3-Month (%)
Tier 1	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 2	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 3	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 4	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 5	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 6	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

CY 2018 PBP Data Entry System Screens

Actuarially Equivalent – Mail Order Copayment and Coinsurance – Pre-ICL

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

File Help Add Variable

Previous
Next
Exit (Validate)
Exit (No Validate)
Go To: Actuarially Equivalent - Mail Order Copayment and Coinsurance - Pre-ICL

Tier Label Description(s)

		Copayment			Coinsurance		
		1-Month (\$)	2-Month (\$)	3-Month (\$)	1-Month (%)	2-Month (%)	3-Month (%)
Tier 1	Standard Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Standard Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 2	Standard Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Standard Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 3	Standard Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Standard Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 4	Standard Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Standard Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 5	Standard Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Standard Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 6	Standard Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Standard Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

CY 2018 PBP Data Entry System Screens

Actuarially Equivalent – OON and LTC Copayment and Coinsurance – Pre-ICL

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

File Help Add Variable

Go To: Actuarially Equivalent - OON and LTC Copayment and Coinsurance - Pre-ICL

Tier Label Description(s)

Tier	Network Component	Copayment		Coinsurance	
		1-Month (\$)	Other (\$):	1-Month (%)	Other (%)
Tier 1	Out-of-Network	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Long Term Care Drugs	<input type="text"/>		<input type="text"/>	
Tier 2	Out-of-Network	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Long Term Care Drugs	<input type="text"/>		<input type="text"/>	
Tier 3	Out-of-Network	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Long Term Care Drugs	<input type="text"/>		<input type="text"/>	
Tier 4	Out-of-Network	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Long Term Care Drugs	<input type="text"/>		<input type="text"/>	
Tier 5	Out-of-Network	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Long Term Care Drugs	<input type="text"/>		<input type="text"/>	
Tier 6	Out-of-Network	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Long Term Care Drugs	<input type="text"/>		<input type="text"/>	

CY 2018 PBP Data Entry System Screens

Actuarially Equivalent – Daily Copayment Amount Cost Sharing – Pre-ICL

PBP Data Entry System - Section RX, Contract X0001, Plan 001, Segment 000
_ | | X

File Help Add Variable

Go To: Actuarially Equivalent - Daily Copayment Amount Cost Sharing - Pre-ICL

		Copayment			Copayment			Copayment				
		1-Month (\$)	1-Month	Daily (\$)	1-Month (\$)	1-Month	Daily (\$)	1-Month (\$)	1-Month	Daily (\$)		
Tier 1	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	Standard Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>	Long Term Care Drugs	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	Standard Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>				
	Preferred Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	Preferred Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>				
Tier 2	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	Standard Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>	Long Term Care Drugs	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	Standard Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>				
	Preferred Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	Preferred Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>				
Tier 3	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	Standard Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>	Long Term Care Drugs	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	Standard Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>				
	Preferred Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	Preferred Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>				
Tier 4	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	Standard Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>	Long Term Care Drugs	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	Standard Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>				
	Preferred Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	Preferred Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>				
Tier 5	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	Standard Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>	Long Term Care Drugs	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	Standard Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>				
	Preferred Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	Preferred Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>				
Tier 6	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	Standard Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>	Long Term Care Drugs	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	Standard Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>				
	Preferred Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	Preferred Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>				

CY 2018 PBP Data Entry System Screens

Actuarially Equivalent – OOP Threshold

The screenshot shows a software window titled "PBP Data Entry System - Section RX, Contract X0001, Plan 001, Segment 000". The interface includes a menu bar with "File", "Help", and "Add Variable". Below the menu bar is a toolbar with "Previous" and "Next" navigation buttons, "Exit (Validate)" and "Exit (No Validate)" buttons, and a "Go To:" dropdown menu currently set to "Actuarially Equivalent - OOP Threshold".

The main content area contains the following text and form elements:

- Medicare-defined Part D Initial Coverage Limit (ICL) Amount
- Medicare-defined Part D Coverage Gap Amount
- Medicare-defined Part D Annual Out-of-Pocket Cost Threshold
- How do you apply your cost sharing beyond the Medicare Part D Annual Out-of-Pocket Cost Threshold?
 - Medicare-defined Post Threshold Cost Shares
 - Cost Share Tiers

The form is mostly empty, with only the radio button options visible.

CY 2018 PBP Data Entry System Screens

Actuarially Equivalent – Tier Type – Post-OOP Threshold

The screenshot shows a software window titled "PBP Data Entry System - Section RX, Contract X0001, Plan 001, Segment 000". The interface includes a menu bar with "File", "Help", and "Add Variable". Below the menu bar is a toolbar with "Previous", "Next", "Exit (Validate)", and "Exit (No Validate)" buttons. A "Go To:" dropdown menu is set to "Actuarially Equivalent - Tier Type - Post-OOP Threshold".

The main content area contains the following sections:

- Tier Label Description(s):** A text input field.
- Tier Drug Type(s) (select all that apply):** A grid of checkboxes for Tier 1 through Tier 6.
 - Generic: Tier 1, Tier 2, Tier 3, Tier 4, Tier 5, Tier 6
 - Brand: Tier 1, Tier 2, Tier 3, Tier 4, Tier 5, Tier 6
- Tier Includes (select only one for each tier):** A grid of radio buttons for Tier 1 through Tier 6.
 - Part D Drugs Only: Tier 1, Tier 2, Tier 3, Tier 4, Tier 5, Tier 6
 - Excluded Drugs Only (e.g. erectile dysfunction drugs): Tier 1, Tier 2, Tier 3, Tier 4, Tier 5, Tier 6
 - Both Part D and Excluded Drugs: Tier 1, Tier 2, Tier 3, Tier 4, Tier 5, Tier 6
- Indicate the Type of Cost Sharing Structure (select only one for each tier):** A grid of radio buttons for Tier 1 through Tier 6.
 - Coinurance: Tier 1, Tier 2, Tier 3, Tier 4, Tier 5, Tier 6
 - Copayment: Tier 1, Tier 2, Tier 3, Tier 4, Tier 5, Tier 6
 - Greater of Coinsurance and Copayment: Tier 1, Tier 2, Tier 3, Tier 4, Tier 5, Tier 6
 - Lesser of Coinsurance and Copayment: Tier 1, Tier 2, Tier 3, Tier 4, Tier 5, Tier 6

CY 2018 PBP Data Entry System Screens

Actuarially Equivalent – Tier Cost Sharing – Post-OOP Threshold

The screenshot shows a software window titled "PBP Data Entry System - Section RX, Contract X0001, Plan 001, Segment 000". The interface includes a menu bar with "File", "Help", and "Add Variable". Below the menu bar is a navigation area with "Previous" and "Next" buttons, "Exit (Validate)" and "Exit (No Validate)" buttons, and a "Go To:" dropdown menu currently set to "Actuarially Equivalent - Tier Cost Sharing - Post-OOP Threshold".

The main content area is titled "Tier Label Description(s)" and contains a table for entering cost-sharing data for six tiers. The table has two columns: "Copayment (\$)" and "Coinsurance (%)".

	Copayment (\$)	Coinsurance (%)
Tier 1	<input type="text"/>	<input type="text"/>
Tier 2	<input type="text"/>	<input type="text"/>
Tier 3	<input type="text"/>	<input type="text"/>
Tier 4	<input type="text"/>	<input type="text"/>
Tier 5	<input type="text"/>	<input type="text"/>
Tier 6	<input type="text"/>	<input type="text"/>

CY 2018 PBP Data Entry System Screens

Alternative – Deductible

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

File Help Add Variable

Go To: Alternative - Deductible

Previous Next Exit (Validate) Exit (No Validate)

Basic/Enhanced Alternative Benefit Screens

Do you charge the Medicare-defined Part D Deductible amount?

Yes
 No, enter amount
 No Deductible

Enter Deductible Amount:

Does the Deductible apply to all tiers?

Yes
 No

Indicate each tier for which the deductible will NOT apply (select all that apply, please note that the deductible will not apply to any of the drugs on each tier selected):

Tier 1
 Tier 2
 Tier 3
 Tier 4
 Tier 5
 Tier 6

During the deductible phase, is the cost-sharing for drugs to which the deductible does not apply, the same as the Pre-ICL cost-sharing for all locations?

Yes
 No

Indicate the type of cost sharing structure for these drugs until the deductible is reached:

Coinsurance
 Copayment
 Greater of Coinsurance and Copayment
 Lesser of Coinsurance and Copayment

Enter Coinsurance percentage: Enter Copayment amount:

Indicate the Out-of-Network cost sharing structure for this plan:

Standard Retail Copay/Coinsurance (No Differential)*
 Standard Retail Copay/Coinsurance plus a differential between the OON billed charge and the Standard Retail allowable
 Standard Retail Copay/Coinsurance with Limited Days Supply

*If a plan chooses this option and does not utilize either a differential in cost sharing or a differential in days supply for out of network coverage, CMS' expectation is that the plan is monitoring for appropriate out of network use with either a post authorization process or alternate review tool.

CY 2018 PBP Data Entry System Screens

Alternative – Enhanced Alternative Characteristics

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

File Help Add Variable

Go To: **Alternative - Enhanced Alternative Characteristics**

Previous Next Exit (Validate) Exit (No Validate)

Do you offer reduced Part D cost sharing as part of your supplemental Part D Benefit?

Yes
 No

Do you offer additional cost-sharing reductions in the coverage gap?

Yes
 No

Indicate the area(s) throughout the Part D benefit where the reduced Part D cost sharing is reflected (select all that apply):

Reduced deductible
 Reduced pre-ICL cost shares
 Raised ICL
 Reduced post-threshold cost shares

Additional reductions in gap cost-sharing offered by enhanced alternative (EA) plans through a supplemental benefit represents cost-sharing that is significantly better than the defined standard cost-sharing benefit for generic and brand drugs that must be offered by all plans. In addition, the gap cost-sharing reductions offered by EA plans provides for additional savings on brand drugs that are applied before the coverage gap discount. The additional gap cost-sharing reductions entered in the PBP will be inclusive of the standard benefit (49% reduction in beneficiary cost-sharing for generic drugs and 10% reduction in cost-sharing for brand drugs in 2017), but will be in addition to the coverage gap discount for brand drugs.

Do you cover excluded drugs as part of your supplemental coverage (e.g., drugs used to treat erectile dysfunction)? (Enhanced Alternative ONLY).

Yes
 No

For example, if a sponsor enters beneficiary cost-sharing of 30% for tier 1 generic drugs in the coverage gap, the defined standard generic drug gap benefit would be satisfied and included in the 70% reduction in cost-sharing provided through the supplemental Part D benefit. In contrast, if a sponsor enters beneficiary cost-sharing of 30% for tier 2 brands, the defined standard brand drug gap benefit would be satisfied and included in the 70% reduction in cost-sharing provided through this supplemental benefit. However the reduction in cost-sharing (plan liability) would be applied first to the plan-negotiated price of the drug, followed by the coverage gap discount of 50% of the remaining drug cost.

If you select "Yes" to "Do you cover excluded drugs as part of your supplemental coverage (e.g., drugs used to treat erectile dysfunction)?", you must indicate these specific medications in a flat file which must be uploaded through the Formulary Submission Module by Friday, June 09, 2017 at 11:59am Eastern Time.

The 2017 defined standard gap coverage benefit of 49% for generic drugs and 10% for brand drugs and the coverage gap discount for brand drugs applies to all benefit types and must be reflected in each plan's bid, but should NOT be entered in the PBP. The gap coverage section of the PBP is only intended for those EA plans offering additional cost-sharing reductions in the coverage gap through a supplemental Part D benefit.

CY 2018 PBP Data Entry System Screens

Alternative – Pre-ICL

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

File Help Add Variable

Go To: Alternative - Pre-ICL

Previous Next Exit (Validate) Exit (No Validate)

How do you apply your cost sharing before the Initial Coverage Limit (ICL) is reached?

No cost sharing

Medicare-defined Part D Coinsurance Amount

Cost Share Tiers

Does this apply to the excluded drug only tier?

Yes

No

CY 2018 PBP Data Entry System Screens

Alternative – Tier Type and Cost Share Structure – Pre-ICL

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

File Help Add Variable

Previous
Next
Exit (Validate)
Exit (No Validate)
Go To: Alternative - Tier Type and Cost Share Structure - Pre-ICL

Tier Label Description(s)

	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
Tier Drug Type(s) (select all that apply):						
Generic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tier Includes (select only one for each tier):						
Part D Drugs Only	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Excluded Drugs Only (e.g. erectile dysfunction drugs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Both Part D and Excluded Drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Indicate the type of cost sharing structure (select only one for each tier):						
Coinsurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Copayment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Greater of Coinsurance and Copayment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lesser of Coinsurance and Copayment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CY 2018 PBP Data Entry System Screens

Alternative – Tier Locations – Pre-ICL

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

File Help Add Variable

◀ Previous
Next ▶
✓ Exit (Validate)
✗ Exit (No Validate)
Go To: Alternative - Tier Locations - Pre-ICL

Tier Label Description(s)

Select all Location/supply amounts that apply:

	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
Standard Retail Cost-Sharing - one month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard Retail Cost-Sharing - two month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard Retail Cost-Sharing - three month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard Retail/Preferred Retail Cost-Sharing - one month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard Retail/Preferred Retail Cost-Sharing - two month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard Retail/Preferred Retail Cost-Sharing - three month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Out-of-Network Pharmacy - one month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Out-of-Network Pharmacy - other day supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard Mail Order Cost-Sharing - one month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard Mail Order Cost-Sharing - two month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard Mail Order Cost-Sharing - three month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard Mail Order/Preferred Mail Order Cost-Sharing - one month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard Mail Order/Preferred Mail Order Cost-Sharing - two month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard Mail Order/Preferred Mail Order Cost-Sharing - three month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long Term Care Pharmacy - one month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CY 2018 PBP Data Entry System Screens

Alternative – Retail Pharmacy Location Supply – Pre-ICL

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

File Help Add Variable

Previous
Next
Exit (Validate)
Exit (No Validate)
Go To: Alternative - Retail Pharmacy Location Supply - Pre-ICL

Tier Label Description(s)

Standard Retail Cost-Sharing Component

Day Supply	1-Month	2-Month	3-Month	*Extended day supply applies to all Drugs?	Limited First Fill for Extended Day Supply	
Tier 1	Standard Retail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are all of the drugs on your formulary for this tier available with an extended day supply? <input type="radio"/> Yes <input type="radio"/> No	Are any of the drugs available at an extended day supply for this tier limited to a 1-month supply for the first fill? <input type="radio"/> Yes <input type="radio"/> No
	Standard Retail/Preferred Retail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Tier 2	Standard Retail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are all of the drugs on your formulary for this tier available with an extended day supply? <input type="radio"/> Yes <input type="radio"/> No	Are any of the drugs available at an extended day supply for this tier limited to a 1-month supply for the first fill? <input type="radio"/> Yes <input type="radio"/> No
	Standard Retail/Preferred Retail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Tier 3	Standard Retail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are all of the drugs on your formulary for this tier available with an extended day supply? <input type="radio"/> Yes <input type="radio"/> No	Are any of the drugs available at an extended day supply for this tier limited to a 1-month supply for the first fill? <input type="radio"/> Yes <input type="radio"/> No
	Standard Retail/Preferred Retail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Tier 4	Standard Retail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are all of the drugs on your formulary for this tier available with an extended day supply? <input type="radio"/> Yes <input type="radio"/> No	Are any of the drugs available at an extended day supply for this tier limited to a 1-month supply for the first fill? <input type="radio"/> Yes <input type="radio"/> No
	Standard Retail/Preferred Retail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Tier 5	Standard Retail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are all of the drugs on your formulary for this tier available with an extended day supply? <input type="radio"/> Yes <input type="radio"/> No	Are any of the drugs available at an extended day supply for this tier limited to a 1-month supply for the first fill? <input type="radio"/> Yes <input type="radio"/> No
	Standard Retail/Preferred Retail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Tier 6	Standard Retail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are all of the drugs on your formulary for this tier available with an extended day supply? <input type="radio"/> Yes <input type="radio"/> No	Are any of the drugs available at an extended day supply for this tier limited to a 1-month supply for the first fill? <input type="radio"/> Yes <input type="radio"/> No
	Standard Retail/Preferred Retail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

*For example, you chose a 2-month or 3-month supply at the Standard/Preferred Retail Cost-Sharing or the Mail-Order Pharmacy, you must answer "yes" to the question "Are all drugs on your formulary for this tier available with an extended day supply?" if all of the drugs on that tier are available at the extended day supply.

If you select "No" to "Are all of the drugs on your formulary for this tier available with an extended day supply?", you must indicate the specific Part D Covered medications that will not be offered at an extended day supply in a flatfile (referred to as Non-Extended Day Supply file) which must be uploaded through the Formulary Submission Module by Friday June 9, 2017 at 11:59am Eastern Time. Do not include Non-Medicare Covered Drugs and/or Non-Medicare Covered OTCs in this file submission.

CY 2018 PBP Data Entry System Screens

Alternative – Mail Order Location Supply – Pre-ICL

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

File Help Add Variable

◀ Previous
Next ▶
✓ Exit (Validate)
✗ Exit (No Validate)
Go To: Alternative - Mail Order Location Supply - Pre-ICL

Tier Label Description(s)

Standard Mail Order Cost-Sharing Network

Component		1-Month	2-Month	3-Month
Tier 1	Standard Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Standard/Preferred Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 2	Standard Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Standard/Preferred Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 3	Standard Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Standard/Preferred Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 4	Standard Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Standard/Preferred Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 5	Standard Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Standard/Preferred Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 6	Standard Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Standard/Preferred Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>

CY 2018 PBP Data Entry System Screens

Alternative – OON and LTC Location Supply – Pre-ICL

The screenshot shows a software window titled "PBP Data Entry System - Section RX, Contract X0001, Plan 001, Segment 000". The interface includes a menu bar with "File", "Help", and "Add Variable". Below the menu bar is a toolbar with "Previous", "Next", "Exit (Validate)", and "Exit (No Validate)" buttons. A "Go To:" dropdown menu is set to "Alternative - OON and LTC Location Supply - Pre-ICL".

The main area contains a table for entering supply data. The table has the following structure:

Day Supply	Network Component	1-Month	Other Day
Tier 1	Out-of-Network	<input type="text"/>	<input type="text"/>
	Long Term Care Drugs	<input type="text"/>	
Tier 2	Out-of-Network	<input type="text"/>	<input type="text"/>
	Long Term Care Drugs	<input type="text"/>	
Tier 3	Out-of-Network	<input type="text"/>	<input type="text"/>
	Long Term Care Drugs	<input type="text"/>	
Tier 4	Out-of-Network	<input type="text"/>	<input type="text"/>
	Long Term Care Drugs	<input type="text"/>	
Tier 5	Out-of-Network	<input type="text"/>	<input type="text"/>
	Long Term Care Drugs	<input type="text"/>	
Tier 6	Out-of-Network	<input type="text"/>	<input type="text"/>
	Long Term Care Drugs	<input type="text"/>	

CY 2018 PBP Data Entry System Screens

Non-Extended Day Supply Tier Coverage

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

File Help

Go To: Non-Extended Day Supply Tier Coverage

Previous Next Exit (Validate) Exit (No Validate)

Tier Label Description(s)

For tiers that include both Part D and Excluded Drugs, and only some drugs are offered at an extended day supply, indicate which drugs are NOT offered at an extended day supply:

Which drugs are NOT offered at an Extended Day Supply (select only one for each tier):

	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
Part D Drugs Only	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Excluded Drugs Only (e.g. erectile dysfunction drugs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Both Part D and Excluded Drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you select "Part D Drugs Only" or "Both Part D and Excluded Drugs" to "Which drugs are NOT offered at an Extended Day Supply (select only one for each tier)", you must indicate the specific Part D Covered medications that will not be offered at an extended day supply in a flat file (referred to as Non-Extended Day Supply file) which must be uploaded through the Formulary Submission Module by Friday June 9, 2017 at 11:59am Eastern Time. Do not include Non-Medicare Covered Drugs and/or Non-Medicare Covered OTCs in this file submission.

CY 2018 PBP Data Entry System Screens

Alternative – Retail Pharmacy Copayment and Coinsurance – Pre-ICL

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

File Help

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Next ▶
✓ Exit (Validate)
✗ Exit (No Validate)
Go To: Alternative - Retail Pharmacy Copayment and Coinsurance - Pre-ICL

Tier Label Description(s)

Tier	Standard Retail Cost-Sharing Component - CostSharing	Copayment			Avg Expected Coins Dollar Amt (1 month supply) (\$):	Coinsurance		
		1-Month (\$)	2-Month (\$)	3-Month (\$)		1-Month (%)	2-Month (%)	3-Month (%)
Tier 1	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 2	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 3	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 4	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 5	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 6	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

CY 2018 PBP Data Entry System Screens

Alternative – Mail Order Copayment and Coinsurance – Pre-ICL

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

File Help

◀ Previous
Next ▶
✓ Exit (Validate)
✗ Exit (No Validate)
Go To: Alternative - Mail Order Copayment and Coinsurance - Pre-ICL

Tier Label Description(s)

Standard Mail Order Cost-Sharing Network Component - Cost Sharing		Copayment			Coinsurance		
		1-Month (\$)	2-Month (\$)	3-Month (\$)	1-Month (%)	2-Month (%)	3-Month (%)
Tier 1	Standard Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Standard Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 2	Standard Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Standard Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 3	Standard Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Standard Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 4	Standard Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Standard Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 5	Standard Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Standard Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 6	Standard Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Standard Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

CY 2018 PBP Data Entry System Screens

Alternative – OON and LTC Copayment and Coinsurance – Pre-ICL

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

File Help

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✓ Exit (Validate)
✗ Exit (No Validate)
Go To: Alternative - OON and LTC Copayment and Coinsurance - Pre-ICL

Tier Label Description(s)

	Network Component	Copayment		Coinsurance	
		1-Month (\$)	Other (\$):	1-Month (%)	Other (%)
Tier 1	Out-of-Network	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Long Term Care Drugs	<input type="text"/>		<input type="text"/>	
Tier 2	Out-of-Network	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Long Term Care Drugs	<input type="text"/>		<input type="text"/>	
Tier 3	Out-of-Network	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Long Term Care Drugs	<input type="text"/>		<input type="text"/>	
Tier 4	Out-of-Network	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Long Term Care Drugs	<input type="text"/>		<input type="text"/>	
Tier 5	Out-of-Network	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Long Term Care Drugs	<input type="text"/>		<input type="text"/>	
Tier 6	Out-of-Network	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Long Term Care Drugs	<input type="text"/>		<input type="text"/>	

CY 2018 PBP Data Entry System Screens

Alternative – Daily Copayment Amount Cost Sharing – Pre-ICL

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

File Help

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Exit (Validate)
Exit (No Validate)
Go To: Alternative - Daily Copayment Amount Cost Sharing - Pre-ICL

Tier Label Description(s)

CLICK FOR Daily Copay Instructions

		Copayment				Copayment				Copayment		
		1-Month (\$)	1-Month	Daily (\$)		1-Month (\$)	1-Month	Daily (\$)		1-Month (\$)	1-Month	Daily (\$)
Tier 1	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	Standard Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>	Long Term Care Drugs	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	Standard Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	Preferred Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 2	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	Standard Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>	Long Term Care Drugs	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	Standard Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	Preferred Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 3	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	Standard Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>	Long Term Care Drugs	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	Standard Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	Preferred Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 4	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	Standard Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>	Long Term Care Drugs	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	Standard Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	Preferred Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 5	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	Standard Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>	Long Term Care Drugs	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	Standard Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	Preferred Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 6	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	Standard Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>	Long Term Care Drugs	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	Standard Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	Preferred Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>

CY 2018 PBP Data Entry System Screens

Alternative – Pre-ICL Medicare-Medicaid

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

File Help

Previous Next Exit (Validate) Exit (No Validate) Go To: Alternative - Pre-ICL Medicare-Medicaid

How do you apply your cost sharing before the Out-of-Pocket Threshold?

No cost sharing
 Cost Share Tiers

Will any of your tiers apply the LIS Cost Sharing values?

Yes
 No

Indicate each tier on which your cost sharing will be the LIS cost sharing standards:

Tier 1
 Tier 2
 Tier 3
 Tier 4
 Tier 5
 Tier 6

CY 2018 PBP Data Entry System Screens

Alternative – Medicare-Medicaid Tier Type – Pre-ICL

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

File Help

Go To: Alternative - Medicare-Medicaid Tier Type - Pre-ICL

Previous Next Exit (Validate) Exit (No Validate)

Tier Label Description(s)

Tier Drug Type(s) (select all that apply):	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
Generic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tier Includes (select only one for each tier):						
Part D Drugs Only	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Non-Medicare Covered Drugs and/or Non-Medicare Covered OTCs Only	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Both Part D Drugs and Non-Medicare Covered Drugs and/or Non-Medicare Covered OTCs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CY 2018 PBP Data Entry System Screens

Alternative – Medicare-Medicaid Tier Locations – Pre-ICL

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

File Help

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✓ Exit (Validate)
✗ Exit (No Validate)
Go To: Alternative - Medicare-Medicaid Tier Locations - Pre-ICL

Tier Label Description(s)

Select all Location/supply amounts that apply:

	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
Standard Retail Cost-Sharing - one month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard Retail Cost-Sharing - two month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard Retail Cost-Sharing - three month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard Retail/Preferred Retail Cost-Sharing - one month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard Retail/Preferred Retail Cost-Sharing - two month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard Retail/Preferred Retail Cost-Sharing - three month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Out-of-Network Pharmacy - one month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Out-of-Network Pharmacy - other day supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard Mail Order Cost-Sharing - one month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard Mail Order Cost-Sharing - two month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard Mail Order Cost-Sharing - three month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard Mail Order/Preferred Mail Order Cost-Sharing - one month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard Mail Order/Preferred Mail Order Cost-Sharing - two month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard Mail Order/Preferred Mail Order Cost-Sharing - three month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long Term Care Pharmacy - one month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CY 2018 PBP Data Entry System Screens

Alternative – Medicare-Medicaid Retail Pharmacy Location Supply – Pre-ICL

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

File Help

Go To: Alternative - Medicare-Medicaid Retail Pharmacy Location Supply - Pre-ICL

Tier Label Description(s)

Standard Retail Cost-Sharing Component

Day Supply	1-Month	2-Month	3-Month	*Extended day supply applies to all Drugs?	Limited First Fill for Extended Day Supply	
Tier 1	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	Are all of the drugs on your formulary for this tier available with an extended day supply? <input type="radio"/> Yes <input type="radio"/> No	Are any of the drugs available at an extended day supply for this tier limited to a 1-month supply for the first fill? <input type="radio"/> Yes <input type="radio"/> No
	Standard Retail/Preferred Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Tier 2	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	Are all of the drugs on your formulary for this tier available with an extended day supply? <input type="radio"/> Yes <input type="radio"/> No	Are any of the drugs available at an extended day supply for this tier limited to a 1-month supply for the first fill? <input type="radio"/> Yes <input type="radio"/> No
	Standard Retail/Preferred Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Tier 3	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	Are all of the drugs on your formulary for this tier available with an extended day supply? <input type="radio"/> Yes <input type="radio"/> No	Are any of the drugs available at an extended day supply for this tier limited to a 1-month supply for the first fill? <input type="radio"/> Yes <input type="radio"/> No
	Standard Retail/Preferred Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Tier 4	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	Are all of the drugs on your formulary for this tier available with an extended day supply? <input type="radio"/> Yes <input type="radio"/> No	Are any of the drugs available at an extended day supply for this tier limited to a 1-month supply for the first fill? <input type="radio"/> Yes <input type="radio"/> No
	Standard Retail/Preferred Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Tier 5	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	Are all of the drugs on your formulary for this tier available with an extended day supply? <input type="radio"/> Yes <input type="radio"/> No	Are any of the drugs available at an extended day supply for this tier limited to a 1-month supply for the first fill? <input type="radio"/> Yes <input type="radio"/> No
	Standard Retail/Preferred Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Tier 6	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	Are all of the drugs on your formulary for this tier available with an extended day supply? <input type="radio"/> Yes <input type="radio"/> No	Are any of the drugs available at an extended day supply for this tier limited to a 1-month supply for the first fill? <input type="radio"/> Yes <input type="radio"/> No
	Standard Retail/Preferred Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>		

*For example, you chose a 2-month or 3-month supply at the Standard/Preferred Retail Cost-Sharing or the Mail-Order Pharmacy, you must answer "yes" to the question "Are all drugs on your formulary for this tier available with an extended day supply?" if all of the drugs on that tier are available at the extended day supply.

If you select "No" to "Are all of the drugs on your formulary for this tier available with an extended day supply?", you must indicate the specific Part D Covered medications that will not be offered at an extended day supply in a flatfile (referred to as Non-Extended Day Supply file) which must be uploaded through the Formulary Submission Module by Friday June 9, 2017 at 11:59am Eastern Time. Do not include Non-Medicare Covered Drugs and/or Non-Medicare Covered OTCs in this file submission.

CY 2018 PBP Data Entry System Screens

Alternative – Medicare-Medicaid Mail Order Location Supply – Pre-ICL

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

File Help

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Next ▶
✓ Exit (Validate)
✗ Exit (No Validate)
Go To: Alternative - Medicare-Medicaid Mail Order Location Supply - Pre-ICL

Tier Label Description(s)

Standard Mail Order Cost-Sharing Network

Component		1-Month	2-Month	3-Month
Tier 1	Standard Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Standard/Preferred Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 2	Standard Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Standard/Preferred Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 3	Standard Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Standard/Preferred Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 4	Standard Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Standard/Preferred Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 5	Standard Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Standard/Preferred Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 6	Standard Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Standard/Preferred Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>

CY 2018 PBP Data Entry System Screens

Alternative – Medicare-Medicaid OON and LTC Location Supply – Pre-ICL

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

File Help

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Next
Exit (Validate)
Exit (No Validate)
Go To: Alternative - Medicare-Medicaid OON and LTC Location Supply - Pre-ICL

Tier Label Description(s)

Day Supply	Network Component	1-Month	Other Day
Tier 1	Out-of-Network	<input type="text"/>	<input type="text"/>
	Long Term Care Drugs	<input type="text"/>	
Tier 2	Out-of-Network	<input type="text"/>	<input type="text"/>
	Long Term Care Drugs	<input type="text"/>	
Tier 3	Out-of-Network	<input type="text"/>	<input type="text"/>
	Long Term Care Drugs	<input type="text"/>	
Tier 4	Out-of-Network	<input type="text"/>	<input type="text"/>
	Long Term Care Drugs	<input type="text"/>	
Tier 5	Out-of-Network	<input type="text"/>	<input type="text"/>
	Long Term Care Drugs	<input type="text"/>	
Tier 6	Out-of-Network	<input type="text"/>	<input type="text"/>
	Long Term Care Drugs	<input type="text"/>	

CY 2018 PBP Data Entry System Screens

Non-Extended Day Supply Coverage - MMP

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

File Help

Go To: Non-Extended Day Supply Coverage - MMP

Previous Next Exit (Validate) Exit (No Validate)

Tier Label Description(s)

For tiers that include both Part D and Non-Medicare Covered Drugs and/or Non-Medicare Covered OTCs, and only some drugs are offered at an extended day supply, indicate which drugs are NOT offered at an extended day supply:

Which drugs are NOT offered at an Extended Day Supply (select only one for each tier):

	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
Part D Drugs Only	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Non-Medicare Covered Drugs and/or Non-Medicare Covered OTCs Only	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Both Part D Drugs and Non-Medicare Covered Drugs and/or Non-Medicare Covered OTCs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you select "Part D Drugs Only" or "Both Part D and Non-Medicare Covered Drugs and/or Non-Medicare Covered OTCs" to "Which drugs are NOT offered at an Extended Day Supply (select only one for each tier).", you must indicate the specific Part D Covered medications that will not be offered at an extended day supply in a flat file (referred to as Non-Extended Day Supply file) which must be uploaded through the Formulary Submission Module by Friday June 9, 2017 at 11:59am Eastern Time. Do not include Non-Medicare Covered Drugs and/or Non-Medicare Covered OTCs in this file submission.

CY 2018 PBP Data Entry System Screens

Alternative – Medicare-Medicaid Copayment – Pre-ICL

PBP Data Entry System - Section RX, Contract X0001, Plan 001, Segment 000
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File Help

Go To: Alternative - Medicare-Medicaid Copayment - Pre-ICL

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✔ Exit (Validate)
✘ Exit (No Validate)

Cost Sharing for In-network Retail, Mail Order, Out-of-network, and Long Term Care

Tier Label Description(s)

	Network Component	Minimum Copayment(\$)	Maximum Copayment(\$)	Network Component	Minimum Copayment(\$)	Maximum Copayment(\$)
Tier 1	Standard Retail	<input type="text"/>	<input type="text"/>	Out-of-Network	<input type="text"/>	<input type="text"/>
	Standard Mail Order	<input type="text"/>	<input type="text"/>	Long Term Care Drugs	<input type="text"/>	<input type="text"/>
Tier 2	Standard Retail	<input type="text"/>	<input type="text"/>	Out-of-Network	<input type="text"/>	<input type="text"/>
	Standard Mail Order	<input type="text"/>	<input type="text"/>	Long Term Care Drugs	<input type="text"/>	<input type="text"/>
Tier 3	Standard Retail	<input type="text"/>	<input type="text"/>	Out-of-Network	<input type="text"/>	<input type="text"/>
	Standard Mail Order	<input type="text"/>	<input type="text"/>	Long Term Care Drugs	<input type="text"/>	<input type="text"/>
Tier 4	Standard Retail	<input type="text"/>	<input type="text"/>	Out-of-Network	<input type="text"/>	<input type="text"/>
	Standard Mail Order	<input type="text"/>	<input type="text"/>	Long Term Care Drug	<input type="text"/>	<input type="text"/>
Tier 5	Standard Retail	<input type="text"/>	<input type="text"/>	Out-of-Network	<input type="text"/>	<input type="text"/>
	Standard Mail Order	<input type="text"/>	<input type="text"/>	Long Term Care Drugs	<input type="text"/>	<input type="text"/>
Tier 6	Standard Retail	<input type="text"/>	<input type="text"/>	Out-of-Network	<input type="text"/>	<input type="text"/>
	Standard Mail Order	<input type="text"/>	<input type="text"/>	Long Term Care Drugs	<input type="text"/>	<input type="text"/>

CY 2018 PBP Data Entry System Screens

Alternative – Medicare-Medicaid Daily Copayment Amount Cost Sharing

PBP Data Entry System - Section RX, Contract X0001, Plan 001, Segment 000
_ | 5 | X

File Help

Go To: Alternative - Medicare-Medicaid Daily Copayment Amount Cost Sharing

Tier Label Description(s)

CLICK FOR Daily Copay Instructions

		Minimum Copayment(\$)	Maximum Copayment(\$)	1-Month	Daily (\$)			Minimum Copayment(\$)	Maximum Copayment(\$)	1-Month	Daily (\$)
Tier 1	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Long Term Care Drug	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	Standard Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Tier 2	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Long Term Care Drugs	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	Standard Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Tier 3	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Long Term Care Drugs	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	Standard Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Tier 4	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Long Term Care Drug	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	Standard Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Tier 5	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Long Term Care Drug	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	Standard Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Tier 6	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Long Term Care Drugs	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	Standard Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

CY 2018 PBP Data Entry System Screens

Alternative – ICL

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

File Help

Go To: Alternative - ICL

Previous Next Exit (Validate) Exit (No Validate)

Do you apply the Medicare-defined Part D Standard Initial Coverage Limit (ICL) Amount?

Yes

No, enter amount

No ICL (Full Gap Coverage)

Enter Initial Coverage Limit (ICL) Amount:

CY 2018 PBP Data Entry System Screens

Alternative – Gap Coverage

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

File Help

Previous Next Exit (Validate) Exit (No Validate) Go To: Alternative - Gap Coverage

Select the tiers that include gap coverage (select all that apply):

- Tier 1
- Tier 2
- Tier 3
- Tier 4
- Tier 5
- Tier 6

CY 2018 PBP Data Entry System Screens

Alternative – Tier Type and Cost Share Structure – Gap

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

File Help

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✓ Exit (Validate)
✗ Exit (No Validate)
Go To: Alternative - Tier Type and Cost Share Structure - Gap

Tier Label Description(s)

	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
Tier Drug Type(s) (select all that apply):						
Generic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tier Includes (select only one for each tier):						
Part D Drugs Only	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Excluded Drugs Only (e.g. erectile dysfunction drugs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Both Part D and Excluded Drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Indicate the type of cost sharing structure (select only one for each tier):						
Coinsurance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Copayment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Greater of Coinsurance and Copayment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lesser of Coinsurance and Copayment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CY 2018 PBP Data Entry System Screens

Alternative – Tier Coverage – Gap

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

File Help

Go To: Alternative - Tier Coverage - Gap

Tier Label Description(s)

	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	
<p>To what extent are any Pre-ICL covered drugs on this tier covered through the gap?</p> <p>Full Tier Coverage (All drugs on the tier) <input type="radio"/></p> <p>Partial Tier Coverage (Only some drugs on the tier) <input type="radio"/></p>							<p>The gap coverage supplemental file may not include any drugs from a tier that is fully covered in the gap.</p> <p>If you select Partial Tier Gap Coverage, you must submit a gap supplemental file for the drugs covered on the partially covered tier. The gap supplemental file must be uploaded through the Formulary Submission Module by Friday, June 09, 2017 at 11:59am Eastern Time.</p>
<p>For each tier that is only partially covered in the gap, you must indicate whether that coverage is for brand drugs only, generic drugs only or both brand and generic drugs.</p> <p>Brand Drugs Only <input type="radio"/></p> <p>Generic Drugs Only <input type="radio"/></p> <p>Brand and Generic Drugs <input type="radio"/></p>							
<p>Indicate the type of drugs covered on your tiers:</p> <p>Part D Drugs Only <input type="radio"/></p> <p>Excluded Drugs Only (e.g. erectile dysfunction drugs) <input type="radio"/></p> <p>Both Part D and Excluded Drugs <input type="radio"/></p>							

CY 2018 PBP Data Entry System Screens

Alternative – Tier Locations – Gap

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

File Help

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✓ Exit (Validate)
✗ Exit (No Validate)
Go To: Alternative - Tier Locations - Gap

Tier Label Description(s)

Select all Location/supply amounts that apply:	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
Standard Retail Cost-Sharing - one month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard Retail Cost-Sharing - two month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard Retail Cost-Sharing - three month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard Retail/Preferred Retail Cost-Sharing - one month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard Retail/Preferred Retail Cost-Sharing - two month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard Retail/Preferred Retail Cost-Sharing - three month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Out-of-Network Pharmacy - one month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Out-of-Network Pharmacy - other day supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard Mail Order Cost-Sharing - one month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard Mail Order Cost-Sharing - two month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard Mail Order Cost-Sharing - three month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard Mail Order/Preferred Mail Order Cost-Sharing - one month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard Mail Order/Preferred Mail Order Cost-Sharing - two month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standard Mail Order/Preferred Mail Order Cost-Sharing - three month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Long Term Care Pharmacy - one month supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CY 2018 PBP Data Entry System Screens

Alternative – Retail Pharmacy Location Supply – Gap

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

File Help

Go To: Alternative - Retail Pharmacy Location Supply - Gap

Tier Label Description(s)

Standard Retail Cost-Sharing Component

Day Supply	1-Month	2-Month	3-Month	*Extended day supply applies to all Drugs?	Limited First Fill for Extended Day Supply	
Tier 1	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	Are all of the drugs on your formulary for this tier available with an extended day supply? <input type="radio"/> Yes <input type="radio"/> No	Are any of the drugs available at an extended day supply for this tier limited to a 1-month supply for the first fill? <input type="radio"/> Yes <input type="radio"/> No
	Standard Retail/Preferred Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Tier 2	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	Are all of the drugs on your formulary for this tier available with an extended day supply? <input type="radio"/> Yes <input type="radio"/> No	Are any of the drugs available at an extended day supply for this tier limited to a 1-month supply for the first fill? <input type="radio"/> Yes <input type="radio"/> No
	Standard Retail/Preferred Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Tier 3	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	Are all of the drugs on your formulary for this tier available with an extended day supply? <input type="radio"/> Yes <input type="radio"/> No	Are any of the drugs available at an extended day supply for this tier limited to a 1-month supply for the first fill? <input type="radio"/> Yes <input type="radio"/> No
	Standard Retail/Preferred Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Tier 4	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	Are all of the drugs on your formulary for this tier available with an extended day supply? <input type="radio"/> Yes <input type="radio"/> No	Are any of the drugs available at an extended day supply for this tier limited to a 1-month supply for the first fill? <input type="radio"/> Yes <input type="radio"/> No
	Standard Retail/Preferred Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Tier 5	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	Are all of the drugs on your formulary for this tier available with an extended day supply? <input type="radio"/> Yes <input type="radio"/> No	Are any of the drugs available at an extended day supply for this tier limited to a 1-month supply for the first fill? <input type="radio"/> Yes <input type="radio"/> No
	Standard Retail/Preferred Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Tier 6	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	Are all of the drugs on your formulary for this tier available with an extended day supply? <input type="radio"/> Yes <input type="radio"/> No	Are any of the drugs available at an extended day supply for this tier limited to a 1-month supply for the first fill? <input type="radio"/> Yes <input type="radio"/> No
	Standard Retail/Preferred Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>		

*For example, you chose a 2-month or 3-month supply at the Standard/Preferred Retail Cost-Sharing or the Mail-Order Pharmacy, you must answer "yes" to the question "Are all drugs on your formulary for this tier available with an extended day supply?" if all of the drugs on that tier are available at the extended day supply.

If you select "No" to "Are all of the drugs on your formulary for this tier available with an extended day supply?", you must indicate the specific Part D Covered medications that will not be offered at an extended day supply in a flat file (referred to as Non-Extended Day Supply file) which must be uploaded through the Formulary Submission Module by Friday June 9, 2017 at 11:59am Eastern Time. Do not include Non-Medicare Covered Drugs and/or Non-Medicare Covered OTCs in this file submission.

CY 2018 PBP Data Entry System Screens

Alternative – Mail Order Location Supply – Gap

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

File Help

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✓ Exit (Validate)
✗ Exit (No Validate)
Go To: Alternative - Mail Order Location Supply - Gap

Tier Label Description(s)

Standard Mail Order Cost-Sharing Network

Component		1-Month	2-Month	3-Month
Tier 1	Standard Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Standard/Preferred Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 2	Standard Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Standard/Preferred Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 3	Standard Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Standard/Preferred Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 4	Standard Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Standard/Preferred Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 5	Standard Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Standard/Preferred Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 6	Standard Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Standard/Preferred Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>

CY 2018 PBP Data Entry System Screens

Alternative – OON and LTC Location Supply – Gap

The screenshot shows a software window titled "PBP Data Entry System - Section RX, Contract X0001, Plan 001, Segment 000". The interface includes a menu bar with "File" and "Help", and a toolbar with "Previous", "Next", "Exit (Validate)", and "Exit (No Validate)" buttons. A "Go To:" dropdown menu is set to "Alternative - OON and LTC Location Supply - Gap". Below the toolbar is a text input field for "Tier Label Description(s)". The main area contains a table for data entry:

Day Supply	Network Component	1-Month	Other Day
Tier 1	Out-of-Network	<input type="text"/>	<input type="text"/>
	Long Term Care Drugs	<input type="text"/>	
Tier 2	Out-of-Network	<input type="text"/>	<input type="text"/>
	Long Term Care Drugs	<input type="text"/>	
Tier 3	Out-of-Network	<input type="text"/>	<input type="text"/>
	Long Term Care Drugs	<input type="text"/>	
Tier 4	Out-of-Network	<input type="text"/>	<input type="text"/>
	Long Term Care Drugs	<input type="text"/>	
Tier 5	Out-of-Network	<input type="text"/>	<input type="text"/>
	Long Term Care Drugs	<input type="text"/>	
Tier 6	Out-of-Network	<input type="text"/>	<input type="text"/>
	Long Term Care Drugs	<input type="text"/>	

CY 2018 PBP Data Entry System Screens

Alternative – Retail Pharmacy Copayment and Coinsurance – Gap

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

File Help Add Variable

Go To: **Alternative - Retail Pharmacy Copayment and Coinsurance - Gap**

Previous Next Exit (Validate) Exit (No Validate)

Tier Label Description(s)

Tier	Standard Retail Component - Cost Sharing	Copayment			Avg Expected Coins Dollar Amt (1 month supply) (\$):	Coinsurance		
		1-Month (\$)	2-Month (\$)	3-Month (\$)		1-Month (%)	2-Month (%)	3-Month (%)
Tier 1	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 2	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 3	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 4	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 5	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 6	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

CY 2018 PBP Data Entry System Screens

Alternative – Mail Order Copayment and Coinsurance – Gap

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

File Help

◀ Previous
Next ▶
✓ Exit (Validate)
✗ Exit (No Validate)
Go To: Alternative - Mail Order Copayment and Coinsurance - Gap

Tier Label Description(s)

Standard Mail Order Cost-Sharing Network Component - Cost Sharing		Copayment			Coinsurance		
		1-Month (\$)	2-Month (\$)	3-Month (\$)	1-Month (%)	2-Month (%)	3-Month (%)
Tier 1	Standard Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Standard Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 2	Standard Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Standard Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 3	Standard Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Standard Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 4	Standard Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Standard Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 5	Standard Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Standard Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tier 6	Standard Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Standard Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Preferred Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

CY 2018 PBP Data Entry System Screens

Alternative – OON and LTC Copayment and Coinsurance – Gap

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

File Help

Go To:

Tier Label Description(s)

Tier	Network Component	Copayment		Coinsurance	
		1-Month (\$)	Other (\$):	1-Month (%)	Other (%)
Tier 1	Out-of-Network	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Long Term Care Drugs	<input type="text"/>		<input type="text"/>	
Tier 2	Out-of-Network	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Long Term Care Drugs	<input type="text"/>		<input type="text"/>	
Tier 3	Out-of-Network	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Long Term Care Drugs	<input type="text"/>		<input type="text"/>	
Tier 4	Out-of-Network	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Long Term Care Drugs	<input type="text"/>		<input type="text"/>	
Tier 5	Out-of-Network	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Long Term Care Drugs	<input type="text"/>		<input type="text"/>	
Tier 6	Out-of-Network	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Long Term Care Drugs	<input type="text"/>		<input type="text"/>	

CY 2018 PBP Data Entry System Screens

Alternative – Daily Copayment Amount Cost Sharing – Gap

PBP Data Entry System - Section RX, Contract X0001, Plan 001, Segment 000
File Help

Previous
Next
Exit (Validate)
Exit (No Validate)
Go To: Alternative - Daily Copayment Amount Cost Sharing - Gap

		Copayment			Copayment			Copayment				
		1-Month (\$)	1-Month	Daily (\$)	1-Month (\$)	1-Month	Daily (\$)	1-Month (\$)	1-Month	Daily (\$)		
Tier 1	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	Standard Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>	Long Term Care Drugs	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	Standard Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>				
	Preferred Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	Preferred Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>				
Tier 2	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	Standard Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>	Long Term Care Drugs	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	Standard Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>				
	Preferred Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	Preferred Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>				
Tier 3	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	Standard Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>	Long Term Care Drugs	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	Standard Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>				
	Preferred Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	Preferred Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>				
Tier 4	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	Standard Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>	Long Term Care Drugs	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	Standard Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>				
	Preferred Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	Preferred Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>				
Tier 5	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	Standard Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>	Long Term Care Drugs	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	Standard Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>				
	Preferred Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	Preferred Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>				
Tier 6	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	Standard Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>	Long Term Care Drugs	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Standard Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	Standard Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>				
	Preferred Retail	<input type="text"/>	<input type="text"/>	<input type="text"/>	Preferred Mail Order	<input type="text"/>	<input type="text"/>	<input type="text"/>				

CY 2018 PBP Data Entry System Screens

Alternative – OOP Threshold

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

File Help

Previous Next Exit (Validate) Exit (No Validate) Go To: Alternative - OOP Threshold

Medicare-defined Part D Annual Out-of-Pocket Cost Threshold

How do you apply your cost sharing beyond the Medicare-defined Part D Annual Out-of-Pocket Cost Threshold?

No cost sharing
 Medicare-defined Post Threshold Cost Shares
 Cost Share Tiers

Does this apply to the excluded drug only tier?

Yes
 No

CY 2018 PBP Data Entry System Screens

Alternative – Tier Type Post-OOP Threshold

The screenshot shows a software window titled "PBP Data Entry System - Section RX, Contract X0001, Plan 001, Segment 000". The interface includes a menu bar with "File" and "Help", and a toolbar with "Previous", "Next", "Exit (Validate)", and "Exit (No Validate)" buttons. A "Go To:" dropdown menu is set to "Alternative - Tier Type - Post-OOP Threshold".

The main content area contains the following sections:

- Tier Label Description(s):** A text input field.
- Tier Drug Type(s) (select all that apply):** A grid of checkboxes for Generic and Brand across Tiers 1 to 6.
- Tier Includes (select only one for each tier):** A grid of radio buttons for Part D Drugs Only, Excluded Drugs Only (e.g. erectile dysfunction drugs), and Both Part D and Excluded Drugs across Tiers 1 to 6.
- Indicate the Type of Cost Sharing Structure (select only one for each tier):** A grid of radio buttons for Coinsurance, Copayment, Greater of Coinsurance and Copayment, and Lesser of Coinsurance and Copayment across Tiers 1 to 6.

CY 2018 PBP Data Entry System Screens

Alternative – Tier Cost Sharing Post-OOP Threshold

The screenshot shows a software window titled "PBP Data Entry System - Section RX, Contract X0001, Plan 001, Segment 000". The interface includes a menu bar with "File" and "Help", and a toolbar with "Previous", "Next", "Exit (Validate)", and "Exit (No Validate)" buttons. A "Go To:" dropdown menu is set to "Alternative - Tier Cost Sharing Post-OOP Threshold". Below the toolbar is a text input field for "Tier Label Description(s)". The main area contains a table with two columns: "Copayment (\$)" and "Coinsurance (%)".

	Copayment (\$)	Coinsurance (%)
Tier 1	<input type="text"/>	<input type="text"/>
Tier 2	<input type="text"/>	<input type="text"/>
Tier 3	<input type="text"/>	<input type="text"/>
Tier 4	<input type="text"/>	<input type="text"/>
Tier 5	<input type="text"/>	<input type="text"/>
Tier 6	<input type="text"/>	<input type="text"/>

CY 2018 PBP Data Entry System Screens

Alternative – Medicare-Medicaid Post-OOP Threshold

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

File Help

Previous Next Exit (Validate) Exit (No Validate) Go To: Alternative - Medicare-Medicaid Post-OOP Threshold

Medicare-defined Part D Annual Out-of-Pocket Cost Threshold

How do you apply your cost sharing beyond the Medicare-defined Part D Annual Out-of-Pocket Threshold?

No cost sharing
 Cost Share Tiers

CY 2018 PBP Data Entry System Screens

Alternative – Tier Type and Tier Cost Sharing Post-OOP Medicare and Medicaid

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

File Help

Go To: Alternative - Tier Type and Tier Cost Sharing Post-OOP Medicare-Medicaid

Previous Next Exit (Validate) Exit (No Validate)

Tier Label Description(s)

Tier includes (select only one for each tier)	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
Part D Drugs Only	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Non-Medicare Covered Drugs and/or Non-Medicare Covered OTCs Only	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Both Part D Drugs and Non-Medicare Covered Drugs and/or Non-Medicare Covered OTCs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Copayment (\$)

Minimum:	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
Maximum:						

CY 2018 PBP Data Entry System Screens

Defined Standard – Locations and Location Supply

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

File Help

Go To: Defined Standard - Locations and Location Supply

Enter number of days for:

	1-Month	2-Month	3-Month	Other Day
Select all Location/supply amounts that apply:				
Standard Retail Cost-Sharing - one month supply	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Standard Retail Cost-Sharing - two month supply	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Standard Retail Cost-Sharing - three month supply	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Out-of-Network Pharmacy - one month supply	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Out-of-Network Pharmacy - other day supply	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Standard Mail Order Cost-Sharing - one month supply	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Standard Mail Order Cost-Sharing - two month supply	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Standard Mail Order Cost-Sharing - three month supply	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Long Term Care Pharmacy - one month supply	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Are all of the drugs on your formulary available with an extended day supply?

Yes
 No

If you select "No" to "Are all of the drugs on your formulary available with an extended day supply?", you must indicate the specific medications that will not be offered at an extended day supply in a flat file (referred to as Non-Extended Day Supply file) which must be uploaded through the Formulary Submission Module by Friday June 09, 2017 at 11:59am Eastern Time.

Are any of the drugs available at an extended day supply limited to a 1-month supply for the first fill?

Yes
 No

When you select a 2-month and/or a 3-month supply at a retail or mail order pharmacy, you must indicate whether or not all drugs on the entire FORMULARY are available with an extended day supply.

The 2017 defined standard gap coverage benefit of 49% for generic drugs and 10% for brand drugs and the coverage gap discount for brand drugs applies to all benefit types and must be reflected in each plan's bid, but should NOT be entered in the PBP. The gap coverage section of the PBP is only intended for those EA plans offering additional cost-sharing reductions in the coverage gap through a supplemental Part D benefit.

CY 2018 PBP Data Entry System Screens

Medicare Rx – Attestations

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

File Help

Go To: Medicare Rx - Attestations

Previous Next Exit (Validate) Exit (No Validate)

Sponsors who utilize a coinsurance cost-share structure are required to enter the Average Expected Cost Sharing amount. The average expected cost share amount represents the average expected cost-sharing amount in dollars that a beneficiary would be expected to pay at a network retail pharmacy for a one month supply of drugs.

Average Expected Cost sharing Attestation:

I attest that the value(s) entered have been reviewed by the plan's certifying actuary and are accurate.

Sponsors who choose to offer a dual eligible SNP with zero dollar cost-sharing under Part D must buy down the entire 25% actuarial equivalent cost-sharing amount using MA rebate dollars in the bid. Per Chapter 13 of the Medicare Prescription Drug Benefit Manual, sponsors do not have an option of only applying MA rebate dollars to the statutory patient pay amounts and receiving federal cost-sharing subsidies for the remainder.

Zero Dollar Cost Sharing Attestation:

I attest that it is the plan sponsor's intention to buy down the entire cost-sharing amount for the zero dollar cost-share tier(s) and this has been confirmed with the plan's certifying actuary.

CY 2018 PBP Data Entry System Screens

Medicare RX – Notes

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

File Help

Go To: Medicare Rx - Notes

Previous Next Exit (Validate) Exit (No Validate)

Notes:

NOTE: The Medicare Rx notes field should ONLY be used when required to clarify information that cannot otherwise be entered into the PBP. Generally, there should be little or no need to enter any information in the notes field and therefore this field should only be completed for unusual circumstances. For more information refer to the on-screen label on the Medicare Rx notes screen. This field is limited to 225 characters.

The following should not be included in the Medicare Rx Notes field:

- 1) Statements that may reduce any Part D benefits;
- 2) Redundant information that is either contained elsewhere in the PBP or in a Part D requirement;
- 3) Information concerning excluded drugs or OTC items (these must be submitted in the Excluded Drugs or OTC Supplemental files);
- 4) Statements concerning out-of-network coverage and cost-sharing; or
- 5) Information that is not related to Part D benefits.

It is the Part D sponsor's responsibility, both before and after bid approval, to ensure that the information included in the Medicare Rx notes section complies with the requirements above. Once bids are approved, additions to the notes field during the plan corrections period will not be allowed.