2017 (old version)	2020 (new version)	Type of Change	Reason for Change	Burden Change
	Added State Directed Payment Identifier	Add	Added as part of process to better track state directed payment arrangements over time. CMS will assign the identifier and ask states to use it in all submissions and related actions (contracts and rates)	Yes - minor addition of burden to this process. However, the addition here is intended to save time and effort during subsequent contract and
Intro Section - "Section 438.6(c) provides States with the flexibility to implement delivery system and provider payment initiatives under MCO, PIHP, or PAHP Medicaid managed care contracts. Section 438.6(c)(1) describes types of payment arrangements that States may use to	Intro Section - "Section 438.6(c) provides States with the flexibility to implement delivery system and provider payment initiatives under MCO, PIHP, or PAHP Medicaid managed care contracts. Section 438.6(c)(1) describes types of payment arrangements that States may use to	Rev	Shortened for ease.	No
Question 1, "for example, July 1, 2017 through June 30, 2018)"	Question 1, "for example, July 1, 2020 through June 30, 2021)"	Rev	Updated to reflect passage of time	No
Question 3: Identify the State's expected duration for this payment arrangement (for example, 1 year, 3 years, or 5 years):	Eliminated	Del	Question proved confusing and provided information that was not useful.	Yes - reduction
	New Question 3 added, "Identify the managed care program(s) for which this payment arrangement will apply:"	Add	Question added to identify the programs affected by the state directed payment. This will facilitate subsequent contract and rate reviews.	Yes - minor addition of burden to this process. However, the addition here is intended to save time and effort during subsequent contract and
	New Question 4 added, "Is this the first year the state is seeking approval under 438.6(c) for this state directed payment arrangement?" with sub questions, "If not the first year, please indicate the periods	Add	Added as part of process to better track state directed payment arrangements over time. CMS will assign the identifier and ask states to use it in all submissions and related actions (contracts and rates)	Yes - additional information being requested to improve tracking over time. However, the addition here is intended to save

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Question 15, "In accordance with §438.6(c)(2)(i)(F), the payment arrangement is not renewed automatically."	Question 5, "Please use the checkbox to provide an assurance that, in accordance with §438.6(c)(2)(i)(F), the payment arrangement is not renewed automatically."	Rev	This questions was slightly revised for clarity. It was also moved up in the form to improve flow.	No
In accordance with §438.6(c)(2)(i)(A),describe in detail how the payment arrangement is based on the utilization and delivery of services for enrollees covered under the contract (the State may also provide an attachment."	Question 6, "In accordance with §438.6(c)(2)(i)(A), describe in detail how the payment arrangement is based on the utilization and delivery of services for enrollees covered under the contract (the State may also provide an attachment). The state should specifically	Rev	Question was revised to ensure this information is captured in the preprint form (as opposed to an attachment.) Additionally, the revisions to the question are intended to clarify the information CMS is seeking.	No
	New Question 6a, "In cases where the state directed payment is tied to utilization of services under the contract, denote the Medicaid authority for the applicable services (e.g., State Plan, 1115 waiver). Please also submit the authority document."	Add	Question added to collect additional information. It is also intended to clarify for states that the state directed payment is not providing authority to cover services (the state must obtain this authority separately.)	Yes - minor. Addition is to ensure the state has all proper authorities in place for the state directed payment arrangement.
	New Question 7, "Please select the general type of state directed payment arrangement the state is seeking prior approval to implement. (Check all that apply and address the underlying questions for each category selected.)"	Add	Question was added to improve information collection and provide clearer directions for states on which questions need to be completed depending on the type of payment arrangement. Language for Value-Based Payments/ Delivery System Reform was largely lifted from the original	Yes - minor. The state will be asked to response by checking a box, but this change is intended to facilitate clearer instructions on
Question 4, "In accordance with §438.6(c)(1)(i) and (ii), the State is requiring the MCO, PIHP, or PAHP to implement value-based purchasing models for provider reimbursement, such as alternative payment models (APMs), pay for performance arrangements, bundled payments,	Question 8, "Please check the type of VBP/DSR state directed payment the state is seeking prior to approval for. Check all that apply; if none are checked, proceed to Section III. - Quality Payment/ Pay for Performance (Category 2 APM, or similar)	Rev	Question was revised in light of the new Question 7. Otherwise, this question is nearly identical to the old Question 4. List of VBP/DSR types is the same.	No
Question 5, "9. Provide a brief summary or description of the required payment arrangement selected above and describe how the payment arrangement intends to recognize value or outcomes over volume of services (the State may also provide an attachment). If “other” was	Question 9, "9. Provide a brief summary or description of the required payment arrangement selected above and describe how the payment arrangement intends to recognize value or outcomes over volume of services. If “other” was checked above, identify the payment model. The	Rev	Question was revised to ensure this information is captured in the preprint form (as opposed to an attachment.) Additionally, the revisions to the question are intended to clarify the information CMS is seeking.	No
Question 10, "In the table below, identify the measure(s) the State will tie to provider performance under this payment arrangement (provider performance measures). To the extent practicable, CMS encourages States to utilize existing validated performance measures to	Question 10, "In Table 1 below, identify the measure(s), baseline statistics, and targets that the State will tie to provider performance under this payment arrangement (provider performance measures). Please complete all boxes in the row. To the extent practicable, CMS encourages	Rev	Question was revised to ensure this information is captured in the preprint form (as opposed to an attachment.) Additionally, the revisions to the question are intended to clarify the information CMS is seeking and emphasize CMS' preference for using Core Set measures.	Yes - minor addition of burden to this process. However, this is generally collected during preprint review now as part of questions
Question 17b, "Describe the methodology used by the State to set performance targets for each of the provider performance measures identified in Question 17(a)."		Del	Question did not yield necessary information.	Yes - reduction

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	New Question 11, "For the measures listed in Table 1 above, please provide the following information: a. If multiple provider performance measures are involved in the payment arrangement, discuss if the provider must meet the	Add	Question was revised to ensure this information is captured in the preprint form (as opposed to an attachment.) Additionally, the revisions to the question are intended to clarify the information CMS is seeking.	Yes - minor addition of burden to this process. However, the addition here is intended to save time and effort during both the preprint review
	New Question 12, "Is the state seeking a multi-year approval of the state-directed payment arrangement? a. If this payment arrangement is designed to be a multi-year effort, denote the State's managed	Add	This question was added in light of regulatory changes. CMS is finalizing regulations that would allow for multi-year approvals for VBP/DSR arrangements only.	Yes - reduction; states will be able to clearly request approval for multiple years for select payment arrangements instead of annually.
Question 16, "In accordance with §438.6(c)(2)(ii)(A), describe how the payment arrangement makes participation in the value-based purchasing initiative, delivery system reform, or performance improvement initiative available, using the same terms of performance, to the	13. Use the checkboxes below to make the following assurances: a. In accordance with §438.6(c)(2)(ii)(A), the state-directed payment arrangement makes participation in the value-based purchasing initiative, delivery system reform, or performance	Rev	This question was revised to collect all the assurances previously asked for in 1 place that are specific to VBP arrangements. The assurances in b-d are the same as before; nothing was edited. The first assurance was created based on Question 16 of the original preprint; it	No
Question 6, "In accordance with §438.6(c)(1)(iii), the State is requiring the MCO, PIHP, or PAHP to adopt a minimum or maximum fee schedule for network providers that provide a particular service under the contract; or the State is requiring the MCO, PIHP, or PAHP to provide a	Question 14, "Please check the type of state-directed payment the state is seeking prior approval for. Please note, per the 2020 Medicaid and CHIP final rule, states no longer need to submit a preprint for prior approval for minimum fee schedule directed payments that utilize a	Rev	Question was revised in light of the new Question 7 and regulatory changes the agency is finalizing (e.g. no longer requiring prior approval of minimum fee schedules that utilize a state plan approved fee schedule).	No
Question 7, "Use the checkboxes below to identify whether the State is proposing to use §438.6(c)(1)(iii) to establish any of the following fee schedules: - The State is proposing to use an approved State plan fee schedule	Question 15, "If the state is seeking prior approval of a fee schedule (options a-c in Question 13), please check the basis for the fee schedule selected above. a. The State is proposing to use a fee schedule based on a state-plan approved rates as defined	Rev	Questions 7 and 8 from the original preprint were revised. The new Question 15 focuses only on state directed payments that are fee schedules (Min, Max or other) while a separate question (Question 16) focuses on uniform increases.	No
	Question 16, "If the State is seeking prior approval for a uniform dollar or percentage increase (option d in Question 14), please address the following questions: a. Please provide a brief summary or description of the required increase, including if it is a	Add	This question was added to focus specifically on state directed payments that are uniform increases. In the old form, states were confused about what information to include where for uniform increases.	No
Question 9, "If using a maximum fee schedule, use the checkbox below to make the following assurance: In accordance with §438.6(c)(1)(iii)(C), the State has determined that the MCO, PIHP, or PAHP has retained the ability to reasonably manage	Question 17, "If using a maximum fee schedule (option b in Question 14), please answer the following additional questions: a. Please use the checkbox to provide the following assurance: In accordance with §438.6(c)(1)(iii)(C), the State has determined	Rev	Additional information is being requested about the exemption process the state uses to ensure that the maximum fee schedule does not prevent the plan from meeting its requirements to ensure access to care. This information currently is asked for as part of the review process for max fee	No
Question 11, "In accordance with §438.6(c)(2)(i)(B), identify the class or classes of providers that will participate in this payment arrangement."	Question 18, "In accordance with §438.6(c)(2)(i)(B), identify the class or classes of providers that will participate in this payment arrangement. a. Please indicate which general class of providers would be affected by the state-directed payment (check all that apply):	Rev	This question was revised to collect more consistent information across preprints about the types of provider classes involved in state directed payments. If the class is based on something defined in the state plan, states are also asked to submit the appropriate documentation.	Yes - minor addition of burden to submit the state plan pages if the provider class is defined in the state plan. This will assist in ensuring CMS

Question 12, "In accordance with §438.6(c)(2)(i)(B), describe how the payment arrangement directs expenditures equally, using the same terms of performance, for the class or classes of providers (identified above) providing the service under the contract (the State may also provide	Question 19, "In accordance with §438.6(c)(2)(i)(B), describe how the payment arrangement directs expenditures equally, using the same terms of performance, for the class or classes of providers (identified above) providing the service under the contract."	Rev	Question was revised to ensure this information is captured in the preprint form (as opposed to an attachment.)	No
	Question 20, "For the services impacted by the state directed payment, how will the state directed payment interact with the negotiated rate(s) between the plan and the provider? Will the state directed payment: - Replace the negotiated rate(s) between the	Add	Questions were added to obtain information from states asked during review more formally in the preprint form itself. The question also help to clarify the information CMS needs for these reviews.	Yes - additional information being requested as part of the preprint form instead of through follow-up questions and
	Question 24, "Has the actuarial certification for the rating period for which this state directed payment applies been submitted to CMS? a. What is the control name(s) of the rate review(s) provided by CMS?"	Add	Questions are being added to more consistently capture information necessary for related rate and contract reviews. Question 25a also provides states with guidance on what documentation is needed in subsequent rate certification reviews.	Yes - additional burden added. However, states are asked many of these questions under the current review process. Additionally, capturing
Question 15, "In accordance with §438.6(c)(2)(i), the State assures that all expenditures for this payment arrangement under this section are developed in accordance with §438.4, the standards specified in §438.5, and generally accepted actuarial principles and practices."	Question 29, "Please use the checkbox to provide the following assurance: In accordance with §438.6(c)(2)(i), the State assures that all expenditures for this payment arrangement under this section are developed in accordance with §438.4, the standards specified in §438.5,	Rev	Question revised to provide additional clarity.	No
	Question 30, "Describe the non-federal share of the payment arrangement, including the source for the non-federal share (e.g., state legislative appropriations to the Medicaid agency, intergovernmental transfers (from a state or local government entity), provider taxes)."	Add	Questions were added to obtain information from states asked during review more formally in the preprint form itself.	Yes - additional burden added. However, states are asked these questions under the current review process.
Question 15, "In accordance with §438.6(c)(2)(i)(E), the payment arrangement does not condition network provider participation on the network provider entering into or adhering to intergovernmental transfer agreements."	Question 32, "Please use the checkbox to provide an assurance that in accordance with §438.6(c)(2)(i)(E), the payment arrangement does not condition network provider participation on the network provider entering into or adhering to intergovernmental transfer agreements."	Rev	Question was revised from original preprint to capture the same assurance in the section of the new preprint related to the source of non-federal share. The assurance language has not changed.	No
Question 13, "Use the checkbox below to make the following assurance (and complete the following additional questions): - In accordance with §438.6(c)(2)(i)(C), the State expects this payment arrangement to advance at least one of the goals and objectives in the	Question 33, "Use the checkbox below to make the following assurance, “In accordance with §438.6(c)(2)(i)(C), the State expects this payment arrangement to advance at least one of the goals and objectives in the quality strategy required per §438.340.”"	Rev	Questions were revised mostly to break out into separate questions (rather than sub questions.) Additional information on regulatory requirements that have now taken effect since the original preprint was published are noted in Questions 34 and 35 of the revised preprint. Question 36 more	No
Question 14, "Use the checkbox below to make the following assurance (and complete the following additional questions): In accordance with §438.6(c)(2)(i)(D), the State has an evaluation plan which measures the degree to which the payment arrangement	Question 38, "Please complete the following questions regarding having an evaluation plan to measure the degree to which the payment arrangement advances at least one of the goals and objectives of the State’s quality strategy. To the extent practicable, CMS encourages States	Rev	Question was revised to clarify that the evaluation needs to be specific to the payment arrangement and to more clearly capture information CMS asks for during review in line with guidance published in November 2017 - specifically, the measure name, baseline year, the baseline statistic, and the	Yes - additional burden being added as state will be asked to provide this information up front in the preprint form. However, states are

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PRA Disclosure Statement: "According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-	PRA Disclosure Statement This form is used by states to obtain approval of state directed payments (payment arrangements that states contractually require their plans to implement for covered services under the contract) as required under 42 CFR 438.6(c). The use of this form is	Rev	PRA disclosure statement was updated to include purpose of the PRA package. Time to complete the form was also updated to reflect revisions. Per guidance, the PRA disclosure statement is only included on the first page (previously was on every page.)	No

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