

# CY 2017 PBP Data Entry System Screens

## Medicare Rx General 1

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

File Help

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 2017 PBP Data Entry System Screens

## Medicare Rx General 2

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

File Help

Go To: Medicare Rx General 2

Previous Next Exit (Validate) Exit (No Validate)

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 RxGUL for Lipitor in the flat file which must be uploaded through the Formulary Submission Module by Friday, June 5, 2015 at 12:00pm 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 5, 2015 at 12:00pm 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 2017 PBP Data Entry System Screens

### Medicare Rx General 3

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

File Help

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?

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 costsharing 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.

When designating the exceptions tier in a PBP submission, sponsors can enter only one level of cost sharing. Thus, a sponsor that has established a second (less expensive) level of costsharing should indicate the more expensive cost-sharing tier of the two tiers as its Exceptions Tier.

## CY 2017 PBP Data Entry System Screens

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

PBP Data Entry System - Section RX, Contract X0001, Plan 009, Segment 0

File Help

Go To: Medicare Rx - Tier Model

Previous Next Exit (Validate) Exit (No Validate)

Indicate Formulary Tier Label Model (Click to select):

Tier 1	Tier 2
Generic	Brand
Generic	Preferred Brand
Preferred Generic	Brand
Preferred Generic	Preferred Brand

## CY 2017 PBP Data Entry System Screens

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

PBP Data Entry System - Section RX, Contract X0001, Plan 009, Segment 0

File Help

Go To: Medicare Rx - Tier Model

Previous Next Exit (Validate) Exit (No Validate)

Indicate Formulary Tier Label Model (Click to select):

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

## CY 2017 PBP Data Entry System Screens

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

PBP Data Entry System - Section RX, Contract X0001, Plan 009, Segment 0

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
Generic	Preferred Brand	Non-Preferred Brand	Specialty Tier
Preferred Generic	Preferred Brand	Non-Preferred Brand	Specialty Tier
Preferred Generic	Non-Preferred Generic	Preferred Brand	Non-Preferred Brand
Preferred Generic	Non-Preferred Generic	Preferred Brand	Specialty Tier
Generic	Preferred Brand	Non-Preferred Brand	Injectable Drugs
Preferred Generic	Preferred Brand	Non-Preferred Brand	Injectable Drugs

## CY 2017 PBP Data Entry System Screens

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

**PBP Data Entry System - Section RX, Contract X0001, Plan 009, Segment 0**

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	
Preferred Generic	Preferred Brand	Non-Preferred Brand	Specialty Tier	
Preferred Generic	Non-Preferred Generic	Preferred Brand	Non-Preferred Brand	
Preferred Generic	Non-Preferred Generic	Preferred Brand	Specialty Tier	
Generic	Preferred Brand	Non-Preferred Brand	Injectable Drugs	
Preferred Generic	Preferred Brand	Non-Preferred Brand	Injectable Drugs	
Preferred Generic	Non-Preferred Generic	Preferred Brand	Non-Preferred Brand	Specialty Tier
Preferred Generic	Non-Preferred Generic	Preferred Brand	Non-Preferred Brand	Injectable Drugs
Preferred Generic	Non-Preferred Generic	Preferred Brand	Injectable Drugs	Specialty Tier
Generic	Preferred Brand	Non-Preferred Brand	Injectable Drugs	Specialty Tier
Preferred Generic	Preferred Brand	Non-Preferred Brand	Injectable Drugs	Specialty Tier

## CY 2017 PBP Data Entry System Screens

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

PBP Data Entry System - Section RX, Contract X0001, Plan 009, Segment 0

File Help

Go To: Medicare Rx - Tier Model

Previous Next Exit (Validate) Exit (No Validate)

Indicate Formulary Tier Label Model (Click to select):

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



## CY 2017 PBP Data Entry System Screens

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

PBP Data Entry System - Section RX, Contract X0001, Plan 001, Segment 0

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

Generic Drugs Brand Drugs

## CY 2017 PBP Data Entry System Screens

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

PBP Data Entry System - Section RX, Contract X0001, Plan 001, Segment 0

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
Generic Drugs	Preferred Brand Drugs	Non-Preferred Brand Drugs
Preferred Generic Drug	Non-Preferred 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 2017 PBP Data Entry System Screens

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

PBP Data Entry System - Section RX, Contract X0001, Plan 001, Segment 0

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
Preferred Generic Drugs	Non-Preferred 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	Non-Preferred 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 2017 PBP Data Entry System Screens

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

PBP Data Entry System - Section RX, Contract X0001, Plan 001, Segment 0

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
Preferred Generic Drugs	Non-Preferred Generic Drugs	Preferred Brand Drugs	Non-Preferred Brand Drugs	Non-Medicare RX/OTC Drugs
\$0 Drugs	Preferred Generic Drugs	Non-Preferred Generic Drugs	Brand Drugs	Non-Medicare RX/OTC Drugs
\$0 Drugs	Preferred 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	Non-Preferred Generic Drugs	Brand Drugs	Non-Medicare Rx Drugs	Non-Medicare OTC Drugs

## CY 2017 PBP Data Entry System Screens

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

PBP Data Entry System - Section RX, Contract X0001, Plan 001, Segment 0

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	Tier 6
\$0 Drugs	Preferred Generic Drugs	Non-Preferred Generic Drugs	Brand Drugs	Non-Medicare Rx Drugs	Non-Medicare OTC Drugs
\$0 Drugs	Preferred Generic Drugs	Preferred Brand Drugs	Non-Preferred Brand Drugs	Non-Medicare Rx Drugs	Non-Medicare OTC Drugs
Preferred Generic Drugs	Non-Preferred Generic Drugs	Preferred Brand Drugs	Non-Preferred Brand Drugs	Non-Medicare Rx Drugs	Non-Medicare OTC Drugs
\$0 Drugs	Preferred Generic Drugs	Non-Preferred Generic Drugs	Preferred Brand Drugs	Non-Preferred Brand Drugs	Non-Medicare Rx/OTC Drugs

## CY 2017 PBP Data Entry System Screens

### Defined Standard – ICL and 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: Defined Standard - ICL and OOP Threshold

Defined Standard Benefit Screen

- Medicare-defined Part D Deductible Amount
- Medicare-defined Part D Coinsurance Amount
- 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
- Medicare-defined Cost Shares Applicable Beyond the Annual Out-of-Pocket Cost Threshold Charged on a Drug-by-Drug basis

## CY 2017 PBP Data Entry System Screens

### Actuarially Equivalent Characteristics

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

File Help

Go To: Actuarially Equivalent Characteristics

Previous Next Exit (Validate) Exit (No Validate)

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 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 2017 PBP Data Entry System Screens

### Actuarially Equivalent – 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: Actuarially Equivalent - Pre-ICL

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

☐ Medicare-defined Part D Coinsurance amount

☐ Cost Share Tiers



## CY 2017 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

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

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"/>
Preferred Generic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred 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"/>
Preferred Brand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred 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):						
Coinurance	<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 2017 PBP Data Entry System Screens

### Actuarially Equivalent – Tier Locations – 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: Actuarially Equivalent - Tier Locations - Pre-ICL

Tier Label Description(s)

	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
Select all Location/supply amounts that apply:						
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 2017 PBP Data Entry System Screens

### Actuariarily Equivalent – Retail Pharmacy Location Supply – 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: Actuariarily 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?	
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
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
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
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
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
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
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.

## CY 2017 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

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		1-Month	2-Month	3-Month
Day Supply				
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 2017 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

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 2017 PBP Data Entry System Screens

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

File Help

Go To: Actuarially Equivalent - Retail Pharmacy Copayment and Coinsurance - Pre-ICL

Exit (Validate)

Exit (No Validate)

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Tier Label Description(s)

	Standard Retail 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					
	Standard Retail					
	Preferred Retail					
Tier 2	Standard Retail					
	Standard Retail					
	Preferred Retail					
Tier 3	Standard Retail					
	Standard Retail					
	Preferred Retail					
Tier 4	Standard Retail					
	Standard Retail					
	Preferred Retail					
Tier 5	Standard Retail					
	Standard Retail					
	Preferred Retail					
Tier 6	Standard Retail					
	Standard Retail					
	Preferred Retail					

CY 2017 PBP Data Entry System Screens

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

File Help

Go To: Actuarially Equivalent - Mail Order Copayment and Coinsurance - Pre-ICL

Previous

Next

Exit (Validate)

Exit (No Validate)

Tier Label Description(s)	Standard Mail Order Cost-Sharing	Network Component - Cost Sharing	1-Month (\$)	2-Month (\$)	3-Month (\$)	1-Month (%)	2-Month (%)	3-Month (%)
Tier 1	Standard Mail Order	Standard Mail Order						
	Standard Mail Order	Preferred Mail Order						
Tier 2	Standard Mail Order	Standard Mail Order						
	Standard Mail Order	Preferred Mail Order						
Tier 3	Standard Mail Order	Standard Mail Order						
	Standard Mail Order	Preferred Mail Order						
Tier 4	Standard Mail Order	Standard Mail Order						
	Standard Mail Order	Preferred Mail Order						
Tier 5	Standard Mail Order	Standard Mail Order						
	Standard Mail Order	Preferred Mail Order						
Tier 6	Standard Mail Order	Standard Mail Order						
	Standard Mail Order	Preferred Mail Order						

## CY 2017 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

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

Tier Label Description(s)

		Copayment		Coinsurance	
	Network Component	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 2017 PBP Data Entry System Screens

### Actuarially Equivalent – 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: Actuarially Equivalent - OOP Threshold

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

## CY 2017 PBP Data Entry System Screens

### Actuarially Equivalent – Tier Type – 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: Actuarially Equivalent - Tier Type - Post-OOP Threshold

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"/>
Preferred Generic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred 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"/>
Preferred Brand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred 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):

	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"/>

Indicate the Type of Cost Sharing Structure (select only one for each tier):

	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
Coinurance	<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 2017 PBP Data Entry System Screens

### Actuarially Equivalent – Tier Cost Sharing – 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: Actuarially Equivalent - Tier Cost Sharing - Post-OOP Threshold

Tier Label Description(s)

	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 2017 PBP Data Entry System Screens

### Alternative – Deductible

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

File Help

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

**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 2017 PBP Data Entry System Screens

## Alternative – Enhanced Alternative Characteristics

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

File Help

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

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

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

☐ Yes ☐ No

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 5, 2015 at 12:00pm Eastern Time.

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

☐ Yes ☐ No

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 (42% reduction in beneficiary cost-sharing for generic drugs and 5% reduction in cost-sharing for brand drugs in 2016), but will be in addition to the coverage gap discount for brand drugs.

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 40% for tier 2 brands, the defined standard brand drug gap benefit would be satisfied and included in the 60% 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.

The 2016 defined standard gap coverage benefit of 42% for generic drugs and 5% 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 2017 PBP Data Entry System Screens

### Alternative – Pre-ICL

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

File Help

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 2017 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

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

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"/>
Preferred Generic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred 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"/>
Preferred Brand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred 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):						
Coinurance	<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 2017 PBP Data Entry System Screens

### Alternative – Tier Locations – 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 - Tier Locations - Pre-ICL

Tier Label Description(s)

	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
Select all Location/supply amounts that apply:						
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 2017 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

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?	
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
	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
	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
	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
	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
	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
	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.

## CY 2017 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

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
Day Supply				
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 2017 PBP Data Entry System Screens

Alternative – OON – LTC Location Supply – 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 - 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 2017 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

Previous

Next

Exit (Validate)

Exit (No Validate)

Go To: Alternative - Retail Pharmacy Copayment and Coinsurance - Pre-ICL

Tier Label Description(s)	Standard Retail Cost-Sharing Component - Cost-Sharing	1-Month (\$)	2-Month (\$)	3-Month (\$)	Avg Expected Coins Dollar Amt (1 month supply) (\$):	1-Month (%)	2-Month (%)	3-Month (%)	Copayment	Coinsurance
Tier 1	Standard Retail									
	Standard Retail									
	Preferred Retail									
Tier 2	Standard Retail									
	Standard Retail									
	Preferred Retail									
Tier 3	Standard Retail									
	Standard Retail									
	Preferred Retail									
Tier 4	Standard Retail									
	Standard Retail									
	Preferred Retail									
Tier 5	Standard Retail									
	Standard Retail									
	Preferred Retail									
Tier 6	Standard Retail									
	Standard Retail									
	Preferred Retail									

Tier Label Description(s)			
Standard Mail Order Cost-Sharing			
Network Component - Cost Sharing			
Tier 1	Standard Mail Order	1-Month (\$)	1-Month (%)
	Standard Mail Order	2-Month (\$)	2-Month (%)
	Standard Mail Order	3-Month (\$)	3-Month (%)
Tier 2	Standard Mail Order		
	Standard Mail Order		
	Preferred Mail Order		
Tier 3	Standard Mail Order		
	Standard Mail Order		
	Preferred Mail Order		
Tier 4	Standard Mail Order		
	Standard Mail Order		
	Preferred Mail Order		
Tier 5	Standard Mail Order		
	Standard Mail Order		
	Preferred Mail Order		
Tier 6	Standard Mail Order		
	Standard Mail Order		
	Preferred Mail Order		

## CY 2017 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

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

Tier Label Description(s)

		Copayment		Coinsurance	
	Network Component	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"/>	

[illegible]



## CY 2017 PBP Data Entry System Screens

### Alternative – Pre-ICL Medicare-Medicaid

## CY 2017 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

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

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"/>
Preferred Generic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred 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"/>
Preferred Brand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred 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 2017 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

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

Tier Label Description(s)

	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
Select all Location/supply amounts that apply:						
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 2017 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

Previous Next Exit (Validate) Exit (No Validate) 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?	
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
	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
	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
	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
	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
	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
	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.

## CY 2017 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

Previous 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
Day Supply				
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 2017 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

Previous 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 2017 PBP Data Entry System Screens

### Alternative – Medicare-Medicaid Copayment – Pre-ICL

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

File Help

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

Previous Next 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 2017 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**

File Help

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

Previous Next Exit (Validate) Exit (No Validate)

Tier Label Description(s)

CLICK FOR Daily Copay Instructions

Tier	Description	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"/>

Calculate Daily Copay Amount



## CY 2017 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 2017 PBP Data Entry System Screens

### Alternative – Gap Coverage

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

File Help

Go To: Alternative - Gap Coverage

Previous Next Exit (Validate) Exit (No Validate)

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

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

## CY 2017 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

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

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"/>
Preferred Generic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred 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"/>
Preferred Brand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred 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):						
Coinurance	<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 2017 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**

Previous Next Exit (Validate) Exit (No Validate)

Tier Label Description(s)

	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6	
To what extent are any Pre-ICL covered drugs on this tier covered through the gap?							The gap coverage supplemental file may not include any drugs from a tier that is fully covered in the gap.
Full Tier Coverage (All drugs on the tier)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	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 5, 2015 at 12:00pm Eastern Time.
Partial Tier Coverage (Only some drugs on the tier)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
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.							
Brand Drugs Only	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Generic Drugs Only	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Brand and Generic Drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Indicate the type of drugs covered on your tiers:							
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"/>	

## CY 2017 PBP Data Entry System Screens

### Alternative – Tier Locations – 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 - 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 2017 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**

Previous Next Exit (Validate) Exit (No Validate)

Tier Label Description(s)

Standard Retail Cost-Sharing Component

Day Supply	1-Month	2-Month	3-Month	*Extended day supply applies to all Drugs?	
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
	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
	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
	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
	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
	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
	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.

CY 2017 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

Previous

Next

Exit (Validate)

Exit (No Validate)

Go To:

Alternative - Mail Order Location Supply - Gap

Tier Label Description(s)

Standard Mail Order Cost-Sharing Network

Day Supply

1-Month 2-Month 3-Month

Tier 1

Standard Mail Order

Standard/Preferred Mail Order

Tier 2

Standard Mail Order

Standard/Preferred Mail Order

Tier 3

Standard Mail Order

Standard/Preferred Mail Order

Tier 4

Standard Mail Order

Standard/Preferred Mail Order

Tier 5

Standard Mail Order

Standard/Preferred Mail Order

Tier 6

Standard Mail Order

Standard/Preferred Mail Order

## CY 2017 PBP Data Entry System Screens

### Alternative – OON and LTC Location Supply – Gap

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

File Help

Go To: **Alternative - OON and LTC Location Supply - Gap**

Previous Next Exit (Validate) Exit (No Validate)

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 2017 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

Previous

Next

Exit (Validate)

Exit (No Validate)

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

	Standard Retail Cost-Sharing Component - Cost-Sharing	1-Month (\$)	2-Month (\$)	3-Month (\$)	Avg Expected Coins Dollar Amt (1 month supply) (\$):	1-Month (%)	2-Month (%)	3-Month (%)	Copayment	Coinsurance
Tier 1	Standard Retail									
	Standard Retail									
	Preferred Retail									
Tier 2	Standard Retail									
	Standard Retail									
	Preferred Retail									
Tier 3	Standard Retail									
	Standard Retail									
	Preferred Retail									
Tier 4	Standard Retail									
	Standard Retail									
	Preferred Retail									
Tier 5	Standard Retail									
	Standard Retail									
	Preferred Retail									
Tier 6	Standard Retail									
	Standard Retail									
	Preferred Retail									

[illegible]

## CY 2017 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

Previous Next Exit (Validate) Exit (No Validate) Go To: Alternative - OON and LTC Copayment and Coinsurance - Gap

Tier Label Description(s)

		Copayment		Coinsurance	
Network Component		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 2017 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

Go To: Alternative - Daily Copayment Amount Cost Sharing - Gap

Previous

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Exit (Validate)

Exit (No Validate)

Tier Label Description(s)

CLICK FOR Daily Copay Instructions

1-Month (\$)

Copayment

1-Month

Daily (\$)

Tier 1

Standard Retail

Standard Mail Order

Preferred Mail Order

Standard Retail

Standard Mail Order

Preferred Mail Order

Long Term Care Drugs

Copayment

1-Month (\$)

Daily (\$)

Tier 2

Standard Retail

Standard Mail Order

Preferred Mail Order

Standard Retail

Standard Mail Order

Preferred Mail Order

Long Term Care Drugs

Copayment

1-Month (\$)

Daily (\$)

Tier 3

Standard Retail

Standard Mail Order

Preferred Mail Order

Standard Retail

Standard Mail Order

Preferred Mail Order

Long Term Care Drugs

Copayment

1-Month (\$)

Daily (\$)

Tier 4

Standard Retail

Standard Mail Order

Preferred Mail Order

Standard Retail

Standard Mail Order

Preferred Mail Order

Long Term Care Drugs

Copayment

1-Month (\$)

Daily (\$)

Tier 5

Standard Retail

Standard Mail Order

Preferred Mail Order

Standard Retail

Standard Mail Order

Preferred Mail Order

Long Term Care Drugs

Copayment

1-Month (\$)

Daily (\$)

Tier 6

Standard Retail

Standard Mail Order

Preferred Mail Order

Standard Retail

Standard Mail Order

Preferred Mail Order

Long Term Care Drugs

Copayment

1-Month (\$)

Daily (\$)

Calculate Daily Copay Amount

## CY 2017 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 2017 PBP Data Entry System Screens

### Alternative – Tier Type Post-OOP Threshold

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

File Help

Go To: **Alternative - Tier Type - Post-OOP Threshold**

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"/>
Preferred Generic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred 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"/>
Preferred Brand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred 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):

	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"/>

Indicate the Type of Cost Sharing Structure (select only one for each tier):

	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
Coinurance	<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 Coinurance and Copayment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lesser of Coinurance and Copayment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## CY 2017 PBP Data Entry System Screens

### Alternative – Tier Cost Sharing 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 - Tier Cost Sharing Post-OOP Threshold

Tier Label Description(s)

	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 2017 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 2017 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
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maximum:	Tier 1	Tier 2	Tier 3	Tier 4	Tier 5	Tier 6
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## CY 2017 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**

Previous Next Exit (Validate) Exit (No Validate)

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"/>	
Standard Retail Cost-Sharing - two month supply	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	
Standard Retail Cost-Sharing - three month supply	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	
Out-of-Network Pharmacy - one month supply	<input type="checkbox"/>	<input type="text"/>		<input type="text"/>
Out-of-Network Pharmacy - other day supply	<input type="checkbox"/>			<input type="text"/>
Standard Mail Order Cost-Sharing - one month supply	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	
Standard Mail Order Cost-Sharing - two month supply	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	
Standard Mail Order Cost-Sharing - three month supply	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	
Long Term Care Pharmacy - one month supply	<input type="checkbox"/>	<input type="text"/>		

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

☐ 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 2016 defined standard gap coverage benefit of 42% for generic drugs and 5% 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 2017 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 Costsharing 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 2017 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 MedicareRx 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.

- 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.