Revisions Crosswalk (Form 276-16) Budget Forecast

Note: In the Changes to Application column, the quoted words are what are to be entered. Example in issue #1 is "Blank"; do not enter the words that explain the change and that are outside of the quotations.

| Issue # | Page # | Section | Action to be performed | Changes to the Application | Reason for the Change |
|------------|-------------|---|------------------------|---|--|
| 1. | Worksheet S | Part 2, Reporting Period | Change date | FROM date should be changed from 1/1/2014 to "Blank" (show an input field). | To allow plans manual entry of the correct reporting period. |
| 2. | Worksheet S | Part 2, Reporting Period | Change date | TO date should be changed from 12/31/2014 to "Blank" (show an input field). | To allow plans manual entry of the correct reporting period. |
| 3. | Worksheet S | Certification by Officer of the plan, Row 48 | Remove language | ", except as noted" from the certification sentence. | This it to update the assertion, it should not include exceptions. |
| 4. | Worksheet S | Row 59 | Change form number | Change form number 276-08 to "276-16". | To reflect the most recent change in the form number/year. |
| 5. | Worksheet S | Disclaimer, Row 63 | Change line to read: | Old: '24 hours to complete the budget forecast, 80 hours to complete the fourth quarter and final cost reports, and 12 hours to complete the first, second, and third quarterly reports; New: "'24 hours to complete the budget forecast, 80 hours to complete the 4th quarter and final cost reports, 4 hours to complete the semi-annual Interim, and 0 hours to complete the first," | To reflect the updated cost report filing requirements. |
| 6. | Worksheet S | Disclaimer, Row 64 | Change line to read: | Old: and (2)for HCPPs, 16 hours to complete the budget forecast, 60 hours to complete the | To reflect the updated cost report filing requirements. |

| Issue # | Page # | Section | Action to be performed | Changes to the Application | Reason for the Change |
|------------|-------------|-----------------------|------------------------|--|---|
| | | | | final cost report, and 8 hours to complete the mid-year report. If you have any comments New: "second, and third quarterly reports; and (2) for HCPPs, 16 hours to complete the budget forecast, 60 hours to complete the final cost report, and 4 hours to complete the semi-annual" | |
| 7. | Worksheet S | Disclaimer, Row 65 | Change line to read: | Old: concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, N2-14-26, Baltimore, Maryland New: "Interim report. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard," | To reflect the updated cost report filing requirements. |
| 8. | Worksheet S | Disclaimer, Row 66 | Change line to read: | Old: 21244-1850 and to the Office of the Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503. New: "Mail Stop C3-14-16, Baltimore, Maryland 21244-1850 and to the Office of the Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503." | To reflect the updated cost report filing requirements. |

| Issue # | Page # | Section | Action to be performed | Changes to the Application | Reason for the Change |
|------------|-----------------------------|--|------------------------|---|---|
| 9. | Entire Worksheet A | Column C (excel column C) | Formatting change | Increase width size of excel Column C from 21 to "33". | Increase column width to make sure that content is fully readable. |
| 10. | Worksheet A, Part I | Part 2, Period From, Row 10 | Change date | Change the input field from old 01/01/2012 to "Blank" (show an input field). | To allow plans to input the dates rather than updating this field each time we update the cost report. |
| 11. | Worksheet A, Part I | Part 2, Period To, Row 11 | Change date | Change the input field from old 12/31/2012 to "blank" (show an input field). | To allow plans to input the dates rather than updating this field each time we update the cost report. |
| 12. | Worksheet A, Part II | Column Titled "Pay% (Ln13*Pt.IV, Col2,Ln4)", Line 14 | Change line to read | "Medicare Primary Rate (Ln13*Pt.IV, Ln4)" | To reflect Medicare Primary Rate |
| 13. | Worksheet A, Part II | Line 12, Column 5 | Changing formula | Change formula to: "=H88-H86". | Due to issue #20, the lines that summed the columns had to be updated. |
| 14. | Worksheet A, Part II | Line 14, Column 6 | Adding a new formula | The blank cell should include the following formula: "=ROUND(I56*I99,4)" | To reflect the Medicare Part A PMPM costs |
| 15. | Worksheet A, Part II | Line 14, Column 6, | Change formatting | Change the cell color from gray to "no color" | This will be a calculated field now, for consistency, we want it to show no color. |
| 16. | Worksheet A, Part II | Line 14, Column 7, | Adding a new formula | The blank cell should include the following formula: "=ROUND(J56*J99,4)" | To reflect the Medicare Part B PMPM costs |
| 17. | Worksheet A, Part II | Column 7 Line 14 | Change formatting | Change the cell color from gray to "no color" | This will be a calculated field now, for consistency, we want it to show no color. |
| 18. | Worksheet A, Part II | Line 14, Column 5 | Formula change | This formula now adds Column 6, Line 14 and Column 7, Line 14 and rounds the total to 4 decimals. | Due to change #14 & #16, this field will just sum the two new formulas. |
| 19. | Worksheet A, Part I & II | Row 60 | Change form number | Change form number "276-08" to "276-16". | To reflect the most recent change in the form number/year. |
| 20. | Worksheet A, Part III | Old Line 10 – "Mental Health Copayment | Remove | Remove this line entirely | This is a CMS change in Mental Health Services Coinsurance Percentage. Note that the Mental Health limitation no longer exists as of 2014, and Medicare will pay |

| Issue # | Page # | Section | Action to be performed | Changes to the Application | Reason for the Change |
|------------|--------------------------|---|------------------------|---|--|
| | | PMPM" | | | outpatient mental health services at the same level as other standard Part B Services. |
| 21. | Worksheet A, Part III | Column Titled "Part B Costs less Deductibles (lines 7 minus sum of Lines 8 thru 10)", New Line 10 | Move line | Old Line 11 – "Part B Costs less Deductibles (lines 7 minus sum of Lines 8 thru 10)" will be moved to Line 10. | Due to issue #20, Line 11 needs to be renumbered and moved to a new Line 10. |
| 22. | Worksheet A, Part III | Old Line 11, New Line 10 | Change numbering to: | "10" This change occurs on the far left and far right side of this line. | Due to issue #20, Line 11 needs to be renumbered and moved to a new Line 10. |
| 23. | Worksheet A, Part III | Old Line 11, New Line 10, Column 3 | Formula change: | The formulas in these cells include an additional line. Formula needs to be updated from: Old: =+J80-SUM(J81:J83)"to New: "=+J80-SUM(J81:J82)". | Due to issue #20, the lines that summed the columns had to be updated. |
| 24. | Worksheet A, Part III | Old Line 11, New Line 10 | Change line to read: | "Part B Costs less Deductibles (lines 7 minus sum of Lines 8 and 9)". | Due to issue #20, reference to line 10 had to be removed. |
| 25. | Worksheet A, Part III | Old Line 12, New Line 11 | Move line | Old Line 12 – "Part B Coinsurance (line 11 times 20%)" will be moved to Line 11. | Due to issue #20, Line 12 needs to be renumbered and moved to a new Line 11. |
| 26. | Worksheet A, Part III | Old Line 12, New Line 11 | Change numbering to: | "11" This change occurs on the far left and far right side of this line. | Due to issue #20, Line 12 needs to be renumbered and moved to a new Line 11. |
| 27. | Worksheet A, Part III | Old Line 12, New Line 11 | Change line to read: | "Part B Coinsurance (Line 10 times 20%)" | Due to issue #20, reference to Line 11 had to be replaced with Line 11. |
| 28. | Worksheet A, Part III | Old Line 13, New Line 12 | Move line | Old Line 13 – "Part B Coinsurance on Carrier Paid Bills PMPM (Attach Worksheet)" will be moved to Line 12. | Due to issue #20, Line 13 needs to be renumbered and moved to a new Line 12. |
| 29. | Worksheet A, Part III | Old Line 13, New Line 12 | Change numbering to: | "12" This change occurs on the far left and far right side of this line. | Due to issue #20, Line 13 needs to be renumbered and moved to a new Line 12. |
| 30. | Worksheet A, | Old Line 13, | Change line to | "Part B Coinsurance on MAC Paid Bills | To reflect the correct 3 rd party payer, CMS |

| Issue # | Page # | Section | Action to be performed | Changes to the Application | Reason for the Change |
|------------|--------------------------|--|------------------------|---|--|
| | Part III | New Line 12 | read: | PMPM (Attach Worksheet)" | now refers to the Carrier and Intermediaries as MACs. Coinsurance is paid by the MACs. |
| 31. | Worksheet A, Part III | Old Line 14 – "Part B Coinsurance on Intermediary Paid Bills PMPM (Attach Worksheet)" | Remove | Remove this line entirely | Intermediaries no longer pay the coinsurance. |
| 32. | Worksheet A, Part III | Old Line 15 - "Total Deductible and Coinsurance (Sum of Lines 3, 8, 9, 10, 12, 13 and 14)" | Move line | Old Line 15 – "Total Deductible and Coinsurance (Sum of Lines 3, 8, 9, 10, 12, 13 and 14)" will be moved to Line 13. | Due to issue #31, Line 15 needs to be renumbered and moved to a new Line 13. |
| 33. | Worksheet A, Part III | Old Line 15, New Line 13 | Change numbering to: | "13" This change occurs on the far left and far right side of this line. | Due to issue #31, Line 15 needs to be renumbered and moved to a new Line 13. |
| 34. | Worksheet A, Part III | Old Line 15, New Line 13, Column 1 | Formula change: | The formulas in these cells include additional lines. Formula needs to be updated from: Old "=+H74+H81+H82+H83+H86+H87+H88" to New "=+H74+H81+H81+H82+H85+H86". | Due to issue #20 & #31, the lines that summed the columns had to be updated. |
| 35. | Worksheet A, Part III | Old Line 15, New Line 13, Column 3 | Formula change: | The formulas in these cells include an additional line. Formula needs to be updated from: | Due to issue #20, the Total Deductible and Coinsurance formula had to be updated. |

| Issue # | Page # | Section | Action to be performed | Changes to the Application | Reason for the Change |
|------------|--------------------------------------|--|------------------------|---|---|
| | | | | Old: =+J81+J82+J83+J86+J87+J88 New: "=+J81+J82+J85+J86" | |
| 36. | Worksheet A, Part III | Old Line 15, New Line 13 | Change line to read: | "Total Deductible and Coinsurance (Sum of Lines 3, 8, 9, 11 and 12)" | Due to issue #20 & #31, the lines that summed the columns had to be updated; therefore, reference to deleted cells had to be updated. |
| 37. | Worksheet A, Part V | Old Row 105, New Row 103 | Change line to read: | "PART V - ANNUAL PROJECTIONS" | To reflect a revised purpose of this reporting section. The budget report is now utilized to calculate the annual projection instead of CMS requesting plans to report on semi-annual projections. The Row moved up automatically due to issue #20 and #31. |
| 38. | Worksheet A, Part V | Header, Columns J, Old Row 104 New Row 102 | Change line to read: | "Projection" | Due to change in #31, we need to change the header for consistency. |
| 39. | Worksheet A, Part V | Line 1 | Change line to read: | "Total Medicare Cost Per Capita Rate (Part II, Col 5, Line 13" | To reflect the correct Line reference. |
| 40. | Worksheet A, Part V | Line 2 | Change line to read: | "Total Costs Per Member Per Month (Part II, Col 2, Line 11" | To reflect the correct Line reference. |
| 41. | Worksheet A, Part V | Line 3 | Remove | Remove this line entirely | This line is no longer applicable. |
| 42. | Worksheet A, Parts III, IV & V | Old Row 115, New Row 110 | Change form number | Change form number "276-08" to "276-16". | To reflect the most recent change in the form number/year. |
| 43. | Worksheet B | Line 1 | Change line to read: | Total deductible and coinsurance (Worksheet A, Part III, Col 1, "Line 13"). | To reflect the correct Line reference. |
| 44. | Worksheet B | Line 2 | Adding a word | Add "Involuntary" to the beginning of line #2. | To specify the type of under or over collection. |
| 45. | Worksheet B | Line 3 | Change line to read: | Medicare Member Months for the period (Worksheet L, Column "2", Line 10). | To change, for consistency, the Column description from Roman Numeral to |

| Issue # | Page # | Section | Action to be performed | Changes to the Application | Reason for the Change |
|------------|-------------|---------|------------------------|-------------------------------------|--|
| | | | | | Arabic Numeral, |
| 46. | Worksheet B | Line 22 | Change form | Change form number from "276-08" to | To reflect the most recent change in the |
| | | | number | "276-16". | form number/year. |