

**New York State Department of Health  
Bureau of Managed Care Financing**

**INITIAL**

**OPERATING PLAN & PREMIUM PROPOSAL  
FOR FULL CAPITATION  
MEDICAID MANAGED CARE PLANS**

**Name of Managed Care Organization:**

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**Medicaid Managed Care Rating (MMCR) Region:**

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Please send 3 hard copies and a diskette of the completed operating plan/premium proposal to:

New York State Department of Health  
Bureau of Managed Care Financing  
Office of Managed Care  
The Nelson A. Rockefeller Empire State Plaza  
Corning Tower Building - Room 1970  
Albany, New York 12237-0094

Any questions or inquiries regarding this document should be directed  
to the Bureau of Managed Care Financing at  
(518) 474 - 5050.