

## **20 - Interim Cost and Enrollment Reports**

**(Rev. 4, 10-01-01)**

In addition to the annual budget and enrollment forecast, the cost-based HMO/CMP is required to submit interim reports and enrollment data on a cumulative quarterly basis. CMS, in accordance with [42 CFR 417.572\(c\)\(2\)](#), may reduce the frequency of the interim reporting requirements if it is determined that the HMO/CMP has an adequate ongoing accounting and enrollment data system that furnishes the records needed to verify the interim per capita rate. Generally, CMS would require, at a minimum, 1 year of operating experience under a Medicare contract before waiving any quarterly interim cost reporting requirements. The interim cost and enrollment reports, unless waived, must be submitted to CMS within 60 days of the end of each HMO/CMP fiscal quarter. The reports may be used to adjust the interim rate. If the reports are not submitted timely, CMS may adjust the interim rate based on the best available information. An adjustment to the interim rate will remain in effect until such time as the required reports are submitted. If there is not enough data available, interim payments will not be made.

The last interim cost and enrollment report submitted for a specific contract period will be the basis for an interim settlement with the HMO/CMP. (See [section 20.1.2.](#))

