County of _____

SFY 4/1/__ to 3/31/__

Administrative Expenses for Medicaid Managed Care Programs

Program Title:_____

	Gross	Federal	State	Local
Managed Care Plan Development	$_____	$_____	$_____	$_____
Provider Recruitment	$_____	$_____	$_____	$_____
Contract Negotiation	$_____	$_____	$_____	$_____
Marketing	$_____	$_____	$_____	$_____
Provider Liaison	$_____	$_____	$_____	$_____
Recipient Enrollment	$_____	$_____	$_____	$_____
Recipient Disenrollment	$_____	$_____	$_____	$_____
Grievance Monitoring/Resolution	$_____	$_____	$_____	$_____
Enrollee Liaison	$_____	$_____	$_____	$_____
Quality Assurance	$_____	$_____	$_____	$_____
Other *_____	$_____	$_____	$_____	$_____
Other *_____	$_____	$_____	$_____	$_____
Other *_____	$_____	$_____	$_____	$_____
Other *_____	$_____	$_____	$_____	$_____
Other *_____	$_____	$_____	$_____	$_____
TOTAL	$_____	$_____	$_____	$_____

Preparer _____
Title _____
Date _____
Phone # _____

Please remit to:

Richard Radzyminski, Director
Local Financial Operations
40 N. Pearl Street - 8A
Albany, NY 12243

* Please specify