Section A-1

Section A-2

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

File   Help

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Indicate CY2020 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

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

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Participating Pharmacy Website Address:

Formulary Website Address:

Physician Website Address:

NOTE: If the Physician Website Address is blank in HPMS, then the address entered in HPMS for the Org Web Address will generate for this field.

Customer Service Contact Phone Number for Current Medicare Beneficiaries:

Extension:

Customer Service Contact Local Phone Number for Current Medicare Beneficiaries:

Extension:

Customer Service Contact Phone Number for Prospective Medicare Beneficiaries:

Extension:

Customer Service Contact Local Phone Number for Prospective Medicare Beneficiaries:

Extension:

Customer Service Contact Phone Number for Current Part D Medicare Beneficiaries:

Extension:

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

Extension:

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

Extension:

Section A-4

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

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

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

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

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

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

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

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

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

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

Section A-5

Section A-6

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

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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
- 3-4: SET for PAD 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
- 7k: Opioid Treatment Program 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)

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
- 3-4: SET for PAD Services
- 7b1: Routine Chiropractic Care
- 7b2: Other Chiropractic Services
- 7f: Podiatry Services
- 10b1: Transportation Services – Plan Approved Health-related 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 techno
- 14c8: Home and Bathroom Safety Devices and Modifications
- 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

Section A-7

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

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Section A Notes

Note may include additional information to describe benefits in this service category. Do not repeat information captured in data entry.

Notes:

PBP Plan Upload

PBP Plan Upload

Contract/Plan ID	Assigned User	Plan Name	Last Entry Date	Plan Ready for Upload	Bid Validated	Plan Uploaded
X0001001000	test	PD-Only BA (PDP)	04/26/2016	Yes	Yes	Not uploaded yet

Validate Bid   **Upload Plan(s)**   **Close**

Progress:

PBP Landing Screen