

**WORKSHEET 1 - MA BASE PERIOD EXPERIENCE AND PROJECTION ASSUMPTIONS**

MA-2010.1  
OMB Approved # 0938-0944

**I. General Information**

1. Contract Number:		5. Organization Name:		9. Enrollee Type:		13. Region Name:	N/A
2. Plan ID:		6. Plan Name:		10. MA Region:	N/A		
3. Segment ID:		7. Plan Type:		11. Act. Swap/Equiv Apply:			
4. Contract Year:	2010	8. MA-PD:		12. SNP:			

**II. Base Period Background Information**

		Total	Non-Dual Elig	Dual Eligible			
1. Time Period Definition				0	5. Plans In Base	Contract-Plan ID	
Incurred from:				0.0000		% of MMs	
Incurred to:					a.		
Paid through:					b.		
6. Describe the source of the base period experience data (1000 character limit)						c.	
						d.	

**III. Base Period Data (at Plan's non-ESRD Risk Factor)**

**IV. Projection Assumptions**

Service Category	Util Type	Total Benefits			Util. Adjustments to Contract Period				Unit Cost/ Intensity Trend	Additive Adjustments		
		Annualized Util/1000	Avg Cost	Allowed PMPM	Util/1000 Trend	Benefit Plan Change	Population Change	Other Factor		Util/1000	PMPM	
		(c)	(f)	(g)	(h)	(i)	(j)	(k)		(l)	(m)	(n)
a. Inpatient Facility			\$0.00									
b. Skilled Nursing Facility			0.00									
c. Home Health			0.00									
d. Ambulance			0.00									
e. DME/Prosthetics/Supplies			0.00									
f. OP Facility - Emergency			0.00									
g. OP Facility - Surgery			0.00									
h. OP Facility - Other			0.00									
i. Professional			0.00									
j. Part B Rx			0.00									
k. Other Medicare Part B			0.00									
l. Transportation (Non-Covered)			0.00									
m. Dental (Non-Covered)			0.00									
n. Vision (Non-Covered)			0.00									
o. Hearing (Non-Covered)			0.00									
p. Health & Education (Non-Covered)			0.00									
q. Other Non-Covered			0.00									
r. COB/Subrg. (outside claim system)												
s. Total Medical Expenses				\$0.00								
t. Subtotal Medicare-covered services				\$0.00								

**V. Description of Other Utilization Factor and Additive Values (1000 character limit)**

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CMS - 10142 (03/2011)

**WORKSHEET 2 - MA PROJECTED ALLOWED COSTS PMPM**

**I. General Information**

1. Contract Number:	5. Organization Name:	9. Enrollee Type:	13. Region Name:	N/A
2. Plan ID:	6. Plan Name:	10. MA Region:	N/A	
3. Segment ID:	7. Plan Type:	11. Act. Swap/Equiv Apply		
4. Contract Year: 2010	8. MA-PD:	12. SNP:		

**II. Projected Allowed Costs**

Contract Year Allowed Costs at Plan's non-ESRD Risk Factor:										Total		Non-Dual Elig	Dual Eligible			
										1. Projected member months		0	0	0		
										2. Projected risk factor		0.0000		0.0000	0.0000	
(c)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)	(o)	(p)	(q)	(r)		
Service Category	Util Type	Projected Experience Rate			Manual Rate			Exper. Cred. %	Contract Year Rate					% of svcs provided OON		
		Annual Util/1000	Avg Cost	Allowed PMPM	Annual Util/1000	Avg Cost	Allowed PMPM		Annual Util/1000	Avg Cost	Total Allowed PMPM	Non-Dual Elig Allowed PMPM	Dual Eligible Allowed PMPM			
a. Inpatient Facility		0	\$0.00	\$0.00		\$0.00			0	\$0.00	\$0.00		\$0.00			
b. Skilled Nursing Facility		0	0.00	0.00		0.00			0	0.00	0.00		0.00			
c. Home Health		0	0.00	0.00		0.00			0	0.00	0.00		0.00			
d. Ambulance		0	0.00	0.00		0.00			0	0.00	0.00		0.00			
e. DME/Prosthetics/Supplies		0	0.00	0.00		0.00			0	0.00	0.00		0.00			
f. OP Facility - Emergency		0	0.00	0.00		0.00			0	0.00	0.00		0.00			
g. OP Facility - Surgery		0	0.00	0.00		0.00			0	0.00	0.00		0.00			
h. OP Facility - Other		0	0.00	0.00		0.00			0	0.00	0.00		0.00			
i. Professional		0	0.00	0.00		0.00			0	0.00	0.00		0.00			
j. Part B Rx		0	0.00	0.00		0.00			0	0.00	0.00		0.00			
k. Other Medicare Part B		0	0.00	0.00		0.00			0	0.00	0.00		0.00			
l. Transportation (Non-Covered)		0	0.00	0.00		0.00			0	0.00	0.00		0.00			
m. Dental (Non-Covered)		0	0.00	0.00		0.00			0	0.00	0.00		0.00			
n. Vision (Non-Covered)		0	0.00	0.00		0.00			0	0.00	0.00		0.00			
o. Hearing (Non-Covered)		0	0.00	0.00		0.00			0	0.00	0.00		0.00			
p. Health & Education (Non-Covered)		0	0.00	0.00		0.00			0	0.00	0.00		0.00			
q. Other Non-Covered		0	0.00	0.00		0.00			0	0.00	0.00		0.00			
r. COB/Subrg. (outside claim system)				0.00							0.00		0.00			
<b>s. Total Medical Expenses</b>				<b>\$0.00</b>							<b>\$0.00</b>		<b>\$0.00</b>			
t. Subtotal Medicare-covered services				\$0.00							\$0.00		\$0.00			
u. Briefly describe the source for the manual rate, including what trend assumptions were used, if applicable (1000 character limit)																





**WORKSHEET 5 - MA BENCHMARK PMPM**

**I. General Information**

1. Contract Number:	5. Organization Name:	9. Enrollee Type:	13. Region Name:
2. Plan ID:	6. Plan Name:	10. MA Region: N/A	
3. Segment ID:	7. Plan Type:	11. Act. Swap/Equiv.	
4. Contract Year: 2010	8. MA-PD:	12. SNP:	

**II. Benchmark and Bid Development**

	Total	Non-Dual Elig	Dual Eligible
1. Projected Member Months	0		0
2. Standardized A/B Benchmark (@ 1.000)	\$0.00		
3. Medicare Secondary Payer Adjustment			
4. Weighted Avg Risk Factor (excl ESRD)	0		0
5. Post-MSP Risk Factor	0		
6. Plan A/B Benchmark	\$0.00		
7. Plan A/B Bid	\$0.00		
8. Standardized A/B Bid (@ 1.000)	\$0.00		

**IV. Standardized A/B Benchmark - Regional Plans Only**

	Weighting
1. Statutory Component - Region N/A	79.2%
2. Plan Bid Component (from CMS)*	20.8% N/A
3. Standardized A/B Benchmark	100.0%

\* See instructions - if Line 2 is not filled in, then Line 8 of Section II will be used.

**III. Savings/Basic Member Premium Development**

1. Savings	\$0.00
2. Rebate	\$0.00
3. Basic Member Premium	\$0.00

**V: County Level Detail and Service Area Summary (excl ESRD)**

**VI: Other Medicare Information**

1. Use of plan-provided ISAR factors? (Regional Plans only - enter Yes or No)											VI: Other Medicare Information															
(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k)	(l)	(m)	(n)			(o)			(p)	(q)	(r)	(s)	(t)		(u)	(v)	(w)
State/County Code	State	County Name	Proj Member Months	Proj Risk Factors	Plan Provided ISAR factors for risk rates	MA Risk Ratebook Unadjusted	MA Risk Ratebook Risk-Adjusted	ISAR scale	ISAR-Adjusted Bid	Risk Payment Rate A only	B only	Original Medicare cost sharing (c.s.) Inpatient	SNF	Pt B (excl HH)	FFS costs to weight Medicare c.s. Inpatient	SNF	Pt B (excl HH)	FFS equiv cost sharing Part A	Part B	Metropolitan Statistical Area MM	MSA name					
2. Total or Weighted Average for Service Area:			0	0	0.00	\$0.00	\$0.00	0	\$0.00	53.300%	46.700%	0.0%	0.0%	0.0%	n/a	n/a	n/a	\$0.00	\$0.00	0	n/a	0% predominant MSA				
3. County Level Detail:																										

**WORKSHEET 6 - MA BID SUMMARY**

**I. General Information**

1. Contract Number:	5. Organization Name:	9. Enrollee Type:	13. Region Name:
2. Plan ID:	6. Plan Name:	10. MA Region: N/A	N/A
3. Segment ID:	7. Plan Type:	11. Act. Swap/Equiv Apply:	
4. Contract Year: 2010	8. MA-PD:	12. SNP:	

**II. Other Information**

<b>A. Part B Information</b>		<b>B. Rebate Allocation for Contract Year Part B Premium</b>	
1. CMS Estimate of CY Part B Premium	\$96.40	1. PMPM rebate allocation for standard Part B premium (maximum value=\$96.40)	
		2. Part B Rebate Allocation, rounded to one decimal (see instructions)	\$0.00
		3. Does plan intend to reduce the entire standard Part B premium using rebates? Enter Yes/No. (See instructions for further info.)	No reduction

#NAME?

**III. Plan A/B Bid Summary**

<b>A. Overview</b>			<b>B. MA Rebate Allocation</b>					<b>C. Development of Estimated Plan Premium</b>	
	<b>Medicare-covered</b>	<b>A/B Mandatory Supplemental</b>	<b>Rebate PMPM Allocation</b>				<b>Maximum Value</b>		
			<b>Medical</b>	<b>Admin</b>	<b>Gain / (Loss)</b>	<b>Total</b>			
1. Net medical cost	\$0.00	\$0.00	n/a	n/a	n/a	\$0.00		1. A/B Mandatory Supplemental revenue requirements	\$0.00
2. Non-benefit expense	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	2. Less rebate allocations:	
3. Gain / loss margin	0.00	0.00	0.00	0.00	0.00		0.00	2a. Reduce A/B Cost Sharing	0.00
4. Total revenue requirement	\$0.00	\$0.00	0.00	n/a	n/a	0.00	96.40	2b. Other A/B Mand Supplemental Benefits	0.00
5. Standardized A/B Benchmark	\$0.00		0.00	n/a	n/a	0.00	0.00	3. A/B Mandatory Supplemental premium	0.00
6. Plan A/B Benchmark	\$0.00		0.00	n/a	n/a	0.00	0.00	4. Basic MA premium	0.00
7. Non-ESRD Risk Factor	0.0000		0.00	n/a	n/a	0.00	0.00	5. Total MA Enrollee Premium (excl. Opt. Suppl.)	0.00
8. Conversion Factor	0.0000		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	<b>6. Rounded MA Premium (excl. Opt. Suppl.)</b>	<b>\$0.00</b>
			Unalloc. rebate		\$0.00			7. Part D Basic Premium	
								7a. Prior to rebates (rounded value from Rx BPT)	
								7b. A/B rebates allocated to Part D Basic Premium	
								7c. A/B rebates for Part D Basic Premium (rounded)	\$0.00
								<b>7d. Part D Basic Premium*</b>	<b>\$0.00</b>
								8. Part D Supplemental Premium	
								8a. Prior to rebates (rounded value from Rx BPT)	
								8b. A/B rebates allocated to Part D Suppl Premium	
								8c. A/B rebates for Part D Suppl Premium (rounded)	\$0.00
								<b>8d. Part D Supplemental Premium</b>	<b>\$0.00</b>
								<b>9. Total estimated plan premium*</b>	<b>\$0.00</b>
								<b>10. Plan Intention for target PD basic premium</b>	

**IV. Contact Information**

<b>MA Plan Bid Contact:</b>	
Name, Position	
Phone Number	
Email Address	
<b>MA Certifying Actuary:</b>	
Name, Credentials	
Phone Number	
Email Address	
<b>MA Additional BPT Contact:</b>	
Name, Position	
Phone Number	
Email Address	
<b>Date Prepared</b>	

**V. Working Model Text Box**

This section can be used at the discretion of the Plan sponsor. The contents are NOT uploaded in the bid submission, and will be deleted during finalization. See instructions for details.
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\* The premiums shown in lines 7 and 9 are estimates. Actual plan premiums will be calculated by CMS when the Part D National Average is determined by CMS. The premiums shown in lines 7 and 9 may not be final.

Note: Premiums are rounded to one decimal (i.e., to the nearest dime) to comply with premium withhold system requirements. See instructions for more information.



**TWO-YEAR LOOK-BACK WORKSHEET**  
**Actual to Projected Comparison for Medicare Advantage Costs PMPM**  
 (Excludes optional supplemental and Part D benefits/revenue)

Contract Number:   
 Organization Name:

Contract Yr: 2010  
 Experience Year: 2008

LB-2010.1  
 OMB Approved # 0938-0944

	(f)	(g)	(h)	(j)	(k)	(l)	(n)	(o)	(p)
	Original Projection [1]			Actual Incurred			Actual/Projected		
	Individual	EGWP	Total	Individual	EGWP	Total	Individual	EGWP	Total
<b>1. Revenue</b>									
a. CMS Revenue			\$0.00			\$0.00	n/a	n/a	n/a
b. Premium			0.00			0.00	n/a	n/a	n/a
<b>c. Total</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>n/a</b>	<b>n/a</b>	<b>n/a</b>
<b>2. Net Medical Expenses [2]</b>									
a. Covered Benefits (excl. risk share)			\$0.00	\$0.00	\$0.00	\$0.00	n/a	n/a	n/a
b. A/B Mandatory Supplemental Benefits			0.00	0.00	0.00	0.00	n/a	n/a	n/a
c. Regional PPO Risk Share Paid/(Rec'd)			0.00	0.00	0.00	0.00	n/a	n/a	n/a
<b>d. Total</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>n/a</b>	<b>n/a</b>	<b>n/a</b>
<b>3. Non-Benefit Expense</b>									
a. Marketing & Sales			\$0.00			\$0.00	n/a	n/a	n/a
b. Direct Administration			0.00			0.00	n/a	n/a	n/a
c. Indirect Administration			0.00			0.00	n/a	n/a	n/a
d. Net Cost of Private Reinsurance [3]			0.00	0.00	0.00	0.00	n/a	n/a	n/a
<b>e. Total</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>n/a</b>	<b>n/a</b>	<b>n/a</b>
<b>4. Profit/(Loss) Bef Taxes and Investment Income</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>n/a</b>	<b>n/a</b>	<b>n/a</b>
<b>5. Key Statistics</b>									
a. Member Months (excl ESRD)			0			0	n/a	n/a	n/a
b. Non-ESRD risk factor			n/a			n/a	n/a	n/a	n/a
c. Loss Ratio	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
d. Non-Benefit Ratio	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
e. Profit Margin	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

[1] Provided by CMS using bid filings two years prior (than the contract year), re-weighted by actual member months.

[2] Enter the net medical expenses below:

*Net Medical Expenses*

- a. Covered Benefits (excl. risk share)
- b. A/B Mandatory Supplemental Benefits
- c. Regional PPO Risk Share Paid/(Rec'd)
- d. Total

Incurred in Experience Year  
and Pd thru:

Individual	EGWP	Total
		\$0.00
		\$0.00
		\$0.00
\$0.00	\$0.00	\$0.00

Claim Reserves

Individual	EGWP	Total
		\$0.00
		\$0.00
		\$0.00
\$0.00	\$0.00	\$0.00

[3] Actual Incurred components of Net Reinsurance are:

	Individual	EGWP	Total
a. Private Reinsurance Premium			\$0.00
b. Private Reinsurance Recoveries			\$0.00
c. Net Reinsurance Cost	\$0.00	\$0.00	\$0.00

CMS - 10142 (03/2011)



**WORKSHEET 1 - MSA BASE PERIOD EXPERIENCE AND PROJECTION ASSUMPTIONS**

MSA-2010.1  
OMB Approved # 0938-0944

**I. General Information**

1. Contract Number:		5. Organization Name:		9. Enrollee Type:	A/B
2. Plan ID:		6. Plan Name:			
3. Segment ID:		7. Plan Type:			
4. Contract Year:	2010	8. Deductible Amount:			

**II. Base Period Background Information**

1. Time Period Definition		2. Member Months (excl ESRD)		5. Plans In Base	Contract-Plan ID	% of MMs
Incurred from:		3. Non-ESRD Risk Score			a.	
Incurred to:		4. Completion Factor			b.	
Paid through:					c.	
6. Describe the source of the base period experience data (1000 character limit)	d.					

**III. Base Period Data (at Plan's non-ESRD Risk Factor)**

**IV. Projection Assumptions**

Service Category	Util Type	Total Benefits			Util. Adjustments to Contract Period				Unit Cost/ Intensity Trend	Additive Adjustments	
		Annualized Util/1000	Avg Cost	Allowed PMPM	Util/1000 Trend	Benefit Plan Change	Population Change	Other Factor		Util/1000	PMPM
		(g)	(h)	(i)	(j)	(k)	(l)	(m)		(n)	(o)
a. Inpatient Facility			\$0.00								
b. Skilled Nursing Facility			0.00								
c. Home Health			0.00								
d. Ambulance			0.00								
e. DME/Prosthetics/Supplies			0.00								
f. OP Facility - Emergency			0.00								
g. OP Facility - Surgery			0.00								
h. OP Facility - Other			0.00								
i. Professional			0.00								
j. Part B Rx			0.00								
k. Other Medicare Part B			0.00								
l. COB/Subrg. (outside claim system)											
<b>m. Total Medicare Covered Medical Expenses</b>				<b>\$0.00</b>							

**V. Description of Other Utilization Factor and Additive Values (1000 character limit)**

CMS - 10142 (03/2011)

**WORKSHEET 2 - MSA TOTAL PROJECTED ALLOWED COSTS PMPM**

**I. General Information**

1. Contract Number:	5. Organization Name:	9. Enrollee Type:	A/B
2. Plan ID:	6. Plan Name:		
3. Segment ID:	7. Plan Type:		
4. Contract Year: 2010	8. Deductible Amount:		

**II. Projected Allowed Costs**

Contract Year Allowed Costs at Plan's non-ESRD Risk Factor:												
(c) Service Category	(e) Util Type	(f) Projected Experience Rate			(j) Manual Rate			(l) Exper. Cred. %	(m) Contract Year Rate			(p) % of svcs provided OON
		(g) Annual Util/1000	(g) Avg Cost	(h) Allowed PMPM	(i) Annual Util/1000	(j) Avg Cost	(k) Allowed PMPM		(m) Annual Util/1000	(n) Avg Cost	(o) Allowed PMPM	
a. Inpatient Facility		0	\$0.00	\$0.00		\$0.00			0	\$0.00	\$0.00	
b. Skilled Nursing Facility		0	0.00	0.00		0.00			0	0.00	0.00	
c. Home Health		0	0.00	0.00		0.00			0	0.00	0.00	
d. Ambulance		0	0.00	0.00		0.00			0	0.00	0.00	
e. DME/Prosthetics/Supplies		0	0.00	0.00		0.00			0	0.00	0.00	
f. OP Facility - Emergency		0	0.00	0.00		0.00			0	0.00	0.00	
g. OP Facility - Surgery		0	0.00	0.00		0.00			0	0.00	0.00	
h. OP Facility - Other		0	0.00	0.00		0.00			0	0.00	0.00	
i. Professional		0	0.00	0.00		0.00			0	0.00	0.00	
j. Part B Rx		0	0.00	0.00		0.00			0	0.00	0.00	
k. Other Medicare Part B		0	0.00	0.00		0.00			0	0.00	0.00	
l. COB/Subrg. (outside claim system)				0.00							0.00	
<b>m. Total Medicare Covered Medical Expenses</b>				<b>\$0.00</b>				<b>\$0.00</b>			<b>\$0.00</b>	
								0%	CMS Guideline Credibility			
n. Briefly describe the source for the manual rate, including what trend assumptions were used, if applicable (1000 character limit)												

**WORKSHEET 3 - MSA BENCHMARK PMPM**

**I. General Information**

1. Contract Number:	5. Organization Name:	9. Enrollee Type: A/B
2. Plan ID:	6. Plan Name:	
3. Segment ID:	7. Plan Type:	
4. Contract Year: 2010	8. Deductible Amount:	

**II. Contact Information**

<b>MSA Plan Contact Person:</b>	
Name, Position	
Phone Number	
Email Address	
<b>MSA Certifying Actuary:</b>	
Name, Credentials	
Phone Number	
Email Address	
<b>MSA Additional BPT Contact:</b>	
Name, Position	
Phone Number	
Email Address	
Date Prepared (MM/DD/YYYY)	

**III: County Level Detail and Service Area Summary (excl ESRD)**

(b) State/County Code	(c) State	(d) County Name	(e) Projected Member Months	(f) Projected Risk Factors	(g) MA Risk Ratebook Unadjusted	(h) MA Risk Ratebook Risk-Adjusted	Plan Benchmark
1. Total or Weighted Average for Service Area:			0	0	\$0.00	\$0.00	
2. County Level Detail:							

**WORKSHEET 4 - ENROLLEE DEPOSIT AND PLAN PAYMENT PMPM**

**I. General Information**

1. Contract Number:	5. Organization Name:	9. Enrollee Type: A/B
2. Plan ID:	6. Plan Name:	
3. Segment ID:	7. Plan Type:	
4. Contract Year: 2010	8. Deductible Amount	

**II. Development of Claim Information Intervals (Plan's non-ESRD Risk Factor and Exclude Services Covered Within the Deductible)**

	(c)	(d)	(e)	(f)	(g)
	Annual Projected Claim Interval	Annual Average Claim Amount	Percentage of Member Months (Only Use Highest Claim Interval)	Gross Claims (PMPM)	Gross Claims Over Deductible (PMPM)
1.	\$0-\$250			\$0.00	
2.	\$251-\$2,000			0.00	
3.	\$2001-\$4,000			0.00	
4.	\$4001-\$6,000			0.00	
5.	\$6001-\$8,000			0.00	
6.	\$8001-\$10,000			0.00	
7.	\$10,001-\$12,000			0.00	
8.	\$12,001-\$15,000			0.00	
9.	\$15,001-\$20,000			0.00	
10.	\$20,001-\$30,000			0.00	
11.	\$30,001-\$50,000			0.00	
12.	\$50,001-\$70,000			0.00	
13.	over \$70,000			0.00	
	<b>Total</b>		<b>0.00%</b>	<b>\$0.00</b>	<b>\$0.00</b>

Services Covered Within the Deductible Cost Sharing Offset Over Deductible


**III. Development of Summary Information (Plan's non-ESRD Risk Factor)**

	Total	Part A	Part B
a. Plan Medical Expenses	\$0.00		
b. Non-Benefit Expense:			
1. Marketing & Sales			
2. Direct Administration			
3. Indirect Administration			
4. Net cost of private reinsurance			
5. Total Non-Benefit Expense	\$0.00		
c. Gain/(Loss) Margin			
d. Total Plan Revenue Requirement	\$0.00		
e. Projected Plan Benchmark	\$0.00		
f. Projected Monthly Enrollee Deposit	\$0.00	\$0.00	\$0.00
g. Percent of Plan Revenue			
1. Medical Expenses	0.0%		
2. Non-Benefit Expense	0.0%		
3. Gain/(Loss) Margin	0.0%		
h. Standardized Plan Benchmark	\$0.00	\$0.00	\$0.00

