

## Purpose of Rate Reduction or Restructuring Template

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 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 not meet the requirements in 42 CFR 447.203(c)(1). The information in this template will be reviewed as part of the State plan amendment review process.

## Submission and Communications

- 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**

## Rate Reduction or Restructuring Template Organization

Consistent with 42 CFR 447.203 and 447.204, this template provides space for a state to demonstrate compliance with fee-for-service access to care requirements. As described in 42 CFR 447.203(c)(1), for any SPA that proposes to reduce provider payment rates or restructure provider payments, 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.
- 2: Proposed reduction or restructuring, including the cumulative effect of all reductions or restructurings taken throughout the current state fiscal year, will be 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 Compliance" tab
- (2) "I 80% Medicare" tab
- (3) "II 4% 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).

Within this template, a state shall report all data in the **BEIGE COLORED CELLS**. Tabs are organized as follows:

<b><u>Tab name:</u></b>	<b><u>Tab topic:</u></b>
State Attestation	Attestation that the template is accurate, and complete, and has been prepared in accordance with applicable instructions
0 Summary of compliance	Summary of state compliance with the three criteria, as shown in tabs I through III, required for any rate reduction or restructuring

I 80% Medicare	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
II 4% Aggregate	Comparison of estimated aggregate expenditures after proposed rate reductions or restructuring and prior years' expenditures
III Public Process Attestation	Attestation of compliance with public process
IV Addl - Analysis	Additional rate analysis; to be completed if the three criteria, as shown in tabs I through III, are not met
V Addl - Providers	Additional provider analysis; to be completed if the three criteria, as shown in tabs I through III, are not met
VI Addl - Beneficiary	Additional beneficiary access analysis; to be completed if the three criteria, as shown in tabs I through III, are not met
VII Addl - Services	Additional service utilization analysis; to be completed if the three criteria, as shown in tabs I through III, are not met
VIII Addl - Concerns	Additional summary of concerns from the public process and state responses; to be completed if the three criteria, as shown in tabs I through III, are not met

## Rate Reduction or Restructuring Template Instructions

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. "Summary of compliance" tab

#### 0.A. Information for Primary Contact

**0.A.1-0.A.4:** The state must enter the Name, Phone Number, Email Address, and Title of the Primary Contact related to this template. Follow-up communications related to this template will be made with the primary contact.

**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.

#### 0.B. Rate reduction or restructuring criteria

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% 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.1:** This row assesses whether the state has met criterion #1 in 42 CFR 447.203(c)(1)(i) based on data provided in the "I 80% Medicare" tab. If the aggregate Medicaid payment rates are at or above 80 percent of the most recently published Medicare payment rates, as calculated in the "I 80% Medicare" tab, then criterion #1 will be considered "Met."

**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 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.B.3:** This row assesses whether the state has met criterion #3 in 42 CFR 447.203(c)(1)(iii) based on data provided in the "III Public Process Attestation" tab. If the state has attested that the 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, and the state can reasonably respond to or mitigate the concerns, as appropriate, then criterion #3 will be considered "Met."

### I. "80% Medicare" tab

#### 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 are at or above 80 percent of the most recently published Medicare payment rates). 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. Details regarding the requested information are below:

Data element	Column	Data Format	Instructions and Definition
Name of SPA	B	Free text	Enter the name of the State Plan Amendment (SPA) that contains the rate reduction or restructuring
Date SPA submitted	C	Free text	Enter the date the SPA was submitted
Benefit category	D	Free text	Enter the type of service associated with the 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	E	Dollar amount	Enter the Medicaid payment rates for the benefit category in the aggregate (including base and supplemental payments) AFTER the rate reduction or restructuring
Medicare payment rates	F	Dollar amount	Enter the most recently published Medicare payment rates for the benefit category in aggregate
Rate reduction or restructuring percentage	G	Percentage (auto populated)	The state does not need to enter any data in this column as it is auto populated. This column calculates the aggregated Medicaid payment rate compared to the Medicare payment rate entered by the state.
Rate reduction or restructuring criterion met	H	Text (auto populated)	The state does not need to enter any data in this row as it is auto populated. This column identifies whether the state has met criterion #1 in 42 CFR 447.203(c)(1)(i) for each row on the tab.

### II. "4% Aggregate" tab

#### II.A. Aggregate FFS Medicaid expenditures

This section allows the state to demonstrate compliance with criterion #2 in 42 CFR 447.203(c)(1)(ii) (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. Details regarding the requested information are below:

Data element	Column	Data Format	Instructions and Definition
Name of SPA	B	Free text (auto populated)	Auto populated with the name of the State Plan Amendment (SPA) as entered on the "I 80% Medicare" tab
Date SPA submitted	C	Free text (auto populated)	Auto populated with the date the SPA was submitted as entered on the "I 80% Medicare" tab
Benefit category	D	Free text (auto populated)	Auto populated with the benefit category as entered on the "I 80% Medicare" tab
Estimated expenditures	E	Dollar amount	Estimated expenditures AFTER rate reduction or restructuring
Prior year expenditures	F	Dollar amount	Prior year expenditures submitted on the state's Form CMS-64
Comparison of expenditures	G	Percentage (auto populated)	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
Rate reduction or restructuring criterion met	H	Text (auto populated)	The state does not need to enter any data in this row as it is auto populated. This column identifies whether the state has met criterion #2 for each row on the tab.

**III. "Public Process Attestation" tab**

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). The state must read and attest to the statement on the tab.

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

For any state that does not meet the three criteria required for all SPAs proposing rate reduction or restructuring, 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. "Addl - Analysis" tab**

**IV.A. Summary of the proposed payment change**

**IV.A.1:** The state will provide a summary of the proposed payment change. The summary must include the 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.

**IV.B. Aggregate rate changes**

This section allows the state to provide 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 F.

Details regarding the requested information are below:

Data element	Column	Data Format	Instructions and Definition
Benefit category	B	Free text	Enter the type of service associated with the 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 (including base and supplemental payments) BEFORE rate reduction or restructuring	C	Dollar	Enter the Dollar (\$) of the Medicaid fee-for-service payment rate including any supplemental payments for services
Medicaid payment rates in the aggregate (including base and supplemental payments) AFTER rate reduction or restructuring	D	Dollar	Enter the Dollar (\$) of the Medicaid fee-for-service payment rate including any supplemental payments for services
Medicare payment rate	E	Dollar	Enter the Dollar (\$) of the most recently published Medicare non-facility payment rates effective for the same time period for the evaluation and management (E/M) codes applicable to the benefit category
Health care payer rate	F	Dollar	Enter the Dollar (\$) for 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
Comparison of Medicaid (BEFORE rate reduction or restructuring) to Medicare	G	Percentage (auto populated)	Medicaid payment amount / Medicare payment amount
Comparison of Medicaid (BEFORE rate reduction or restructuring) to health care payer	H	Percentage (auto populated)	Medicaid payment amount / health care payer payment amount
Comparison of Medicaid (AFTER rate reduction or restructuring) to Medicare	I	Percentage (auto populated)	Medicaid payment amount / Medicare payment amount
Comparison of Medicaid (AFTER rate reduction or restructuring) to health care payer	J	Percentage (auto populated)	Medicaid payment amount / health care payer payment amount

**V. "Addl - Providers" tab**

**V.A. Three years preceding the SPA submission date**

**V.A.1-A.3:** The state must define the three years preceding the proposed SPA by entering the start and end dates in the **BEIGE COLORED CELLS** in columns D and E. The state will use the most recent and complete data available.

**V.B. Actively participating providers of services**

This section allows the state to provide additional details on the actively participating providers for each benefit category affected by the proposed reduction or restructuring. Note that for this purpose, an actively participating provider is a provider that is participating in the Medicaid program, 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.

Details regarding the requested information are below:

Data element	Column	Data Format	Instructions and Definition
Benefit category	B	Free text (auto populated)	Auto populated with the benefit category as entered on the "IV Addl - Analysis" tab
State-specified geographic region	C	Free text	Enter the state-specified geographic region (for example, county or parish)
Provider type	D	Free text	Enter the provider type [PLACEHOLDER FOR ADDITIONAL INSTRUCTIONS RELATED TO PROVIDER TYPE]
Site of service	E	Free text	Enter the site of service [PLACEHOLDER FOR ADDITIONAL INSTRUCTIONS RELATED TO SITE OF SERVICE]
Number of actively participating providers - Year 1	F	Number	Enter the number of actively participating providers for the affected benefit category for Year 1, where Year 1 is the time period defined in V.A.1
Number of actively participating providers - Year 2	G	Number	Enter the number of actively participating providers for the affected benefit category for Year 2, where Year 2 is the time period defined in V.A.2
Number of actively participating providers - Year 3	H	Number	Enter the number of actively participating providers for the affected benefit category for Year 3, where Year 3 is the time period defined in V.A.3
Trend from Year 1 to Year 2	I	Percentage (auto populated)	Number of actively participating providers - Year 2 / Number of actively participating providers - Year 1 (auto populated)
Trend from Year 2 to Year 3	J	Percentage (auto populated)	Number of actively participating providers - Year 3 / Number of actively participating providers - Year 2 (auto populated)
Change from Year 1 to Year 3	K	Number (auto populated)	Number of actively participating providers - Year 3 - Number of actively participating providers - Year 1 (auto populated)
Trend from Year 1 to Year 3	L	Text and percentage change (auto populated)	Description of the trend of the number of actively participating providers from Year 1 to Year 3 (auto populated)
Description of trends	M	Free text	Enter a description of observed trends for each geographic area over the 3 year period.
Anticipated effect of rate reduction or restructuring	N	Free text	Provide an estimate of the anticipated effect of the rate reduction or restructuring on the number of actively participating providers for each geographic area

**VI. "Addl - Beneficiary" tab**

**VI.A. Three years preceding the SPA submission date**

**VI.A.1-A.3:** The state must define the three years preceding the proposed SPA by entering the start and end dates in the **BEIGE COLORED CELLS** in columns D and E. The state will use the most recent and complete data available.

**VI.B. Beneficiaries receiving services through fee-for-service (FFS) delivery system**

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. The state must populate the requested information in the **BEIGE COLORED CELLS** in column D.

**VI.B.1:** The state must describe the demographic characteristics of the beneficiary populations receiving services affected by the rate reduction or restructuring.

**VI.B.2:** The state must describe how the proposed rate reduction or restructuring may affect access to care and service delivery for beneficiaries in various populations.

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

**VI.C. Beneficiaries receiving services through FFS delivery system**

This section allows the state to provide quantitative information on the beneficiaries receiving services affected by the rate reduction or restructuring. The state will include beneficiaries who received 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 through O and columns AO through AP.

Details regarding the requested information are below:

Data element	Column	Data Format	Instructions and Definition
Benefit category	B	Free text (auto populated)	Auto populated with the benefit category as entered on the "IV Addl - Analysis" tab
State-specified geographic region	C	Free text	Enter the state-specified geographic region (for example, county or parish)
Total number of beneficiaries receiving services - Year 1	D	Number	Enter the total number of beneficiaries receiving services for Year 1, where Year 1 is the time period defined in VI.A.1
Total number of beneficiaries receiving services - Year 2	E	Number	Enter the total number of beneficiaries receiving services for Year 2, where Year 2 is the time period defined in VI.A.2
Total number of beneficiaries receiving services - Year 3	F	Number	Enter the total number of beneficiaries receiving services for Year 3, where Year 3 is the time period defined in VI.A.3
Number of adult beneficiaries receiving services - Year 1	G	Number	Enter the number of adult beneficiaries receiving services for Year 1, where Year 1 is the time period defined in VI.A.1
Number of adult beneficiaries receiving services - Year 2	H	Number	Enter the number of adult beneficiaries receiving services for Year 2, where Year 2 is the time period defined in VI.A.2
Number of adult beneficiaries receiving services - Year 3	I	Number	Enter the number of adult beneficiaries receiving services for Year 3, where Year 3 is the time period defined in VI.A.3
Number of child beneficiaries receiving services - Year 1	J	Number	Enter the number of child beneficiaries receiving services for Year 1, where Year 1 is the time period defined in VI.A.1
Number of child beneficiaries receiving services - Year 2	K	Number	Enter the number of child beneficiaries receiving services for Year 2, where Year 2 is the time period defined in VI.A.2
Number of child beneficiaries receiving services - Year 3	L	Number	Enter the number of child beneficiaries receiving services for Year 3, where Year 3 is the time period defined in VI.A.3
Number of beneficiaries who are living with disabilities receiving services - Year 1	M	Number	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
Number of beneficiaries who are living with disabilities receiving services - Year 2	N	Number	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
Number of beneficiaries who are living with disabilities receiving services - Year 3	O	Number	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
Proportion of beneficiaries who are adults - Year 1	P	Percentage (auto populated)	Auto populated
Proportion of beneficiaries who are adults - Year 2	Q	Percentage (auto populated)	Auto populated
Proportion of beneficiaries who are adults - Year 3	R	Percentage (auto populated)	Auto populated
Proportion of beneficiaries who are children - Year 1	S	Percentage (auto populated)	Auto populated
Proportion of beneficiaries who are children - Year 2	T	Percentage (auto populated)	Auto populated
Proportion of beneficiaries who are children - Year 3	U	Percentage (auto populated)	Auto populated
Proportion of beneficiaries who are living with disabilities - Year 1	V	Percentage (auto populated)	Auto populated
Proportion of beneficiaries who are living with disabilities - Year 2	W	Percentage (auto populated)	Auto populated
Proportion of beneficiaries who are living with disabilities - Year 3	X	Percentage (auto populated)	Auto populated
Trend of total number of beneficiaries receiving services from Year 1 to Year 2	Y	Percentage (auto populated)	Total number of beneficiaries receiving services - Year 2 / Total number of beneficiaries receiving services - Year 1 (auto populated)
Trend of total number of beneficiaries receiving services from Year 2 to Year 3	Z	Percentage (auto populated)	Total number of beneficiaries receiving services - Year 3 / Total number of beneficiaries receiving services - Year 2 (auto populated)
Change in total number of beneficiaries receiving services from Year 1 to Year 3	AA	Number (auto populated)	Total number of beneficiaries receiving services - Year 3 - Total number of beneficiaries receiving services - Year 1 (auto populated)
Trend of total number of beneficiaries receiving services from Year 1 to Year 3	AB	Text and percentage change (auto populated)	Description of the trend of total number of beneficiaries receiving services from Year 1 to Year 3 (auto populated)
Trend of number of adult beneficiaries receiving services from Year 1 to Year 2	AC	Percentage (auto populated)	Number of adult beneficiaries receiving services - Year 2 / Number of adult beneficiaries receiving services - Year 1 (auto populated)
Trend of number of adult beneficiaries receiving services from Year 2 to Year 3	AD	Percentage (auto populated)	Number of adult beneficiaries receiving services - Year 3 / Number of adult beneficiaries receiving services - Year 2 (auto populated)
Change in number of adult beneficiaries receiving services from Year 1 to Year 3	AE	Number (auto populated)	Number of adult beneficiaries receiving services - Year 3 - Number of adult beneficiaries receiving services - Year 1 (auto populated)
Trend of number of adult beneficiaries receiving services from Year 1 to Year 3	AF	Text and percentage change (auto populated)	Description of the trend of the number of adult beneficiaries receiving services from Year 1 to Year 3 (auto populated)
Trend of number of child beneficiaries receiving services from Year 1 to Year 2	AG	Percentage (auto populated)	Number of child beneficiaries receiving services - Year 2 / Number of child beneficiaries receiving services - Year 1 (auto populated)
Change in number of child beneficiaries receiving services from Year 2 to Year 3	AH	Percentage (auto populated)	Number of child beneficiaries receiving services - Year 3 / Number of child beneficiaries receiving services - Year 2 (auto populated)
Change in number of child beneficiaries receiving services from Year 1 to Year 3	AI	Number (auto populated)	Number of child beneficiaries receiving services - Year 3 - Number of child beneficiaries receiving services - Year 1 (auto populated)
Trend of number of child beneficiaries receiving services from Year 1 to Year 3	AJ	Text and percentage change (auto populated)	Description of the trend of the number of child beneficiaries receiving services from Year 1 to Year 3 (auto populated)
Trend of number of beneficiaries who are living with disabilities receiving services from Year 1 to Year 2	AK	Percentage (auto populated)	Number of beneficiaries who are living with disabilities receiving services - Year 2 / Number of beneficiaries who are living with disabilities receiving services - Year 1 (auto populated)

Trend of number of beneficiaries who are living with disabilities receiving services from Year 1 to Year 2	AL	Percentage (auto populated)	Number of beneficiaries who are living with disabilities receiving services - Year 3 / Number of beneficiaries who are living with disabilities receiving services - Year 2 (auto populated)
Change in number of beneficiaries who are living with disabilities receiving services from Year 1 to Year 3	AM	Number (auto populated)	Number of beneficiaries who are living with disabilities receiving services - Year 3 - Number of beneficiaries who are living with disabilities receiving services - Year 1 (auto populated)
Trend of number of beneficiaries who are living with disabilities receiving services from Year 1 to Year 3	AN	Text and percentage change (auto populated)	Description of the trend of the number of beneficiaries who are living with disabilities receiving services from Year 1 to Year 3 (auto populated)
Description of trends	AO	Free text	Enter a description of observed trends for each geographic area over the 3 year period.
Anticipated effect of rate reduction or restructuring	AP	Free text	Provide an estimate of the anticipated effect of the rate reduction or restructuring on the number beneficiaries receiving services for each geographic area
VII. "Addl - Services" tab			

**VII.A. Three years preceding the SPA submission date**

VII.A.1-A.3: The state must define the three years preceding the proposed SPA by entering the start and end dates in the **BEIGE COLORED CELLS** in columns D and E. The state will use the most recent and complete data available.

**VII.B. Medicaid services furnished through FFS delivery system**

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

VII.B.1: The state must describe services affected by the rate reduction or restructuring.

VII.B.2: The state must describe how the proposed rate reduction or restructuring may affect access to care and service delivery.

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

**VII.C. Medicaid services furnished through FFS delivery system**

This section allows the state to provide quantitative information on services furnished through the FFS delivery system affected by the proposed reduction or restructuring 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 through Q and columns AQ through AR.

Details regarding the requested information are below:

Data element	Column	Data Format	Instructions and Definition
Benefit category	B	Free text (auto populated)	Auto populated with the benefit category as entered on the "IV Addl - Analysis" tab
State-specified geographic region	C	Auto populated	Auto populated from the state-specified geographic region used on the "Addl - Providers" tab
Provider type	D	Auto populated	Auto populated from the provider type used on the "Addl - Providers" tab
Site of service	E	Auto populated	Auto populated from the site of service used on the "Addl" tab
Number of Medicaid services furnished through FFS - Year 1	F	Number	Enter the total number Medicaid services furnished through FFS for Year 1, where Year 1 is the time period defined in VII.A.1
Number of Medicaid services furnished through FFS - Year 2	G	Number	Enter the total number Medicaid services furnished through FFS for Year 2, where Year 2 is the time period defined in VII.A.2
Number of Medicaid services furnished through FFS - Year 3	H	Number	Enter the total number Medicaid services furnished through FFS for Year 3, where Year 3 is the time period defined in VII.A.3
Number of Medicaid services furnished to adult beneficiaries - Year 1	I	Number	Enter the number of Medicaid services furnished to adult beneficiaries for Year 1, where Year 1 is the time period defined in VII.A.1
Number of Medicaid services furnished to adult beneficiaries - Year 2	J	Number	Enter the number of Medicaid services furnished to adult beneficiaries for Year 2, where Year 2 is the time period defined in VII.A.2
Number of Medicaid services furnished to adult beneficiaries - Year 3	K	Number	Enter the number of Medicaid services furnished to adult beneficiaries for Year 3, where Year 3 is the time period defined in VII.A.3
Number of Medicaid services furnished to child beneficiaries - Year 1	L	Number	Enter the number of Medicaid services furnished to child beneficiaries for Year 1, where Year 1 is the time period defined in VII.A.1
Number of Medicaid services furnished to child beneficiaries - Year 2	M	Number	Enter the number of Medicaid services furnished to child beneficiaries for Year 2, where Year 2 is the time period defined in VII.A.2
Number of Medicaid services furnished to child beneficiaries - Year 3	N	Number	Enter the number of Medicaid services furnished to child beneficiaries for Year 3, where Year 3 is the time period defined in VII.A.3
Number of Medicaid services furnished to beneficiaries who are living with disabilities - Year 1	O	Number	Enter the number of Medicaid services furnished to beneficiaries who are living with disabilities for Year 1, where Year 1 is the time period defined in VII.A.1
Number of Medicaid services furnished to beneficiaries who are living with disabilities - Year 2	P	Number	Enter the number of Medicaid services furnished to beneficiaries who are living with disabilities for Year 2, where Year 2 is the time period defined in VII.A.2
Number of Medicaid services furnished to beneficiaries who are living with disabilities - Year 3	Q	Number	Enter the number of Medicaid services furnished to beneficiaries who are living with disabilities for Year 3, where Year 3 is the time period defined in VII.A.3
Proportion of Medicaid services furnished to adult beneficiaries - Year 1	R	Percentage (auto populated)	Auto populated
Proportion of Medicaid services furnished to adult beneficiaries - Year 2	S	Percentage (auto populated)	Auto populated
Proportion of Medicaid services furnished to adult beneficiaries - Year 3	T	Percentage (auto populated)	Auto populated
Proportion of Medicaid services furnished to child beneficiaries - Year 1	U	Percentage (auto populated)	Auto populated
Proportion of Medicaid services furnished to child beneficiaries - Year 2	V	Percentage (auto populated)	Auto populated
Proportion of Medicaid services furnished to child beneficiaries - Year 3	W	Percentage (auto populated)	Auto populated
Proportion of Medicaid services furnished to beneficiaries with disabilities - Year 1	X	Percentage (auto populated)	Auto populated
Proportion of Medicaid services furnished to beneficiaries with disabilities - Year 2	Y	Percentage (auto populated)	Auto populated
Proportion of Medicaid services furnished to beneficiaries with disabilities - Year 3	Z	Percentage (auto populated)	Auto populated
Trend of Medicaid services furnished through FFS from Year 1 to Year 2	AA	Percentage (auto populated)	Medicaid services furnished through FFS - Year 2 / Medicaid services furnished through FFS - Year 1 (auto populated)
Trend of Medicaid services furnished through FFS from Year 2 to Year 3	AB	Percentage (auto populated)	Medicaid services furnished through FFS - Year 3 / Medicaid services furnished through FFS - Year 2 (auto populated)

Change in the number of Medicaid services furnished through FFS from Year 1 to Year	AC	Number (auto populated)	Medicaid services furnished through FFS - Year 3 - Medicaid services furnished through FFS - Year 1 (auto populated)
Trend of Medicaid services furnished through FFS from Year 1 to Year 3	AD	Text and percentage change (auto populated)	Description of the trend of Medicaid services furnished through FFS from Year 1 to Year 3 (auto populated)
Trend of Medicaid services furnished to adult beneficiaries from Year 1 to Year 2	AE	Percentage (auto populated)	Medicaid services furnished to adult beneficiaries - Year 2 / Medicaid services furnished to adult beneficiaries - Year 1 (auto populated)
Trend of Medicaid services furnished to adult beneficiaries from Year 2 to Year 3	AF	Percentage (auto populated)	Medicaid services furnished to adult beneficiaries - Year 3 / Medicaid services furnished to adult beneficiaries - Year 2 (auto populated)
Change in number of Medicaid services furnished to adult beneficiaries from Year 1 to Year 3	AG	Number (auto populated)	Medicaid services furnished to adult beneficiaries - Year 3 - Medicaid services furnished to adult beneficiaries - Year 1 (auto populated)
Trend of Medicaid services furnished to adult beneficiaries from Year 1 to Year 3	AH	Text and percentage change (auto populated)	Description of the trend of Medicaid services furnished to adult beneficiaries from Year 1 to Year 3 (auto populated)
Trend of Medicaid services furnished to child beneficiaries from Year 1 to Year 2	AI	Percentage (auto populated)	Medicaid services furnished to child beneficiaries - Year 2 / Medicaid services furnished to child beneficiaries - Year 1 (auto populated)
Trend of Medicaid services furnished to child beneficiaries from Year 2 to Year 3	AJ	Percentage (auto populated)	Medicaid services furnished to child beneficiaries - Year 3 / Medicaid services furnished to child beneficiaries - Year 2 (auto populated)
Change in number of Medicaid services furnished to child beneficiaries from Year 1 to Year 3	AK	Number (auto populated)	Medicaid services furnished to child beneficiaries - Year 3 - Medicaid services furnished to child beneficiaries - Year 1 (auto populated)
Trend of Medicaid services furnished to child beneficiaries from Year 1 to Year 3	AL	Text and percentage change (auto populated)	Description of the trend of Medicaid services furnished to child beneficiaries from Year 1 to Year 3 (auto populated)
Trend of Medicaid services furnished to beneficiaries who are living with disabilities from Year 1 to Year 2	AM	Percentage (auto populated)	Medicaid services furnished to beneficiaries who are living with disabilities - Year 2 / Medicaid services furnished to beneficiaries who are living with disabilities - Year 1 (auto populated)
Trend of Medicaid services furnished to beneficiaries who are living with disabilities from Year 2 to Year 3	AN	Percentage (auto populated)	Medicaid services furnished to beneficiaries who are living with disabilities - Year 3 / Medicaid services furnished to beneficiaries who are living with disabilities - Year 2 (auto populated)
Change in number of Medicaid services furnished to beneficiaries who are living with disabilities from Year 1 to Year 3	AO	Number (auto populated)	Medicaid services furnished to beneficiaries who are living with disabilities - Year 3 - Medicaid services furnished to beneficiaries who are living with disabilities - Year 1 (auto populated)
Trend of Medicaid services furnished to beneficiaries who are living with disabilities from Year 1 to Year 3	AP	Text and percentage change (auto populated)	Description of the trend of Medicaid services furnished to beneficiaries who are living with disabilities from Year 1 to Year 3 (auto populated)
Description of trends	AQ	Free text	Enter a description of observed trends for each geographic area over the 3 year period
Anticipated effect of rate reduction or restructuring	AR	Free text	Provide an estimate of the anticipated effect on the number of Medicaid services furnished through the FFS delivery system for each geographic area

**VIII. "Addl - Concerns " tab**

**VIII.A. Summary of access to care concerns or complaints**

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 the proposed the payment rate reduction or restructuring along with the responses from the state. The state must populate the requested information in the **BEIGE COLORED CELLS** in column D.

**VIII.A.1:** The state must summarize 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.2:** The state must 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 must provide the file name of the document containing additional information and any applicable page numbers.

## Rate Reduction or Restructuring Template

1. I hereby certify that, to the best of my knowledge and belief, this report is true, accurate, and complete, and except as noted, has been prepared in accordance with applicable instructions. I further certify that I am familiar with the laws and regulations regarding the documentation of access to care and service payment rates, and this rate reduction or restructuring template is provided in compliance with such laws and regulations.

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.

**Electronic Signature:**

--

**Title & Contact Information:**

--

## 0. Summary of compliance with rate reduction or restructuring criteria

### A. Primary contact information

The state will use this section of the tab to provide contact information for any questions regarding this 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)			
	Item	Data Format	State response
0.A.1	Contact Name:	Enter free text	
0.A.2	Contact Phone:	Enter number as ###-###-####	
0.A.3	Contact Email:	Enter email address	
0.A.4	Contact Title:	Enter free text	
0.A.5	State:	Select from set values (drop down)	
0.A.6	State Agency Name:	Enter free text	

### B. Rate reduction or restructuring criteria

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% aggregate", 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			
Requirements per 42 CFR 447.203(c)(1)(i) through (iii)			
0.B.1	Medicaid payment rates in the aggregate (including base and supplemental payments) are at or above 80 percent of the most recently published Medicare payment rates	§ 447.203(c)(1)(i)	N/A
0.B.2	Proposal will result in no more than a 4 percent reduction in aggregate fee-for-service Medicaid expenditures for each benefit category during the state fiscal year	§ 447.203(c)(1)(ii)	N/A
0.B.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	§ 447.203(c)(1)(iii)	N/A

End of worksheet

## 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 proposed rate reduction or restructuring is at or above 80% of the most recently published Medicare payment rates 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.

#	Name of SPA	Date SPA submitted	Benefit Category	Medicaid payment rates in the aggregate	Medicare payment rates	Rate reduction or restructuring percentage	Rate reduction or restructuring criterion met
	<i>Enter the name of the SPA associated with the rate reduction or restructuring</i>	<i>Enter the date the SPA was submitted</i>	<i>Enter the benefit category associated with the rate reduction or restructuring in the SPA. Enter one benefit category per line.</i>	<i>Medicaid payment rates for the benefit category in the aggregate (including base and supplemental payments) AFTER rate reduction or restructuring</i>	<i>Most recently published Medicare payment rates of the benefit category in aggregate</i>	<i>Aggregated Medicaid payment rate/ Medicare payment rate (Auto populated)</i>	<i>Auto populated</i>
0						#DIV/0!	--
1						#DIV/0!	--
2						#DIV/0!	--
3						#DIV/0!	--
4						#DIV/0!	--
5						#DIV/0!	--
6						#DIV/0!	--
7						#DIV/0!	--
8						#DIV/0!	--
9						#DIV/0!	--
10						#DIV/0!	--
11						#DIV/0!	--
12						#DIV/0!	--
13						#DIV/0!	--
14						#DIV/0!	--
15						#DIV/0!	--
16						#DIV/0!	--
17						#DIV/0!	--
18						#DIV/0!	--
19						#DIV/0!	--
20						#DIV/0!	--
21						#DIV/0!	--
22						#DIV/0!	--
23						#DIV/0!	--
24						#DIV/0!	--
25						#DIV/0!	--
26						#DIV/0!	--
27						#DIV/0!	--
28						#DIV/0!	--
29						#DIV/0!	--
30						#DIV/0!	--
31						#DIV/0!	--
32						#DIV/0!	--
33						#DIV/0!	--
34						#DIV/0!	--
35						#DIV/0!	--
36						#DIV/0!	--
37						#DIV/0!	--
38						#DIV/0!	--
39						#DIV/0!	--
40						#DIV/0!	--
41						#DIV/0!	--
42						#DIV/0!	--
43						#DIV/0!	--
44						#DIV/0!	--
45						#DIV/0!	--
46						#DIV/0!	--
47						#DIV/0!	--
48						#DIV/0!	--
49						#DIV/0!	--
50						#DIV/0!	--
51						#DIV/0!	--
52						#DIV/0!	--
53						#DIV/0!	--
54						#DIV/0!	--
55						#DIV/0!	--

#	Name of SPA	Date SPA submitted	Benefit Category	Medicaid payment rates in the aggregate	Medicare payment rates	Rate reduction or restructuring percentage	Rate reduction or restructuring criterion met
56						#DIV/0!	--
57						#DIV/0!	--
58						#DIV/0!	--
59						#DIV/0!	--
60						#DIV/0!	--
61						#DIV/0!	--
62						#DIV/0!	--
63						#DIV/0!	--
64						#DIV/0!	--
65						#DIV/0!	--
66						#DIV/0!	--
67						#DIV/0!	--
68						#DIV/0!	--
69						#DIV/0!	--
70						#DIV/0!	--
71						#DIV/0!	--
72						#DIV/0!	--
73						#DIV/0!	--
74						#DIV/0!	--
75						#DIV/0!	--
76						#DIV/0!	--
77						#DIV/0!	--
78						#DIV/0!	--
79						#DIV/0!	--
80						#DIV/0!	--
81						#DIV/0!	--
82						#DIV/0!	--
83						#DIV/0!	--
84						#DIV/0!	--
85						#DIV/0!	--
86						#DIV/0!	--
87						#DIV/0!	--
88						#DIV/0!	--
89						#DIV/0!	--
90						#DIV/0!	--
91						#DIV/0!	--
92						#DIV/0!	--
93						#DIV/0!	--
94						#DIV/0!	--
95						#DIV/0!	--
96						#DIV/0!	--
97						#DIV/0!	--
98						#DIV/0!	--
99						#DIV/0!	--
100						#DIV/0!	--
101						#DIV/0!	--
102						#DIV/0!	--
103						#DIV/0!	--
104						#DIV/0!	--
105						#DIV/0!	--
106						#DIV/0!	--
107						#DIV/0!	--
108						#DIV/0!	--
109						#DIV/0!	--
110						#DIV/0!	--
111						#DIV/0!	--
112						#DIV/0!	--
113						#DIV/0!	--
114						#DIV/0!	--
115						#DIV/0!	--
116						#DIV/0!	--
117						#DIV/0!	--
118						#DIV/0!	--
119						#DIV/0!	--
120						#DIV/0!	--
121						#DIV/0!	--
122						#DIV/0!	--
123						#DIV/0!	--
124						#DIV/0!	--
125						#DIV/0!	--

#	Name of SPA	Date SPA submitted	Benefit Category	Medicaid payment rates in the aggregate	Medicare payment rates	Rate reduction or restructuring percentage	Rate reduction or restructuring criterion met
126						#DIV/0!	--
127						#DIV/0!	--
128						#DIV/0!	--
129						#DIV/0!	--
130						#DIV/0!	--
131						#DIV/0!	--
132						#DIV/0!	--
133						#DIV/0!	--
134						#DIV/0!	--
135						#DIV/0!	--
136						#DIV/0!	--
137						#DIV/0!	--
138						#DIV/0!	--
139						#DIV/0!	--
140						#DIV/0!	--
141						#DIV/0!	--
142						#DIV/0!	--
143						#DIV/0!	--
144						#DIV/0!	--
145						#DIV/0!	--
146						#DIV/0!	--
147						#DIV/0!	--
148						#DIV/0!	--
149						#DIV/0!	--
150						#DIV/0!	--
151						#DIV/0!	--
152						#DIV/0!	--
153						#DIV/0!	--
154						#DIV/0!	--
155						#DIV/0!	--
156						#DIV/0!	--
157						#DIV/0!	--
158						#DIV/0!	--
159						#DIV/0!	--
160						#DIV/0!	--
161						#DIV/0!	--
162						#DIV/0!	--
163						#DIV/0!	--
164						#DIV/0!	--
165						#DIV/0!	--
166						#DIV/0!	--
167						#DIV/0!	--
168						#DIV/0!	--
169						#DIV/0!	--
170						#DIV/0!	--
171						#DIV/0!	--
172						#DIV/0!	--
173						#DIV/0!	--
174						#DIV/0!	--
175						#DIV/0!	--
176						#DIV/0!	--
177						#DIV/0!	--
178						#DIV/0!	--
179						#DIV/0!	--
180						#DIV/0!	--
181						#DIV/0!	--
182						#DIV/0!	--
183						#DIV/0!	--
184						#DIV/0!	--
185						#DIV/0!	--
186						#DIV/0!	--
187						#DIV/0!	--
188						#DIV/0!	--
189						#DIV/0!	--
190						#DIV/0!	--
191						#DIV/0!	--
192						#DIV/0!	--
193						#DIV/0!	--
194						#DIV/0!	--
195						#DIV/0!	--

#	Name of SPA	Date SPA submitted	Benefit Category	Medicaid payment rates in the aggregate	Medicare payment rates	Rate reduction or restructuring percentage	Rate reduction or restructuring criterion met
196						#DIV/0!	--
197						#DIV/0!	--
198						#DIV/0!	--
199						#DIV/0!	--
200						#DIV/0!	--

## II. Calculation of reduction in aggregate FFS Medicaid expenditures

### A. 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 result in 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 "1 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.

#	Name of SPA	Date SPA submitted	Benefit Category	Estimated expenditures	Prior year expenditures	Comparison of expenditures	Rate reduction or restructuring criterion met
	<i>Auto populated from the Name of SPA entered on the "1 80% Medicare" tab</i>	<i>Auto populated from the Date SPA entered on the "1 80% Medicare" tab</i>	<i>Auto populated from the benefit category entered on the "1 80% Medicare" tab</i>	<i>Estimated expenditures AFTER rate reduction or restructuring</i>	<i>Prior year expenditures submitted on the state's Form CMS-64</i>	<i>Estimated expenditures / Prior year expenditures</i>	<i>Auto populated</i>
0	--	--	--			#DIV/0!	--
1	--	--	--			#DIV/0!	--
2	--	--	--			#DIV/0!	--
3	--	--	--			#DIV/0!	--
4	--	--	--			#DIV/0!	--
5	--	--	--			#DIV/0!	--
6	--	--	--			#DIV/0!	--
7	--	--	--			#DIV/0!	--
8	--	--	--			#DIV/0!	--
9	--	--	--			#DIV/0!	--
10	--	--	--			#DIV/0!	--
11	--	--	--			#DIV/0!	--
12	--	--	--			#DIV/0!	--
13	--	--	--			#DIV/0!	--
14	--	--	--			#DIV/0!	--
15	--	--	--			#DIV/0!	--
16	--	--	--			#DIV/0!	--
17	--	--	--			#DIV/0!	--
18	--	--	--			#DIV/0!	--
19	--	--	--			#DIV/0!	--
20	--	--	--			#DIV/0!	--
21	--	--	--			#DIV/0!	--
22	--	--	--			#DIV/0!	--
23	--	--	--			#DIV/0!	--
24	--	--	--			#DIV/0!	--
25	--	--	--			#DIV/0!	--
26	--	--	--			#DIV/0!	--
27	--	--	--			#DIV/0!	--
28	--	--	--			#DIV/0!	--
29	--	--	--			#DIV/0!	--
30	--	--	--			#DIV/0!	--
31	--	--	--			#DIV/0!	--
32	--	--	--			#DIV/0!	--
33	--	--	--			#DIV/0!	--
34	--	--	--			#DIV/0!	--
35	--	--	--			#DIV/0!	--
36	--	--	--			#DIV/0!	--
37	--	--	--			#DIV/0!	--
38	--	--	--			#DIV/0!	--
39	--	--	--			#DIV/0!	--
40	--	--	--			#DIV/0!	--
41	--	--	--			#DIV/0!	--
42	--	--	--			#DIV/0!	--
43	--	--	--			#DIV/0!	--
44	--	--	--			#DIV/0!	--
45	--	--	--			#DIV/0!	--
46	--	--	--			#DIV/0!	--
47	--	--	--			#DIV/0!	--
48	--	--	--			#DIV/0!	--

#	Name of SPA	Date SPA submitted	Benefit Category	Estimated expenditures	Prior year expenditures	Comparison of expenditures	Rate reduction or restructuring criterion met
49	--	--	--			#DIV/0!	--
50	--	--	--			#DIV/0!	--
51	--	--	--			#DIV/0!	--
52	--	--	--			#DIV/0!	--
53	--	--	--			#DIV/0!	--
54	--	--	--			#DIV/0!	--
55	--	--	--			#DIV/0!	--
56	--	--	--			#DIV/0!	--
57	--	--	--			#DIV/0!	--
58	--	--	--			#DIV/0!	--
59	--	--	--			#DIV/0!	--
60	--	--	--			#DIV/0!	--
61	--	--	--			#DIV/0!	--
62	--	--	--			#DIV/0!	--
63	--	--	--			#DIV/0!	--
64	--	--	--			#DIV/0!	--
65	--	--	--			#DIV/0!	--
66	--	--	--			#DIV/0!	--
67	--	--	--			#DIV/0!	--
68	--	--	--			#DIV/0!	--
69	--	--	--			#DIV/0!	--
70	--	--	--			#DIV/0!	--
71	--	--	--			#DIV/0!	--
72	--	--	--			#DIV/0!	--
73	--	--	--			#DIV/0!	--
74	--	--	--			#DIV/0!	--
75	--	--	--			#DIV/0!	--
76	--	--	--			#DIV/0!	--
77	--	--	--			#DIV/0!	--
78	--	--	--			#DIV/0!	--
79	--	--	--			#DIV/0!	--
80	--	--	--			#DIV/0!	--
81	--	--	--			#DIV/0!	--
82	--	--	--			#DIV/0!	--
83	--	--	--			#DIV/0!	--
84	--	--	--			#DIV/0!	--
85	--	--	--			#DIV/0!	--
86	--	--	--			#DIV/0!	--
87	--	--	--			#DIV/0!	--
88	--	--	--			#DIV/0!	--
89	--	--	--			#DIV/0!	--
90	--	--	--			#DIV/0!	--
91	--	--	--			#DIV/0!	--
92	--	--	--			#DIV/0!	--
93	--	--	--			#DIV/0!	--
94	--	--	--			#DIV/0!	--
95	--	--	--			#DIV/0!	--
96	--	--	--			#DIV/0!	--
97	--	--	--			#DIV/0!	--
98	--	--	--			#DIV/0!	--
99	--	--	--			#DIV/0!	--
100	--	--	--			#DIV/0!	--
101	--	--	--			#DIV/0!	--
102	--	--	--			#DIV/0!	--
103	--	--	--			#DIV/0!	--
104	--	--	--			#DIV/0!	--
105	--	--	--			#DIV/0!	--
106	--	--	--			#DIV/0!	--
107	--	--	--			#DIV/0!	--
108	--	--	--			#DIV/0!	--
109	--	--	--			#DIV/0!	--
110	--	--	--			#DIV/0!	--
111	--	--	--			#DIV/0!	--
112	--	--	--			#DIV/0!	--
113	--	--	--			#DIV/0!	--
114	--	--	--			#DIV/0!	--
115	--	--	--			#DIV/0!	--
116	--	--	--			#DIV/0!	--
117	--	--	--			#DIV/0!	--
118	--	--	--			#DIV/0!	--
119	--	--	--			#DIV/0!	--

#	Name of SPA	Date SPA submitted	Benefit Category	Estimated expenditures	Prior year expenditures	Comparison of expenditures	Rate reduction or restructuring criterion met
120	--	--	--			#DIV/0!	--
121	--	--	--			#DIV/0!	--
122	--	--	--			#DIV/0!	--
123	--	--	--			#DIV/0!	--
124	--	--	--			#DIV/0!	--
125	--	--	--			#DIV/0!	--
126	--	--	--			#DIV/0!	--
127	--	--	--			#DIV/0!	--
128	--	--	--			#DIV/0!	--
129	--	--	--			#DIV/0!	--
130	--	--	--			#DIV/0!	--
131	--	--	--			#DIV/0!	--
132	--	--	--			#DIV/0!	--
133	--	--	--			#DIV/0!	--
134	--	--	--			#DIV/0!	--
135	--	--	--			#DIV/0!	--
136	--	--	--			#DIV/0!	--
137	--	--	--			#DIV/0!	--
138	--	--	--			#DIV/0!	--
139	--	--	--			#DIV/0!	--
140	--	--	--			#DIV/0!	--
141	--	--	--			#DIV/0!	--
142	--	--	--			#DIV/0!	--
143	--	--	--			#DIV/0!	--
144	--	--	--			#DIV/0!	--
145	--	--	--			#DIV/0!	--
146	--	--	--			#DIV/0!	--
147	--	--	--			#DIV/0!	--
148	--	--	--			#DIV/0!	--
149	--	--	--			#DIV/0!	--
150	--	--	--			#DIV/0!	--
151	--	--	--			#DIV/0!	--
152	--	--	--			#DIV/0!	--
153	--	--	--			#DIV/0!	--
154	--	--	--			#DIV/0!	--
155	--	--	--			#DIV/0!	--
156	--	--	--			#DIV/0!	--
157	--	--	--			#DIV/0!	--
158	--	--	--			#DIV/0!	--
159	--	--	--			#DIV/0!	--
160	--	--	--			#DIV/0!	--
161	--	--	--			#DIV/0!	--
162	--	--	--			#DIV/0!	--
163	--	--	--			#DIV/0!	--
164	--	--	--			#DIV/0!	--
165	--	--	--			#DIV/0!	--
166	--	--	--			#DIV/0!	--
167	--	--	--			#DIV/0!	--
168	--	--	--			#DIV/0!	--
169	--	--	--			#DIV/0!	--
170	--	--	--			#DIV/0!	--
171	--	--	--			#DIV/0!	--
172	--	--	--			#DIV/0!	--
173	--	--	--			#DIV/0!	--
174	--	--	--			#DIV/0!	--
175	--	--	--			#DIV/0!	--
176	--	--	--			#DIV/0!	--
177	--	--	--			#DIV/0!	--
178	--	--	--			#DIV/0!	--
179	--	--	--			#DIV/0!	--
180	--	--	--			#DIV/0!	--
181	--	--	--			#DIV/0!	--
182	--	--	--			#DIV/0!	--
183	--	--	--			#DIV/0!	--
184	--	--	--			#DIV/0!	--
185	--	--	--			#DIV/0!	--
186	--	--	--			#DIV/0!	--
187	--	--	--			#DIV/0!	--
188	--	--	--			#DIV/0!	--
189	--	--	--			#DIV/0!	--
190	--	--	--			#DIV/0!	--

#	Name of SPA	Date SPA submitted	Benefit Category	Estimated expenditures	Prior year expenditures	Comparison of expenditures	Rate reduction or restructuring criterion met
191	--	--	--			#DIV/0!	--
192	--	--	--			#DIV/0!	--
193	--	--	--			#DIV/0!	--
194	--	--	--			#DIV/0!	--
195	--	--	--			#DIV/0!	--
196	--	--	--			#DIV/0!	--
197	--	--	--			#DIV/0!	--
198	--	--	--			#DIV/0!	--
199	--	--	--			#DIV/0!	--
200	--	--	--			#DIV/0!	--

### 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.

**Electronic Signature:**

--

**Title & Contact Information:**

--

**IV. Additional Rate Analysis**

**A. Summary of the proposed payment change**

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)(j).

#	Item	Item instructions	Data Format	Input state responses in beige cells	
				State response	
IV.A.1	A summary of the proposed payment change	Describe the reason for the proposal and a description of any policy purpose for the proposed change. 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.	Free text		

**B. Aggregate rate changes**

The state will use this section of the tab to provide information on the aggregate Medicaid payment rates change for services as described in 447.203(c)(2)(i).

#	Benefit Category	Medicaid payment rates in the aggregate (including base and supplemental payments) BEFORE rate reduction or restructuring	Medicaid payment rates in the aggregate (including base and supplemental payments) AFTER rate reduction or restructuring	Medicare payment rate	Health care payer rate	Comparison of Medicaid (BEFORE rate reduction or restructuring) to Medicare	Comparison of Medicaid (BEFORE rate reduction or restructuring) to health care payer	Comparison of Medicaid (AFTER rate reduction or restructuring) to Medicare	Comparison of Medicaid (AFTER rate reduction or restructuring) to health care payer
0	Enter the benefit category associated with the rate reduction or restructuring in the SPA. Enter one benefit category per line.	Enter the Dollar (\$) of the Medicaid fee-for-service payment rate including any supplemental payments for services	Enter the Dollar (\$) of the Medicaid fee-for-service payment rate including any supplemental payments for services	Enter the Dollar (\$) of the most recently published Medicare non-facility payment rates effective for the same time period for the evaluation and management (E/M) codes applicable to the benefit category	Enter the Dollar (\$) for 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 available.	Auto populated	Auto populated	Auto populated	Auto populated
1						#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
2						#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
3						#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
4						#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
5						#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
6						#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
7						#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
8						#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
9						#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
10						#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
11						#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
12						#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
13						#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
14						#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
15						#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
16						#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
17						#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
18						#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
19						#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
20						#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
21						#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
22						#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
23						#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
24						#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
25						#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
26						#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
27						#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
28						#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
29						#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
30						#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
31						#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
32						#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
33						#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
34						#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
35						#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
36						#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
37						#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
38						#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
39						#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
40						#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
41						#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
42						#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
43						#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
44						#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
45						#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
46						#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
47						#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
48						#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
49						#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
50						#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
51						#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
52						#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
53						#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
54						#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
55						#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
56						#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
57						#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
58						#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
59						#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
60						#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
61						#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
62						#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
63						#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
64						#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
65						#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
66						#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
67						#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
68						#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
69						#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
70						#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!



#	Benefit Category	Medicaid payment rates in the aggregate (including base and supplemental payments) BEFORE rate reduction or restructuring	Medicaid payment rates in the aggregate (including base and supplemental payments) AFTER rate reduction or restructuring	Medicare payment rate	Health care payer rate	Comparison of Medicaid (BEFORE rate reduction or restructuring) to Medicare	Comparison of Medicaid (BEFORE rate reduction or restructuring) to health care payer	Comparison of Medicaid (AFTER rate reduction or restructuring) to Medicare	Comparison of Medicaid (AFTER rate reduction or restructuring) to health care payer
173						#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
174						#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
175						#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
176						#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
177						#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
178						#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
179						#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
180						#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
181						#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
182						#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
183						#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
184						#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
185						#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
186						#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
187						#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
188						#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
189						#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
190						#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
191						#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
192						#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
193						#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
194						#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
195						#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
196						#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
197						#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
198						#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
199						#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
200						#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!



Benefit Category	State-specified geographic region	Provider type	Site of service	Number of actively participating providers - Year 1	Number of actively participating providers - Year 2	Number of actively participating providers - Year	Trend from Year 1 to Year 2	Trend from Year 2 to Year 3	Change from Year 1 to Year 3	Trend from Year 1 to Year 3	Description of trends	Anticipated effect of rate reduction or restructuring
111	..						ADWSP	ADWSP	0.0	ADWSP		
111	..						ADWSP	ADWSP	0.0	ADWSP		
118	..						ADWSP	ADWSP	0.0	ADWSP		
118	..						ADWSP	ADWSP	0.0	ADWSP		
120	..						ADWSP	ADWSP	0.0	ADWSP		
121	..						ADWSP	ADWSP	0.0	ADWSP		
122	..						ADWSP	ADWSP	0.0	ADWSP		
123	..						ADWSP	ADWSP	0.0	ADWSP		
124	..						ADWSP	ADWSP	0.0	ADWSP		
125	..						ADWSP	ADWSP	0.0	ADWSP		
126	..						ADWSP	ADWSP	0.0	ADWSP		
127	..						ADWSP	ADWSP	0.0	ADWSP		
128	..						ADWSP	ADWSP	0.0	ADWSP		
129	..						ADWSP	ADWSP	0.0	ADWSP		
130	..						ADWSP	ADWSP	0.0	ADWSP		
131	..						ADWSP	ADWSP	0.0	ADWSP		
132	..						ADWSP	ADWSP	0.0	ADWSP		
133	..						ADWSP	ADWSP	0.0	ADWSP		
134	..						ADWSP	ADWSP	0.0	ADWSP		
135	..						ADWSP	ADWSP	0.0	ADWSP		
136	..						ADWSP	ADWSP	0.0	ADWSP		
137	..						ADWSP	ADWSP	0.0	ADWSP		
138	..						ADWSP	ADWSP	0.0	ADWSP		
139	..						ADWSP	ADWSP	0.0	ADWSP		
140	..						ADWSP	ADWSP	0.0	ADWSP		
141	..						ADWSP	ADWSP	0.0	ADWSP		
142	..						ADWSP	ADWSP	0.0	ADWSP		
143	..						ADWSP	ADWSP	0.0	ADWSP		
144	..						ADWSP	ADWSP	0.0	ADWSP		
145	..						ADWSP	ADWSP	0.0	ADWSP		
146	..						ADWSP	ADWSP	0.0	ADWSP		
147	..						ADWSP	ADWSP	0.0	ADWSP		
148	..						ADWSP	ADWSP	0.0	ADWSP		
149	..						ADWSP	ADWSP	0.0	ADWSP		
150	..						ADWSP	ADWSP	0.0	ADWSP		
151	..						ADWSP	ADWSP	0.0	ADWSP		
152	..						ADWSP	ADWSP	0.0	ADWSP		
153	..						ADWSP	ADWSP	0.0	ADWSP		
154	..						ADWSP	ADWSP	0.0	ADWSP		
155	..						ADWSP	ADWSP	0.0	ADWSP		
156	..						ADWSP	ADWSP	0.0	ADWSP		
157	..						ADWSP	ADWSP	0.0	ADWSP		
158	..						ADWSP	ADWSP	0.0	ADWSP		
159	..						ADWSP	ADWSP	0.0	ADWSP		
160	..						ADWSP	ADWSP	0.0	ADWSP		
161	..						ADWSP	ADWSP	0.0	ADWSP		
162	..						ADWSP	ADWSP	0.0	ADWSP		
163	..						ADWSP	ADWSP	0.0	ADWSP		
164	..						ADWSP	ADWSP	0.0	ADWSP		
165	..						ADWSP	ADWSP	0.0	ADWSP		
166	..						ADWSP	ADWSP	0.0	ADWSP		
167	..						ADWSP	ADWSP	0.0	ADWSP		
168	..						ADWSP	ADWSP	0.0	ADWSP		
169	..						ADWSP	ADWSP	0.0	ADWSP		
170	..						ADWSP	ADWSP	0.0	ADWSP		
171	..						ADWSP	ADWSP	0.0	ADWSP		
172	..						ADWSP	ADWSP	0.0	ADWSP		
173	..						ADWSP	ADWSP	0.0	ADWSP		
174	..						ADWSP	ADWSP	0.0	ADWSP		
175	..						ADWSP	ADWSP	0.0	ADWSP		
176	..						ADWSP	ADWSP	0.0	ADWSP		
177	..						ADWSP	ADWSP	0.0	ADWSP		
178	..						ADWSP	ADWSP	0.0	ADWSP		
179	..						ADWSP	ADWSP	0.0	ADWSP		
180	..						ADWSP	ADWSP	0.0	ADWSP		
181	..						ADWSP	ADWSP	0.0	ADWSP		
182	..						ADWSP	ADWSP	0.0	ADWSP		
183	..						ADWSP	ADWSP	0.0	ADWSP		
184	..						ADWSP	ADWSP	0.0	ADWSP		
185	..						ADWSP	ADWSP	0.0	ADWSP		
186	..						ADWSP	ADWSP	0.0	ADWSP		
187	..						ADWSP	ADWSP	0.0	ADWSP		
188	..						ADWSP	ADWSP	0.0	ADWSP		
189	..						ADWSP	ADWSP	0.0	ADWSP		
190	..						ADWSP	ADWSP	0.0	ADWSP		
191	..						ADWSP	ADWSP	0.0	ADWSP		
192	..						ADWSP	ADWSP	0.0	ADWSP		
193	..						ADWSP	ADWSP	0.0	ADWSP		
194	..						ADWSP	ADWSP	0.0	ADWSP		
195	..						ADWSP	ADWSP	0.0	ADWSP		
196	..						ADWSP	ADWSP	0.0	ADWSP		
197	..						ADWSP	ADWSP	0.0	ADWSP		
198	..						ADWSP	ADWSP	0.0	ADWSP		
199	..						ADWSP	ADWSP	0.0	ADWSP		
200	..						ADWSP	ADWSP	0.0	ADWSP		









## VIII. Summary of access to care concerns or complaints

### A. 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, as described in 447.203(c)(2)(i). The state must also include its response to these concerns

			Input state response in beige cells
#	Item	Data Format	State response
VIII.A.1	Summary of any access to care concerns or complaints received from beneficiaries, providers, or other interested parties regarding the services affected by the proposed payment rate reduction or restructuring.	Free text	
VIII.A.2	Summary of the state's response 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.	Free text	
VIII.A.3	If additional space is needed, the state may provide information in a separate document. The state must provide the file name of the document containing this information and any applicable page numbers.	Attachment	