

Centers for Medicare & Medicaid Services  
COVID-19 Medicaid & CHIP All State Call

April 13, 2021

3:00 pm ET

- Operator: Greetings and welcome to the CMCS All-State Medicaid and CHIP Call webinar. During the presentation, all participants will be in a listen only mode. Afterwards, we will conduct a question and answer session. If you have a question, please press the one followed by the four on your telephone at any time during the presentation. At that time, your line will be briefly accessed from the conference to obtain information. You may also submit a written question in the chat box at the bottom left of your screen. If at any time during the conference, you need to reach an operator, please press star zero. As a reminder, this conference is being recorded, Tuesday, April 13th, 2021. I would now like to turn the conference over to Courtney Miller. Please go ahead.
- Courtney Miller: Good afternoon and welcome. Anne Marie Costello, Acting CMCS Director is with us today to provide opening remarks. Anne Marie.
- Anne Marie Costello: Thanks, Courtney. Welcome to today's all-state call and thanks for joining us. On our last call, we presented an overview of section 9814 of the American Rescue Plan, or ARP, of 2021. And today, CMCS staff will present an overview of a number of additional Medicaid, Children's Health Insurance Programs, and Basic Health Program related provisions of the ARP. Sara Harshman from our Center Director's Office, Rory Howe from our Financial Management Group, Melissa Harris from our Disabled and Elderly Health Programs Group, and Cassie Lagorio and Stephanie Bell from our Children and Adult Health Programs Group will present on the ARP.
- Anne Marie Costello: After the team's presentation, we'll take your questions. We use a webinar for today's presentation, so if you're not logged into the webinar platform, I suggest you do so now. Before we jump in, I wanted to make sure that states are aware of two upcoming Medicaid and CHIP quality improvement opportunities designed to support states in driving improvement in beneficiary care and outcomes. Over the last year and a half, we've launched quality improvement learning collaboratives on improving asthma control, improving oral health, and improving postpartum care. In the coming weeks, we are launching two more learning collaboratives on improving timely care for children entering the foster care system and behavioral health follow-up care at the emergency department or hospital visits.
- Anne Marie Costello: The learning collaboratives are designed to help states learn about, plan, test, and implement projects and policies to improve beneficiary care and outcomes measured in part for the child and adult core set measures. Each learning

collaborative includes a webinar series open to all states and an action-oriented affinity group available to state Medicaid- or CHIP-led teams that want to work on quality improvement projects related to the topic. The webinar series is organized around key drivers of improvement on the topic of focus, teaching state Medicaid and CHIP examples of programs that have demonstrated results. And the affinity groups provide more intensive technical assistance to state teams.

Anne Marie Costello: We've had great interest and participation in the learning collaboratives and affinity groups that we've offered so far and hope you will join us for the next series. More information on how to join the upcoming foster care and behavioral health learning collaboratives will be emailed out soon. If you're looking for more information in the meantime, you can visit the quality improvement initiatives section of [Medicaid.gov](https://www.Medicaid.gov).

Anne Marie Costello: With that, I'll turn things over to Sara to get our ARP presentation started. Sara.

Sara Harshman: Thank you, Anne Marie, and thank you all for joining us today. As you likely know, on March 11th, President Biden signed into law, the American Rescue Plan Act of 2021, or ARP, which provides additional relief to states, local governments, and individuals to help address the continued impact of the COVID-19 pandemic. This legislation also represents the largest expansion of health coverage since the Affordable Care Act in 2010. And, as we will highlight today, has an immediate impact on state Medicaid, CHIP, and BHP programs.

Sara Harshman: From the expanded coverage of the COVID-19 vaccines and treatments, to the increased funding aimed toward enhancing Medicaid HCBS services, to the opportunity to extend post-partum coverage, it is clear that the ARP will have an impact on nearly every beneficiary we serve. I will note before we get started, that we will not touch on every provision in the ARP today, but that CMCS has developed a general informational bulletin on the Medicaid, CHIP, and BHP related provisions in the ARP and hope to have it out soon. We're also hard at work developing a number of guidance documents that will dive more deeply into certain provisions and expect to begin releasing those in the coming months. CMCS is also always available to provide technical assistance to states as they begin to implement these changes.

Sara Harshman: With that, I will turn it over to Melissa Harris from our Disabled and Elderly Health Programs Group to begin our overview of some of these specific provisions. Melissa.

Melissa Harris: Thanks, Sara. If we could go to the next slide. Thank you. So I'm going to highlight a couple of provisions on this slide. I'll start first with sections 9811 and 9821. This deals with both Medicaid and CHIP coverage of COVID-19 vaccines,

testing, and treatment, and there's several components to unpack and I'll go fairly quickly and then we'll certainly be available for questions.

Melissa Harris: So when we talk about the testing and the treatment, there are some provisions that ARP defines as being mandatory benefits for a defined period of time. The effective date of the coverage requirements starts on the date of enactment of ARP, which is March 11th of 2021, and runs through a timeline that is a bit of a mouthful. So I'll tell you what it is, and then we can walk through an example if you'd like. So it starts on March 11th, 2021 and ends on the last day of the first calendar quarter that begins one year after the last day of the COVID-19 emergency period.

Melissa Harris: So we're talking about a coverage mandate that is going to be in existence at least through the end of this calendar year and into 2022. The specifics of the end date will be based on the end of the public health emergency, and it's going to end a year after that. So we are going to be in this coverage period for a while, but there will be a time when this is not a mandatory benefit and that will be explained later.

Melissa Harris: So for purposes of this conversation, though, this ARP mandate is to provide testing for COVID-19 and treatment of COVID-19. And we will be issuing guidance specific on those provisions as quickly as we can. It also talks about vaccine coverage and there are some specific provisions for vaccines that are worth highlighting here. You see on this slide that there's 100% to FMAP for state expenditures for COVID-19 vaccine and vaccine administration. That 100% FMAP is available starting April 1st of 2021, and then running through that same end date of the coverage mandate. So for the vaccine only, there is 100% FMAP for the state expenditure. The other thing specific to vaccines that ARPA did was close some of the vaccine administration coverage gaps. There were several populations receiving only limited benefits that have now had those benefits modified to account for the COVID-19 vaccine. People who were only receiving family planning benefits, people who were only receiving tuberculosis benefits. All of those people also now receive COVID vaccine coverage.

Melissa Harris: If we flip back for a second to the testing and the treatment, it is the same people who were already receiving coverage for testing and treatment plus individuals in the group that we have to date called, "the optional COVID-19 testing group." That is an optional eligibility group that was implemented in prior COVID legislation, and previous to ARP, only had coverage of COVID testing, but this ARP provision expands that benefit package to also include the treatment services. And so there was a little bit of a coverage expansion for those individuals. So more guidance, like I said, this is kind of a lot to pack in there, but more guidance on both the testing and the treatment will be coming as quickly as possible. And again, the point is that these are coverage mandates for the period of time in which these provisions are in effect.

Melissa Harris: So I'm going to move next to the second bullet on that slide, for section 9817 of the ARP. This is a provision that authorizes--again for a defined period of time, running from April 1st of 2021 through March 31st of 2022--it authorizes an additional 10 percentage points of federal match for a universe of home and community-based services. And then indicates that those enhanced federal dollars need to be used by the state to supplement existing state funds for home and community-based services. So the activities that the federal funds are used for need to go for activities that either implement or enhance the implementation of activities to strengthen a state's home and community-based system.

Melissa Harris: So we know that we are now 12 days past the go live date for this provision, and there is quite a bit of excitement around this provision and quite a bit of interest in the guidance that CMS is going to be issuing. We are working to get that guidance out as quickly as possible, and when it is released, we are happy to walk through it with you. But we think that guidance will answer a lot of your operational questions about what is due when. It will also answer the universe of services that are eligible for the enhanced match and provide some dialogue on the types of activities that a state could use those enhanced funds for in order to meet this "supplement, not supplant" requirement in the ARP. So look for that guidance soon, and we're happy to answer any questions on that.

Melissa Harris: Now I'm going to turn it over to Rory Howe for the next one. Thanks.

Rory Howe: Thank you, Melissa. Good afternoon, everyone. During our March 30th, All-State Call, we presented on section 9815 of the ARP. So I'll provide a little refresher here before covering a second provision. So section 9815 provides a temporary five percentage point FMAP increase for states that newly cover the adult expansion group, beginning on or after March 11th, 2021. And that FMAP increase is available for up to eight quarters per qualifying state, and the provision does not have an expiration date. It's worth noting that during these eight quarters, the state that stops covering the entire adult expansion group is no longer eligible for that FMAP increase for the period.

Rory Howe: Generally, the five percentage point FMAP increase is broadly applicable, and it applies to the same match rates as the 6.2 percentage point FMAP increase made available to states under section 6008 of the Families First Coronavirus Response Act. I will note that there are some exceptions, and I think it's worth mentioning as well too, that the five percentage point FMAP increase would not apply to expenditures that are already eligible for the 90% FMAP that's specifically available for certain adult group expenditures. We do intend to provide additional guidance to states regarding how exactly the five percentage point increase applies. And just as states and stakeholders, we did, during our March 30th call, discuss some rough state specific estimates of the direct impact of the five percentage point FMAP increase that we developed. So those

estimates indicate approximately \$15 billion in total federal funding is available to 16 states and territories should they qualify under the provision of ARPA by newly covering the adult expansion group consistent with the statute.

Rory Howe: So the estimates and information regarding the sources and methods for those estimates are available on our website in slides from the March 30th All-State Call. So if you're interested in more detail, I would encourage you to look at those slides.

Rory Howe: So next, I'd like to mention the provision in section 9815 of ARPA which provides a temporary 100% FMAP for medical assistance expenditures for services received through certain urban Indian organizations, native Hawaiian health centers, or other qualified entities. And that 100% FMAP is available also for eight quarters beginning April 1st, 2021 and ending March 31st, 2023. So like the other provision on the five percentage point FMAP increase I mentioned, we do intend to provide additional guidance in the near future on these. So with that, I'd like to turn it over to my colleague, Stephanie Bell.

Stephanie Bell: Thank you. All right. There is, as Melissa said, a lot to unpack here as well. I'm going to talk through some of the financial assistance provisions in the ARP and their impact on Medicaid and CHIP, and generally, they have the same impact on the Basic Health Program too with a couple of exceptions. So the first three provisions here extend the unemployment compensation benefits that were established under the CARES Act for individuals who were affected by the pandemic. Two of these benefits, the first and the third on the list here, are considered countable income when determining financial eligibility, both MAGI basis and a non-MAGI basis. Let's see.

Stephanie Bell: So the first provision, let's dig into them a little bit. The first is 9011. That's the Pandemic Unemployment Assistance program, and as you may or may not remember, this is the provision that provides unemployment assistance to individuals like those who are self-employed, who are unemployed, or unable to work because of COVID, but wouldn't otherwise qualify for unemployment, and the third provision, 9016, this is the one that provides additional benefits for those who have exhausted the regular unemployment benefits. Consistent with earlier guidance that we provided on these areas, both types of payments remain countable under both MAGI, or modified adjusted gross income methodology, and non-MAGI financial methodology.

Stephanie Bell: Now, in terms of the non-MAGI financial methodologies, for applicants and beneficiaries eligible on that basis, state can submit a state plan amendment to disregard these payments as both income and resources under section 1902(r)(2) of the Act, and you do need to submit a clause for that if you haven't already. Skipping back up to section 9013, this is the one that extends the Federal Pandemic Unemployment Compensation program also established by

the CARES Act and provides an additional \$600 in benefits per week to individuals who are collecting certain unemployment insurance benefits. As before, states must continue to disregard these payments when determining financial eligibility using MAGI and non-MAGI methodologies, as well as when determining the scope of assistance for both Medicaid and CHIP.

Stephanie Bell: I do want to note on this provision that unspent payments are considered countable resources in subsequent months for non-MAGI eligibility, and again, states have the option to submit a clause that disregards those payments as future countable resources. And last but not least on this list is section 9042. This section amends the internal revenue code to establish a special rule for the year 2020, and you're probably thinking, but now it's 2021. So for 2020, this rule would exclude up to \$10,200 in unemployment compensation received during 2020 from an individual's gross income if their income was less than \$150,000 for the year. So it really seems to be geared towards increasing the premium tax credits that are available to an individual for last year when they're reconciling everything and doing their taxes.

Stephanie Bell: And so with that in mind, we're still really evaluating the impact, if any, on Medicaid and CHIP eligibility and determinations that use those MAGI based methodologies. It does not however impact non-MAGI determination. So going on the next slide, this one includes tax credits that can impact eligibility and these were all expanded by the ARP, specifically, the child tax credit, the earned income tax credit, and the child and dependent care tax credits. I'm not going to go into lots of detail on these, but consistent with the treatments of these tax credits as they previously existed, these payments are not taxable income and therefore are not countable in MAGI based eligibility determination. They're also not counted as income for non-MAGI financial eligibility and for 12 months following receipt, they're not counted as resources in non-MAGI determination.

Stephanie Bell: Going to the next slide. All right, these first two provisions here are employer provided dependent care benefits and student loan forgiveness. Both of these provisions would reduce MAGI based income, but they will not affect non-MAGI income. The first provision increases the amount of employer provided dependent care that is excluded from an individual's gross income for 2021. So that effectively reduces their taxable income for anyone who's receiving that benefit and that's why it has an effect on MAGI. Under the second provision for tax years 2021 through 2025, certain student loans that are discharged or forgiven will also not be counted in an individual's priced income. So again, that would reduce the person's MAGI based income for that year.

Stephanie Bell: And the next three sections make grants available to individuals for rent or mortgage payments, utilities and related housing needs, and for COVID-19 related funeral expenses. For MAGI, each of these types of assistance are not counted when determining Medicaid or BHP eligibility, and most likely are not

counted for non-MAGI, but we are still evaluating and confirming that's the case. I know that this is not an exhaustive list, but it was probably long enough for this call as we continue to analyze and look at the law. If we find other provisions that we think it'd be important for you all to know about, we will definitely issue further guidance, and now I'm going to turn over to Cassie Lagorio.

Cassie Lagorio: Thanks, Stephanie. There are three provisions in the ARP that do not impact eligibility for Medicaid, CHIP, or the Basic Health Program (BHP), but they do impact the calculation of premium tax credits for Qualified Health Plan (QHP) enrollees, which will in turn impact the federal payments to states for their BHPs. The first provision is section 9661. This provision temporarily modifies for 2021 and 2022 the applicable percentages for calculating premium tax credits (PTCs) for individuals with QHP coverage between 100 and 400% of the FPL and expands eligibility for PTC to those above 400% of the FPL. The applicable percentages determine the maximum percentage of an individual's household income that can be charged in premiums for purchasing the second lowest cost silver plan on the exchange and the difference between the maximum premium amount and the cost of the second lowest cost silver plan is paid to the individual as PTC, and these applicable percentages are factored into the equation for calculating the amount of PTC owed to states in their federal BHP payments.

Cassie Lagorio: The second provision is section 9662. This provision suspends reconciliation of excess advanced payment of premium tax credits for individuals enrolled in a qualified health plan in the exchange for the 2020 tax year, and the third provision is section 9663. This provision disregards any household income of a taxpayer in excess of 133% of the FPL in 2021 for the purposes of calculating PTC if the taxpayer attests to having received, or being approved to receive, unemployment compensation for any week beginning in 2021. And so more guidance is forthcoming on how CMS will handle payments to states as a result of these provisions, as well as the operational impact of these provisions. And now I'll turn it over to Melissa Harris and Stephanie Bell for the next slide.

Melissa Harris: Thank you. It's Melissa, and so now I'm going to be talking about section 9813 of the ARP, and this has a time-limited state plan option that provides some enhanced federal funding for community-based mobile crisis intervention services. This benefit does not start until April 1st of next year, 2022, and runs through the next five consecutive years. So it's April 1st, 2022 to March 31st, 2027. For states that implement this benefit in line with the statutory provision, they will receive 85% federal match on the expenditures associated with the state plan benefits, and we will definitely be issuing additional guidance on this.

Melissa Harris: While the benefit itself does not start until next year, what is going to start in the shorter term are state planning grants. This provision of the ARP made an

opportunity available for state planning grants, and these are to be implemented as soon as practicable and their funding will remain available until expended. So we are working in the short term to establish the framework and issue guidance on the state planning grant portion of this provision, even though the actual benefit doesn't kick in until next April. So that's it for me. I'm going to turn it over to Stephanie Bell again.

Stephanie Bell: Thank you. So this is a much less wonky provision than the earlier ones I got to talk about. This provision would give states, or does give states, the option to extend Medicaid state plan coverage for pregnant women from the current 60 day postpartum period--it's just 60 days now--gives the option to extend that to 12 months postpartum. And like the provision Melissa just talked about, this one goes into effect on April 1st, 2022. So again, postpartum coverage right now, a pregnant women gets 60 days postpartum. This isn't 12 months on top of that, but including the 60 days so a total of 12 months postpartum coverage.

Stephanie Bell: The option also provides for continuous eligibility during the postpartum extension and states that elect this option must provide full state plan benefits. So they can't limit benefits to just pregnancy related services during either the pregnancy or the postpartum period. And last but not least, if a state does elect to adopt this provision for Medicaid, the extension will apply automatically to a separate CHIP if the state has one. And so that would be applicable to both targeted low-income children who are pregnant and if the state covers targeted low-income pregnant women, the 12 months postpartum period would apply to them as well.

Melissa Harris: Stephanie, this is Melissa and I need to do a quick U-turn back to the section 9830 because I neglected to mention a component of the enhanced match. So I said that there was 85% enhanced match for expenditures associated with this community-based mobile crisis intervention services; that 85% FMAP is available for each of the first 12 fiscal quarters, the five-year period in which the benefit is implemented. So the benefit is live for five years. For the first 12 fiscal quarters of that five-year period, that is when the 85% FMAP is available. That's clearly laid out on the slide. Was not clear in my verbal presentation so I wanted to make sure that I mentioned that. Thanks. Now, I'm really done.

Stephanie Bell: Now, I think we're passing back to Courtney.

Courtney Miller: Well, thank you to Sarah, Melissa, Rory, Stephanie and Cassie, for this overview of the American Rescue Plan of 2021. At this time, we'll start with taking questions, administer the chat box on the presentation. So operator, if you would please remind callers of the instructions to do so.

Operator: Of course, if you'd like to register a question, please press the one followed by the four on your telephone. You're going to hear a three tone prompt to



acknowledge your request. Your line will then be accessed from the conference to obtain information. If your question has been answered and you would like to withdraw your registration, please press the one followed by the three, and you may also submit a written question in the chat box at the bottom left of your screen.

Ashley Setala: Okay. And we have a number of questions that have come in on the various ARP provisions through the chat box so far. The first question says please clarify the anticipated federal match for COVID-19 vaccine administration after the PHE ends for Medicaid, CHIP, and ABP.

Rory Howe: And this is Rory Howe with FMG. I'll try to take a shot at this question. Now, the question is about the federal match after the PHE. As Melissa mentioned, the statute for the ARP provided 100% FMAP for one year after the end of the PHE. So after the end of the PHE, there will be a period of time where 100% match is available for vaccines and vaccine administration. And then after that period that's identified in ARP, it will go back to the regular applicable match rate.

Ashley Setala: Okay. Thanks, Rory. The next question says, when does CMS plan to provide states with CMS 64 and 21 reporting guidance for vaccine administration claims for the hundred percent FMAP?

Rory Howe: So as mentioned earlier in the call, we're working to provide guidance to states on a number of these provisions as soon as possible. And I think we're also working to include as much information as possible on reporting expenditures as part of those guidance documents, and consistent with our normal process as well. There might be some follow up information and training that we make available to states to support expenditure claiming processes on the CMS 64.

Ashley Setala: Okay, great. The next question says, the December CMS wind down guidance had states ending the uninsured testing group at the end of the PHE, but section 9811 requires states to cover vaccines for this group for one year post-PHE. Does this group now continue through a year post-PHE?

Jessica Stephen...: This is Jessica Stephens. I can respond to that. The answer is no. The coverage for the COVID testing group is no longer authorized after the public health emergency ends. So that has not changed. So for individuals enrolled in the COVID testing group, there is no authority to provide additional coverage for those individuals past the last day of the public health emergency, and then for coverage to be terminated and the month after the month in which the PHE ends.

Ashley Setala: Okay. Thanks, Jessica. The next question says, can emergency Medicaid populations receive vaccine administration coverage under the ARPA, and can

the optional uninsured testing group receive vaccination administration coverage?

Melissa Harris: This is Melissa Harris and I'll respond to that. So that is a question that we know is on the minds of a lot of states, not only for vaccine coverage, but for testing and treatment as well. So for individuals who only receive Medicaid coverage for services provided to treat an emergency medical condition, how does this all intersect with a diagnosis of COVID-19? It's a very relevant question, and we will be bringing some finality to that conversation as quickly as we can.

Melissa Harris: The second question, I think was around the optional testing group, and do they get vaccine coverage as well? And that answer is yes. The ARP indicated that they will get the vaccine coverage during the period of time in which that group is authorized to be in existence. So you heard Jessica clarify a minute ago that nothing in the ARP extended the lifespan of that coverage group. So while a state is covering those individuals, they now get their COVID testing treatment and vaccine coverage, but the end date for the effectiveness of that group is still at the end of the public health emergency and does not extend beyond.

Ashley Setala: Okay. Thanks, Melissa. Then we have a question that says, for the mobile crisis response intervention services enhanced match, how does this work for states who are already providing this benefit prior to the ARP?

Melissa Harris: This is Melissa. That is something that will be addressed in our guidance. We recognize that many states might be authorizing some components of, or the entirety of, the mobile crisis units that are described in this provision, through any number of some optional benefit categories to date. So we will be walking through how such states can kind of use their existing services as a jumping off point for ARP compliance, what kind of state plan treatments, any actions the state will need to take to amend the state plan, and then implications for the ability to claim the 85% enhanced match. So it's a good question, and one that we'll be sure to address in the guidance.

Ashley Setala: Okay. Thanks, Melissa. Then we have a question that says, does CMS have any sense as to whether the extension of CHIP postpartum coverage might also apply to the mothers of unborn children?

Meg Barry: This is Meg. I can take that one. The postpartum coverage for CHIP does not apply to the unborn population, but if states have questions about extending postpartum coverage to moms of the unborn, they should reach out to their CHIP project officer and we can have a further conversation.

Ashley Setala: Great. Thanks, Meg. Then we have a question also around the 12-month postpartum coverage that says, if the state chooses to take the option to extend Medicaid for pregnant women for 12 months after their pregnancy ends, will

the state need to conduct a redetermination when the woman's 12-month certification period ends, or should her certification period be extended until 12 months from the end of the month when her pregnancy ends?

Jessica Stephens: This is Jessica again. I'll note that we will be providing more details on this guidance shortly. I think in the meantime, though, states have some questions. There is a little bit of information that was provided around redeterminations of eligibility after the postpartum period in the December informational bulletin on renewals. And I think that would apply in this circumstance as well. But I think there's some unique circumstances that we're still working through and are going to be providing a lot more explicit guidance on that in the near future.

Ashley Setala: Okay. Thanks, Jessica. Then we have another question related to the 12-month postpartum coverage and it says, is the 12-month postpartum period only for pregnancy-related Medicaid? And since it is full continuous coverage for the 12 months, is the assumption that the mother would not transition to the parent caretaker or other adult Medicaid group during the 12 month postpartum period?

Jessica Stephens: This is Jessica again. I think this is related to the ... well, not directly related, but I think we're thinking about this question in the context of the last one that I raised as well, about state obligations to transition individuals to the pregnancy-related group, if eligible, if they were initially found eligible in another group and are enrolled as a pregnant woman in that group. So more detailed guidance coming on that as well.

Ashley Setala: Thank you. Then we have a question that says, are states that opted to take up the FFCRA Medicaid testing for the uninsured group required to now cover COVID vaccines and treatment under this coverage category, or just treatment? And is there a hundred percent FMAP available for the new benefits for this coverage group?

Melissa Harris: This is Melissa, and I'm going to defer to Rory on the FMAP question. I think I'd like to take back the question about the expectations or responsibilities of a state that is currently operating the testing component of the testing group to now move forward with the treatment and the vaccine. So let us get back to you on that, but I'm going to defer to Rory on the FMAP for the full universe of services provided to the testing group.

Rory Howe: Yeah, thanks Melissa. And I think that's something that we will have to take back and make sure that if we issue additional guidance on this, which we intend to, that we provide clarity to folks on this question.

Ashley Setala: Okay. Thanks, Rory and Melissa. Then we have a question that says, regarding ARPA section 9812, if a state provides additional benefits for women while

pregnant, for example, expanded dental or chiropractic services not provided to non-pregnant adults or parents, does the state have to continue to provide that expanded benefits set for the extended postpartum months 3 through 12, or can the state provide the less robust, but still comprehensive benefits that are provided to all other non-pregnant adults for the additional month?

Stephanie Bell: That's a good question I don't think I've heard before. Melissa, is that something you would know the answer to?

Melissa Harris: Not in a way that I would start to wax poetic on this call, so we should probably take that back.

Ashley Setala: Okay, sounds good. Then we have a question that says, could upcoming guidance on testing address requirements for states to cover proprietary lab tests?

Melissa Harris: This is Melissa. Proprietary lab tests is a bit of a new one for me. I know that we will be issuing testing guidance that articulates the Medicaid testing policy, looking at how several pieces of legislation merge together. We've got a couple of provisions of the Families First Coronavirus Response Act. There's testing language in section 6004. There's also testing language in section 6008(b)(4), which is around the expectations for the 6.2% enhanced match authorized under Families First. And then there's testing authorized under the American Rescue Plan.

Melissa Harris: So our testing guidance that is under development is laying out the landscape of what all of those three provisions mean, the periods in which they are in effect, and what they kind of together mean, in terms of a testing coverage rubric. Proprietary lab tests are something that I don't know has entered into our conversations before. So I invite whoever generated that question to follow up with us, maybe through your state lead, to provide us a little bit of additional information. Obviously, some tests on the market require the functions of a laboratory and others don't, but I don't know that we've really focused on the proprietary angle, so would welcome some follow-up information from you. Thanks.

Ashley Setala: Thank you. Then not ARP-related, but we have gotten a couple of questions about whether the public health emergency is being extended or not, and clarifying whether the end date of the public health emergency is April 21st, 2021. So I don't know if Anne Marie or Judith, if you would want to take that one?

Anne Marie Costello: Can you repeat the question?

Ashley Setala: Sure. So we've gotten a couple of questions about whether the public health emergency is being extended and asking whether the end date of the PHE is April 21st, 2021.

Anne Marie Costello: So I do not have any special knowledge of it. We are assuming that it would likely be extended, based on the letter issued by the acting secretary Norris Cochran, before our current secretary was confirmed, which said that the PHE is likely to extend to the end of calendar year 2021, and that we would give states 60-days notice, but we could take that question back. I know some folks were working on that. We could come back and provide some additional information.

Ashley Setala: Okay, great. And Courtney, I don't know if we want to see if there are any callers that have questions over the phone at this point?

Courtney Miller: Yeah, I think we have time for some questions over the telephone. Operator can you please remind callers how to do so?

Operator: Of course. If you'd like to register a question, please press the one followed by the four. We do have one question in queue so far coming from the line of Kristy Garland. Please go ahead.

Kristy Garland: Hello. Thank you for taking my question. I have a question about, on one of the slides, the section 9013 of the ARP. The slide indicated that the federal pandemic unemployment compensation would be countable for impact on MAGI methodologies. Sorry, not countable. Excuse me, I apologize. It says, "States must disregard payments." Is that true for both the annual, the 100% annual income test, and also the monthly income calculation? So the income wouldn't be counted by the FSM, essentially, right? The 100% annual income test. Hello? Did you hear me?

Stephanie Bell: Yeah, yes. Sorry. This is Stephanie Bell.

Kristy Garland: Okay.

Stephanie Bell: And I was just thinking about it. There's a provision in there that ... I believe it's disregarded because there's a provision that basically says it doesn't count toward any federal means tested benefit. So presumably that would include both the coverage through the marketplace with premium tax credits, but I don't know the answer to that.

Kristy Garland: Okay. Originally, back in March of 2020, April of 2020, the guidance provided to states was that ... It's saying that it was excluded for the MAGI Medicaid populations, but it would still be considered if we were looking at that 100% annual income gap filling if we were doing that calculation under that provision. So I wanted to clarify and make sure that hasn't changed or not.

- Stephanie Bell: That's correct. That same guidance would still apply. Basically it just extended the end date of the assistance.
- Kristy Garland: Okay. So how it was counted previously is how it should continue to be counted. And we have been counting it in our monthly income tests, but when we look at the 100% annual income gap filing test, we do count those federal pandemic unemployment compensation payments.
- Stephanie Bell: Yes. So disregard for Medicaid and CHIP, count it for the marketplace coverage.
- Kristy Garland: Thank you. Thank you for also allowing me to say that multiple times in different ways, just to make sure that we were saying the same thing. Thank you.
- Stephanie Bell: I think that was helpful for everyone. So thank you too.
- Operator: And we have no further questions over the phone lines at this time.
- Ashley Setala: Okay. We have some additional questions that have come in through the chat that we can turn to. And we have one in regard to CMS's December of 2020 unwinding SHO letter, and specifically section four regarding annual renewals and closure at the end of the PHE. And it says, can a state close an individuals who was sent an annual pre-populated renewal form during the PHE and failed to respond or failed to complete the renewal process, if the renewal was sent within six months of the actual termination date, following the end of the PHE?
- Jessica Stephen: This is Jessica. I would clarify that it's not if the renewal was sent within six months prior to the end of the public health emergency. It is based on the guidance that is in that SHO: it is if the closure--the sending of the adverse action notice after the end of the public health emergency--is within six months of the date that the state determined the individual to be ineligible. Because we understand that, you know, states may not be able to conduct all of the terminations or send all of the notices the day that the public health emergency ends. And so that would apply not only to individuals who are determined to be ineligible, but also to those who are sent a form and who fail to respond to that form, and would otherwise be considered ineligible outside of a public health emergency.
- Ashley Setala: Okay. Thanks, Jessica. Then we have a question that says, do limited benefit groups get COVID-19 treatment or only the vaccine?
- Melissa Harris: This is Melissa. And I'm going to ask that someone correct me if I'm wrong, but the limited benefit group, aside from what was formerly known as the COVID testing group, they only get the vaccine coverage. Individuals in what was formerly known as "the testing group" also now get vaccine coverage and

treatment. I'm going to stop and kind of phone a friend and make sure, particularly from Kirsten Jensen that I didn't say anything incorrect.

Kirsten Jensen: This is Kirsten. You're correct.

Melissa Harris: Okay. Thanks.

Ashley Setala: Okay, great. Then we have a couple of other questions that have come in around the coverage for limited benefit groups. And the first says, in regards to those with limited benefits like family planning and tuberculosis, that are now eligible for the 100% match for COVID vaccine administration, what are the eligibility dates for this? And will we get this guidance in writing?

Melissa Harris: This is Melissa and we are working ... You've probably lost count now for all the times that you've heard us say we are working on issuing guidance on various provisions of the ARP. And so that includes guidance on vaccines, testing, and the treatment provisions. And so we will do our best to make sure all of these loose ends are addressed in that guidance. We are working on updates to the vaccine toolkit as we speak, to bring in to that discussion all of the ARP modifications. And that will also address the timeframe for when the 100% FMAP is available and all of the other specifications. But the 100% FMAP kicks in as of April 1, 2021. So 13 days ago, 12 days ago. And we will walk through all of those provisions as we update the vaccine toolkit for the vaccine conversation and then issue guidance on the testing and treatment provisions.

Ashley Setala: Okay, great. And then we have a question that says, for family planning, can you confirm that the FMAP is for vaccine and vaccine administration? And what about other limited benefits programs like emergency services only?

Melissa Harris: For emergency services, we will be having some clarity to that conversation as soon as possible. So we know that that is something that many states are interested in. For the family planning group, the provisions are such that the ... I'm sorry. I totally lost the thread of that question. Sarah, could you repeat the first part of the question or Ashley?

Ashley Setala: Sure. It said, for family planning, can you confirm that the FMAP is for the vaccine and vaccine administration?

Melissa Harris: Thank you. Yeah. So for the vaccine itself, we are still in the period where the federal government is providing the cost of the vaccine. And so the only thing that the Medicaid program, the only costs that the Medicaid program is bearing is for the administration of the vaccine. So the cost that is recognized under the Medicaid program for the family planning, for individuals eligible for family planning coverage, is the cost of the vaccine administration. The cost of the

vaccine for those individuals continues to be born by the federal government. Sorry for the brain freeze.

Ashley Setala: Okay. And then we have a question that says, if we are offering the same services before and during the COVID PHE, will the state get the 10% enhanced FMAP?

Melissa Harris: I assume this is regarding the home and community-based services provision for the 10 extra percentage points and I also assume that you're talking about the requirement that the federal funds be used to supplement, not supplant existing state funds. And so that is definitely going to be very well spelled out in the State Medicaid Director letter that we issue, what are the assurances that a state has to make, or the actions that a state has to take to make sure that these federal funds are going to supplement a state's existing expenditures for home and community based services. So a very relevant question. We understand that's top of mind for all the states, and it will be clearly spelled out in the Medicaid director letter.

Courtney Miller: Thank you, Melissa. At this time, I will now turn to Anne Marie Costello for closing remarks.

Anne Marie Costello: Thank you. I want to thank all of our presenters for their excellent presentations, and all of your answers to the questions. I know you all will be waiting for the additional guidance to come, and we will work as quickly as possible to get that as to you. Looking forward, we have now moved to a bi-weekly schedule, so our next meeting is April 27th. The topic and invitation for our next call will be forthcoming. Of course, as questions come up between these calls, feel free to reach out to us, your state leads, or bring the questions to our next call. If you like, you can pre submit a question for the open Q&A portion of our state call. You can email it to [Medicaidcovid19@cms.hhs.gov](mailto:Medicaidcovid19@cms.hhs.gov), by 1:00 PM Eastern on the day of the call. Thanks again for joining us today, and hope you found the information useful. Have a great day. Bye.

Courtney Miller: That does conclude the conference call for today. We thank you for your participation, ask that you please disconnect your lines.