

Section 1: General Information

1. Contract Year 2014
 2. Contract Number [Redacted]
 3. Organization Name [Redacted]
 4. Date MLR Report finalized 10/29/2013

5. Contact Information for any questions from CMS regarding this report:

Contact #1
 Name, Position [Redacted]
 Phone Number [Redacted]
 E-mail Address [Redacted]

Contact #2
 Name, Position [Redacted]
 Phone Number [Redacted]
 E-mail Address [Redacted]

Section 2: Data Collection

	Total \$	PMPM
1. Revenue		
1.1 Beneficiary Premium		
1.1a MA (Basic + Mandatory Supplemental + Optional Supplemental)	\$ -	
1.1b Part D (Basic + Supplemental)	\$ -	
1.2 MA plan payments (based on A/B bid), using final risk scores, including:	\$ -	
• MA Rebate for Cost Sharing Reduction		
• MA Rebate for Other Mandatory Supplemental Benefits		
• MA Rebate for Part D Supplemental Benefits		
1.3 MA Rebate for Part B Premium Reduction (note: included as revenue)	\$ -	
1.4 MA Rebate for Part D Basic Premium Reduction	\$ -	
1.5 MSA Enrollee Deposit (note: included as revenue)	\$ -	
1.6 Part D direct subsidy, using final risk scores	\$ -	
1.7 Part D federal reinsurance subsidy (prospective and reconciliation adjustments)	\$ -	
1.8 Part D Low Income Premium Subsidy Amount (LIPSA)	\$ -	
1.9 Part D risk corridor payments	\$ -	
1.10 Total	\$ -	\$ -
2. Claims		
2.1 Claims incurred only during CY 2014, paid through 9/30/2015	\$ -	
2.2 Liability and reserves for claims incurred only during CY 2014, calc'd as of 9/30/2015	\$ -	
2.3 Incurred medical incentive pool and bonuses		
2.3a Paid medical incentive pools and bonuses MLR Reporting year	\$ -	
2.3b Accrued medical incentive pools and bonuses MLR Reporting year	\$ -	
2.4 Contingent benefit and lawsuit reserves	\$ -	
2.5 MA Rebate for Part B Premium Reduction	\$ -	
2.6 MSA Enrollee Deposit	\$ -	
2.7 Allowable fraud reduction expense (the smaller of Lines 2.7a or 2.7b)	\$ -	
2.7a Total fraud reduction expense	\$ -	
2.7b Total fraud recoveries that reduced paid claims in Line 2.1	\$ -	
2.8 Total	\$ -	
2.8a Part D (informational only; already included in Line 2.8)	\$ -	
2.8b Direct and Indirect Remuneration (DIR) (informational only; already excluded from Line 2.8)	\$ -	
3. Federal and State Taxes and Licensing or Regulatory Fees		
3.1 Federal taxes and assessments, incurred in CY 2014, deductible from revenue in MLR calculation		
3.1a Federal income taxes	\$ -	
3.1b Other Federal Taxes (other than income tax) and assessments	\$ -	
3.2 State insurance, premium and other taxes, incurred in CY 2014, deductible from revenue in MLR calculation		
3.2a State income, excise, business, and other taxes	\$ -	
3.2b State premium taxes	N/A	N/A
3.2c Community benefit expenditures	\$ -	
3.3 Regulatory authority licenses and fees	\$ -	
3.4 Total	\$ -	\$ -

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4. Health Care Quality Improvement (QI) Expenses Incurred

4.1 Improve health outcomes		\$	-
4.2 Activities to prevent hospital readmission		\$	-
4.3 Improve patient safety and reduce medical errors		\$	-
4.4 Wellness and health promotion activities		\$	-
4.5 Health information technology expenses related to healthcare quality		\$	-
4.6 Allowable ICD-10 expenses		\$	-
4.7 Total		\$	-

5. Non-Claims Costs

5.1 Cost containment expenses not included in QI expenses in Section 4		\$	-
5.2 All other claims adjustment expenses		\$	-
5.3 Direct sales salaries and benefits		\$	-
5.4 Agents and brokers fees and commissions		\$	-
5.5 Other taxes			
5.5a Taxes and assessments not excl. from revenue (not reported in Section 3)		\$	-
5.5b Fines and penalties of regulatory authorities (not reported in Line 3.3)		\$	-
5.6 Other general and administrative expenses		\$	-
5.7 Total		\$	-
5.8 Community benefit expend. (informational only; incl. amts. reported in 3 & 5)		\$	-
5.9 ICD-10 implementation exp. (informational only; incl. amts. reported in 4 & 5)		\$	-

6. Methodology for determining the Medicare-funded portion of the contract for EGWP plans

6.1 Option 1 "Actual EGWP costs", or Option 2 "Allocated based on revenue"	
6.2 Enter percentage used to allocate EGWP costs (i.e., Medicare % of total revenue)	

7. Total Member months

8. Plan-Specific Data

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)	(k) Medicaid Claims Cost			(n)
						Note: Complete columns (g) through (n) for plan rows with Yes in column (f)							
Enter the list of plans offered under contract in CY 2014, using Plan ID format: Hxxxx-xxx-xx	CY2014 Member Months	Is plan a Dual-Eligible Special Needs Plan (ie, D-SNP)? (Yes/No)	Does the plan's defined service area include territories? (Yes/No)	Is the plan a D-SNP in a territory? (Yes/No)	Member Months in territories	Medicaid Revenue PMPM	Medicaid Cost PMPM	Medicaid Non-Claims Cost PMPM	Medical: Cost Sharing Reduction PMPM	Medical: Other Benefits PMPM	Pharmacy PMPM	Medicaid Gain/(Loss) PMPM	
Plan1				No			\$ -					\$ -	
Plan2				No			\$ -					\$ -	
Plan3				No			\$ -					\$ -	
Plan4				No			\$ -					\$ -	
Plan5				No			\$ -					\$ -	
Plan6				No			\$ -					\$ -	
Plan7				No			\$ -					\$ -	
Plan8				No			\$ -					\$ -	
Plan9				No			\$ -					\$ -	
Plan10				No			\$ -					\$ -	

MLR Report for Contract Year 2014
Worksheet 2

Contract Year: 2014

Contract Number:

Org Name:

Date MLR Report finalized: 10/29/2013

Section 1: Medicare MLR and Remittance Calculation

1. Medical Loss Ratio Numerator			
1.1 Claims	\$	-	
1.2 Quality improvement expenses	\$	-	
1.3 MLR numerator	\$	-	
2. Medical Loss Ratio Denominator			
2.1 Revenue	\$	-	
2.2 Federal and State taxes and licensing or regulatory fees	\$	-	
2.3 MLR denominator	\$	-	
3. Credibility Adjustment			
3.1 Member Months to determine credibility		0	
3.2 MLR Credibility adjustments table		PD adjustments	
3.3 Credibility adjustment		N/A	
4. MLR Calculation			
4.1 Unadjusted MLR		0.0%	
4.2 Credibility adjustment		N/A	
4.3 Adjusted MLR		N/A	
5. Remittance Calculation			
5.1 Contract subject to remittance for CY 2014?		No	
5.2 MLR standard		85.0%	
5.3 Adjusted MLR		<table border="1"><tr><td>N/A</td></tr></table>	N/A
N/A			
5.4 MLR denominator	\$	-	
5.5 Remittance amount due to CMS for CY 2014 experience	\$	<table border="1"><tr><td>-</td></tr></table>	-
-			
5.5a Allocated to Parts A&B (for CMS system purposes only)	\$	-	
5.5b Allocated to Part D (for CMS system purposes only)	\$	-	

Section 2: MLR Credibility Adjustments Table

<u>MA contracts</u>		<u>PD stand-alone contracts</u>	
<u>member</u>	<u>credibility</u>	<u>member</u>	<u>credibility</u>
<u>months</u>	<u>adjustment</u>	<u>months</u>	<u>adjustment</u>
< 2,400	non-cred	< 4,800	non-cred
2,400	8.4%	4,800	8.4%
6,000	5.3%	12,000	5.3%
12,000	3.7%	24,000	3.7%
24,000	2.6%	48,000	2.6%
60,000	1.7%	120,000	1.7%
120,000	1.2%	240,000	1.2%
180,000	1.0%	360,000	1.0%
> 180,000	fully cred	> 360,000	fully cred

MLR Report for Contract Year 2014
Worksheet 3

Contract Year: 2014
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Section 1: Description of Expense Allocation Methods

1. Claims
2. Federal and State Taxes and Licensing or Regulatory Fees
2.a Federal taxes and assessments
2.b State insurance, premium and other taxes
2.c Community benefit expenditures
2.d Regulatory authority licenses and fees
3. Health Care Quality Improvement Expenses
3.a Improve health outcomes
3.b Activities to prevent hospital readmission
3.c Improve patient safety and reduce medical errors
3.d Wellness and health promotion activities
3.e Health Information Technology expenses related to healthcare quality
3.f Allowable ICD-10 Expenses
4. Non-Claims costs
4.a Cost containment expenses not included in quality improvement expenses
4.b All other claims adjustment expenses
4.c Direct sales salaries and benefits
4.d Agents and brokers fees and commissions
4.e Other taxes
4.f Other general and administrative expenses
4.g Community benefit expenditures
4.h ICD-10 implementation expenses

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