Centers for Medicare & Medicaid Services
COVID-19 Medicaid & CHIP All State Call
July 13, 2021
3:00 pm ET

Coordinator: Welcome and thank you for standing by. At this time all participants will be on listen-only until the question-and-answer session of today's conference. At that time, you may press star 1 to ask a question. Today's conference is being recorded. If you have any objections, please disconnect at this time. I would now like to turn the meeting over to your host, Jackie Glaze. You may begin.

Jackie Glaze: Thank you. And good afternoon and welcome, everyone, to today's all state call-in webinar. I'll now turn the call over to Dan Tsai, our new Center director, and he will provide opening remarks and share highlights for today's discussion. Dan?

Dan Tsai: Hi, folks. It's Dan here. In the pandemic period, I've gotten used to Zoom and Webex where we can see a lot of faces and I've forgotten how to do a conference call. So it's strange actually to talk on the call and not be able to see folks.

Anyway, I know - I think many folks know that up until a week and a half ago I was the Medicaid director in Massachusetts. And I've had the privilege of coming over to CMCS to work with colleagues here and to continue to partner with all of you.

And so, I'm looking forward to seeing folks in person or on video conferences and things of that sort and I just wanted to jump in at the beginning here for a few minutes.

You know, it's been quite a week and a half of transitioning. I did want to let folks know at the outset our partnership with states is incredibly important and hearing from and understanding the operational and the policy and program programmatic and other priorities and goals and needs on the ground.

There's also a lot that we are working on together, and certainly I and the team have been hearing about in the very first five or six days, a lot of various topics, including relating to how to unwind from COVID and many of the different pieces of guidance and discussions that we'll need to have together, the HCBS spending plans and topics of that sort.

So, the team and I think there will be some very good discussions coming up. And today there will be some discussions from Alexis and Rory on a range of topics for some fiscal pieces and some other elements of managed care toolkits and such.

But I also wanted to spend a minute just acknowledging and thanking Anne Marie, who has been the acting Center director for a period of time now, and for all the staff at CMCS and all of you on the front lines at the state level for everything folks have worked together on over the past year and a half to two years, it's been pretty incredible. Hopefully, it's a non-repeatable ride.

And I do want to thank Anne Marie in particular. Everybody I've talked to at the state level, stakeholders internal within CMS and the department have had nothing but the best things to say. And I am grateful to have had Anne Marie and to continue to have her support on that. So we embarrass her on all calls.

Anyway, we will have lots to discuss, lots to partner on together. And I'm going to pass it over to the team now to go through some of the rest of the

agenda items. And I will look forward to seeing and talking to folks soon. Thanks so much. So, I think I'm passing now, Alexis, to you.

Alexis Gibson: Yes, that's correct.

Dan Tsai: Thank you all.

Alexis Gibson: All right. Hello, everybody. I'm Alexis Gibson. I'm the deputy division director within the Division of Managed Care Policy. And today I'm going to be talking about Medicaid and CHIP managed care monitoring and oversight and the initiative behind it.

Next slide. So, there's been an increasing prevalence of managed care and it underscores the need for strong federal and state oversight of managed care in Medicaid and CHIP. So, I think you can see some of the stats here.

As of July 2018, over 53 million individuals were enrolled in Medicaid managed care and that represents 69% of the total Medicaid enrollment.

And also, within fiscal year 2018 total federal and state Medicaid managed care expenditures were over $296 billion, which is approximately 50% of total Medicaid expenditures. In 31 states about 79% of CHIP children are also enrolled in managed care.

Next slide. So over the last year there have been several factors that have caused this initiative to move Medicaid and CHIP managed care and push for monitoring and oversight. So first would be the requirements in the 2016 and the 2020 Medicaid and CHIP managed care final rules.

We've also received requests from states, stakeholders and oversight bodies to improve technical assistance and federal oversight of both programs.

Next slide. So, I think most of you are probably aware that on June 28, 2021, we released a Center informational bulletin to address all of this.

Within the CIB we introduced a series of tools for states and CMS to utilize to improve the monitoring and oversight of managed care in Medicaid and CHIP. It also provides guidance about the content and format of the annual managed care program report required by CMS regulations. I'll go into that in more detail later.

It provides information on an appeals and grievance data collection tool that's being piloted with states after they complete their readiness review process. It also releases technical assistance toolkits, one on behavioral health access and the other is the quality strategy toolkit.

And if you see at the bottom of the slide, you'll see the link to the CIB and I'm going to say to the Medicaid managed care landing page. But you can also reach the CIB from our landing page.

Next slide. So, the annual managed care program report, everyone will hear me refer to it as MCPAR. And that is the way we call it internally.

So, the MCPAR is required under 42 CFR 438.66(e). The initial report is due after the contract year following the release of CMS guidance on the content and form of the report and would cover that contract here.

So the CIB provides that guidance and releases an Excel-based template with instructions to show the exact measures collected by the report. And you'll see the link for the report at the bottom of the slide.

Next slide, please. So, I definitely recommend that everyone grab a screenshot of this. This is the timing for the MCPAR report. So, you can - I think one of the reasons we were hoping to get it out when we did was that we were hoping that it would, you know, basically impact a bunch of states at the same time.

So, I'm not going to read through this because I think everyone can kind of understand the lag between the end of the contract year and then when the report is actually due.

Next slide. So, the MCPAR, if you are familiar with 66(e), you will kind of know the different areas that it covers so its program characteristics, enrollment, financial performance and counter data, grievance appeals, the state fair hearings, availability, accessibility and network adequacy, delegated entities, quality and performance measures, sanctions and corrective action plans, beneficiary support and then we've also requested information on program integrity.

So these topics all apply to the MCOs, PIHPs and PAHPs but are going to require to PCCMs - be required of PCCMs. And states will submit one MCPAR per managed care program.

And if anyone has had time to take a look at the Excel sheet, you'll be able to see that you have the ability to put in information from multiple plans.

Next slide. So, the hope is that we will be collecting this report electronically through a Web-based submission portal and that we will collect exactly the same information that is in the Excel template.

CMS will make the Web-based portal available to states at least six months prior to the date the first reports are due and no later than June 27, 2022. And this portal will be a workbook.

Next slide. So, this is a quick screenshot for those of you who haven't had a chance to check out the Excel document on our landing page. You can see that this is a screenshot of the instructions. It talks about how the template is organized and the different tabs.

Next slide. And then this one is actually a quick screenshot of the program levels, that indicator tab. So, you can kind of see how the information - we've got the ability to add free text. You know, we're going to be asking about the program information, special program benefit. So, this is just kind of a small window into that Excel document.

Next slide. Implementation of new monitoring and oversight reporting activities based on the 2016 regulations. So, CMS is also developing a standard content and Web-based submission platform for the following required new reports.

The first is the medical loss ratio summary report that's required under 438.74(a). And then the second is the access standard certification, which is required under 438.207(c).

Once complete, the Web-based submissions will help CMS generate and analyze state specific and nationwide data across the universe of managed

care plans and requirements. It will help us identify and target efforts to assist states in improving their managed care programs. And it will ensure compliance with managed care statutes and regulations such as ensuring access to care.

Next slide. The readiness review and appeals and grievance reporting tool. So, this will go hand in hand with the readiness work that CMS, both DMCO and DMCP to do with states. The end goal is to assist states in meeting the readiness review requirements and to monitor new programs or program expansions.

CMS is developing the following tools that will be submitted in a Web-based platform. One is an enhanced readiness review reporting tool. We already have one version of this that we kind of use, but we're hoping to update it and improve it and make it easier to use.

And then the second piece of that will be the new appeals and grievance reporting tools to be used during the first year to 18 months of a program implementation with the hope of connecting both the front end of readiness and the backend of readiness and being able to make sure beneficiaries are receiving their benefits.

Next slide. New technical assistance toolkits for states, compliance and oversight. So, for anything that is technical assistance, I've been using the word toolkit to refer to it. So, for things that are actually going to be utilized by states, we've been calling those tools and for things that just provide guidance, those are toolkits.

So CMS is developing a series of toolkits to assist states with various managed care regulatory provisions that will provide important technical

assistance to states to improve state monitoring and oversight of managed care programs.

And if you click on the link for the CIB, there are two toolkits that are available. The first is behavioral health access and the second is managed care quality strategies.

You can move to the next slide. So, the behavioral health provider network adequacy toolkit, it aims to help state Medicaid agencies and managed care partners meet network adequacy requirements of behavioral health providers.

It highlights promising practices and strategies from state Medicaid agencies and managed care plans in three main areas, incorporating behavioral health services into comprehensive managed care arrangements, expanding behavioral health workforce and participation in Medicaid managed care and finally, oversight and monitoring strategies to assess managed care plan compliance with state network standards and encourage innovation to improve networks.

It was informed by multiple resources and methods, including national experts, staff from 10 states -- and thank you to those 10 states who worked with our contractor, I really appreciate it -- a series of virtual forums, a review of the literature and state documents.

Next slide. As you can see here, it's a quick screenshot of the table of contents. The first page of the table contents of the behavioral health toolkit covers a couple of different areas.

Next slide. Okay. And from here, I'll hand it over to Jennifer to cover the quality strategy toolkit.

Jennifer Maslowski: All right. Thanks, Alexis. Yes, my name is Jennifer Maslowski and I am the acting technical director for the Managed Care Quality Team within the Division of Quality and Health Outcomes.

And today I have the pleasure of providing you with just a very brief overview of the quality strategy toolkit. Under the managed care regulations, state Medicaid and CHIP agencies that contract with MCOs, PIHPs, PAHPs and certain PCCM entities are required to develop and maintain a Medicaid and CHIP quality strategy in order to assess and improve the quality of health care and services provided by managed care plans.

So, to assist states in supporting them and implementing the quality strategy requirements, CMS has released the 2021 managed care quality strategy toolkit. The toolkit it also provides considerations for states to improve their strategies.

So, this toolkit replaces the 2013 quality strategy toolkit, which focused primarily on the regulations. The 2021 toolkit goes beyond compliance to help states to leverage their quality strategy for quality improvement.

Some other key features of the 2021 toolkit is that it includes resources, examples and best practices for states to consider as well as addressing common challenges identified during the CMS review and feedback process and during technical assistance calls with states. The toolkit is currently available on medicaid.gov at the link provided here.

Next slide, please. So here is a snapshot of the table of contents of the toolkit. As I mentioned previously, the purpose of the toolkit is to not only describe

the quality strategy requirements but also to provide additional resources for states to use to develop, evaluate and improve the quality strategies.

To do this, we have organized the toolkit into four sections or chapters as you see here. The first chapter provides context for quality strategies and how they relate to other managed care quality tools.

The second chapter, which is very comprehensive, talks about the requirements and considerations for developing a quality strategy. And the third and fourth chapters describe the revision and submission process and requirements.

Now, I'll hand it back over to Alexis to talk about some other upcoming toolkits.

Alexis Gibson: All right. Thank you, Jennifer. Next slide, please. Okay. So, I am super excited about all of our toolkits along with all of our tools. So, over the next couple of years, we are going to continue to provide critical technical assistance to states.

Topics will include managed long-term supports and services, managed care plan transitions, provider screening and enrollment, program integrity and then Tribal protections in Medicaid and CHIP managed care.

Next slide. So the next steps in order to continue improving CMS's monitoring and oversight of managed care, we're going to release new tools, including the standard reporting templates in a Web-based platform and additional toolkits periodically over the next two years.

And more importantly, we'll continue engaging the states and stakeholders to determine what additional support and resources states need to improve their monitoring and oversight of managed care programs.

So for any of the managed care states staff that are on the line, we've been using our Managed Care Technical Assistance Group to really kind of connect with states, run ideas, run tools, run toolkits past them ahead of time. So that will be one of the ways we'll continue to engage in states.

I know we have a call tomorrow and then we have one coming up in September. And I'm pretty excited about some of the things that we've got coming up in order to share with them with the MC tag.

All right. Next slide. I guess we're moving into questions now.

Coordinator: If you would like to ask a.. I was going to say that we'll move on to the next presentation, but we will follow back up with questions

Jackie Glaze: So thank you, Alexis and Jennifer, for your presentation. And at this time, we'll transition to Rory, and he'll provide an update on the MBES reporting. Rory?

Rory Howe: Thanks, Jackie. Good afternoon, everyone. So the American Rescue Plan included a number of provisions that made increased federal match rates available for certain Medicaid and CHIP expenditures.

I think as we've discussed previously in this call, we've been working as hard as possible to provide guidance on these provisions and implement changes that reflect those efforts to the Medicaid budget and expenditure system, which is known as MBES, to enable states to report quarterly budget estimates

and expenditures related to those increased matching rates on a quarterly basis to CMS.

So, we recognize that there are a lot of states that are currently entering their quarterly expenditures during this month. And I think almost weekly, we've received questions on this call about timing of the update. So we wanted to provide a quick update today.

Due to the volume of the changes that are necessary and the ongoing guidance development, we just wanted to confirm that the American Rescue Plan related changes in MBES will not be completed during this expenditure reporting period again, which is ongoing now and will run through the end of the month of July.

So we'll continue to work on implementing these changes and hope to have the related updates in place in MBES in time for the next expenditure reporting period, which involves expenditures for the quarter ending September 30th of this year.

So, we'll be sharing a more updated timeline as soon as it's available. And we're certainly happy to provide any needed technical assistance in the interim. But I just wanted to provide that confirming update about the timing. And we are happy to take any questions in the Q&A portion of this call.

Jackie Glaze: Thank you, Rory, for your update. So, we are now ready to take questions. So, we'll follow the regular format where we take questions first through the chat function. I do see a few questions right now. And then we'll follow by taking questions over the phone line. So I'll turn now to you, (Ashley).

Ashley Setala: Thanks, Jackie. And, yes, we do have a couple of questions that have come in. So the first is on the today's managed care presentation. And it says if the report consists of electronically submitted data, will CMS provide guidance on the regulatory requirements to post the report to the state's managed care Web site and make it available to the MCAC, etc?

Alexis Gibson: I'm sorry. Could you ask the second part of that question again?

Ashley Setala: Sure. It says will CMS provide guidance on the regulatory requirements to post the report to the state's managed care Web site, make it available to the MCAC, et cetera?

Alexis Gibson: So I don't know at this point if we have intentions to publish separate guidance on that piece. But DMCP and the rest of CMS managed care are happy to meet with states to kind of talk about filling out the template and think about how to fill it out and potentially figure out where would be the best place to place it on the state Medicaid Agency's Web site.

Ashley Setala: Okay. Thanks. And then we have another question also on the managed care presentation that says we're in the process of reviewing the annual reporting requirements for Medicaid managed care programs located at 42 CFR 438.66(e).

To clarify, is this requirement specific to Medicaid or does it also apply to CHIP managed care programs?

Alexis Gibson: It does not apply to CHIP managed care programs. That was one piece of our regulation that the CHIP did not incorporate. So it's just for Medicaid managed care.

Ashley Setala: Okay. Thanks. Then we have a question about whether the slides will be available for download. And the answer is yes. We will post them to the COVID-19 page on medicaid.gov likely by the end of the day or early tomorrow.

And then we have a question that says, can we get a date or some idea when, for example, this month or next month, the new and additional guidance of the end of the PHE will be coming?

Jessica Stephens: Hi. This is Jessica Stephens. It is, I would like to say, imminently pending clearance. We recognize that that is at the top of everyone's minds and we're working as fast as we can to make sure that we're able to provide additional guidance to states, recognizing that you all are doing a lot of advance planning and need time to do that.

So I don't think we can commit to a specific date, but it is top of the priority list and could be as soon as possible. Sorry, we can't be more specific.

Ashley Setala: Then we have a question that says, is there any insight on when the revised DSH allotment will be published?

Rory Howe: We are working actively on that and hope to have more information very soon.

Ashley Setala: It looks like those are all of the questions that we have in the chat right now.

Jackie Glaze: I see one more, (Ashley).

Ashley Setala: Oh, yes. Okay. So we have one that just came in that says hoping to have an update on the CMS guidance on the ARPA, a postpartum expansion. Our

work with IT systems is concerned because they're approaching the deadline for changes soon.

Jessica Stephens: This is Jessica Stephens again. A similar response there that it is guidance that we are working on and again recognize that there is a lot of work that they need to do in preparation.

However, I would say that, you know, in development of this guidance in particular, it would be helpful if there are particular questions that the question asker or states are considering, even if we can't answer the questions right now, if you would kindly share with your state lead to get in contact with us and there's some we may be able to talk you through.

Others are things that we would want to ensure we can address in the pending guidance that we are working on right now. But, no, I don't have a firm timeline at the moment but another one of our high priority items that we're focused on right now.

Ashley Setala: And then we have a question that just came in that says, are the changes needed in the MBES to support the ARP known at this time? And is there a tentative timeline for providing states with reporting guidance for these changes to allow them time to prepare?

Rory Howe: And I think, again, as soon as we have more information on the timing of when the reporting will be available on the system, we will share that. And we do hope to plan to provide training to states and technical assistance as far in advance of that timeline as possible. And as we have more information about that, we will share that as well.

Ashley Setala: Thanks, Rory. It doesn't look like we have any other questions in the chat at this point.

Jackie Glaze: Thank you. So, (Amber), please allow the participants to - give them instructions to register their questions. And if you can open up the phone lines, please.

Coordinator: If you would like to ask a question, please press star 1, unmute your phone and record your name clearly when prompted. Again, if you would like to ask a question, please press star 1, unmute your phone and record your name clearly when prompted. One moment while we wait on our first question. The first question is from (Nicole). Your line is now open.

(Nicole): Hi. I had a question to see if the emergency will be extended, if that's the plan. The last I checked it wasn't updated on the PHE declaration site yet and as far as I know we haven't gotten the 60-day notice. So I just wanted to know if there's a plan for it still to be...

(Judith Cash): Yes. (Ashley), this is (Judith). I can take that one. I think we are expecting although it may be a little bit closer to the actual end date for the PHE. As noted at the beginning of the year, the administration did acknowledge that the PHE would likely be extended and that we would give states notice.

And so I think we are still expecting that to occur. And it just might be a little bit closer to the end of the current period, which I think is the end of this month.

(Nicole): Okay. Thank you.

Coordinator: The next question is from (Diane). Your line is now open.

(Diane): Hi. I was just wondering if you had any updates on the quarterly submissions for the (HCBS bump)? I haven't really seen anything else posted about approvals and the 7/15 date that was mentioned in the guidance letter is, you know, right around the corner.

So we were just wondering if there were any updates on what states should do, the states that had already submitted something in the initial 30 days.

Melissa Harris: Hi, Diane. This is Melissa Harris in the Disabled and Elderly Health Programs Group. And I'll take that one. So we have received the initial plans from several states, not all but several. And those are under review at the moment.

We are developing - or we are reviewing those documents and determining whether they are approvable or if they require some additional information based on the contents that we ask states to include in those plans through the state Medicaid director letter that we released.

And so now, obviously, there's a lot of interest in how CMS will be reacting to these plans. And we will be posting summaries of the plans that we approve online as quickly as we can.

So for a state that's already submitted their spending plan, you will either be hearing from CMS very quickly - well, you will be hearing from CMS very quickly on our reaction, including if we need any additional information.

It could be that we are, you know, largely giving a state a green light on their spending plans but wanted to flag a couple of individual topics that a state raised in their submission or it could be that we just need a couple of pieces of

additional information. We do hope to be releasing those documents very quickly.

If a state has not submitted their spending plan, we do ask that it be submitted as soon as possible. We understand that states have a lot going on and some states have wanted to have a really robust conversation with their stakeholders, but we do want to get in as many plans as possible so we can get you our reactions and really get you on the path of being able to submit whatever state plan amendments you might need or waiver amendments to actually effectuate the changes that you will be claiming the increased (DEHP) amount for.

So we appreciate your patience as we work through what we have and get into a cadence of being able to issue reactions to them and encourage states to send in their plans to the extent they haven't.

In the meantime if you have questions, specific technical assistance questions, please do reach out to your state lead or contact your typical contact for home and community-based services questions.

I know we've been having a lot of state specific conversations to help states get solidified on what they need to submit to us. So thanks for the question.

(Diane): Just one quick follow-up for that. I'm sorry, one quick follow-up. So should we submit - if a state has submitted and hasn't heard back, should we submit that first quarterly report on July 15th or hold off until we hear from CMS?

Melissa Harris: Jen, that was likely what you were jumping in to talk about, is that correct?

Jennifer Maslowski: Yes. That was. I was going to actually add on just to clarify. So we will address that specifically when we send back the submission, our response to state. And we will indicate when the next one is due. And so I would recommend that states just hold off on any subsequent submissions until they get a response from us.

(Diane): Okay. Awesome, thank you.

Coordinator: I'm showing no further questions.

Jackie Glaze: Thank you. (Ashley), I see one additional question in the chat.

Ashley Setala: Yes, we have a question that came in that said there was a comment about the MCPAR reporting only applying to Medicaid and not CHIP. Does this also exclude Medicare demonstration programs from the reporting requirement?

Alexis Gibson: Hi, this is Alexis. So it definitely excludes the (DSNF) plans - I'm sorry, it excludes the three-way contract plans. I think with the SNFs and the other plans that kind of fall into those categories, I do think that they are included in the reporting requirement. We're working with the (dual)'s office to provide clarifying directions on those pieces.

Ashley Setala: Okay. Thanks, Alexis. And I think that's all that we have in the chat for this call at this point.

Jackie Glaze: We do see some additional questions on Oregon, and it's a very long request. I'm wondering if we should open up the phone line and she can ask her question that way. So, (Amber), can you please put up on the phone line, please?

Coordinator: Yes, the phone line is open. If you'd like to ask a question, please press star 1. Thank you. The next question is from (Christie). Your line is now open.

(Christie): Hello? Thank you. Can you hear me?

Jackie Glaze: Yes, we can hear you.

(Christie): Excellent. Thank you so much. I have a question about some previous guidance that was given related to the mixed-earner, unemployment compensation income. I understand guidance was given here and also in a state ETAC call and possibly a - nationwide ETAC call, possibly other locations, that this income that was added to the CARES Act as amended by the Consolidated Appropriations Act.

One of the amendments was to include this income in Section 2104. So it's the mixed-earner, unemployment compensation that I'm specifically asking about. Previous guidance has been that it is countable for medical, both MAGI and non-MAGI determinations.

We in Oregon have an integrated system with other programs, including the Supplemental Nutrition Assistance Program, SNAP, benefits. And they have received guidance from their federal counterparts, FNS, that that income is excluded because it is considered federal pandemic unemployment compensation.

And so we're asking if we can confirm, or possibly it could be considered again, whether or not the mixed-earner unemployment is actually considered federal pandemic unemployment. And if so, it seems like it would be excluded then under Section 2104(h) of the CARES Act.

It's just that having the contradictory guidance that CMS - it must be misinterpreted. It seems like CMS was saying that it's not actually federal pandemic unemployment compensation. The FNS is saying, well, it is. And so can consideration be given to either look at that again, whether it is okay, or if you can just tell me flat out right now, no, we have considered that and no, it's not. That's an answer too. Thank you.

((Crosstalk))

Jessica Stephens: Yes. I'm checking to see if one of the staff in the Children's Health Program Group are on. If not, (Christie), this is Jessica, and we will need to take your question back because we don't have the right people on the phone to answer. But we will take that back and get back to you.

(Christie): Thank you, Jessica.

Jessica Stephens: Sure.

Coordinator: I'm showing no further questions on the phone lines.

Jackie Glaze: And it doesn't look like we have any additional questions on the chat either so I believe we can end early today.

So in closing, I'd like to thank Alexis, Jennifer and Rory for their presentations and updates today. Looking forward, we will meet with you again on July 27 and we will provide the topics and invitations forthcoming.

If you do have questions between the calls, feel free to contact us. You can contact your state leads or you can wait until next week, the next time we

speak and you can submit your question through the medicaidcovid19@cms.hhs.gov by 1:00 pm on the day of the call.

So we do thank you for your participation today and hope everyone has a good afternoon. Thank you.

Coordinator: This concludes today's conference. All participants may disconnect at this time.

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