

2015 (new version)	2016 (newest version)	Type of Change	Reason for Change	Burden Change
Introduction - Describes why we are releasing the guidance and overall goals of the guide	Introduction - Adds reference to regulatory requirement for capitation rates to be actuarially sound, to be certified by an actuary that meets standards set forth in 42 CFR §438.6, appropriate for the covered population and services for the period that the rates are effective, and have been developed in accordance with generally accepted actuarial practices and principles.	Rev	Providing further clarification	No
Section I - Describes the expectations of all Medicaid managed care actuarial certifications	Section I - Clarifies rate certification and supporting documentation to be submitted with attestation, including the actuarial report, other reports, letters, memorandums, and communications, and other workbooks or data.	Rev	Providing further clarification for data requirements.	May slightly increase data reporting burden for states.
	Section I - Added references to Actuarial Standards of Practices for which actuaries developing rates must follow.	Rev	Providing further clarification	May slightly increase data reporting burden for states.
	Section I.1: General Information - Provided more detailed description around documentation expectations of states to provide throughout the certification process.	Del	Providing further clarification for data requirements.	May slightly increase data reporting burden for states.
	Section I.4: Pass Through Payments - Provides descriptions of pass-through payments, certification requirements, and supplemental payment requirements.	Add	Providing further clarification	May slightly increase data reporting burden for states.

Type of Change: Rev = Revision, Del = Deletion, Add = Addition, and Red = Redesignation.

	Section II: Managed Care Rate with Long Term Services and Supports (MLTSS) - Provides additional considerations for states with MLTSS programs or programs that include MLTSS benefits	Add	Providing further clarification	May slightly increase data reporting burden for states.
Section II - Describes expectations around actuarial certification related to the Medicaid Expansion population	Section III: Provides further clarification to what was described in Section II of the 2015 guide about expectations of the expansion group considering this would be the third year of expansion for some states.	Rev	Providing further clarification	No

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