Attention: This Excel spreadsheet is intended for machine-machine work. Users can be cured to copy sub-delimited text files. **All UM/AA data submissions must be submitted in the Health Plan Management System (HPMS) as sub-delimited text files. Any UM/AA submission not submitted as sub-delimited text files will be rejected by the HPMS. The HPMS will not accept the UM/AA submissions in Microsoft Excel or other formats.**

Criteria Name or Identifier	Service Name	~~Date of Plan Search Approval~~	Medicare Administrative Contractor (MAC) Jurisdictions	~~States~~	~~Contracts~~	FDR	Organization or Vendor	~~Website Link~~
Example 1 - I2024-1	CT Scans (all types)	~~12/5/2024~~	All	~~All~~	~~All~~	Sample1 FDR, Sample2 FDR, Sample3 FDR	Sample Medicare Advantage Organization	~~www.sampleMAO.com/coverageriteria/CT~~
Example 2 - Chest Imaging	MRI (includes chest, breast, heart, lungs), CT scan (includes chest, breast, heart, lungs)	~~12/5/2024~~	All	~~All~~	~~All~~	Sample1 FDR, Sample2 FDR, Sample3 FDR	Sample Medicare Advantage Organization	~~www.sampleMAO.com/coverageriteria/MRI~~
Example 3 - A-0054 - Neck, Orbit, and Face MRI	MRI (face and neck)	~~8/31/2024~~	J-5, J-6	~~IA, IL, KS, MN, MO, NE, WI~~	~~Hmo1, Hmo3~~	Sample1 FDR, Sample5 FDR, Sample13 FDR	MCG	~~www.sampleMAO.com/coverageriteria/MRI~~
Example 4 - Medically Complex	Long-Term Acute Care Hospital Admissions (all causes)	~~8/5/2024~~	J-15, J-J	~~Az, Ny, Or~~	~~Hmo5~~	Sample6 FDR, Sample8 FDR	InterQual	~~www.sampleMAO.com/coverageriteria/LTACH~~

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is OMB 0938-New (Expires 00/00/0000). This information collection will allow CMS to ~~conduct a comprehensive review of Operating organizations' workflows with~~ perform oversight of Medicare Part C utilization management (UM) requirements. The time required to complete this information collection is estimated at 1 ~~min~~ hour per response, including the time to gather, compile, and report the data to CMS~~review instructions, search existing data resources, gather the data needed, and complete and review the collection of information~~. This information collection is mandatory per CMS's authority under Section 1857(e) of the Social Security Act and implementing regulations at 42 CFR § 422.503 and § 422.504, which state that CMS must oversee a Medicare Advantage (MA) organization's continued compliance with MA program requirements ~~Part C Management~~. Additionally, per § 422.579(a), MA organizations are required to compile and report to CMS information related to the utilization of services, and other matters as CMS may require. If you have comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Office, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.