

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

STATE/TERRITORY: DELAWARE

~~II. Rates and Payments~~

~~A. The State assures CMS that the capitated rates will be equal to or less than the cost to the agency of providing those same fee-for-service State plan approved services on a fee-for-service basis, to an equivalent non-enrolled population group based upon the following methodology. Please attach a description of the negotiated rate setting methodology and how the State will ensure that rates are less than the cost in fee-for-service.~~

- ~~1. Rates are set at a percent of fee-for-service cost~~
- ~~2. Experience based (contractors/State's cost experience or encounter date)
(please describe)~~
- ~~3. Adjusted Community Rate (please described)~~
- ~~4. Other (please describe)~~

~~*See Pages 7 and 8 for description of rate setting methodology~~

~~B. The State Medicaid Agency assures that the rates were set in a reasonable and predictable manner. Please list the name, organizational affiliation of any actuary used, and attestation/description for the initial capitation rates.~~

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 East Camelback Road, Suite 600
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~~C. The State will submit all capitated rates to the CMS Regional Office for prior approval.~~

TN No. SPA <u>#11-010</u>	Approval Date February 29, 2012
Supersedes	
TN No. SPA #NEW	Effective Date October 1, 2012