version 6.0

This report is required by law (42 USC 1395mm and 42 USC 1995l).
Failure to report can result in all interim payments made since
the beginning of the cost reporting period being deemed overpayments.

FORM APPROVED
OMB NO. 0938-0165

PREPAID HEALTH PLAN COST REPORT
GENERAL INFORMATION

WORKSHEET S

1 Name and Address of Plan:

2 Reporting Period:
From:
To:

Plan Number:

3 a. Type of Report:
[X] Budget Forecast
[ ] Interim Reports
[ ] Final Cost Report

b. Bill Processing Option:
Select Option

c. Reimbursement Under:
Select Section

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW

CERTIFICATION BY OFFICER OF THE PLAN

I HEREBY CERTIFY that I have examined the accompanying Statement of Reimbursable Cost, the allocation of expenses and services, and the attached Worksheets for the period from 01/00/1900 to 01/00/1900 and that to the best of my knowledge and belief they are true and correct statements prepared from the books and records of the Plan in accordance with applicable instructions.

SIGNATURE (Officer or Administrator of the Plan)

DATE

TITLE

PHONE NUMBER

FORM CMS 276-25 (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB. 15-II, SECTION 2302)

Form Expiration Date:

BUDGET FORECAST

WORKSHEET A
PARTS I & II

Name of Plan: 0
Plan Number: 0

Budget Period From: 01/00/1900
To: 01/00/1900

	PART I - PRIOR YEAR COST & STATISTICAL DATA Period From: To:	TRIAL BALANCE PER BOOKS	PMPM COSTS	TOTAL MEDICARE PMPM COSTS	MEDICARE PART A PMPM COSTS	MEDICARE PART B PMPM COSTS	MEDICARE RATIO (COL 3 / COL 2)	MEDICARE PART A RATIO (COL 4 / COL 3)
		1	2	3	4	5	6	7
0	Total Member Months		-					
1	Hospital Costs.....	0	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
2	Skilled Nursing Facilities.....	0	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
3	Home Health Agencies.....	0	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
4	Other Providers.....	0	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
5	Non-Providers.....	0	0.0000	0.0000		0.0000	0.0000	
6	Plan Administration…….	0	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
7	Special Admin. Costs:.....							
7a	Accretion/Deletion……	0	0.0000	0.0000		0.0000	0.0000	
7b	Cost Report Certification…..	0	0.0000	0.0000		0.0000	0.0000	
7c	Other:	0	0.0000	0.0000		0.0000	0.0000	
8	Part B Cost Not Subj to Coins	0	0.0000	0.0000		0.0000	0.0000	
9	Administrative and General….	0	0.0000					
10	Total Costs (Sums Ln 1-9)....	0	0.0000	0.0000	0.0000	0.0000		

	PART II - BUDGET YEAR COST & STATISTICAL DATA	TOTAL PROJECTED COSTS	PROJECTED PMPM COSTS (COL 1 / COL 2, LN 0)	MEDICARE PROJECTED PMPM COSTS (COL 2 * COL 6, Pt. I)	PMPM ADJUSTMENT (FROM ATTACHED WORKSHEET)	ADJUSTED MEDICARE PMPM COSTS (COL3+ COL4)	MEDICARE PART A PMPM COSTS (COL 5 * COL 7, PT. I)	MEDICARE PART B PMPM COSTS (COL 5 - COL 6)
		1	2	3	4	5	6	7
0	Total Member Months.....		-					
1	Hospital Costs.....	0	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
2	Skilled Nursing Facilities.....	0	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
3	Home Health Agencies.....	0	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
4	Other Providers.....	0	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
5	Non-Providers.....	0	0.0000	0.0000	0.0000	0.0000		0.0000
6	Plan Administration.....	0	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
7	Special Admin. Costs:.....							0.0000
7a	Accretion/Deletion……	0	0.0000	0.0000	0.0000	0.0000		0.0000
7b	Cost Report Certification…..	0	0.0000	0.0000	0.0000	0.0000		0.0000
7c	Other:	0	0.0000	0.0000	0.0000	0.0000		0.0000
8	Part B Cost Not Subj to Coins	0	0.0000	0.0000	0.0000	0.0000		0.0000
9	3rd Party Insurer Revenue....				0.0000	0.0000	0.0000	0.0000
10	Administrative and General	0	0.0000					
11	Total Costs (Sum Lns 1-10)....	0	0.0000	0.0000	0.0000	0.0000	0.0000	0.0000
12	Est. Deductible & Coinsurance					0.0000	0.0000	0.0000
13	Medicare Costs (Ln 11 - 12)					0.0000	0.0000	0.0000
14	Medicare Primary Rate (Ln13*Pt.IV,Ln4)					0.0000	0.0000	0.0000

FORM CMS 276-25
(INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB 15-II, SECTION 2303.1-2303.2)

BUDGET FORECAST

WORKSHEET A
PARTS III, IV & V

Name of Plan: 0
Plan Number: 0

Budget Period From: 01/00/00
To: 01/00/00

	PART III - DEDUCTIBLE AND COINSURANCE	TOTAL	MEDICARE PART A	MEDICARE PART B
		1	2	3
1	Total Estimated Part A deductible and coinsurance (Attach Worksheet)		-	
2	Part A Member Months (Part IV, Col 1, Line 3)		-	
3	Line 1 divided by Line 2	0.0000	0.0000	
4	Total Part B Costs (Part II, Col 7, Line 11)	0.0000		0.0000
5	Less Special Administrative Costs (Part II, Col 7, Line 7)	0.0000		0.0000
6	Part B Costs not Subject to Coinsurance (Part II, Col 7, Line 8)	0.0000		0.0000
7	Net Part B Costs (Line 4 minus Lines 5 and 6)	0.0000		0.0000
8	Part B Standard Deductible	0.0000		0.0000
9	Part B Blood Deductible PMPM (Attach Worksheet)	0.0000		0.0000
10	Part B Costs less Deductibles (Line 7 minus sum of Lines 8 and 9)	0.0000		0.0000
11	Part B Coinsurance (Line 10 times 20%)	0.0000		0.0000
12	Part B Coinsurance on MAC Paid Bills PMPM (Attach Worksheet)	0.0000		0.0000
13	Total Deductible and Coinsurance (Sum of Lines 3, 8, 9, 11 and 12)	0.0000	0.0000	0.0000

	PART IV - MEMBERSHIP	MEDICARE PART A	MEDICARE PART B
		1	2
1	Total Medicare Member Months	-	-
2	Medicare Secondary Liable (Employer Groups) Member Months	-	-
3	Medicare Primary Member Months (Line 1 less Line 2)	-	-
4	Ratio (Line 3 / Line 1)	0.0000	0.0000

	PART V - ANNUAL PROJECTIONS	PMPM	Projection Ratio
		1	2
1	Total Medicare Cost Per Capita Rate (Part II, Col 5, Line 13)	0.0000	
2	Total Costs Per Member Per Month (Part II, Col 2, Line 11)	0.0000	0.0000

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(INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB 15-II, SECTION 2303.1-2303.2)

BUDGET FORECAST WORKSHEET B

Name of Plan: 0 Budget Period From: 01/00/1900
Plan Number: 0 To: 01/00/1900

	DETERMINATION OF BUDGETED VOLUNTARY UNDER COLLECTION OF PREMIUMS FOR THE BUDGET PERIOD PREMIUM DETERMINATIONS ARE COVERED BY THIS PART Period From: 01/00/1900 To: 01/00/1900	TOTALS	AMOUNT PER MEMBER MONTH	
		1	2	
1	Total deductible and coinsurance (Worksheet A, Part III, Col 1, Line 13).....		0.0000	1
2	(Over)/Involuntary Under collection for the period (Worksheet N, Col 3, Line 11/12b, respectively).....			2
3	Medicare Member Months for the period (Worksheet L, Column 2, Line 1).....			3
4	Ratio of (Wkst B, Col 1, Line 3) to (Worksheet A, Part IV, Col 2, Line 1).....	0.0000		4
5	Adjusted (Over)/Under Collection for the period (Line 2 times Line 4).....		0.0000	5
6	Total allowed to be collected during the budget period (Line 1 plus Line 5).....		0.0000	6
7	Total amounts to be charged in budget year, including Medicare enrollee copayments (Attach Worksheet).....			7
8	Budgeted Voluntary under collection for the budget period (Line 6 minus Line 7)		0.0000	8

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INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB 15-II, SECTION 2304.1 - 2304.2

SUPPORTING WORKSHEET FOR
WORKSHEET A, PART II
CURRENT YEAR PMPM ADJUSTMENTS

Wkst A Line Ref.	DESCRIPTION					PMPM Adj to Wkst A, Part II