

Appendix B: PACE AWOP & Rate Package Submission Cover Sheet

PACE AWOP & Rate Package Submission Cover Sheet

Part I. Identification of PACE AWOP and Rate Package Submission

- A. State:
- B. Date Submitted:
- C. State contact information (Please provide at least 2 contacts below):

Name:	Title:	Phone:	Email:
Name:	Title:	Phone:	Email:
Name:	Title:	Phone:	Email:

Part II. Identification of AWOP & Rate Package Document

- A. Rate Package Effective Dates (If there are multiple rate periods in the rate package, please clarify the effective dates for each rate period):

From:

To:

- B. Description of rate submission (ie. New rate package or updates to approved rate package):

- C. Actuarial firm and actuary contact information, if applicable:

Name:	Title:	Phone:	Email:
Name:	Title:	Phone:	Email:
Name:	Title:	Phone:	Email:

D. Additional Documents, Related Items and Comments Associated with Rate Package:

Please enter the electronic file name(s) of all additional attachments and provide a brief description of how each document relates to the rate package.

Document Name	Description

If the number of attachments accompanying this submission exceeds the space on this form, check the following box and provide a document providing similar information for all additional attachments. ☐

PRA Disclosure Statement Sections 1894 and 1934 of the Social Security Act and 42 CFR 460.182 require states to make monthly prospective capitated payments to PACE organizations for enrolled Medicaid beneficiaries. Under the Medicaid State plan, states agree that they will submit all capitated rates to CMS for prior approval, and will include the name, organizational affiliate of any actuary used, and attestation/description of the capitation rates. The purpose of the PRA package is to provide clear guidance to states with respect to the development of the amount that would otherwise have been paid to a comparable population (AWOP) and PACE rates and the documentation that must accompany PACE rate package submissions to CMS. States will be required to complete Appendix B: PACE AWOP and Rate Package Submission Cover Sheet for inclusion with all PACE rate package submissions. 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 0938-1148 (CMS-10398 #84). The time required to complete this information collection is estimated to average 30 minutes 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.

Part III. Standard questions associated with the Rate Package

Please respond to the following questions:

1. Were the AWOP and PACE rates developed consistent with and not in conflict with the State Plan? Yes ☐ No ☐
2. Was the base data used for the AWOP calculation less than three years old? Yes ☐ No ☐
3. Did the base data used in the AWOP reflect the costs of a comparably frail population otherwise eligible for PACE? Yes ☐ No ☐
4. Were the PACE organization administrative costs excluded in the AWOP calculation? Yes ☐ No ☐
5. Was patient liability included/excluded consistently in both the AWOP and PACE rates? Yes ☐ No ☐
6. Do the AWOP and PACE rates include all eligible Medicaid state plan and waiver services? Yes ☐ No ☐
7. Are there any risk sharing or risk mitigation mechanisms in PACE? Yes ☐ No ☐
(Note: Risk sharing or risk mitigation mechanisms are not allowable in PACE.)
8. Are there quality incentives paid to the PACE organizations? Yes ☐ No ☐
9. Is the PACE rate (plus any expected quality incentives) less than the AWOP for each rate cell? Yes ☐ No ☐
10. Is the submission a mid-year AWOP or PACE rate adjustment? Yes ☐ No ☐
(if the answer is 'No', skip Question 11)
11. Did CMS pre-approve the submission of the mid-year adjustment? Yes ☐ No ☐
Date of pre-approval: (/ /)
12. Has the state submitted all required documentation supporting the PACE AWOP and capitation rate development, including (if applicable) any Medicaid managed care capitation rate certifications referenced in the PACE methodology documentation? Yes ☐ No ☐