

Attention: This Excel spreadsheet is intended for example purposes only. Excel can be used to create tab delimited text files. All UMAS data submissions must be submitted to the Health Plan Management System (HPMS) as tab delimited text files. Any UMAS submission not submitted as tab delimited text files will be **rejected** by the HPMS. The HPMS will not accept the UMAS submissions in Microsoft Excel (*.xlsx) format.

Criteria Name or Identifier	Service Name	Medicare Administrative Contractor (MAC) Jurisdictions	FDR	Organization or Vendor
Example 1 - I2024-1	CT Scans (all types)	All	Sample1 FDR, Sample2 FDR, Sample3 FDR	Sample Medicare Advantage Organization
Example 2 - Chest Imaging	MRI (includes chest, breast, heart, lungs), CT scan (includes chest, breast, heart, lungs)	All	Sample1 FDR, Sample2 FDR, Sample3 FDR	Sample Medicare Advantage Organization
Example 3 - A-0054 - Neck, Orbit, and Face MRI	MRI (face and neck)	J-5, J-6	Sample1 FDR, Sample5 FDR, Sample13 FDR	MCG
Example 4 - Medically Complex	Long-Term Acute Care Hospital Admissions (all causes)	J-15, J-J	Sample6 FDR, Sample8 FDR	InterQual

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 0938-1488 (Expires 09/30/2028). This information collection will allow CMS to perform oversight of Medicare Part C utilization management (UM) requirements. The time required to complete this information collection is estimated at 15 hours per response, including the time to gather, compile, and report the data to CMS. This information collection is mandatory per CMS's authority under Section 1857(d) 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. Additionally, per § 422.516(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(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.