

Section	Change in July 2025-June 2026 in Comparison to July 2024-June 2025	Type of Change	Reason for Change	Burden Change
Introduction - Describes why we are releasing the guidance and overall goals of the guide	(1) Update regulatory citations; (2) General updates to streamline language when appropriate		Improve and clarify expectations for states and their actuaries.	No
Section I - Describes the expectations of all Medicaid managed care actuarial certifications				
Section I-1: General Information	(1) Update regulatory citations and published guidance; (2) General updates to streamline language when appropriate; (3) Require documentation of the portion of certified rates (or rate ranges) that is attributable to all state directed payments; (4) Remove requirements specific to COVID-19 that are no longer necessary while reminding states of standard requirements; (5) Reminder on the percentage for a de minimis rate amount; (6) Clarify that CMS is an intended user of the certification to acknowledge standard actuarial principles; (7) Clarify that rate development exhibits should be provided in Excel format; (8) Clarify the documentation expectations for how rate development ensures plans can reasonably achieve a MLR standard of at least 85 percent; (9) Clarify documentation expectations for actuarial certification of rates; (10) Clarify documentation expectations for rate amendments	Revise and New	Improve and clarify expectations for states and their actuaries. Update expectations to reduce common questions to states.	Yes; for SDPs
Section I-2: Data	(1) Update regulatory citations; (2) General updates to streamline language when appropriate; (3) Remove requirements specific to COVID-19 that are no longer necessary	Revise	Improve and clarify expectations for states and their actuaries.	No
Section I-3: Projected Benefit Costs and Trends	(1) Update regulatory citations; (2) General updates to streamline language when appropriate; (3) Remove requirements specific to COVID-19 that are no longer necessary; (4) Require documentation of how emerging high-cost drugs are reflected in the development of projected benefit costs	Revise	Improve and clarify expectations for states and their actuaries. Update expectations to reduce common questions to states.	No

Section	Change in July 2025-June 2026 in Comparison to July 2024-June 2025	Type of Change	Reason for Change	Burden Change
Section I-4: Special Contract Provisions Related to Payment	(1) Update regulatory citations; (2) General updates to streamline language when appropriate; (3) Clarify documentation expectations for the new documentation of the portion of certified rates (or rate ranges) that is attributable to all state directed payments; (4) Reminder that separate payment terms will be prohibited in the next rating period beginning on or after July 9, 2027; (5) Clarify documentation expectations for state directed payment exhibits and references to these payments in other components of the certification; (6) Reminder that state directed payments included in rate development cannot exceed approved preprint authority; (7) Update the percentage of the base amount of allowable hospital pass-through payments to align with regulatory requirements; (8) Reminder that hospital pass-through payments will be prohibited (except in limited circumstances) in the next rating period beginning on or after July 9, 2027; (9) Remove COVID-19 expectations that are no longer applicable	Revise and New	Improve and clarify expectations for states and their actuaries. Update expectations to reduce common questions to states.Update for current regulatory requirements and remind states and actuaries of forthcoming regulatory changes.	Yes; for SDPs
Section I-5: Projected Non-Benefit Costs	(1) Update regulatory citations; (2) General updates to streamline language when appropriate;	Revise	Improve and clarify expectations for states and their actuaries.	No
Section I-6: Risk Adjustment	(1) Update regulatory citations; (2) General updates to streamline language when appropriate;	Revise	Improve and clarify expectations for states and their actuaries.	No
Section I-7: Acuity Adjustments	(1) Update regulatory citations; (2) General updates to streamline language when appropriate; (3) Clarify where the prospective acuity adjustments should be documented in the rate certification; (4) Remove COVID-19 expectations that are no longer applicable	Revise	Clarified expectations to reduce common questions to the state and update expectations for the states as the impact of COVID-19 and unwinding is diminished in rate development.	No
Section II: Medicaid Managed Care Rates with Long-Term Services and Supports				
Section II-1: Managed Long-Term Services and Supports	(1) Update regulatory citations; (2) General updates to streamline language when appropriate;	Revise	Improve and clarify expectations for states and their actuaries.	No
Section III New Adult Group Capitation Rates				
Section III-1: Data	(1) General updates to streamline language when appropriate;	Revise	Improve and clarify expectations for states and their actuaries.	No
Section III-2: Projected Benefit Costs	(1) Clarify that documentation expectations for projected benefit costs must be provided (rather than should be)	Revise	Improve and clarify expectations for states and their actuaries.	No