This tab describes the differences between the template published on Medicaid.gov on July

Worksheet	*Cell Reference in "2025_09_19_Template_with_Tracked_Changes.xlsx"*
All worksheets	
	After all the following changes were implemented, additional formatting changes were made for 508 conformance. The file "2025_09_19_Template_Clean_Unlocked_508_Conformant.xlsx" reflects all the changes listed in this workbook as well as the changes for 508 conformance.
PRA Disclosure Statement	A1
Overview	B3
Overview	B6

Overview	C9
Overview	D11
Overview	D12
Overview	D13
Overview	D14

Instructions B3

Instructions B4

Instructions C7
Instructions C9

Instructions C10

Instructions C11
Instructions C12

Instructions C14

Instructions C16

Instructions	C18
Instructions	C19
Instructions	E21
Instructions	F21
Instructions	F24
Instructions	C25
Instructions	E25
Instructions	F25
Instructions	C26
Instructions	E26
Instructions	F26
Instructions	F27
Instructions	C31
Instructions	E33
Instructions	F33
Instructions	F37

Instructions	F38
Instructions	F39
Instructions	C42
Instructions	B43
Instructions	B44
Instructions	C47

Instructions	C49
Instructions	E51
Instructions	F51
Instructions	F52
Instructions	C53
Instructions	C54
Instructions	C55
Instructions	C56
Instructions	C57
Instructions	C58
Instructions	C59
Instructions	C60
Instructions	C61
Instructions	C62
Instructions	C63
Instructions	E53
Instructions	E54
Instructions	E55
Instructions	E56
Instructions	E57
Instructions	E58
Instructions	E59

Instructions	E60
Instructions	E61
Instructions	E62
Instructions	E63
Instructions	F53
Instructions	F54
Instructions	F55
Instructions	F56
Instructions	F57
Instructions	F58
Instructions	F59
Instructions	F60
Instructions	F61
Instructions	F62
Instructions	F63

Instructions	C69
Instructions	E71
Instructions	F71
Instructions	F74
Instructions	F75
Instructions	F76
Instructions	F77
Instructions	F78
Instructions	F79
Instructions	F80
Instructions	F81
Instructions	F82
Instructions	F84
Instructions	C85

Instructions	C90
Instructions	C93
Instructions	C96
Instructions	E98
Instructions	F98
Instructions	F110
Instructions	F111
Instructions	F112
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Instructions	F114
Instructions	F115
Instructions	F116

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Instructions	F135
Instructions	F136
Instructions	F137
Instructions	F138
Instructions	F139
Instructions	C131
Instructions	C135

Instructions	F176
Instructions	F177
Instructions	F178
Instructions	F179
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Instructions	F182
Instructions	F183
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Instructions	F188
Instructions	F189
Instructions	F190
Instructions	F191
Instructions	F192
Instructions	F193
Instructions	F194
Instructions	F196
Instructions	C176
Instructions	C177
Instructions	C178
Instructions	C181

Instructions	C199
Instructions	C201
Instructions	C202
State Attestation	A4
0 Summary of compliance	A4
0 Summary of compliance	A5
0 Summary of compliance	D7
0 Summary of compliance	A17
0 Summary of compliance	A18
0 Summary of compliance	B20
0 Summary of compliance	B21
0 Summary of compliance	A25

0 Summary of compliance	A26
0 Summary of compliance	A27
0 Summary of compliance	A29
0 Summary of compliance	B29
0 Summary of compliance	A30
0 Summary of compliance	B30
I 80% Medicare	A1
I 80% Medicare	A4
I 80% Medicare	A5
I 80% Medicare	E6
I 80% Medicare	E7
I 80% Medicare	D8
I 80% Medicare	E8
I 80% Medicare	F8
I 80% Medicare	E9
I 80% Medicare	F9

I 80% Medicare	G9
II 4% Aggregate	A1
II 4% Aggregate	A4
II 4% Aggregate	B8
II 4% Aggregate	F5
II 4% Aggregate	F6
II 4% Aggregate	D7
II 4% Aggregate	C8
II 4% Aggregate	G8
III Public Process Attestation	A1
III Public Process Attestation	A3

IV Addl - Analysis	A4
IV Addl - Analysis	C5
IV Addl - Analysis	D5
IV Addl - Analysis	C6
IV Addl - Analysis	A10
IV Addl - Analysis	E10
IV Addl - Analysis	E11
IV Addl - Analysis	F10
IV Addl - Analysis	F11
IV Addl - Analysis	B12
IV Addl - Analysis	C12
IV Addl - Analysis	D12
IV Addl - Analysis	E12
IV Addl - Analysis	F12
IV Addl - Analysis	G12
IV Addl - Analysis	H12
IV Addl - Analysis	I12
IV Addl - Analysis	J12
IV Addl - Analysis	K12

IV Addl - Analysis	L12
IV Addl - Analysis	M12
IV Addl - Analysis	C13
IV Addl - Analysis	D13
IV Addl - Analysis	E13
IV Addl - Analysis	F13
IV Addl - Analysis	G13
IV Addl - Analysis	H13
IV Addl - Analysis	I13
V Addl - Providers	D6
V Addl - Providers	E6
V Addl - Providers	A13
V Addl - Providers	B14
V Addl - Providers	B15

V Addl - Providers	N15
VI Addl - Beneficiary	A1
VI Addl - Beneficiary	A4
VI Addl - Beneficiary	D6
VI Addl - Beneficiary	E6
VI Addl - Beneficiary	A13
VI Addl - Beneficiary	C15
VI Addl - Beneficiary	A21
VI Addl - Beneficiary	B22
VI Addl - Beneficiary	B23
VI Addl - Beneficiary	AL22
VI Addl - Beneficiary	AP23
VI Addl - Beneficiary	Columns P - X
VII Addl - Services	A1
VII Addl - Services	A4
VII Addl - Services	D6
VII Addl - Services	E6

VII Addl - Services	A13
VII Addl - Services	C15
VII Addl - Services	A21
VII Addl - Services	B22
VII Addl - Services	B23
VII Addl - Services	X22
VII Addl - Services	Y22
VII Addl - Services	Z22
VII Addl - Services	AC22
VII Addl - Services	AR23
VII Addl - Services	Columns R - Z
VIII Addl - Concerns	A1
VIII Addl - Concerns	A4
VIII Addl - Concerns	C6
Instructions	D51

9, 2024 and the template posted for public comment on November 19,

Description of Change

508 conformance
Made background white for consistency with other tabs
Edits to text

Edits to text

Edits to text and made the word "blue" blue.

Edits to text

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Capitalization

Removed capitalization
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Centered alignment and made row heights consistent in this section.
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Capitalization

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Edits to text

Added instructions for data entry for additional data element

Added beige cell for data entry
Removed capitalization
Changed data element to reflect preamble language
Changed data element to reflect preamble language
Changed data element to reflect preamble language

Changed data element to reflect preamble language

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Capitalization

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Added instructions for data entry for additional data element

Added beige cell for data entry
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Capitalization

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Redlined instructions and definition column with updated langauge.

2025.

Changes to Text in Blue

N/A

N/A

As described at 42 CFR 447.203 and 447.204, implementing section 1902(a)(30)(A) of the Social Security Act (the Act), ~~a state is~~ states, the District of Columbia, and U.S. territories (hereafter referred to as states) are required to document that Medicaid payment rates are sufficient to enlist enough providers so that care and services are available under the state plan at least to the extent that such care and services are available to the general population in the geographic area. This template allows a state to demonstrate compliance with criteria described in 42 CFR 447.203(c)(1) and provide CMS with information required in 42 CFR 447.203(c)(2) when a state's proposed rate reductions or restructurings ~~does~~do not meet the requirements in 42 CFR 447.203(c)(1). The information in this template will be reviewed as part of the ~~S~~state plan amendment (SPA) review process.

- Completed forms should be submitted to the **OneMAC Submission Portal** or **SPA@cms.hhs.gov** with the submission of a proposed rate reductions or restructuring ~~state plan amendment (~~SPA~~)~~.
- Questions about this form may be directed to **MedicaidAccesstoCare@cms.hhs.gov.**

As described in 42 CFR 447.203(c)(1), for any SPA that proposes to reduce provider payment rates or restructure provider payments in circumstances when the changes could result in diminished access, the following three criteria must be met:

1: Medicaid ~~fee-for-service~~ payment rates in the aggregate (including base and supplemental payments) following the proposed reduction or restructuring for each benefit category affected by the proposed reduction or restructuring will be at or above 80 percent of the most recently published Medicare payment rates for the same or a comparable set of Medicare-covered services. If there is no same or comparable set of Medicare-covered services, this criterion cannot be met and the state must complete the additional reporting in the remaining tabs (color-coded in **blue**) of this workbook as described in 42 CFR 447.203(c)(2).
2: Proposed reduction or restructuring, including the cumulative effect of all reductions or restructurings taken throughout the current state fiscal year, will be likely to result in no more than a 4 percent reduction in aggregate fee-for-service Medicaid expenditures for each benefit category affected by proposed reduction or restructuring within a state fiscal year.
3: Public processes yielded no significant access to care concerns from beneficiaries, providers, or other interested parties regarding the service(s) for which the payment rate reduction or payment restructuring is proposed, or if such processes did yield concerns, the state can reasonably respond to or mitigate the concerns, as appropriate.

A state will use the following tabs (color-coded in **green**) within this template to demonstrate compliance with the three criteria above:
(1) "0 Summary of ~~C~~compliance" tab
(2) "I 80% Medicare" tab
(3) "II 4% ~~a~~Aggregate" tab
(4) "III Public Process Attestation" tab

If the three criteria are not met, the state must complete additional analyses in the remaining tabs (color-coded in **blue**) of this workbook as described in 42 CFR 447.203(c)(2).

Attestation that the template is true, accurate, and complete, and has been prepared in accordance with applicable instructions

Summary of state contact information and state compliance with the three criteria, as shown in tabs I through III, required for any rate reduction or restructuring

~~Details related to the aggregate Medicaid rate and comparison to Medicare rate to ensure the proposed rate reduction or restructuring is at or above 80% of the most recently published Medicare payment rates~~ Comparison of aggregate Medicaid rates following the proposed SPA to Medicare rates to ensure Medicaid rates under the proposed rate reduction or restructuring are at or above 80% of the most recently published Medicare rates

Comparison of estimated aggregate expenditures after proposed rate reduction~~s~~ or restructuring and prior years' expenditures

The state is required to enter data on the following tabs: (1) "I 80% Medicare~~%~~" (2) "II 4% Aggregate", and (3) "III Public Process Attestation." State-submitted information in these tabs will be used to demonstrate compliance with the three criteria required for any proposed rate reduction or restructuring (see "Overview" tab for more details on the three criteria). The state can track progress toward meeting the three criteria on the "0 Summary of compliance" tab.

If the three criteria on tabs I through III are not met, the state must complete additional analyses related to the rate reduction or restructuring for each affected benefit category in the following tabs:
- "IV Addl - Analysis"
- "V Addl - Providers"
- "VI Addl - Beneficiary"
- "VII Addl - Services"
- "VIII Addl - Concerns"

Instructions on how to use the tabs in this workbook are provided below.

The state must also complete the "State Attestation" tab to confirm the accuracy, completeness, and compliance with the instructions detailed on this tab.

Instructions for Information Required for All State Plan Amendments Proposing Rate Reduction or Restructuring

0.A. ~~Information for Primary Contact~~ Primary contact information

0.A.5: The state must select the relevant state ~~or territory~~ name from the drop down for the name of the state/territory agency that is submitting this report.

0.A.6: The state must enter the state~~/territory~~ agency that is submitting this report.

N/A

The state will not enter any data in this section. This section allows a state to track whether each of the three criterion in 42 CFR 447.203(c)(1) has been met based on the information provided on the "I 80% Medicare" tab, the "II 4% ~~a~~Aggregate" tab, and the "III Public Process Attestation" tab. Cells where the criterion is "Met" will read "Met" and be shaded in green. Cells where the criterion is "Not Met" will read "Not Met" and be shaded in red. Cells that are incomplete will read "N/A" and be shaded in gray.

0.B.2: This row assesses whether the state has met criterion #2 in 42 CFR 447.203(c)(1)(ii) based on data provided in the "II 4% Aggregate" tab. If the state demonstrates that the proposed reduction or restructuring is likely to result in no more than a 4 percent reduction in aggregate fee-for-service Medicaid expenditures for each row in the "II 4% Aggregate" tab, then criterion #2 will be considered "Met."

0.C.1: If the state meets the rate reduction or restructuring criteria as described in 42 CFR 447.203(c)(1)(i) through (iii), the state must describe its procedures for monitoring continued compliance with section 1902(a)(30)(A), as described in 42 CFR 447.203(c)(1).

I.A. Initial state analysis for rate reduction or restructuring

This section allows the state to demonstrate compliance with criterion #1 in 42 CFR 447.203(c)(1)(i) (aggregate Medicaid payment rates following the proposed reduction or restructuring are at or above 80 percent of the most recently published Medicare payment rates for the same or comparable set of Medicare-covered services). The state will populate one row for each benefit category (e.g., primary care services, obstetrical and gynecological services, behavioral health outpatient services, home and community based services) with a proposed rate reduction or restructuring. The state must populate the requested information in the BEIGE COLORED CELLS in columns B through F.

Data format

Instructions and definition

Enter the ~~type of service~~ benefit category associated with the rate reduction or restructuring in the SPA ~~Medicaid payment rate~~ (e.g., primary care services, obstetrical and gynecological services, behavioral health outpatient services, home and community based services).

~~Medicaid payment rates in the aggregate~~ Sum of individual ratios

~~Dollar amount~~ Percentage

~~Enter the Medicaid payment rates for the benefit category in the aggregate (including base and supplemental payments) AFTER the rate reduction or restructuring~~ Enter the sum of the individual ratios for individual constituent services within the benefit category. To derive a ratio for individual constituent services, perform a comparison of the Medicaid to the Medicare payment rate on a code-by-code basis, meaning CPT, CDT, or HCPCS, as applicable. Express the sum as a percentage. For example, express the sum of 0.75 and 0.90 as 165%. Use the beige cell above the column to indicate the time period of the Medicare payment rates used to compute the individual ratios summed in column E.

~~Medicare payment rates~~ Number of individual ratios

~~Dollar amount~~ Number

~~Enter the most recently published Medicare payment rates for the benefit category in aggregate.~~ Enter the number of ratios contributing to the sum in column E.

The state does not need to enter any data in this column as it is auto populated. This column calculates the sum of individual ratios compared to the number of individual ratios ~~aggregated Medicaid payment rate compared to the Medicare payment rate~~ entered by the state.

This section allows the state to demonstrate compliance with criterion #2 in 42 CFR 447.203(c)(1)(ii) (proposed reduction or restructuring would be likely to result in ~~N~~no more than a 4 percent reduction in aggregate fee-for-service Medicaid expenditures for each benefit category). The state must populate the requested information in the BEIGE COLORED CELLS in columns B through F.

Data format

Instructions and definition

Enter estimated expenditures AFTER rate reduction or restructuring.

Enter prior year expenditures submitted on the state's Form CMS-64. Use the beige cell above the column to indicate the time period of the expenditures.

The state does not need to enter any data in this column as it is auto populated. This column calculates the estimated expenditures / prior year expenditures minus one

This section allows the state to demonstrate compliance with criterion #3 in 42 CFR 447.203(c)(1)(iii) (Public processes yielded no significant access to care concerns from beneficiaries, providers, or other interested parties regarding the service(s) for which the payment rate reduction or payment restructuring is proposed, or if such processes did yield concerns, the State can reasonably respond to or mitigate the concerns, as appropriate, as documented in the analysis provided by the state). The state must read and attest to the statement on the tab. For reference, information on significant concerns can be found in the Ensuring Access to Medicaid Services Final Rule (CMS-2442-F, p 40782).

Additional Analyses (to be completed if the ~~state~~ SPA does not meet ~~any of~~ the three criteria, as shown in tabs I through III)

For any ~~state~~ SPA that does not meet the three criteria required for all SPAs proposing rate reduction or restructuring that could result in diminished access, as shown in tabs I through III, the state must demonstrate that the proposed payment rates and structure would be sufficient to enlist enough providers so that covered services would be available to beneficiaries at least to the same extent as to the general population in the geographic area. To do so, the state must fill out the following five tabs for each benefit category affected by the proposed rate reduction or restructuring.

IV.A.1: The state will provide a summary of the proposed payment change. The summary must include the reason for the proposal and a description of any policy purpose for the proposed change, including the cumulative effect of all reductions or restructurings taken throughout the current state fiscal year in aggregate fee-for-service Medicaid expenditures for each benefit category affected by proposed reduction or restructuring within a state fiscal year. ~~reason for the proposal, a description of any policy purpose for the proposed change, and the cumulative effect of all reductions or restructurings taken throughout the current state fiscal year in aggregate for fee-for-service Medicaid expenditures for each benefit category affected by proposed reduction or restructuring within a state fiscal year.~~

This section allows the state to provide information on Medicaid payment rates in the aggregate (including base and supplemental payments) before and after the proposed reduction or restructuring for each affected benefit category and a comparison of each to the most recently published Medicare payment rates for the same or a comparable set of Medicare-covered services and, as reasonably feasible, to the most recently available payment rates of other health care payers in the state or the geographic area for the same or a comparable set of covered services. ~~additional details about the aggregate rate changes in the proposed rate reduction or restructuring~~. The state must populate the requested information in the BEIGE COLORED CELLS in columns B through I.

Data format

Instructions and definition

Enter the benefit category ~~type of service~~ associated with the rate reduction or restructuring in the SPA. ~~Medicaid payment rate~~ (e.g., primary care services, obstetrical and gynecological services, behavioral health outpatient services, home and community based services).

Sum of the Medicaid payment rates in the aggregate BEFORE rate reduction or restructuring	Dollar
Sum of the Medicaid payment rates in the aggregate AFTER rate reduction or restructuring	Dollar
Number of Individual Ratios	Number
Sum of the ratios of Medicaid payment rates to the comparable Medicare rate BEFORE rate reduction or restructuring	Percentage
Sum of the ratios of Medicaid payment rates to the comparable other health care payer rate BEFORE rate reduction or restructuring	Percentage
Sum of the ratios of Medicaid payment rates to the comparable Medicare rate AFTER rate reduction or restructuring	Percentage
Sum of the ratios of Medicaid payment rates to the comparable other health care payer rate AFTER rate reduction or restructuring	Percentage
Average taken of the ratios of Medicaid rates (BEFORE rate reduction or restructuring) to Medicare	
Average taken of the ratios of Medicaid rates (BEFORE rate reduction or restructuring) to health care payer	
Average taken of the ratios of Medicaid rates (AFTER rate reduction or restructuring) to Medicare	
Average taken of the ratios of Medicaid rates (AFTER rate reduction or restructuring) to health care payer	

Percentage (auto populated)

Percentage (auto populated)

Percentage (auto populated)

Percentage (auto populated)

Enter the dollar ($) value of the sum of the Medicaid fee-for-service payment rates in the benefit category, including any base and supplemental payments for services before rate reduction or restructuring.

Enter the dollar ($) value of the sum of the Medicaid fee-for-service payment rates in the benefit category, including any base and supplemental payments for services after rate reduction or restructuring.

Enter the number of rates contributing to the sum in columns C or D.

Create a ratio of each Medicaid payment rate BEFORE reduction/restructuring to its comparable Medicare rate and sum the ratios together. Report this sum as a percentage. Use the beige cell above the column to indicate the time period of the Medicare payment rates used to compute the individual ratios.

Create a ratio of each Medicaid payment rate BEFORE reduction/restructuring to its comparable health care payer rate and sum the ratios together. Report this sum as a percentage. Use the beige cell above the column to indicate the time period of the other health care payer rates used to compute the individual ratios.

Create a ratio of each Medicaid payment rate AFTER reduction/restructuring to its comparable Medicare rate and sum the ratios together. Report this sum as a percentage.

Create a ratio of each Medicaid payment rate AFTER reduction/restructuring to its comparable health care payer rate and sum the ratios together. Report this sum as a percentage.

The state does not need to enter any data in this column as it is auto populated. This column calculates the Medicaid payment amount before rate reduction or restructuring / Medicare payment amount.

The state does not need to enter any data in this column as it is auto populated. This column calculates the Medicaid payment amount before rate reduction or restructuring / health care payer payment amount.

The state does not need to enter any data in this column as it is auto populated. This column calculates the Medicaid payment amount after rate reduction or restructuring / Medicare payment amount.

The state does not need to enter any data in this column as it is auto populated. This column calculates the Medicaid payment amount after rate reduction or restructuring / health care payer payment amount

This section allows the state to provide additional details on the number of actively participating providers of services for each benefit category affected by the proposed reduction or restructuring for each of the 3 years immediately preceding the SPA submission date, by state-specified geographic area, provider type, and site of service. Note that for this purpose, an actively participating provider is a provider that is participating in the Medicaid program~~,~~ and actively seeing and providing services to Medicaid beneficiaries~~,~~ or accepting Medicaid beneficiaries as new patients. The state must populate the requested information in the BEIGE COLORED CELLS in columns C through H and in columns M through N.

Data format

Instructions and definition

Enter the provider type(s) affected by the reduction or restructuring, such as, but not limited to, physician, pharmacist, hospital, home health agency, assisted living facility, etc. ~~[PLACEHOLDER FOR ADDITIONAL INSTRUCTIONS RELATED TO PROVIDER TYPE]~~

Enter the site(s) of service affected by the reduction or restructuring, such as, but not limited to, home, hospital, assisted living facility, school, office etc. ~~[PLACEHOLDER FOR ADDITIONAL INSTRUCTIONS RELATED TO SITE OF SERVICE]~~

Enter the number of actively participating providers for the affected benefit category for Year 1, where Year 1 is the time period defined in item V.A.1

Enter the number of actively participating providers for the affected benefit category for Year 2, where Year 2 is the time period defined in item V.A.2

Enter the number of actively participating providers for the affected benefit category for Year 3, where Year 3 is the time period defined in item V.A.3

The state does not need to enter any data in this column as it is auto populated. This column compares the number of actively participating providers - Year 2 ~~/ N~~ with the number of actively participating providers - Year 1. ~~(auto populated)~~

The state does not need to enter any data in this column as it is auto populated. This column compares the number of actively participating providers - Year 3 ~~/ N~~ with the number of actively participating providers - Year 2. ~~(auto populated)~~

The state does not need to enter any data in this column as it is auto populated. This column calculates the number of actively participating providers - Year 3 ~~- N~~ minus the number of actively participating providers - Year 1. ~~(auto populated)~~

The state does not need to enter any data in this column as it is auto populated. This column describes ~~description of~~ the trend of the number of actively participating providers from Year 1 to Year 3. ~~(auto populated)~~

Provide an estimate of the anticipated effect of the rate reduction or restructuring on the number of actively participating providers in each benefit category, by ~~for each~~ geographic area.

VI. "Addl - Beneficiary" tab

This section allows the state to provide qualitative information about the beneficiaries that receive services furnished through a FFS delivery system for each benefit category affected by the proposed rate reduction or restructuring over the three year period. The state must populate the requested information in the BEIGE COLORED CELLS in column D.

VI.B.3: If additional space is needed, the state may provide qualitative information in a separate document and must provide the file name of the document containing additional information and any applicable page numbers.

This section allows the state to provide quantitative information on the beneficiaries receiving services affected by the rate reduction or restructuring for the three years, by geographic area. The state will include beneficiaries who received services through the FFS delivery system in each benefit category affected by ~~subject to~~ the proposed payment rate reduction or payment restructuring ~~for each affected benefit category~~. The state must populate the requested information in the BEIGE COLORED CELLS in columns C through O and columns AO through AP.

Data format

Instructions and definition

Enter the number of beneficiaries who are living with disabilities receiving services for Year 1, where Year 1 is the time period defined in VI.A.1. Note that this number is not mutually exclusive of the adults and child numbers above.

Enter the number of beneficiaries who are living with disabilities receiving services for Year 2, where Year 2 is the time period defined in VI.A.2. Note that this number is not mutually exclusive of the adults and child numbers above.

Enter the number of beneficiaries who are living with disabilities receiving services for Year 3, where Year 3 is the time period defined in VI.A.3. Note that this number is not mutually exclusive of the adults and child numbers above.

~~Auto populated~~ 'The state does not need to enter any data in this column as it is auto populated. This column compares the number of adult beneficiaries receiving services - Year 1 with the total number of beneficiaries receiving services - Year 1.

~~Auto populated~~ 'The state does not need to enter any data in this column as it is auto populated. This column compares the number of adult beneficiaries receiving services - Year 2 with the total number of beneficiaries receiving services - Year 2.

~~Auto populated~~ 'The state does not need to enter any data in this column as it is auto populated. This column compares the number of adult beneficiaries receiving services - Year 3 with the total number of beneficiaries receiving services - Year 3.

~~Auto populated~~ 'The state does not need to enter any data in this column as it is auto populated. This column compares the number of child beneficiaries receiving services - Year 1 with the total number of beneficiaries receiving services - Year 1.

~~Auto-populated~~ 'The state does not need to enter any data in this column as it is auto populated. This column compares the number of child beneficiaries receiving services - Year 2 with the total number of beneficiaries receiving services - Year 2.

~~Auto-populated~~ 'The state does not need to enter any data in this column as it is auto populated. This column compares the number of child beneficiaries receiving services - Year 3 with the total number of beneficiaries receiving services - Year 3.

~~Auto-populated~~ 'The state does not need to enter any data in this column as it is auto populated. This column compares the number of beneficiaries who are living with disabilities receiving services - Year 1 with the total number of beneficiaries receiving services - Year 1.

~~Auto-populated~~ 'The state does not need to enter any data in this column as it is auto populated. This column compares the number of beneficiaries who are living with disabilities receiving services - Year 2 with the total number of beneficiaries receiving services - Year 2.

~~Auto-populated~~ 'The state does not need to enter any data in this column as it is auto populated. This column compares the number of beneficiaries who are living with disabilities receiving services - Year 3 with the total number of beneficiaries receiving services - Year 3.

The state does not need to enter any data in this column as it is auto populated. This column compares the total number of beneficiaries receiving services - Year 2 ~~/ T~~ with the total number of beneficiaries receiving services - Year 1. ~~(auto populated)~~

The state does not need to enter any data in this column as it is auto populated. This column compares the total number of beneficiaries receiving services - Year 3 ~~/ T~~ with the total number of beneficiaries receiving services - Year 2. ~~(auto populated)~~

The state does not need to enter any data in this column as it is auto populated. This column calculates the total number of beneficiaries receiving services - Year 3 minus the total number of beneficiaries receiving services - Year 1. ~~(auto populated)~~

The state does not need to enter any data in this column as it is auto populated. This column describes ~~Description of~~ the trend of total number of beneficiaries receiving services from Year 1 to Year 3. ~~(auto-populated)~~

The state does not need to enter any data in this column as it is auto populated. This column compares the number of adult beneficiaries receiving services - Year 2 ~~/ N~~ with the number of adult beneficiaries receiving services - Year 1. ~~(auto populated)~~

The state does not need to enter any data in this column as it is auto populated. This column compares the number of adult beneficiaries receiving services - Year 3 ~~/ N~~ with the number of adult beneficiaries receiving services - Year 2 (auto populated)

The state does not need to enter any data in this column as it is auto populated. This column calculates the number of adult beneficiaries receiving services - Year 3 minus the number of adult beneficiaries receiving services - Year 1. ~~(auto populated)~~

The state does not need to enter any data in this column as it is auto populated. This column describes ~~Description of~~ the trend of the number of adult beneficiaries receiving services from Year 1 to Year 3. ~~(auto populated)~~

The state does not need to enter any data in this column as it is auto populated. This column compares the number of child beneficiaries receiving services - Year 2 ~~/ N~~ with the number of child beneficiaries receiving services - Year 1. ~~(auto populated)~~

The state does not need to enter any data in this column as it is auto populated. This column compares the number of child beneficiaries receiving services - Year 3~~/ N~~ with the number of child beneficiaries receiving services - Year 2. ~~(auto populated)~~

The state does not need to enter any data in this column as it is auto populated. This column calculates the number of child beneficiaries receiving services - Year 3 minus the number of child beneficiaries receiving services - Year 1. ~~(auto populated)~~

The state does not need to enter any data in this column as it is auto populated. This column describes ~~Description of~~ the trend of the number of child beneficiaries receiving services from Year 1 to Year 3. ~~(auto populated)~~

The state does not need to enter any data in this column as it is auto populated. This column compares the number of beneficiaries who are living with disabilities receiving services - Year 2 ~~/ N~~ with the number of beneficiaries who are living with disabilities receiving services - Year 1. ~~(auto populated)~~

The state does not need to enter any data in this column as it is auto populated. This column compares the number of beneficiaries who are living with disabilities receiving services - Year 3 ~~/ N~~ with the number of beneficiaries who are living with disabilities receiving services - Year 2. ~~(auto populated)~~

The state does not need to enter any data in this column as it is auto populated. This column calculates the number of beneficiaries who are living with disabilities receiving services - Year 3 ~~– N~~ minus the number of beneficiaries who are living with disabilities receiving services - Year 1. ~~(auto populated)~~

The state does not need to enter any data in this column as it is auto populated. This column describes ~~Description of~~ the trend of the number of beneficiaries who are living with disabilities receiving services from Year 1 to Year 3. ~~(auto populated)~~

Enter a description of observed trends for each geographic area over the 3 year period.

Provide an estimate of the anticipated effect of the rate reduction or restructuring on the number beneficiaries receiving services in each benefit category, by ~~for each~~ geographic area

~~Change in~~ Trend of number of child beneficiaries receiving services from Year 2 to Year 3

Trend of number of beneficiaries who are living with disabilities receiving services from Year ~~1~~2 to Year ~~2~~3

This section allows the state to provide qualitative information on services furnished through the FFS delivery system in each benefit category affected by the proposed reduction or restructuring over the three year period ~~for each benefit category~~. The state must populate the requested information in the BEIGE COLORED CELLS in column D.

VII.B.3: If additional space is needed, the state may provide qualitative information in a separate document and must provide the file name of the document containing additional information and any applicable page numbers.

This section allows the state to provide quantitative information on services furnished through the FFS delivery system in each benefit category affected by the proposed reduction or restructuring over the three year period, by geographic area, provider type, and site of service, ~~for each benefit category~~. ~~The state must include the count of claims for the services subject to the proposed payment rate reduction or payment restructuring for each affected benefit category.~~ The state must populate the requested information in the BEIGE COLORED CELLS in columns ~~C~~F through Q and columns AQ through AR.

N/A

Data format

Instructions and definition

Auto populated from the site of service used on the "Addl - Providers" tab

~~Auto populated~~ 'The state does not need to enter any data in this column as it is auto populated. This column compares the number of Medicaid services furnished to adult beneficiaries - Year 1 with the number of Medicaid services furnished through FFS - Year 1.

~~Auto populated~~ 'The state does not need to enter any data in this column as it is auto populated. This column compares the number of Medicaid services furnished to adult beneficiaries - Year 2 with the number of Medicaid services furnished through FFS - Year 2.

~~Auto populated~~ 'The state does not need to enter any data in this column as it is auto populated. This column compares the number of Medicaid services furnished to adult beneficiaries - Year 3 with the number of Medicaid services furnished through FFS - Year 3.

~~Auto populated~~ 'The state does not need to enter any data in this column as it is auto populated. This column compares the number of Medicaid services furnished to child beneficiaries - Year 1 with the number of Medicaid services furnished through FFS - Year 1.

~~Auto populated~~ 'The state does not need to enter any data in this column as it is auto populated. This column compares the number of Medicaid services furnished to child beneficiaries - Year 2 with the number of Medicaid services furnished through FFS - Year 2.

~~Auto populated~~ 'The state does not need to enter any data in this column as it is auto populated. This column compares the number of Medicaid services furnished to child beneficiaries - Year 3 with the number of Medicaid services furnished through FFS - Year 3.

~~Auto populated~~ 'The state does not need to enter any data in this column as it is auto populated. This column compares the number of Medicaid services furnished to beneficiaries who are living with disabilities - Year 1 with the number of Medicaid services furnished through FFS - Year 1.

~~Auto populated~~ 'The state does not need to enter any data in this column as it is auto populated. This column compares the number of Medicaid services furnished to beneficiaries who are living with disabilities - Year 2 with the number of Medicaid services furnished through FFS - Year 2.

~~Auto populated~~ 'The state does not need to enter any data in this column as it is auto populated. This column compares the number of Medicaid services furnished to beneficiaries who are living with disabilities - Year 3 with the number of Medicaid services furnished through FFS - Year 3.

The state does not need to enter any data in this column as it is auto populated. This column compares Medicaid services furnished through FFS - Year 2 ~~/~~ with the Medicaid services furnished through FFS - Year 1. ~~(auto populated)~~

The state does not need to enter any data in this column as it is auto populated. This column compares Medicaid services furnished through FFS - Year 3 ~~/~~ with the Medicaid services furnished through FFS - Year 2. ~~(auto populated)~~

The state does not need to enter any data in this column as it is auto populated. This column calculates Medicaid services furnished through FFS - Year 3 minus the Medicaid services furnished through FFS - Year 1. ~~(auto populated)~~

The state does not need to enter any data in this column as it is auto populated. This column describes ~~Description of~~ the trend of Medicaid services furnished through FFS from Year 1 to Year 3 (auto populated)

The state does not need to enter any data in this column as it is auto populated. This column compares Medicaid services furnished to adult beneficiaries - Year 2 ~~/~~ with the Medicaid services furnished to adult beneficiaries - Year 1. ~~(auto populated)~~

The state does not need to enter any data in this column as it is auto populated. This column compares Medicaid services furnished to adult beneficiaries - Year 3 ~~/~~ with the Medicaid services furnished to adult beneficiaries - Year 2. ~~(auto populated)~~

The state does not need to enter any data in this column as it is auto populated. This column calculates Medicaid services furnished to adult beneficiaries - Year 3 minus Medicaid services furnished to adult beneficiaries - Year 1. ~~(auto populated)~~

The state does not need to enter any data in this column as it is auto populated. This column describes ~~Description of~~ the trend of Medicaid services furnished to adult beneficiaries from Year 1 to Year 3. ~~(auto populated)~~

The state does not need to enter any data in this column as it is auto populated. This column compares Medicaid services furnished to child beneficiaries - Year 2 ~~/~~ with the Medicaid services furnished to child beneficiaries - Year 1. ~~(auto populated)~~

The state does not need to enter any data in this column as it is auto populated. This column compares Medicaid services furnished to child beneficiaries - Year 3 / with the Medicaid services furnished to child beneficiaries - Year 2. ~~(auto populated)~~

The state does not need to enter any data in this column as it is auto populated. This column calculates Medicaid services furnished to child beneficiaries - Year 3 minus Medicaid services furnished to child beneficiaries - Year 1. ~~(auto populated)~~

The state does not need to enter any data in this column as it is auto populated. This column describes ~~Description of~~ the trend of Medicaid services furnished to child beneficiaries from Year 1 to Year 3. ~~(auto populated)~~

The state does not need to enter any data in this column as it is auto populated. This column compares Medicaid services furnished to beneficiaries who are living with disabilities - Year 2 / with the Medicaid services furnished to beneficiaries who are living with disabilities - Year 1. ~~(auto populated)~~

The state does not need to enter any data in this column as it is auto populated. This column compares Medicaid services furnished to beneficiaries who are living with disabilities - Year 3 / with the Medicaid services furnished to beneficiaries who are living with disabilities - Year 2. ~~(auto populated)~~

The state does not need to enter any data in this column as it is auto populated. This column calculates Medicaid services furnished to beneficiaries who are living with disabilities - Year 3 minus Medicaid services furnished to beneficiaries who are living with disabilities - Year 1. ~~(auto populated)~~

The state does not need to enter any data in this column as it is auto populated. This column describes ~~Description of~~ the trend of Medicaid services furnished to beneficiaries who are living with disabilities from Year 1 to Year 3. ~~(auto populated)~~

Provide an estimate of the anticipated effect on the number of Medicaid services furnished through the FFS delivery system in each affected benefit category, by ~~for each~~ geographic area.

Proportion of Medicaid services furnished to beneficiaries living with disabilities - Year 1

Proportion of Medicaid services furnished to beneficiaries living with disabilities - Year 2

Proportion of Medicaid services furnished to beneficiaries living with disabilities - Year 3

Change in the number of Medicaid services furnished through FFS from Year 1 to Year 3

This section allows the state to provide a summary of any access to care concerns or complaints received from beneficiaries, providers, and other interested parties regarding the service(s) ~~impacted by~~ for which ~~the proposed the~~ payment rate reduction or restructuring is proposed along with the responses from the state. The state must populate the requested information in the BEIGE COLORED CELLS in column D.

VIII.A.2: The state must summarize its ~~provide the~~ responses ~~provided~~ to any access to care concerns or complaints received from beneficiaries, providers, and other interested parties regarding the services affected by the proposed payment rate reduction or restructuring.

VIII.A.3: If additional space is needed, the state may provide information in a separate document and must provide the file name of the document containing additional information and any applicable page numbers.

2. I am the officer authorized by the relevant state government agency to submit this form, and I have made a good faith effort to ensure that all information reported is true and accurate.

The state will use this section of the tab to provide contact information for any questions regarding ~~this~~the responses provided in this template. The state must populate responses in Column E ("State response") for rows 0.A.1 through 0.A.6.

A. Information for primary contact (regarding information reported in this template)

Data format

The state will use this section of the tab to track whether they have met the rate reduction or restructuring criteria as described in § 447.203(c)(1)(i) through (iii). This section will auto populate with "Met" or "Not Met" based on the information the state provides in the "I 80% Medicare", "II 4% Aaggregate", and "III Public Process Attestation" tabs. Additional analyses may be required or requested if all criteria are not met.

B. Rate reduction or restructuring criteria

Medicaid payment rates in the aggregate (including base and supplemental payments) following the proposed reduction or restructuring for each benefit category affected by the reduction or restructuring are at or above 80 percent of the most recently published Medicare payment rates for the same or comparable set of Medicare-covered services

Proposal ~~will~~ is likely to result in no more than a 4 percent reduction in aggregate fee-for-service Medicaid expenditures for each benefit category affected by the proposal ~~during~~within the state fiscal year

C. State's Procedures for Monitoring Continued Compliance

If the state meets the rate reduction or restructuring criteria as described in § 447.203(c)(1)(i) through (iii) (i.e., "Met" is reflected in each of rows in Section B. of this tab), the state must describe below its procedures for monitoring continued compliance with section 1902(a)(30)(A), as described in § 447.203(c)(1). Section 1902(a)(30)(A) requires that a state plan for medical assistance must provide such methods and procedures relating to the utilization of, and the payment for, care and services available under the plan (including but not limited to utilization review plans as provided for in section 1903(i)(4)) as may be necessary to safeguard against unnecessary utilization of such care and services and to assure that payments are consistent with efficiency, economy, and quality of care and are sufficient to enlist enough providers so that care and services are available under the plan at least to the extent that such care and services are available to the general population in the geographic area.

C. State's Procedures for Monitoring Continued Compliance

#

State response

0.C.1

I. Percentage of Most Recently Published Medicare Payment Rate

A. Initial state analysis for rate reduction or restructuring

The state will use this section of the tab to document if the Medicaid payment rates in the aggregate (including base and supplemental payments) following the proposed rate reduction or restructuring for each benefit category ~~is~~ would be at or above 80% of the most recently published Medicare payment rates for the same or comparable set of Medicare-covered services as described in §447.203(c)(1)(i). This rate is auto populated based on the information provided by the state in columns G and H. The state must populate responses in Columns B through F.

Use the beige cell below to indicate the time period of the Medicare payment rates used to compute the individual ratios summed in column E.

N/A

Benefit category

~~Medicaid payment rates in the aggregate~~ Sum of individual ratios

~~Medicare payment rates~~ Number of individual ratios

~~Medicaid payment rates for the benefit category in the aggregate (including base and supplemental payments) AFTER rate reduction or restructuring~~ Enter the sum of the individual ratios for individual constituent services within the benefit category. To derive a ratio for individual constituent services, perform a comparison of the Medicaid to the Medicare payment rate on a code-by-code basis, meaning CPT, CDT, or HCPCS, as applicable. Express the sum as a percentage. For example, express the sum of 0.75 and 0.90 as 165%.

~~Most recently published Medicare payment rates for the benefit category in aggregate~~ Enter the number of ratios contributing to the sum in column E

~~Aggregated Medicaid payment rate/ Medicare payment rate~~
~~(~~Auto populated~~)~~

II. Calculation of Reduction in Aggregate FFS Medicaid Expenditures

The state will use this section of the tab to demonstrate whether the proposed reduction or restructuring, including the cumulative effect of all reductions or restructurings taken throughout the current state fiscal year, would be likely to result in no more than a 4 percent reduction in aggregate fee-for-service Medicaid expenditures for each benefit category affected by proposed reduction or restructuring within a state fiscal year as described in §447.203(c)(1)(ii). The state will provide additional information for proposals exceeding this threshold.

The expenditures analysis intends to assess how aggregate payments to providers will change as a result of the rate reduction or restructuring, whereas the rate analysis (provided on the "I 80% Medicare" tab) intends to assess how the rates affected by the rate reduction or restructuring will compare to Medicare rates. Payment changes are a function of both the volume of care in the impacted benefit category and other SPAs that may have been implemented during the state's fiscal year.

The state must populate responses in Columns E and F.

Auto populated from the "Name of SPA" entered on the "I 80% Medicare" tab

Use the beige cell below to indicate the time period of the expenditures in column F.
N/A

Benefit ~~C~~category

Auto populated from the "Date SPA submitted" entered on the "I 80% Medicare" tab

~~Estimated expenditures / Prior year expenditures~~ Auto populated

III. Medicaid Beneficiary and Provider Input Public Process to Inform Access to Care

The state attests that:
- it followed the public processes described in § 447.203(c)(4),
- those processes yielded no significant access to care concerns from beneficiaries, providers, or other interested parties regarding the service(s) for which the payment rate reduction or payment restructuring is proposed,
- or if such processes did yield concerns, the state can reasonably respond to or mitigate the concerns, as appropriate.

The state acknowledges that upon request, it shall provide a summary of any access to care concerns or complaints received through these public processes along with the state's responses.

The state will use this section of the tab to provide a summary of the proposed payment change ~~for services~~ as described in 447.203(c)(2)(i)

Item instructions

Data format

Provide a summary of the proposed payment change, including~~Describe~~ the state's reason for the proposal and a description of any policy purpose for the proposed change, including~~. Include~~ the cumulative effect of all reductions or restructurings taken throughout the current state fiscal year in aggregate fee-for-service Medicaid expenditures for each benefit category affected by proposed reduction or restructuring within a state fiscal year

The state will use this section of the tab to provide information on Medicaid payment rates in the aggregate (including base and supplemental payments) before and after the proposed reduction or restructuring for each affected benefit category, ~~Medicaid payment rates change for services~~ and a comparison of each to the most recently published Medicare payment rates for the same or a comparable set of Medicare-covered services and, as reasonably feasible, to the most recently available payment rates of other health care payers in the state or the geographic area for the same or a comparable set of covered services, as described in 447.203(c)(2)(ii).

Use the beige cell below to indicate the time period of the Medicare payment rates in column E.

N/A

Use the beige cell below to indicate the time period of the other health care payer rates in column F.

N/A

Benefit ~~C~~category	Sum of the Medicaid payment rates in the aggregate BEFORE rate reduction or restructuring	Sum of the Medicaid payment rates in the aggregate AFTER rate reduction or restructuring	Number of Individual Ratios	Sum of the ratios of Medicaid payment rates to the comparable Medicare rate BEFORE rate reduction or restructuring	Sum of the ratios of Medicaid payment rates to the comparable other health care payer rate BEFORE rate reduction or restructuring	Sum of the ratios of Medicaid payment rates to the comparable Medicare rate AFTER rate reduction or restructuring	Sum of the ratios of Medicaid payment rates to the comparable other health care payer rate AFTER rate reduction or restructuring	Average taken of the ratios of Medicaid rates (BEFORE rate reduction or restructuring) to Medicare	Average taken of the ratios of Medicaid rates (BEFORE rate reduction or restructuring) to health care payer

Average taken of the ratios of Medicaid rates (AFTER rate reduction or restructuring) to Medicare

Average taken of the ratios of Medicaid rates (AFTER rate reduction or restructuring) to health care payer

Enter the dollar ($) value of the sum of the Medicaid fee-for-service payment rates in the benefit category, including any base and supplemental payments for services before rate reduction or restructuring. For example, if there are two rates in the benefit category $100 and $200, enter $300 ($100 +$200).

Enter the dollar ($) value of the sum of the Medicaid fee-for-service payment rates in the benefit category, including any base and supplemental payments for services after rate reduction or restructuring. For example, if there are two rates in the benefit category $50 and $150, enter $200 ($50 +$150).

Enter the number of rates contributing to the sum in columns C or D. For example, if there are two rates in the benefit category, enter 2.

Create a ratio of each Medicaid payment rate BEFORE reduction/restructuring to its comparable Medicare rate and sum the ratios together. For example, if the comparable Medicare payment rates are $150 and $250, respectively, then the ratios are $100/$150 and $200/$250. Enter the sum of these ratios. Express this sum as a percentage (146.67%).

Create a ratio of each Medicaid payment rate BEFORE reduction/restructuring to its comparable health care payer rate and sum the ratios together. For example, if the comparable other payer rates are $200 and $300, respectively, then the ratios are $100/$200 and $200/$300. Enter the sum of these ratios. Express this sum as a percentage (116.67%).

Create a ratio of each Medicaid payment rate AFTER reduction/restructuring to its comparable Medicare rate and sum the ratios together. For example, if the comparable Medicare payment rates are $150 and $250, respectively, then the ratios are $50/$150 and $150/$250. Enter the sum of these ratios. Express this sum as a percentage (93.33%).

Create a ratio of each Medicaid payment rate AFTER reduction/restructuring to its comparable health care payer rate and sum the ratios together. For example, if the comparable other payer rates are $200 and $300, respectively, then the ratios are $50/$200 and $150/$300. Enter the sum of these ratios. Express this sum as a percentage (75%).

Start date

End date

The state will use this section of the tab to provide information on the number of actively participating providers of services in each benefit category affected by the proposed reduction or restructuring for each of the 3 years immediately preceding the SPA submission date, by geographic area, provider type, and site of service, as described in 447.203(c)(2)(iii). For this purpose, an actively participating provider is a provider that is participating in the Medicaid program, and actively seeing and providing services to Medicaid beneficiaries, or accepting Medicaid beneficiaries as new patients.

Benefit ~~C~~category

Auto populated from the benefit category entered on the "IV Addl - Analysis" tab

Provide an estimate of the anticipated effect of the rate reduction or restructuring on the number of actively participating providers in each affected benefit category, for each geographic area

VI. Beneficiaries Receiving Services

Per 447.203(c)(2)(iv), the state must provide the number of beneficiaries receiving services through the FFS delivery system in each affected benefit category for each of the three years immediately preceding the SPA submission date. The state will use this section of the tab to define each of the three years immediately preceding the SPA submission date. The state must use the most recent and complete data available.

Start date

End date

The state will use this section of the tab to provide qualitative information on the beneficiaries receiving services~~,~~ through the FFS delivery system~~,~~ in the benefit categories affected by the proposed reduction or restructuring over the three-year period specified above, as described in 447.203(c)(2)(iv).

Data format

The state will use this section of the tab to provide quantitative information on the beneficiaries receiving services through the FFS delivery system in the benefit categories affected by the proposed reduction or restructuring for each of the three years immeidately preceding the SPA submission date by geographic area, including the number and proportion of beneficiaries who are adults and children and who are living with disabilities, as described in 447.203(c)(2)(iv). ~~The state will include beneficiaries who received any services subject to the proposed payment rate reduction or payment restructuring.~~

Benefit ~~C~~category

Auto populated from the benefit category entered on the "IV Addl - Analysis" tab

Trend of number of beneficiaries who are living with disabilities receiving services from Year ~~1~~ 2 to Year ~~2~~ 3

Provide an estimate of the anticipated effect of the rate reduction or restructuring on the number beneficiaries receiving services in each affected benefit category, for each geographic area

NOTE ON FORMULA AND FORMATTING CHANGES: For Columns P - X, the formulas were changed to round to two decimal places, and the cells were formatted to show the results to two decimal places.

VII. Medicaid Services

Per 447.203(c)(2)(v), the state must provide the number of Medicaid services furnished through the FFS delivery system in each affected benefit category for each of the three years immediately preceding the SPA submission date. The state will use this section of the tab to define each of the three years immediately preceding the SPA submission date. The state must use the most recent and complete data available.

Start date

End date

The state will use this section of the tab to provide qualitative information on services furnished through the FFS delivery system in the benefit categories affected by the proposed reduction or restructuring over the three-year period specified above, as described in 447.203(c)(2)(v).

Data format

The state will use this section of the tab to provide quantitative information on services furnished through the FFS delivery system in the benefit categories affected by the proposed reduction or restructuring for each of the three years immediately preceding the SPA submission date, by geographic area, provider type, and site of service, including information about the number and proportion of Medicaid services furnished to adults and children and beneficiaries living with disabilities, as described in 447.203(c)(2)(v). ~~The state will include any services furnished through FFS subject to the proposed payment rate reduction or payment restructuring.~~

Benefit ~~C~~category

Auto populated from the benefit category entered on the "IV Addl - Analysis" tab

Proportion of Medicaid services furnished to beneficiaries living with disabilities - Year 1

Proportion of Medicaid services furnished to beneficiaries living with disabilities - Year 2

Proportion of Medicaid services furnished to beneficiaries living with disabilities - Year 3

Change in the number of Medicaid services furnished through FFS from Year 1 to Year 3

Provide an estimate of the anticipated effect on the number of Medicaid services furnished through the FFS delivery system in each affected benefit category, for each geographic area

NOTE ON FORMULA AND FORMATTING CHANGES: For Columns R - Z, the formulas were changed to round to two decimal places, and the cells were formatted to show the results to two decimal places.

VIII. Summary of Access to Care Concerns or Complaints

The state will use this section of the tab to provide a summary of any access to care concerns or complaints received from beneficiaries, providers, and other interested parties regarding the service(s) for which the payment rate reduction or restructuring is proposed, as described in ~~447.203(c)(2)(i)~~ 447.203(c)(2)(vi). The state must also include its response to these concerns.

Data format

Enter the benefit category associated with the rate reduction or restructuring in the SPA **~~(e.g., primary care services, obstetrical and gynecological services, behavioral health outpatient services, home and community based services~~ i.e., all individual services under a category of services described in section 1905(a) of the Act for which the State is proposing a payment rate reduction or restructuring).**

This tab describes the differences between the template posted for public comment on Nov

Worksheet	*Cell Reference in "2025_09_17_Template_Clean_Unlocked_for initial 508.xlsx"*
State attestation	B2
Progress Tracker	New Worksheet
0 Summary of compliance	E1
0 Summary of compliance	F1
0 Summary of compliance	C23
I 80% Medicare	D4
I 80% Medicare	I6:K207
I 80% Medicare	C4
I 80% Medicare	B8:F207
II 4% Aggregate	C4
II 4% Aggregate	D4
II 4% Aggregate	I6:K207
II 4% Aggregate	E7:F207
III Public Process Attestation	B2
IV Addl - Analysis - UPDATED	New Worksheet
IV Addl - Analysis - UPDATED	C1
IV Addl - Analysis - UPDATED	E1
IV Addl - Analysis - UPDATED	F1
IV Addl - Analysis - UPDATED	N10:P211
IV Addl - Analysis - UPDATED	B12:I211
V Addl - Providers	D1
V Addl - Providers	E1
V Addl - Providers	F1
V Addl - Providers	O12:Q211
V Addl - Providers	C12:H211, M12:N211

VI Addl - Beneficiary	D1
VI Addl - Beneficiary	E2
VI Addl - Beneficiary	F2
VI Addl - Beneficiary	AQ18:AS217
VI Addl - Beneficiary	B18:O217, AO18:AP217
VII Addl - Services	C1
VII Addl - Services	E2
VII Addl - Services	F2
VII Addl - Services	AS18:AU217
VII Addl - Services	B18:Q217, AQ18:AR217
VIII Addl - Concerns	D3

vember 19, 2025 and the template submitted with the PRA package on January 21, 2026.

Description of Change

Created a warning if B5/B6 not both filled in. (yellow background/red font)

Created new worksheet called "Progress Tracker". This is a auto-generated tab and will be locked. Updates progress with completed cells, required cells, and % to complete.

Created a warning if D6:D11 not filled in. (yellow background/red font)

Created a warning if B28 not filled in when D16:D18 = "Met". (yellow background/red font)

Added a notification as to whether a state should complete B23 based on responses in D16:D18.

Created a warning if any of the column I results are incomplete. (yellow background/red font)

Three new helper columns called Progress Indicator, Incomplete Cell Counts, and Required Cell Counts created. Will be hid final format. Incomplete = if there is a missing data cell in cols B8:F207. If no data is entered in a row, column I shows blan

Created a warning if A5 not filled in. (yellow background/red font)

Added conditional formatting to highlight the row in yellow if there is a missing data entry in a row. If a row is completely leave it as-is (in beige color).

Created a warning if A5 not filled in. (yellow background/red font)

Created a warning if any of the column I results are incomplete. (yellow background/red font)

Three new helper columns called Progress Indicator, Incomplete Cell Counts, and Required Cell Counts created. Will be hid final format. Incomplete = if there is a missing data cell in cols B6:F207. This will only activate if there is data available (i.e. in columns B6:D207. If no data is entered in a row, column I shows blank.

Added conditional formatting to highlight the row in yellow if there is a missing data entry in a row. This will only activate data available (i.e., not "--") in columns B8:F207. If a row is completely blank, leave it as-is (in beige color).

Created a warning if B3:B4 not both filled in. (yellow background/red font)

Inserted new worksheet with redlined edits from previous worksheet.

If 0 Summary of Compliance D16:D18 = "Met", then worksheets IV - VIII are not required. Shows "Per tab 0 Summary of compliance, Table B, do not complete this spreadsheet." message. (yellow background / red font)

Created a warning if E5, A9, B9 not filled in. (yellow background/red font)

Created a warning if any of the column N12:N211 results are incomplete. (yellow background/red font)

Three new helper columns called Progress Indicator, Incomplete Cell Counts, and Required Cell Counts created. Will be hid final format. Incomplete = if there is a missing data cell in cols B12:I211. If no data is entered in a row, column I shows blan

Added conditional formatting to highlight the row in yellow if there is a missing data entry in a row. If a row is completely leave it as-is (in beige color).

If 0 Summary of Compliance D16:D18 = "Met", then worksheets IV - VIII are not required. Shows "Per tab 0 Summary of compliance, Table B, do not complete this spreadsheet." message. (yellow background / red font)

Created a warning if D5:E7 not filled in. (yellow background/red font)

Created a warning if any of the column O12:O211 results are incomplete. (yellow background/red font)

Three new helper columns called Progress Indicator, Incomplete Cell Counts, and Required Cell Counts created. Will be hid final format. Incomplete = if there is a missing data cell in cols C12:H211 and M12:N211. This will only activate if there is d available (i.e., not "--") in columns B12:B211. If no data is entered in a row, column O12:O211 shows blank.

Added conditional formatting to highlight the row in yellow if there is a missing data entry in a row. This will only activate data available (i.e., not "--") in columns B12:B211. If a row is completely blank, leave it as-is (in beige color).

If 0 Summary of Compliance D16:D18 = "Met", then worksheets IV - VIII are not required. Shows "Per tab 0 Summary of compliance, Table B, do not complete this spreadsheet." message. (yellow background / red font)

Created a warning if D5:E7 and D11:D12 not filled in. (yellow background/red font)

Created a warning if any of the column AQ18:AQ217 results are incomplete. (yellow background/red font)

Three new helper columns called Progress Indicator, Incomplete Cell Counts, and Required Cell Counts created. Will be hid final format. Incomplete = if there is a missing data cell in cols B18:B217. This will only activate if there is data available (i. "--") in columns B18:B217. If no data is entered in a row, column I shows blank.

Added conditional formatting to highlight the row in yellow if there is a missing data entry in a row. This will only activate data available (i.e., not "--") in columns B18:B217. If a row is completely blank, leave it as-is (in beige color).

If 0 Summary of Compliance D16:D18 = "Met", then worksheets IV - VIII are not required. Shows "Per tab 0 Summary of compliance, Table B, do not complete this spreadsheet." message. (yellow background / red font)

Created a warning if D5:E7 and D11:D12 not filled in. (yellow background/red font)

Created a warning if any of the column AS18:AS217 results are incomplete. (yellow background/red font)

Three new helper columns called Progress Indicator, Incomplete Cell Counts, and Required Cell Counts created. Will be hid final format. Incomplete = if there is a missing data cell in cols F18:Q217 & AQ18:AR217. This will only activate if there is d available (i.e., not "--") in columns B18:E217. If no data is entered in a row, column I shows blank.

Added conditional formatting to highlight the row in yellow if there is a missing data entry in a row. This will only activate data available (i.e., not "--") in columns B18:E217. If a row is completely blank (and B18:E217 is "--"), leave it as-is (in beige

Created a warning if D5:D6 not filled in. (yellow background/red font)

Changes to Text in Blue

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FMG Comments