

WRITTEN RESPONSE SCORING
September 21 – September 25
RFP #2334-831
Solicitation Title: Actuarially PACE rate

Vendor Name: Milliman

Evaluator Number: WE1

General Guidelines:

- Please score each vendor's response without reference to the scores for other vendors. Each score should reflect your score based on the criteria only.
- Please note all scores and comments in the allotted sections. If you change a score, initial the change.
- Please include comments that will assist the vendor in understanding why the response did not get full points. Positive comments are also welcome.
- We would prefer that you leave a comment for each question scored, briefly explaining why you assigned that particular score.
- You may discuss the proposals among the evaluation team, but each evaluator should score independently. **We do not use consensus scoring.**
- Do not downgrade a proposal because it did not address something that was not asked for in the Solicitation.

Scoring of Proposals

The following available points will be assigned to the proposal for evaluation purposes:

Section 2 Non-Cost Submittal-----1080 points

If you have questions, please direct them to amel.alsalman@dshs.wa.gov, Solicitation Coordinator, phone 360-664-6059. All evaluations must be returned and reviewed by the Solicitation Coordinator at the end of the evaluation.

Score	Description	Discussion
90-100% of available points	Exceptional	Clearly superior to that which is average.
70-80%	Above Average	Better than that which is average.
50-60%	Average	Baseline score for each item with adjustments based upon the evaluator's interpretation of the Bidder's response.
30-40%	Below Average	Substandard to that which is average.
10-20%	Failing	Non-responsive or clearly inadequate to that which is average.
0%	No Experience	Response shows no experience in this skill or capability.

Evaluator Scoresheet for RFP #2334-831

You will be evaluating one part of the bidder’s submission: Sections 3 and 4. Non-Cost Submittal. If a question requires Bidders to submit additional documents, they will be included in an attached document.

BIDDER Non-Cost Submittal (1080 Points)		1080 MAX POINTS	SCORE
3A	Please <u>describe the experience, skills and qualifications your organization possesses related to 5 years or more of actuarial experience with setting capitated medical, behavioral health and long-term care rates for Medicaid managed care organizations.</u> Please include examples of specific methodology used with setting actuarial sound managed care rates specifically for Programs of All Inclusive Care for the Elderly (PACE), a fully integrated managed care program	120	120
COMMENT:	Milliman provided clear and concise responses to their experience, skills and qualifications in addition to noting 27 years of experience in WA specifically; in addition to, holding contracts with 19 other state Medicaid agencies to sign and actuarially certify state Medicaid managed care capitation rates. Milliman demonstrated a thorough understanding of WA’s Medicaid medical, behavioral health and LTC down to specific programs. Methodology around PACE rate setting with clearly outlined		
3B	Please describe your <u>organization’s experience and expertise with the Center of Medicare and Medicaid (CMS) guidelines for the PACE rate calculations.</u> Please provide examples that present referenced CMS guidelines and how they pertain to the PACE rate calculations that are created.	80	80
COMMENT:	Milliman demonstrated extensive experience developing capitation rates for PACE programs in numerous states including WA (noting 15 years in WA alone). They outlined their familiarity with the nuances of establishing rates in accordance with federal regulations stipulating that payments must be less than the Amount that Would Otherwise have been Paid (AWOP). Milliman called out working with to develop and certify PACE rates compliant with CMS / CFR 460.182 which prescribes the requirements for Medicaid payments to PACE organizations. Calling out the requirements and made the correlation to Medicare as a fully integrated model of care for dual eligible clients (elig for both Medicare and Medicaid): 1. The monthly capitation amount must be less than the amount that would otherwise have been paid (the AWOP) under the State plan if the participants were not enrolled under the PACE program. 2. The monthly capitation amount must consider the comparative frailty of PACE participants.		

		<p>3.The monthly capitation amount must be a fixed amount regardless of changes in the participant's health status.</p> <p>4. The monthly capitation amount can be renegotiated on an annual basis.</p>		
3C	<p>Please describe your organization's years of experience with PACE rate negotiations and preparing rate analysis documentation to provide for rates review and approval by CMS. Please provide examples of specific communications (draft rate letters, etc).</p>			
	<p>COMMENT:</p>	<p>Milliman's response included specific information identifying specific states and the specific number years they have assisted states in PACE rate negotiations and preparing rate analysis documentation since the PACE program's inception in. Milliman explained they also support almost all PACE programs nationwide through Medicare, Medicaid or combined expertise. Specifically, Milliman assisted in preparing rate analyses and developing and documenting PACE capitation rates, including the ensuing negotiations with CMS; Milliman also submitted as Attachment I for review their most recent report for the Washington State PACE programs , Attachment II are their responses to the CMS Guide as Attachment III as well as their most recent CMS rate questions and responses as Attachment IV.</p>	120	120
3D	<p>Please describe your organization's actuarial staff's experience in analyzing data to develop and calculate capitated medical rates for PACE programs and managed care models. Please include their experience of working with the CMS guidelines for the PACE rate calculations.</p>			
	<p>COMMENT:</p>	<p>In their response, Milliman demonstrated extensive experience analyzing data to develop and calculate capitated medical rates for PACE programs and managed care models. Calling out the last 15 years where they have supported the Washington PACE programs, demonstrating a long history with WA and outlined an extensive understanding of the current landscape in WA as well as existing access to detailed claims data required for PACE capitation rate setting; demonstrating how they have helped with the expansion of PACE and WA Medicaid medical, behavioral health and other WA programs.</p> <ul style="list-style-type: none"> • Expansion of the PACE program from one site to six • Expansion of managed care to disabled members in the Apple Health program • Expansion of managed care to foster care members in the Apple Health program • Medicaid expansion through the ACA, including conversion of the MCS program into Apple Health • Serving a key role in developing the PEBB Accountable Care Program (ACP) • Collaborating with HCA staff as well as Office of Financial Management (OFM) and Legislative staff in the development and implementation of the SEBB Program 	120	120

		<ul style="list-style-type: none"> • Support for the Washington Cascade Care program • Support for the development of 90/180 day civil commitment beds • Support for the Safety Net Assessment Fund (SNAF) 		
3E	<p>Please describe your organization’s years of experience working with Medicaid medical and behavioral health benefits. Please include specifically reference Medicaid medical and behavioral health benefits and how their inclusion would impact setting actuarial sound rates for PACE.</p>		80	80
	COMMENT:	<p>Milliman made note of their more than 70 years of experience in the actuarial field and more than 40 years specifically in the Medicaid market and, in Washington specifically, they outlined more than 27 years of Medicaid experience. And provided information on their highly educated, skilled actuarial team in their Seattle health practice. Milliman noted they currently have contracts with 19 state and territorial Medicaid agencies to sign and actuarially certify state Medicaid managed care capitation rates. Additionally, Milliman demonstrated their deep knowledge of Federal regulations and they very clearly outlined their understanding for both the dually and non-dually eligible and understand that the PACE rates are an integrated rate and need to consider both the expected medical and behavioral health costs.</p>		
3F	<p>Please describe your <u>organization’s years of experience using PACE eligibility requirements</u> and understanding of specific PACE demographics to be included as variables when creating PACE rates. Please provide specific examples (documents, spreadsheets, etc) representing this experience.</p>		40	40
	COMMENT:	<p>Milliman’s has assisted states in reviewing PACE eligibility requirements and understanding PACE demographics since the PACE program’s inception in 1997. In particular, Milliman has assisted the following states in analyzing PACE eligibles:•Arkansas: 2018 to present• Indiana: 2000 to present• Florida: 2008 to present• Michigan: 1997 to present• Nebraska: 2010 to 2012•Ohio: 2015 to present• South Carolina: 2008 to present• Washington: 1997 to present• Wisconsin: 2000 to 2005; 2015 to present While the requirements for PACE enrollment are limited to age, service area, and other Medicaid eligibility requirements, there is other demographic information that may significantly impacts costs for PACE programs. Milliman provided examples in their response and specially called out WA with a demonstrating a high level of understanding of WA and WA CARE assessments drivers of costs. They also provided an example of how they have blended the historical capitation rates by care setting in our SFY 2023 to 2024 capitation rates is included as Exhibit 1 of the SFY 2023 to 2024 PACE certification included as Attachment II.</p>		

3M	Please describe your organization’s years of experience working with WA State Medicaid medical and behavioral health benefits. Please include specifically reference WA state Medicaid medical and behavioral health benefits and how their inclusion would impact setting actuarial sound managed care rates for PACE.	120	120
COMMENT:	Milliman has provided actuarial consulting services for the state of Washington since 1996, serving multiple agencies over this tenure: the Washington Health Care Authority (HCA), the Department of Social and Health Services (DSHS), and the Washington State Aging and Long-Term Support Administration (AL TSA). Extensive and detailed additional propitiatory information was also included in their response.		
3N	Please describe your understanding of and experience with WA state LTSS delivery system that represents expertise of the WA state specific services and impact on how PACE rates are created.	120	120
COMMENT:	Milliman has long supported Washington programs including LTSS for nearly 20 years and assisted with the launch of WA’s Medicare-Medicaid Integration Project (MMIP) back in 2005 to integrate medical and long-term care and financing for dual eligible seniors. Through the pilot program, dual eligible seniors in King and Pierce counties could enroll in both Evercare’s Medicaid contracted state plan (MMIP) and its Medicare Advantage Special Needs Plan, for Medicare and Medicaid long-term care supports and services. Additionally provided early on support for WA Medicaid Integration Partnership (WMIP) a voluntary managed care pilot project in Snohomish County. WMIP was designed to improve care for disabled Medicaid clients who are 21 years of age or older by coordinating services that in the past have been provided through separate treatment systems. This included, like PACE, medical, pharmacy, behavioral health and LTSS services. Milliman’s response around WA’s LTSS delivery system and their expertise and impact on how PACE rates are created was extensive with many examples and a breakdown of all programs and services in WA.		
4A	Please describe your <u>organization’s years of experience of compiling and analyzing medical, behavioral health and long-term care data necessary to set an actuarially sound rate for PACE</u> . Please <u>provide examples</u> of how the data is compiled and explanations related to the analysis used to create the actuarially sound PACE rates.	120	120
COMMENT:	In their response, Milliman clearly described their organizations years of experience compiling and analyzing medical behavioral health and LTC data with regard to setting actuarially sound PACE rates for 9 states spanning from 1997 to present. Milliman outlined step by step their proprietary process in great detail In order to compile the data and develop the data into actuarial rates, we use the following process: Step 1: Provide AL TSA with a data request identifying the data needed for rate development Step 2: Identify a PACE-similar population Step 3: Project historical costs to the rating period		

		Step 4: Develop rate letters and PowerPoints for explaining the PACE rates		
4B	<p><u>Please describe your organization’s years of incorporating the complex Long-Term Services and Supports (LTSS) delivery system into their setting actuarial sound managed care rates for PACE. Please include in the examples specific LTSS references and how they would be used/calculated in setting the PACE rates.</u></p>		80	80
	COMMENT:	<p>Milliman described their extensive experience incorporating complex LTSS delivery system into actuarially sound managed care capitation rates for PACE since the PACE program’s inception in 1997. Milliman has assisted 9 states in incorporating LTSS into PACE capitation rates starting with WA in 1997 spanning to present day. Milliman specifically called out for Washington AL TSA, they used methodology for incorporating LTSS into the PACE capitation rates continues to evolve with changes to WA’s LTSS landscape. Milliman also assisted AL TSA in developing and certifying PACE rates compliant with CMS requirements for approximately 15 years. Through the rate setting process, Milliman complies with 42 CFR 460.182 which prescribes the requirements for Medicaid payments to PACE organizations. Milliam described in great detail and provided examples noting there are multiple ways to demonstrate that PACE rates satisfy the first requirement, that monthly capitation rates are lower than the AWOP. In some states, for example, the AWOP can be tied to managed LTSS (MLTSS) capitation rates. Historically, Milliman has used State Plan data for Washington as the basis for both capitation rate development and AWOP estimates due to the lack of MLTSS program and the lack of encounter data from PACE organizations. This data is limited to the costs and utilization of other Washington Medicaid members who could enroll in PACE.</p>		
4C	<p>Please describe your organization’s experience with calculating PACE rates in accordance with 42 CFR 460.182 “Medicaid monthly capitation payment amounts must be less than the amount that would otherwise have been paid under the State plan if the participants were not enrolled under the PACE program”.</p>		80	80
	COMMENT:	<p>Milliman described their extensive experience calculating PACE rates in accordance with 42 CFR 460.182 through their work assisting AL TSA in developing and certifying PACE rates compliant with CMS requirements for approximately 15 years. Through the rate setting process, Milliman complies with 42 CFR 460.182 which prescribes the requirements for Medicaid payments to PACE organizations. The requirements include:</p> <ol style="list-style-type: none"> 1.The monthly capitation amount must be less than the amount that would otherwise have been paid (the AWOP) under the State plan if the participants were not enrolled under the PACE program. 		

		<p>2.The monthly capitation amount must take into account the comparative frailty of PACE participants.</p> <p>3.The monthly capitation amount must be a fixed amount regardless of changes in the participant’s health status.</p> <p>4.The monthly capitation amount can be renegotiated on an annual basis. Providing further clarity and insight to their understanding they explained there are multiple ways to demonstrate that PACE rates satisfy the first requirement, that monthly capitation rates are lower than the AWOP. In some states, for example, the AWOP can be tied to managed LTSS (MLTSS) capitation rates. Historically, Milliman has used State Plan data for Washington as the basis for both capitation rate development and AWOP estimates due to the lack of MLTSS program and the lack of encounter data from PACE organizations. This data is limited to the costs and utilization of other Washington Medicaid members who could enroll in PACE.</p>		
--	--	---	--	--

WRITTEN RESPONSE SCORING
September 21 – September 25
RFP #2334-831
Solicitation Title: Actuarially PACE rate

Vendor Name: Milliman

Evaluator Number: WE2

General Guidelines:

- Please score each vendor's response without reference to the scores for other vendors. Each score should reflect your score based on the criteria only.
- Please note all scores and comments in the allotted sections. If you change a score, initial the change.
- Please include comments that will assist the vendor in understanding why the response did not get full points. Positive comments are also welcome.
- We would prefer that you leave a comment for each question scored, briefly explaining why you assigned that particular score.
- You may discuss the proposals among the evaluation team, but each evaluator should score independently. **We do not use consensus scoring.**
- Do not downgrade a proposal because it did not address something that was not asked for in the Solicitation.

Scoring of Proposals

The following available points will be assigned to the proposal for evaluation purposes:

Section 2 Non-Cost Submittal-----1080 points

If you have questions, please direct them to amel.alsalman@dshs.wa.gov, Solicitation Coordinator, phone 360-664-6059. All evaluations must be returned and reviewed by the Solicitation Coordinator at the end of the evaluation.

Evaluator Scoresheet for RFP #2334-831

You will be evaluating one part of the bidder's submission: Sections 3 and 4. Non-Cost Submittal. If a question requires Bidders to submit additional documents, they will be included in an attached document.

BIDDER Non-Cost Submittal (1080 Points)		1080 MAX POINTS	SCORE
3A	Please describe the experience, skills and qualifications your organization possesses related to 5 years or more of actuarial experience with setting capitated medical, behavioral health and long-term care rates for Medicaid managed care organizations. Please include examples of specific methodology used with setting actuarial sound managed care rates specifically for Programs of All Inclusive Care for the Elderly (PACE), a fully integrated managed care program	120	120
COMMENT:	Clearly impressed with the vendor's history with PACE. Added succession planning to the answer which helped with ensuring setting actuarially sound rates.		
3B	Please describe your organization's experience and expertise with the Center of Medicare and Medicaid (CMS) guidelines for the PACE rate calculations. Please provide examples that present referenced CMS guidelines and how they pertain to the PACE rate calculations that are created.	80	80
COMMENT:	Attachment III was helpful in the CMS guideline information.		
3C	Please describe your organization's years of experience with PACE rate negotiations and preparing rate analysis documentation to provide for rates review and approval by CMS. Please provide examples of specific communications (draft rate letters, etc).	120	120
COMMENT:	Strong draft letters. Excellent examples to review with CMS responses.		

3D	Please describe your organization's actuarial staff's experience in analyzing data to develop and calculate capitated medical rates for PACE programs and managed care models. Please include their experience of working with the CMS guidelines for the PACE rate calculations.		120	120
	COMMENT:	Strong team and experience. Resumes were excellent.		
3E	Please describe your organization's years of experience working with Medicaid medical and behavioral health benefits. Please include specifically reference Medicaid medical and behavioral health benefits and how their inclusion would impact setting actuarial sound rates for PACE.		80	80
	COMMENT:	Understanding of Washington's Medicaid system, both IMC and BHSO, LTSS, and how these intertwine to setting rates for PACE.		
3F	Please describe your organization's years of experience using PACE eligibility requirements and understanding of specific PACE demographics to be included as variables when creating PACE rates. Please provide specific examples (documents, spreadsheets, etc) representing this experience.		40	40
	COMMENT:	Attachments and response were excellent.		
3M	Please describe your organization's years of experience working with WA State Medicaid medical and behavioral health benefits. Please include specifically reference WA state Medicaid medical and behavioral health benefits and how their inclusion would impact setting actuarial sound managed care rates for PACE.		120	120
	COMMENT:	Excellent understanding and explanation of working with WA State Medicaid.		
3N	Please describe your understanding of and experience with WA state LTSS delivery system that represents expertise of the WA state specific services and impact on how PACE rates are created.		120	120

	COMMENT:	Factored in CDWA into rates. Great explanation into how PACE rates are developed. Noted the difference between dual and non-dual enrollees in use of rate development.		
4A	Please describe your organization's years of experience of compiling and analyzing medical, behavioral health and long-term care data necessary to set an actuarially sound rate for PACE. Please provide examples of how the data is compiled and explanations related to the analysis used to create the actuarially sound PACE rates.		120	120
	COMMENT:	Provided PPT was quite informative and complete for a wide audience that would need this information. Steps were complete and easy to follow in response.		
4B	Please describe your organization's years of incorporating the complex Long-Term Services and Supports (LTSS) delivery system into their setting actuarial sound managed care rates for PACE. Please include in the examples specific LTSS references and how they would be used/calculated in setting the PACE rates.		80	80
	COMMENT:	Focused on HCBS Nursing Home Projects and described examples of risk adjustment in the need for larger populations using CARE and PACE-similar populations. ARPA funds show a strong understanding of short-term funding and how this can affect PACE.		
4C	Please describe your organization's experience with calculating PACE rates in accordance with 42 CFR 460.182 "Medicaid monthly capitation payment amounts must be less than the amount that would otherwise have been paid under the State plan if the participants were not enrolled under the PACE program".		80	80
	COMMENT:	Attachment II provided a lot of additional information. Excellent response explaining PACE rates calculations.		

WRITTEN RESPONSE SCORING
September 21 – September 25
RFP #2334-831
Solicitation Title: Actuarially PACE rate

Vendor Name: Milliman

Evaluator Number: WE3

General Guidelines:

- Please score each vendor's response without reference to the scores for other vendors. Each score should reflect your score based on the criteria only.
- Please note all scores and comments in the allotted sections. If you change a score, initial the change.
- Please include comments that will assist the vendor in understanding why the response did not get full points. Positive comments are also welcome.
- We would prefer that you leave a comment for each question scored, briefly explaining why you assigned that particular score.
- You may discuss the proposals among the evaluation team, but each evaluator should score independently. **We do not use consensus scoring.**
- Do not downgrade a proposal because it did not address something that was not asked for in the Solicitation.

Scoring of Proposals

The following available points will be assigned to the proposal for evaluation purposes:

Section 2 Non-Cost Submittal-----1080 points

If you have questions, please direct them to amel.alsalman@dshs.wa.gov, Solicitation Coordinator, phone 360-664-6059. All evaluations must be returned and reviewed by the Solicitation Coordinator at the end of the evaluation.

Evaluator Scoresheet for RFP #2334-831

You will be evaluating one part of the bidder’s submission: Sections 3 and 4. Non-Cost Submittal. If a question requires Bidders to submit additional documents, they will be included in an attached document.

BIDDER Non-Cost Submittal (1080 Points)		1080 MAX POINTS	SCORE
3A	Please describe the experience, skills and qualifications your organization possesses related to 5 years or more of actuarial experience with setting capitated medical, behavioral health and long-term care rates for Medicaid managed care organizations. Please include examples of specific methodology used with setting actuarial sound managed care rates specifically for Programs of All Inclusive Care for the Elderly (PACE), a fully integrated managed care program	120	120
COMMENT:	<p>Format excellent and easy to read. Using headers for each section of the question made it easy to find the information and what to look for. Clear and concise.</p> <p>Excellent examples in an easy-to-read format with cited extra examples in attachment II. Excellent use of charts to emphasis rate setting experience.</p> <p>Used specific examples of methodology as described in the question and included further details in attachments.</p>		
3B	Please describe your organization’s experience and expertise with the Center of Medicare and Medicaid (CMS) guidelines for the PACE rate calculations. Please provide examples that present referenced CMS guidelines and how they pertain to the PACE rate calculations that are created.	80	80
COMMENT:	Extensive experience developing capitation rates for PACES programs to include assisting ALISA in developing and certifying PACE rates complaint with CMS requirements for approximately 15 years. Excellent description of examples on how PACE rate calculations are created and how Milliman further accounts further adjustments based on frailty of participants.		
3C	Please describe your organization’s years of experience with PACE rate negotiations and preparing rate analysis documentation to provide for rates review and approval by CMS. Please provide examples of specific communications (draft rate letters, etc).	120	120

	COMMENT:	Milliman has assisted states in PACE rate negotiations and preparing rate analysis documentation since the PACE program's inception in 1997. Above and beyond in using graphics and appreciate clear guidance on where to find more information and in what attachments the information can be found.		
3D		Please describe your organization's actuarial staff's experience in analyzing data to develop and calculate capitated medical rates for PACE programs and managed care models. Please include their experience of working with the CMS guidelines for the PACE rate calculations.	120	120
	COMMENT:	Good example of calling out the staff's experience by utilizing their resumes in the attachments and explaining their experience as it pertains actuarial experience. Great to explain the peer review process.		
3E		Please describe your organization's years of experience working with Medicaid medical and behavioral health benefits. Please include specifically reference Medicaid medical and behavioral health benefits and how their inclusion would impact setting actuarial sound rates for PACE.	80	80
	COMMENT:	Explained Milliman's years of experience in detail and included charts and figures to support. Good explanation of how the diversity of experience provides clients with a one stop solution to include support, developing adjustments to reflect the impact on prospective capitation rates and understanding the challenges associated with providing healthcare to Medicaid populations including access to services, provider reimbursement levels, and outreach to persons with disabilities or complex medical needs.		
3F		Please describe your organization's years of experience using PACE eligibility requirements and understanding of specific PACE demographics to be included as variables when creating PACE rates. Please provide specific examples (documents, spreadsheets, etc) representing this experience.	40	40
	COMMENT:	Included exhibits and explained thoroughly. Also included transportation, care management, admin, and behavioral health rates to get the final composite benefits costs.		
3M		Please describe your organization's years of experience working with WA State Medicaid medical and behavioral health benefits. Please include specifically reference WA state Medicaid medical and behavioral health benefits and how their inclusion would impact setting actuarial sound managed care rates for PACE.	120	120

	COMMENT:	Provided good examples of rate setting over the years and added in how Milliman has assisted Washington with various projects. Good explanation of how the proposed PACE team has experience with Apple Health to include medical and behavioral services and similar populations as PACE.		
3N	Please describe your understanding of and experience with WA state LTSS delivery system that represents expertise of the WA state specific services and impact on how PACE rates are created.		120	120
	COMMENT:	Explained in detail understanding and experience of the LTSS delivery system using examples. Explained each service and impact on how PACE rates are created to include medical, pharmacy, behavioral health, LTSS and transportation. Explained in detail considerations of all services for use in PACE rate development.		
4A	Please describe your organization's years of experience of compiling and analyzing medical, behavioral health and long-term care data necessary to set an actuarially sound rate for PACE. Please provide examples of how the data is compiled and explanations related to the analysis used to create the actuarially sound PACE rates.		120	120
	COMMENT:	Experience since 1997. Explained examples of how data is compiled and explanations in detail the step-by-step process in an easy-to-read format using bullets and key points.		
4B	Please describe your organization's years of incorporating the complex Long-Term Services and Supports (LTSS) delivery system into their setting actuarial sound managed care rates for PACE. Please include in the examples specific LTSS references and how they would be used/calculated in setting the PACE rates.		80	80
	COMMENT:	Extensive experience with multiple states since 1997. Appreciated explaining that the LTSS landscape varies from county to county and the ARPA fund distribution.		
4C	Please describe your organization's experience with calculating PACE rates in accordance with 42 CFR 460.182 "Medicaid monthly capitation payment amounts must be less than the amount that would otherwise have been paid under the State plan if the participants were not enrolled under the PACE program".		80	80
	COMMENT:	Appreciate citing where to find examples in the attachments and laying out the requirements for Medicaid payments to PACE programs and then the explanations that follow.		