

2016 (old version)	2019 (new version)	Type of Change	Reason for Change	Burden Change
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Type of Change: Rev = Revision, Del = Deletion, Add = Addition, and Red = Redesignation.

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 0938-1027 (Expires: TBD). The time required to complete this information collection is estimated to average 20 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

PRA Disclosure Statement *The purpose of the PRA package is to provide a mechanism for states who voluntarily elect to provide medical assistance under Section 1934(a)(1) with respect to PACE program services to PACE program eligible individuals who are eligible for medical assistance under the State plan and who are enrolled in a PACE program under a PACE program agreement. 42 CFR 460.2 implements sections 1895, 1905(a), and 1934 of the Act, which authorizes the establishment of PACE as a State option under Medicaid to provide for Medicaid payment to, and coverage of benefits under, PACE. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 0938-1027 (Expires: TBD). The time required to complete this information collection is estimated to average 20 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.*

Rev Updated to conform to OMB guidance.

No

<p>II. A. The state assures HCFA that the capitated rates will be equal to or less than the cost to the agency of providing those same fee-for-service State plan approved services on a fee-for-service basis, to an equivalent non-enrolled population group based upon the following methodology. Please attach a description of the negotiated rate setting methodology and how the State will ensure that the rates are less than the cost in fee-for-service.</p>	<p>II. A. The state assures CMS that the capitated rates will be less than the cost to the agency of providing State plan approved services to an equivalent non-enrolled population group based upon the following methodology. Please attach a description of the negotiated rate setting methodology and how the State will ensure that the rates are less than the amount the state would otherwise have paid for a comparable population.</p>	<p>Rev</p>	<p>Changes HCFA to CMS. Updates language to reflect current terminology of "amount that would otherwise have been paid." Changes "equal to or less than" to "less than" to be consistent with the regulation. Removes references to fee-for-service since many states have moved to managed care.</p>	<p>No</p>
<p>II. A. 1. Rates are set at a percent of fee-for-service costs.</p>	<p>Rates are set at a percent of the amount that would otherwise have been paid for a comparable population.</p>	<p>Rev</p>	<p>Removes reference to fee-for service since many states have moved to managed care.</p>	<p>No</p>
<p>II. B. The State Medicaid Agency assures that the rates were set in a reasonable and predictable manner. Please list the name, organizational affiliation of any actuary used, and attestation/description for the initial capitation rates.</p>	<p>II. B. The State Medicaid Agency assures that the rates were set in a reasonable and predictable manner.</p>	<p>Rev</p>	<p>Removes the requirement to list the actuary and rates description, instead asking only for an assurance. This will reduce the need to update the SPA in the event the state changes actuarial firms.</p>	<p>No</p>
<p>II. C. The State will submit all capitated rates to the HCFA Regional Office for prior approval.</p>	<p>II. C. The State will submit all capitated rates to the CMS Regional Office for prior approval, and will include the name, organizational affiliate of any actuary used, and attestation/description of the capitation rates.</p>	<p>Rev</p>	<p>Changes HCFA to CMS. Specifies that the language regarding actuary and rate description will be included with the rate submissions to CMS as is current practice, rather than in the SPA itself.</p>	<p>No</p>
		<p>Alignment</p>	<p>Section III has no substantive changes, but has been left aligned rather than center aligned to match the rest of the preprint's alignment.</p>	<p>No</p>

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Enclosure 7 - (please see redlined version with track changes attached with package.)		Rev	Number 1, Eligibility, in the old version has been deleted to avoid duplicity, as it is now housed in S66 within MacPro, separate from the PACE SPA pre-print itself. The previous language for the rest of Enclosure 7 was not clear or specific enough, therefore language was added/amended to provide additional information. Edits were made for technical accuracy and to provide clarification. Appropriate regulatory citations and language from ACA used across Medicaid SPAs were added.	No
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