Attachment III: 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		Net
						Total	Total Member	Allowed	Total	Supplemental			supplemental
		Months	Utilizers	Utilization	Total	Plan	cost	cost	Medicare	benefits	actuarial	benefits	benefits
	Service Category	Months Cov.		Туре	Utilization	reimb.	sharing	(g + h)	covered	(i - j)	equivalent	(l - h)	(k + m)
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							\$ -		\$ -		\$ -	\$ -
l.	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					
Reserve for outstanding claims					

Notes

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