Section A-1

CMS SENSITIVE INFORMATION - REQUIRES SPECIAL HANDLING

Section A-2

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

File   Help

Previous   Next   Exit (Validate)   Exit (No Validate)   Go To: Section A-2

Indicate CY2019 total projected member months for this plan:

Does this Plan have a CMS-approved Continuation Area?
- Yes
- No

Does this Plan have the same cost sharing in the Continuation Area for the services included?
- Yes
- No, describe

Notes (Describe Continuation Area Cost Sharing Differences):

Do you intend to participate in the PLATINO program?
- Yes
- No

Is this a Special Needs Plan?

Special Needs Plan Type:

Special Needs Institutional Type:

Is this D-SNP plan a Medicare zero-dollar cost sharing plan (this does not apply to Part D Services)?

Chronic or Disabling Conditions:

Under this D-SNP, has the state agreed to cover all Medicare premiums and cost sharing for enrollees in your D-SNP?
- Yes
- No

Section A-3

Section A-4

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

File   Help

Previous   Next   Exit (Validate)   Exit (No Validate)   Go To: Section A-4

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

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

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

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

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

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

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

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Section A-5

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

File Help

Go To: Section A-5

Previous   Next   Exit (Validate)   Exit (No Validate)

Select the variable help for a complete description of the Standard Bid definitions.

Is your organization filing a standard bid for Section B of the PBP?
○ Yes
○ No

Is your organization filing a standard bid for Section C of the PBP?
○ Yes
○ No

Do any of these services require prior authorization?
○ Yes
○ No

Do any of these services require referrals?
○ Yes
○ No

Do any of these services require prior authorization?
○ Yes
○ No

Do any of these services require referrals?
○ Yes
○ No

Select all of the Service Categories that require prior authorization:

1a: Inpatient Hospital-Acute
1b: Inpatient Hospital Psychiatric
2: Skilled Nursing Facility (SNF)
3-1: Cardiac Rehabilitation Services
3-2: Intensive Cardiac Rehabilitation S
3-3: Pulmonary Rehabilitation Service
5: Partial Hospitalization
6: Home Health Services
7b: Chiropractic Services
7c: Occupational Therapy Services
7d: Physician Specialist Services
7e: Mental Health Specialty Services
7f: Podiatry Services
7g: Other Health Care Professional
7h: Psychiatric Services
7i: Physical Therapy and Speech-Lan
8a: Diagnostic Procedures/Tests/Lab
8b1: Diagnostic Radiological Services
8b2: Therapeutic Radiological Service
8b3: Outpatient X-Ray Services
9a1: Outpatient Hospital Services
9a2: Observation Services
9b: Ambulatory Surgical Center (ASC
9c: Outpatient Substance Abuse

Select all of the Service Categories that require referral:

1a: Inpatient Hospital-Acute
1b: Inpatient Hospital Psychiatric
2: Skilled Nursing Facility (SNF)
3-1: Cardiac Rehabilitation Services
3-2: Intensive Cardiac Rehabilitation S
3-3: Pulmonary Rehabilitation Service
5: Partial Hospitalization
6: Home Health Services
7b: Chiropractic Services
7c: Occupational Therapy Services
7d: Physician Specialist Services
7e: Mental Health Specialty Services
7f: Podiatry Services
7g: Other Health Care Professional
7h: Psychiatric Services
7i: Physical Therapy and Speech-Lan
8a: Diagnostic Procedures/Tests/Lab
8b1: Diagnostic Radiological Services
8b2: Therapeutic Radiological Service
8b3: Outpatient X-Ray Services
9a1: Outpatient Hospital Services
9a2: Observation Services
9b: Ambulatory Surgical Center (ASC
9c: Outpatient Substance Abuse

Select all of the Service Categories that require prior authorization:

1a: Inpatient Hospital-Acute
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7c: Occupational Therapy Services
7d: Physician Specialist Services
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7f: Podiatry Services
7g: Other Health Care Professional
7h: Psychiatric Services
7i: Physical Therapy and Speech-Lan
8a: Diagnostic Procedures/Tests/Lab
8b1: Diagnostic Radiological Services
8b2: Therapeutic Radiological Service
8b3: Outpatient X-Ray Services
9a1: Outpatient Hospital Services
9a2: Observation Services
9b: Ambulatory Surgical Center (ASC
9c: Outpatient Substance Abuse

Select all of the Service Categories that require referral:

1a: Inpatient Hospital-Acute
1b: Inpatient Hospital Psychiatric
2: Skilled Nursing Facility (SNF)
3-1: Cardiac Rehabilitation Services
3-2: Intensive Cardiac Rehabilitation S
3-3: Pulmonary Rehabilitation Service
5: Partial Hospitalization
6: Home Health Services
7b: Chiropractic Services
7c: Occupational Therapy Services
7d: Physician Specialist Services
7e: Mental Health Specialty Services
7f: Podiatry Services
7g: Other Health Care Professional
7h: Psychiatric Services
7i: Physical Therapy and Speech-Lan
8a: Diagnostic Procedures/Tests/Lab
8b1: Diagnostic Radiological Services
8b2: Therapeutic Radiological Service
8b3: Outpatient X-Ray Services
9a1: Outpatient Hospital Services
9a2: Observation Services
9b: Ambulatory Surgical Center (ASC
9c: Outpatient Substance Abuse

Section A-6

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

File   Help

◄ Previous   ► Next   ✔ Exit (Validate)   ✘ Exit (No Validate)   Go To: [Section A-6   ▼]

Is your organization filing a standard bid for Section D of the PBP?
○ Yes
○ No

Do any of your outpatient services have tiered cost sharing?
(Please note: Inpatient Hospital services that have tiered cost sharing are entered in Section B of the PBP software)
○ Yes
○ No

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

MA plans may choose to tier the cost-sharing for contracted providers as an incentive to encourage enrollees to seek care from providers the plan identifies based on efficiency and quality data. The tiered cost-sharing must satisfy the following standards:

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

The following are not considered to be tiering of medical benefits when enrollee cost sharing varies based on:
- The facility or place of service in which the service is furnished.
- Which manufacturer (e.g., preferred vendor) the enrollee uses for supplies.
- In-network versus out-of-network services.

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

3-1: Cardiac Rehabilitation Services
3-2: Intensive Cardiac Rehabilitation Services
3-3: Pulmonary Rehabilitation Services
4b: Urgently Needed Services
5: Partial Hospitalization
6: Home Health Services
7a: Primary Care Physician Services
7b: Chiropractic Services
7c: Occupational Therapy Services
7d: Physician Specialist Services
7e1: Individual Sessions for Mental Health Specialty Services
7e2: Group Sessions for Mental Health Specialty Services
7f: Podiatry Services
7g: Other Health Care Professional
7h1: Individual Sessions for Psychiatric Services
7h2: Group Sessions for Psychiatric Services
7i: Physical Therapy and Speech-Language Pathology Services
8a1: Diagnostic Procedures/Tests
8a2: Lab Services
8b1: Diagnostic Radiological Services
8b2: Therapeutic Radiological Services
8b3: Outpatient X-Ray Services
9a1: Outpatient Hospital Services
9a2: Observation Services
9b: Ambulatory Surgical Center (ASC) Services
9c: Outpatient Substance Abuse
9d: Outpatient Blood Services
11a: Durable Medical Equipment (DME)
11b1: Prosthetic Devices
11b2: Medical Supplies

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

3-1: Cardiac Rehabilitation Services
3-2: Intensive Cardiac Rehabilitation Services
3-3: Pulmonary Rehabilitation Services
7b1: Routine Chiropractic Care
7b2: Other Chiropractic Services
7f: Podiatry Services
10b1: Transportation Services - Plan Approved Location
10b2: Transportation Services - Any Health-related Location
13a: Acupuncture
13b: Over-the-Counter (OTC) Items
13c: Meal Benefit
13d: Other 1
13e: Other 2
13f: Other 3
13g: Dual Eligible SNPs with Highly Integrated Services
14b: Annual Physical Exam
14c1: Health Education
14c2: Nutritional/Dietary Benefit
14c3: Additional sessions of Smoking and Tobacco Cessation Counseling
14c4: Fitness Benefit
14c5: Enhanced Disease Management
14c6: Telemonitoring Services
14c7: Remote Access Technologies (including Web/Phone based technol...
14c8: Bathroom Safety Devices
14c9: Counseling Services
14c10: In-Home Safety Assessment
14c11: Personal Emergency Response System (PERS)
14c12: Medical Nutrition Therapy (MNT)
14c13: Post discharge In-Home Medication Reconciliation
14c14: Re-admission Prevention

Section A-7

PBP Plan Upload