

Plan Name: _____
 Region: _____

SCHEDULE H
ADMINISTRATIVE BUDGET

RATE PERIOD:

	(A)	(B)	(C)	(D)	
ADMINISTRATIVE CATEGORY	FTE's	COMPENSATION	NON COMPENSATION	TOTAL EXPENSE	PMPM EXPENSE
Executive Management					
Medical Review (Including Medical Director)					
Finance					
Marketing					
Legal					
MIS					
Claims Administration					
Other Administrative					
Interest					
Occupancy, Depreciation & Amoritzation					
Management Contract Expense					
Other Contracted Services (Identify)					
*Misc. Other					
Total Administrative Expenses					

Note: The Sum in col. B (Compensation) should equal the total reported on Schedule I line 28 and the sum reported in col.D (Total Expense) should equal the total reported on Schedule I, line 33.

* Please provide detail on administrative expenses included in this category: _____

