

MLR

Report for Contract Year 2023  
Worksheet 1

MLR-2023.1  
OMB Approved # 0938-1232  
CMS-10476 (OMB exp date pending)

Section 1: General Information

- 1. Contract Year 2023
- 2. Contract Number
- 3. Organization Name
- 4. Date MLR Report finalized

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

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

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

Section 2: Data Collection

1. Revenue

|  | Total \$ | PMPM |
|--|----------|------|
| 1.0 Sequestration Adjustments  |          |      |
| 1.0a MA Sequestration Adjustment (enter as negative amount)                          | \$ -     | \$ - |
| 1.0b Part D Sequestration Adjustment (enter as negative amount)                      | \$ -     | \$ - |
| 1.1 Beneficiary Premiums   |          |      |
| 1.1a MA Beneficiary Premium (Basic + Mandatory Supplemental + Optional Supplemental) |          | \$ - |
| 1.1b Part D Beneficiary Premium (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   |          | \$ - |
| 1.9 Part D risk corridor payments  |          | \$ - |
| 1.10 Total   | \$ -     | \$ - |

2. Claims

|  | Total \$ | PMPM | Benefit offered under only 1 plan? |
|--|----------|------|------------------------------------|
| 2.1 Claims incurred only during CY 2023, paid through 9/30/2024  | \$ -     |      |                                    |
| 2.1a Claims incurred for benefits covered under Parts A & B (incl. supp. benefits that extend or reduce cost sharing for A/B benefits) |          | \$ - |                                    |
| 2.1b Claims incurred for MA supplemental benefits (excl. supp. benefits that extend or reduce cost sharing for A/B benefits)           | \$ -     |      |                                    |
| 2.1b.1 Dental  |          | \$ - |                                    |
| 2.1b.2 Vision  |          | \$ - |                                    |
| 2.1b.3 Hearing   |          | \$ - |                                    |
| 2.1b.4 Transportation  |          | \$ - |                                    |
| 2.1b.5 Fitness Benefit   |          | \$ - |                                    |
| 2.1b.6 Worldwide Coverage / Visitor Travel   |          | \$ - |                                    |
| 2.1b.7 Over the Counter (OTC) Items  |          | \$ - |                                    |
| 2.1b.8 Remote Access Technologies  |          | \$ - |                                    |
| 2.1b.9 Meals   |          | \$ - |                                    |
| 2.1b.10 Routine Foot Care  |          | \$ - |                                    |
| 2.1b.11 Acupuncture Treatments   |          | \$ - |                                    |
| 2.1b.12 Chiropractic Care  |          | \$ - |                                    |
| 2.1b.13 Personal Emergency Response System (PERS)  |          | \$ - |                                    |
| 2.1b.14 Health Education   |          | \$ - |                                    |
| 2.1b.15 Smoking and Tobacco Cessation Counseling   |          | \$ - |                                    |
| 2.1b.16 All Other Primarily Health Related Supplemental Benefits   |          | \$ - |                                    |
| 2.1b.17 Non-Primarily Health Related SSBCI   |          | \$ - |                                    |
| 2.1b.18 Non-Primarily Health Related Items – Other   |          | \$ - |                                    |
| 2.1b.19 Out-of-network Services (informational only; amount already incl. in Lines 2.1a through 2.1b.1-2.1b.18)                        |          | \$ - |                                    |
| 2.1c Claims incurred for Part D prescription drugs   |          | \$ - |                                    |
| 2.2 Liability and reserves for claims incurred only during CY 2023, calc'd as of 9/30/2024   |          |      |                                    |
| 2.3 Incurred medical incentive pool and bonuses  |          |      |                                    |
| 2.3 a 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 Total  | \$ -     | \$ - |                                    |
| 2.7a Low Income Cost Sharing Subsidy Amount (informational only; amount must be excl. from Line 2.1c)                                  |          | \$ - |                                    |
| 2.7b Direct and Indirect Remuneration (DIR) (informational only; amount must be excl. from Line 2.1c)                                  |          | \$ - |                                    |

3. Federal and State Taxes and Licensing or Regulatory Fees

|   |  |      |
|---|--|------|
| 3.1 Federal taxes and assessments, incurred in CY 2023, 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 2023, deductible from revenue in MLR calculation |  | \$ - |
| 3.2a State income, excise, business, and other taxes  |  | \$ - |

3.2b State premium taxes  
 3.2c Community benefit expenditures  
 3.3 Regulatory authority licenses and fees

|      |      |     |
|------|------|-----|
|      | N/A  | N/A |
|      | \$ - |     |
|      | \$ - |     |
| \$ - | \$ - |     |
|      | \$ - |     |

3.4 Total  
 3.4a Affordable Care Act section 9010 Fee (informational only; already included in Line 3.1)

|  |      |      |
|--|------|------|
| 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 improving healthcare quality |      | \$ - |
| 4.6 Allowable ICD-10 expenses  |      | \$ - |
| 4.7 Medication Therapy Management program expenses                                 |      | \$ - |
| 4.8 Fraud reduction activities   |      | \$ - |
| 4.9 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 Line 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)  |
|--------|---|-----------------------|--|
|        | Enter the list of plans offered under contract in CY 2023, using Plan ID format: Hxxxx-xxx-xx | CY 2023 Member Months | For MA Medical Savings Account (MSA) contracts only: MSA Plan Deductible |
| Plan1  |   |                       |  |
| Plan2  |   |                       |  |
| Plan3  |   |                       |  |
| Plan4  |   |                       |  |
| Plan5  |   |                       |  |
| Plan6  |   |                       |  |
| Plan7  |   |                       |  |
| Plan8  |   |                       |  |
| Plan9  |   |                       |  |
| Plan10 |   |                       |  |

**MLR Report for Contract Year 2023**  
**Worksheet 2**

**Contract Year: 2023**  
**Contract Number:**  
**Org Name:**  
**Date MLR Report finalized:**

**Section 1: Medicare MLR and Remittance Calculation**

|   |    |   |     |
|---|----|---|-----|
| 1. Medical Loss Ratio Numerator                                       |    |   |     |
| 1.1 Claims  | \$ | -   |     |
| 1.2 Improving health care quality 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                            |    |   |     |
| 3.2 MLR credibility adjustments table                                 |    |   |     |
| 3.3 Base credibility adjustment factor                                |    | N/A   |     |
| 3.4 MSA deductible factor   |    | N/A   |     |
| 4. MLR Calculation  |    |   |     |
| 4.1 Unadjusted MLR  | \$ | -   |     |
| 4.2 Credibility adjustment  |    | N/A   |     |
| 4.3 Adjusted MLR  |    | N/A   |     |
| 5. Remittance Calculation   |    |   |     |
| 5.1 Is contract either partially-credible or fully-credible? (Yes/No) |    | Yes   |     |
| 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 CY2023                           | \$ | -   |     |
| 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**

| <b>MA contracts</b> |                        | <b>PD stand-alone contracts</b> |                        |
|---------------------|------------------------|---------------------------------|------------------------|
| member months       | credibility adjustment | member months                   | credibility adjustment |
| < 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             |

**Section 3: MSA Deductible Factors**

| weighted average deductible | deductible factor |
|-----------------------------|-------------------|
| < \$2,500                   | 1.000             |
| \$2,500                     | 1.164             |
| \$5,000                     | 1.402             |
| ≥ \$10,000                  | 1.736             |

**MLR Report for Contract Year 2023**  
**Worksheet 3**

**Contract Year: 2023**  
**Contract Number:**  
**Org Name:**  
**Date MLR Report finalized:**

**Section 1: Description of Expense Allocation Methods**

**1. Claims**

1.a Claims incurred for benefits covered under Parts A & B (Worksheet 1 Line 2.1a)

1.b Claims incurred for MA supplemental benefits (Worksheet 1 Lines 2.1b.1 through 2.1b.17)

1.c Claims incurred for Part D prescription drugs (Worksheet 1 Line 2.1c)

**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

3.g Medicare Therapy Management program expenses

3.h Fraud reduction activities

**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

**PRA Disclosure Statement:** This information is being collected to assist the Centers for Medicare & Medicaid Services (CMS) with the ongoing management of Medicare programs and policies. This required information collection will be used to meet the statutory requirements at sections 1857(e)(4) and 1860D-12 of the Social Security Act to determine the medical loss ratio for each contract year and to apply remittances and sanctions. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law.

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