CY 2024 PBP Data Entry System Screens

Rx Setup – Page 1

PBP CY 2024 - Contract ID / Plan ID / Segment ID
Very long Plan Name

Navigation	
∧ Rx Setup - In Progress	
Rx Cost Share - Not started	
∧ Rx Tiers - Not started	
Tier 1 - Preferred Generic - Not started	
Tier 2 - Generic - Not started	
Tier 3 - Not started	
Tier 4 - Not started	
Tier 5 - Not started	
Tier 6 - Not started	
Tier 7 - Not started	
Rx Attestations - Not started	
∨ Rx VBID - Not started	
∨ Rx PDSSM	

Rx Setup

[Rx Characteristics] [Plan Characteristics]

Select the type of drug benefit
Actuarially Equivalent Standard ▼

Select the component(s) of your pharmacy network:

Retail
- ● Standard Retail
- ○ Standard/Preferred Retail

Mail Order (optional)
- ● Standard Mail Order
- ○ Standard/Preferred Mail-Order

☑ Long-Term Care
☑ Out-of-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 that are dispensed to the Part D enrollees in LTC facilities is no greater than 14-days increments;

2)that the use of uniform dispensing techniques are 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 the Part D enrollees in

[Close] [Save and Close] [Save and Next]

01/13/2023
CMS SENSITIVE INFORMATION - REQUIRES SPECIAL HANDLING

Rx Setup – Page 2

PBP CY 2024 - Contract ID / Plan ID / Segment ID
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Navigation panel:
- ∧ Rx Setup - In Progress
  - Rx Cost Share - Not started
  - ∧ Rx Tiers - Not started
    - Tier 1 - Preferred Generic - Not started
    - Tier 2 - Generic - Not started
    - Tier 3 - Not started
    - Tier 4 - Not started
    - Tier 5 - Not started
    - Tier 6 - Not started
    - Tier 7 - Not started
  - Rx Attestations - Not started
- ∨ Rx VBID - Not started
- ∨ Rx PDSSM

Main content:

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 the 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 provision that addresses 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 attest that it will comply with 42 CFR 423.154

Does this plan offer a free first fill (i.e., $0 copayment) for any drugs?

[Yes | **No**]

Does this plan pay for over-the-counter (OTC) medications under the utilization management program?

[**Yes** | No]

☑ I 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.

Tiering

Number of tiers in the Part D benefit
6 ▾

What is your formulary exception tier?

[Close] [Save and Close] [Save and Next]

CY 2024 PBP Data Entry System Screens

Rx Setup – Page 3

PBP CY 2024 - Contract ID / Plan ID / Segment ID

Very long Plan Name   ✕

Rx Setup - In Progress	What is your formulary exception tier?

6 ▼

Rx Cost Share - Not started

Do you apply a second less expensive cost-sharing level for all generic drugs approved for formulary exceptions?

∧ Rx Tiers - Not started

Yes | No

Tier 1 - Preferred Generic - Not started

What is the lower level cost sharing formulary exception tier?

Tier 2 - Generic - Not started

Identify the lower level formulary exception tier
4 ▼

Tier 3 - Not started

Tier 4 - Not started

Does this plan offer a tier model with an optional tier (Tier 6)?

Yes | No

Tier 5 - Not started

Tier 6 - Not started

Select Formulary Tier Model

Tier 7 - Not started

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

Rx Attestations - Not started

∨ Rx VBID - Not started

∨ Rx PDSSM

Select the optional drug tier (Tier 6)

Close | Save and Close | Save and Next

Rx Setup – Page 4

CY2024 PBP – Section Rx
01/13/2023
CMS SENSITIVE INFORMATION - REQUIRES SPECIAL HANDLING

Rx Cost Share – Page 1

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✕

| Plan Characteristics - Completed |
| Standard Bid - Completed |
| ⌄ Benefit Offerings - Completed |
| ⌄ Plan Level Cost Sharing - Completed |
| ⌄ Prior Authorization & Referral - Not Started |
| Visitor Travel - Not Started |
| ⌄ Cost Share Groups - In Progress |
| ⌄ VBID, MA Uniformity, SSBCI - In Progress |
| ⌃ Rx - In Progress |
| ⌃ Rx Setup - In Progress |
| Rx Cost Share - Completed |
| ⌄ Rx Tiers - In Progress |

Rx Cost Share   [Rx Characteristics]
Updated by STE TESTER on 1/11/2023 6:41:23 PM EST

Does this plan offer reduced Part D cost sharing as part of your supplemental Part D benefit? *

[**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

Does this plan charge the Medicare-defined Part D deductible amount (Deductible does not apply for covered Insulin drugs and adult vaccines)? *

[Yes | **No, Enter Amount** | No Deductible]

Enter Deductible Amount *
$ 222.00

Does the Deductible apply to all tiers? *

[**Yes** | No]

Indicate the Out-of-Network (OON) cost sharing structure for this plan: ⓘ *

[Close]   [Save and Close]   [Save and Next]

Rx Cost Share – Page 2

Tier Locations – Page 1

Tier Locations – Page 2

Tier Locations – Page 3

Tier Locations – Page 4

Plan Characteristics - Completed	**Do you offer 2-Month supply?** ⓘ *
Standard Bid - Completed	[**Yes**	No]
∨ Benefit Offerings - Completed	**Indicate each tier for which the location supply applies: (Select all that apply)** ⓘ
∨ Plan Level Cost Sharing - Completed	☑ Tier 1 - Generic
∨ Prior Authorization & Referral - Not Started	☑ Tier 2 - Preferred Brand
	☑ Tier 3 - Non-Preferred Brand
Visitor Travel - In Progress	☑ Tier 4 - Specialty Tier
∨ Cost Share Groups - In Progress	☑ Tier 5 - Vaccines ($0 cost sharing)
∨ VBID, MA Uniformity, SSBCI - In Progress	**Do you offer 3-Month supply?** ⓘ *
∧ **Rx - In Progress**	[**Yes**	No]
∧ **Rx Setup - In Progress**	**Indicate each tier for which the location supply applies: (Select all that apply)** ⓘ
Rx Cost Share - Completed	☑ Tier 1 - Generic
∧ **Rx Tiers - In Progress**	☑ Tier 2 - Preferred Brand
	☑ Tier 3 - Non-Preferred Brand
Tier Locations - Completed	☑ Tier 4 - Specialty Tier
	☑ Tier 5 - Vaccines ($0 cost sharing)

[Close] [Save and Close] [Save and Next]

Tier Setup Screen (Sample for Tier 1 with Preferred Generic) - Page 1

Tier Setup Screen (Sample for Tier 1 with Preferred Generic) - Page 2

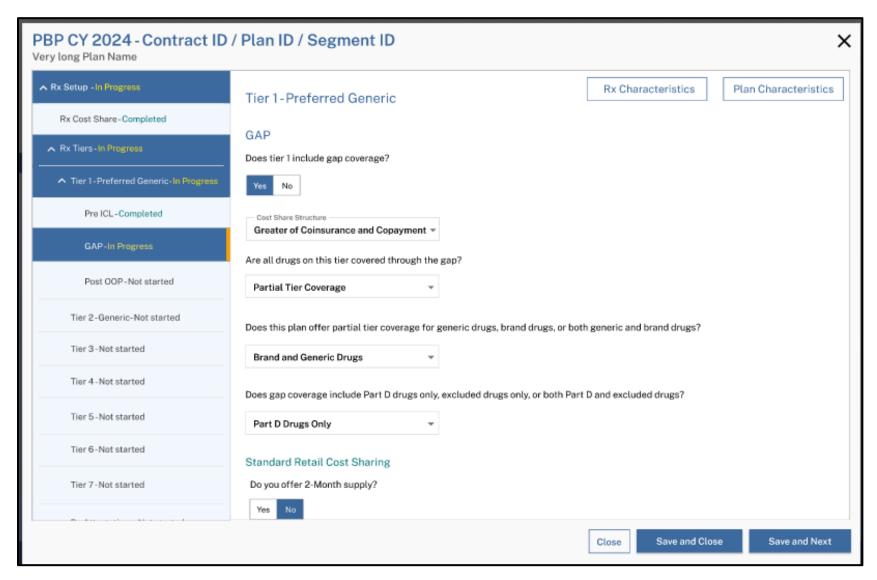Pre-ICL Tier Screen (Sample with Preferred Generic) – Page 1

CY 2024 PBP Data Entry System Screens

Pre-ICL Tier Screen (Sample with Preferred Generic) – Page 2

Pre-ICL Tier Screen (Sample with Preferred Generic) – Page 3
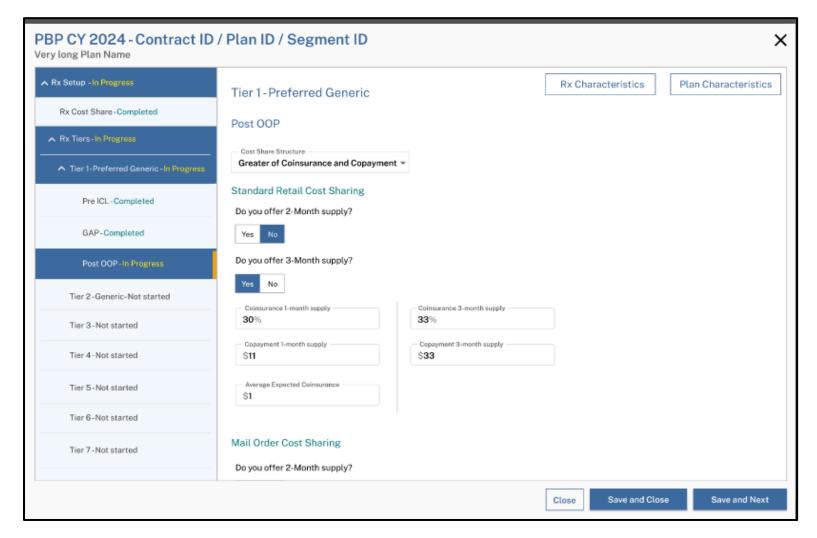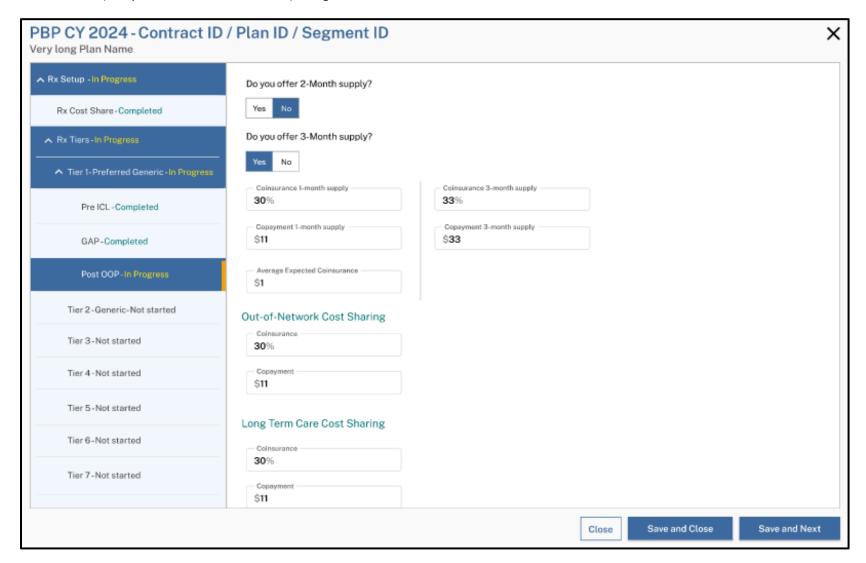
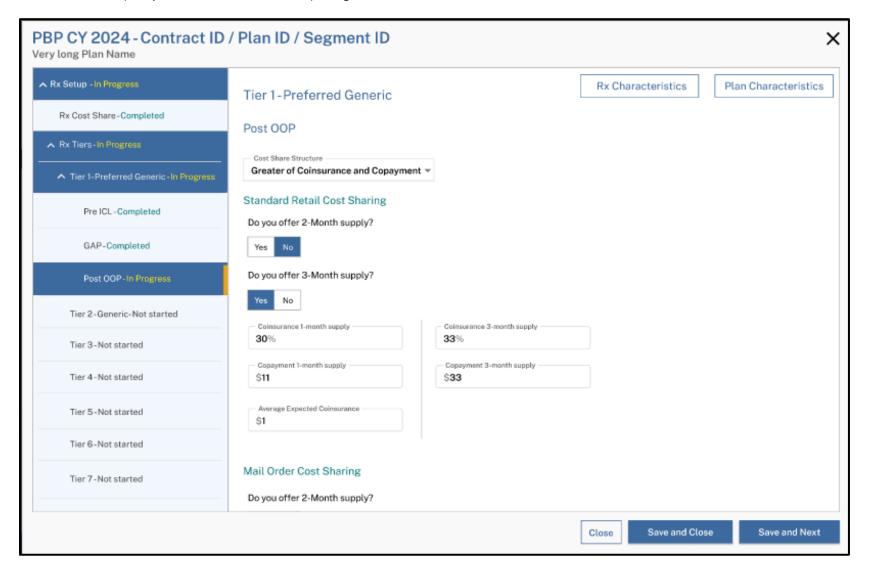GAP Tier Screen (Sample with Preferred Generic) – Page 1

GAP Tier Screen (Sample with Preferred Generic) – Page 2

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| Rx Setup - In Progress |
| Rx Cost Share - Completed |
| Rx Tiers - In Progress |
| Tier 1 - Preferred Generic - In Progress |
| Pre ICL - Completed |
| GAP - Completed |
| Post OOP - In Progress |
| Tier 2 - Generic - Not started |
| Tier 3 - Not started |
| Tier 4 - Not started |
| Tier 5 - Not started |
| Tier 6 - Not started |
| Tier 7 - Not started |

Rx Characteristics   **Plan Characteristics**

Tier 1 - Preferred Generic

Post OOP

Cost Share Structure
Greater of Coinsurance and Copayment ▾

Standard Retail Cost Sharing

Do you offer 2-Month supply?

Yes **No**

Do you offer 3-Month supply?

Yes No

Coinsurance 1-month supply
30%

Coinsurance 3-month supply
33%

Copayment 1-month supply
$11

Copayment 3-month supply
$33

Average Expected Coinsurance
$1

Mail Order Cost Sharing

Do you offer 2-Month supply?
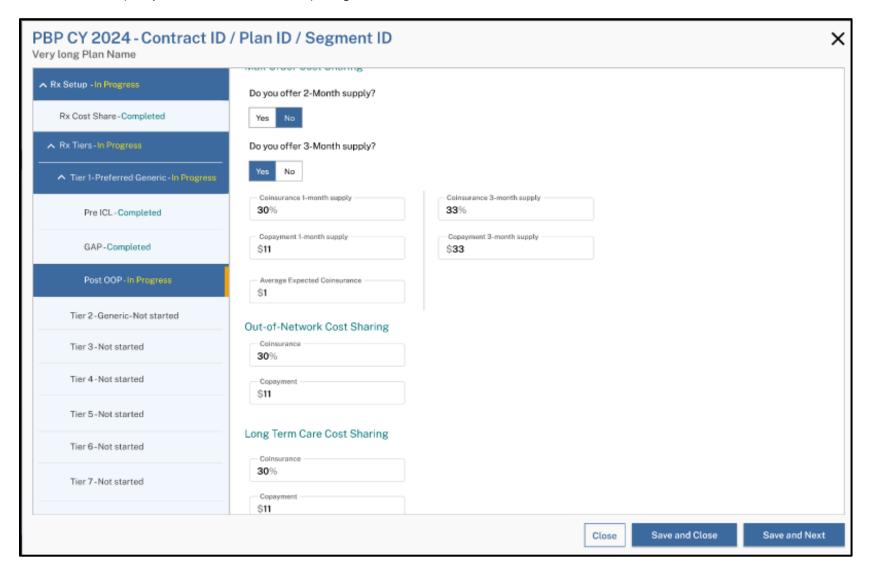
Close   Save and Close   Save and Next
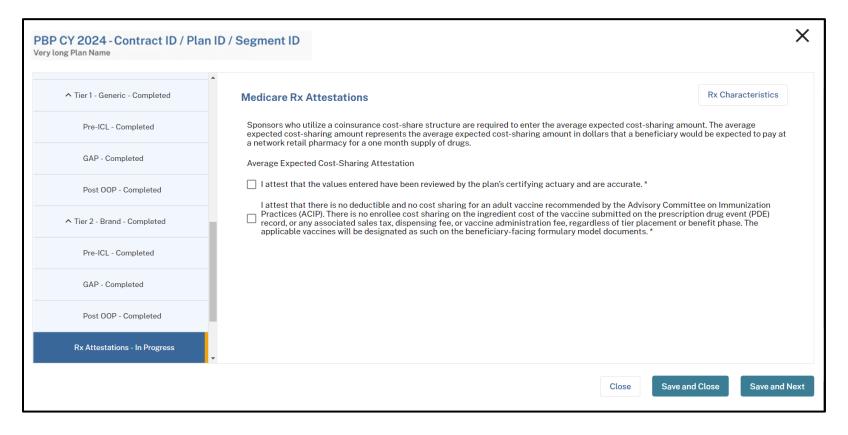
GAP Tier Screen (Sample with Preferred Generic) – Page 3

Post OOP Screen (Sample with Preferred Generic) – Page 1

Post OOP Screen (Sample with Preferred Generic) – Page 2

Medicare Rx Attestations

PBP CY 2024 - Contract ID / Plan ID / Segment ID
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✕

⌃ Tier 1 - Generic - Completed

Pre-ICL - Completed

GAP - Completed

Post OOP - Completed

⌃ Tier 2 - Brand - Completed

Pre-ICL - Completed

GAP - Completed

Post OOP - Completed

Rx Attestations - In Progress

Medicare Rx Attestations

Rx Characteristics

Sponsors who utilize a coinsurance cost-share structure are required to enter the average expected cost-sharing amount. The average expected cost-sharing 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 values entered have been reviewed by the plan's certifying actuary and are accurate. *

☐ I attest that there is no deductible and no cost sharing for an adult vaccine recommended by the Advisory Committee on Immunization Practices (ACIP). There is no enrollee cost sharing on the ingredient cost of the vaccine submitted on the prescription drug event (PDE) record, or any associated sales tax, dispensing fee, or vaccine administration fee, regardless of tier placement or benefit phase. The applicable vaccines will be designated as such on the beneficiary-facing formulary model documents. *

Close   Save and Close   Save and Next
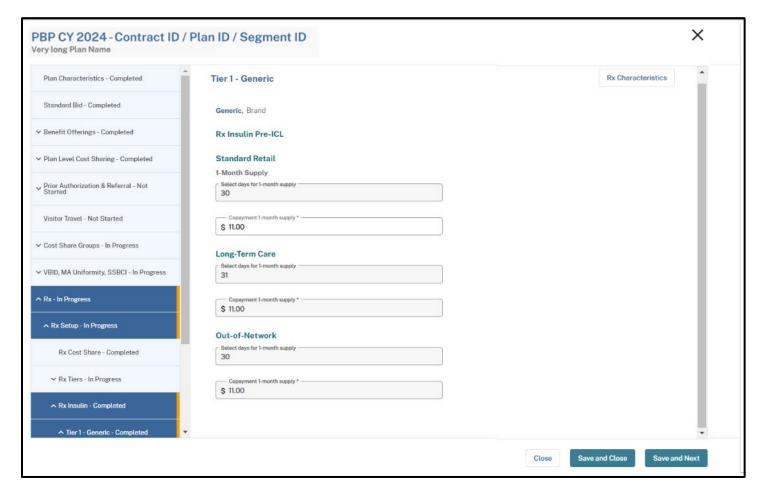
Rx Insulin

Rx Insulin Tier Screen (Sample with Tier 1 - Generic)

Rx Notes

PBP CY 2024 - Contract ID / Plan ID / Segment ID
Very long Plan Name

✕

Plan Characteristics - Completed	
Standard Bid - Completed	
⌄ Benefit Offerings - Completed	
⌄ Plan Level Cost Sharing - Completed	
⌄ Prior Authorization & Referral - Not Started	
Visitor Travel - Not Started	
⌄ Cost Share Groups - In Progress	
⌄ VBID, MA Uniformity, SSBCI - In Progress	
⌃ Rx - In Progress	
⌃ Rx Setup - In Progress	
Rx Cost Share - Completed	
⌄ Rx Tiers - In Progress	
⌄ Rx Insulin - Completed	
Rx Notes - Completed	

Rx Notes

Rx Characteristics

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.

Rx Notes
TEST

4/225 characters

Close   Save and Close   Save and Next