Appendix 1: Medicare Advantage Medical Utilization and Expenditure Experience

Cont	act number	
PBP		
Orga	nization Name	
Repo	rting period	

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
	Medical Expenses												
		Utilization				Plan Experience			Allowed cost		Cost sharing		Total
						Total	Total Member	Allowed	Total	Supplemental	Medicare	Supplemental	supplemental
		Member	Utilizers	Utilization	Total	Plan	cost	cost	Medicare	benefits	actuarial	benefits	benefits
	Service Category	Months Cov.		Туре	Utilization	reimb.	sharing	(6 + 7)	covered	(8+9)	equivalent	(11-7)	(10+12)
a.	Inpatient Facility							\$ -		\$ -		\$ -	\$ -
b.	Skilled Nursing Facility							\$ -		\$ -		\$ -	\$ -
c.	Home Health							\$ -		\$ -		\$ -	\$ -
d.	Ambulance							\$ -		\$ -		\$ -	\$ -
e.	DME/Prosthetics/Supplies							\$ -		\$ -		\$ -	\$ -
f.	OP Facility - Emergency							\$ -		\$ -		\$ -	\$ -
g.	OP Facility - Surgery							\$		\$ -		\$ -	\$ -
h.	OP Facility - Other							\$ -		\$ -		\$ -	\$ -
i.	Professional							\$ -		\$ -		\$ -	\$ -
j.	Part B Rx							\$ -		\$ -		\$ -	\$ -
k.	Other Medicare Part B							\$ -		\$ -		\$ -	\$ -
I.	Transportation (Non-Covered)							\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
m.	Dental (Non-Covered)							\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
n.	Vision (Non-Covered)							\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
0.	Hearing (Non-Covered)							\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
p.	Health & Education (Non-Covd)							\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
q.	Other Non-Covered							\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
r.	Total Medical Expenses							\$ -		\$ -		\$ -	\$ -

Supplemental data				
Total Enrollees				
Member months				
Premiums collected				
CMS revenue collected				
Plan CMS Part A & Part B Revenues Collected				
Reserve for outstanding claims				

## Notes

- 1. Form to be completed at the plan level.
- 2. Utilization types: A Admits; D Days; BP Benefit period; V visits; P procedures; T Trips; S Scripts; O other; U Data is unavailable
- 3. Medicare actuarial equivalent cost sharing to be developed using actuarial equivalent factors contained in MA bid pricing tool.
- 4. Premiums collected include payments from plan enrollees, employer/union groups, State Medicaid agencies, and other third parties.
- 5. Optional supplemental benefits, revenues, and member months are to be excluded.