

441—88.13(249A) Funding.

88.13(1) *Medicaid capitation payments to the PACE organization.* Under a three-way agreement, the department will make a prospective capitation payment to the PACE organization.

a. The amount of the capitation payment:

(1) Will be an actuarially sound rate determined in accordance with federal funding requirements that is less than the amount that would otherwise have been paid (AWOP) under the Medicaid program if the participant had not been enrolled in the PACE program.

(2) Will be a fixed amount regardless of changes in the enrollee's health status.

(3) May be renegotiated on an annual basis.

b. The PACE organization must accept the capitation payment amount as payment in full for Medicaid members. The PACE organization shall not collect or receive any other form of payment from the department or from, or on behalf of, the Medicaid member except for any amounts due from the participant pursuant to subrule 88.13(2).

c. To facilitate rate development, the PACE organization must supply financial information to the department in the format requested by the due date.

88.13(2) *Client participation for payment of medical institution care.* A PACE participant shall contribute toward the cost of the participant's care according to the amount determined by Medicaid eligibility pursuant to rule 441—75.16(249A).

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