

HHS/ CMS/ CMCS

November 22, 2022

2:00 pm CT

Coordinator: Welcome, and thank you for standing by. At this time, all participants are in a listen-only mode. During the Q&A session, if you'd like to ask a question, you may press Star 1 on your phone. Today's call is being recorded. If you have any objections, you may disconnect at this time. I'll now turn the call over to Anne Marie Costello. Thank you. You may begin.

Anne Marie Costello: Thank you so much, and welcome, everyone, to today's all-state call. This is Anne Marie Costello, Deputy Director of the Center for Medicaid and CHIP services. And I'd like to turn it over now to Dan Tsai, our Center Director.
Dan.

Dan Tsai: Thanks, Anne Marie. Good afternoon, everybody. For those of you from our State colleagues who are at NAMD, it was great to see many, many people in person last week with our team. We certainly talked about many topics, unwinding included, and, you know, we've had substantial engagement, and we note the letter NAMD sent out last week also about some unwinding conference.

But we are continuing our use of this time and other forums we have to really continue engagement with our State colleagues on all the many details and preparation for unwinding. I'll come back to a note on the timing of the PHE

in a sec, but for today, we have a relatively light presentation agenda, so to speak.

Jessica Stephens from our unwinding team, who almost everyone knows by now, I think, will provide an overview of some recently posted documents that walk through some example timelines of what administrative actions and steps and things are required as we approach whenever the end of the PHE is.

This is not to announce a specific date that is the end of the PHE, but we have found it helpful as we have been working internally and with many States and NAMD, to lay out all the different pieces backwards from whenever the PHE ends. So, we will walk through that and then go to open questions, which we've had quite a number from folks.

So, hopefully, folks will engage, and we'll have a lively discussion. I would note as we were with many, many folks last week at NAMD, certainly, folks saw that the 60-day notice we've committed to, would have had to have happened on Saturday, November 12th.

We did not give notice for the end of the PHE. And so, that's - you know, that is an important milestone. We continue to be extremely engaged and will do everything possible to keep folks apprised of where things stand. And I think folks have continued to register the requests from the States for as much notice as possible, given the many, many different operational systems, budgetary, and other planning pieces that folks require.

So, we just continue to note that from that, and we will stay in as collaborative and open dialogue as possible. So, with that, I'm going to turn it to Jessica to start walking through some of the timeline pieces, and then we'll go from there. Thanks, Jessica.

Jessica Stephens: Thanks, Dan.

Anne Marie Costello: Jessica, just before, can we just remind folks that we are using a webinar for today's call? So, if you're not logged in, it will be helpful for you to log into the webinar platform now, and you'll see Jessica's presentation and be able to submit questions.

Jessica Stephens: Perfect. Thank you. And maybe before I even start, I will also highlight that what I'll be walking through in a moment is also posted online. If you go to [medicaid.gov/unwinding](https://www.medicaid.gov/unwinding) and scroll down to the other guidance and resources section on the page, the first bullet there is a 60-day notice timeline for States, which includes what I'm about to talk through in a little bit more detail.

So, as Dan and Anne Marie just noted, we recognize that we have shared a lot of information in various sources about what happens when we receive the advanced succeeding notice at the end of the public health emergency, and thought it would be helpful for us to just use a couple of examples, again, for illustrative purposes only, to talk through what happens at that point, what CMS will be doing with respect to States, and where the different deliverables, including data and other reports fit, and where they might be expected.

So, what you'll see here are two examples on this slide. The first is an example of the key timelines for if the public health emergency had been expected to end on July - sorry, on January 11th. Given what Dan said that we did not receive that 60 days advance notice, we are not expecting that the public health emergency would end on January 11th, but it is still helpful to see that example.

I will go spend a little bit more time walking through the second example on the slide, which is, for the public health emergency, if it were to end on April 11th, 2023. So, if that is the case, we start off with October here and October has passed. This is when we received the renewal for the current public health emergency.

We would expect the next renewal of the - sorry, the renewal of the public health emergency or the extension on January - by January 11th, 2023, which is when the current PHE that we are in is scheduled to end. If the public health emergency will end on April 11th of 2023, we would expect that 60-day notice that the secretary has announced that he would provide, to be given by February 10th, 2023, and that is the date that is noted here.

And I'll talk through some of the different actions that CMS will be taking and - when we get to the next slide, but just for reference, that kicks off some additional intensive work with States, including setting up individual State meetings, again, to talk about any plans, to provide opportunities for States to ask questions, both on the policy and operational side, as well as on the system side.

If you remember, the - based on the continuous enrollment requirements, States would be able to complete their first disenrollment no later than the month following the month in which the public health emergency ends, which would be May 1st.

So, given the guidance that we've provided, States would then be able to begin initiating renewals that would lead to disenrollment on March 1st, 2023, and those would lead to the May terminations of coverage.

March 17th would be the last day to submit a number of key deliverables that I'm also going to talk about on the next slide. But in this example, again, we're talking about the PHE end on April 11th, 2023, which would mean that the first disenrollment would occur no earlier than May 1st, 2023.

This maps out sort of the high-level timeline for the various actions that we would expect, noting that we also have in here in June 30th of 2023, what would be the last day to submit any Medicaid SPAs for authorities that you would like to continue to avoid a gap in coverage. And that just aligns with the normal requirement to submit Medicaid SPAs by the end of the quarter in which you would need them to be effective. Next slide, please.

So, let me briefly just talk through some of the specific actions in a little bit more detail. So, when the secretary announces the 60-day notice, there are a couple of steps that States will need to take and that we and CMS would intend to work with States on.

The first is, as I noted, some meetings that we intend to have to check in with States, provide an opportunity for you all to ask and for us to address any State-specific questions, and to share a little bit about where you are with the plan. So, our plan would be for CMCS to reach out to State Medicaid directors as soon as we receive that announcement and schedule a conversation with States to be able to start that conversation.

At the same time, we know that you all have been doing a lot of systems planning to prepare for the end of the public health emergency. And in previous calls, we've had our colleagues talk about systems testing and readiness, and we'll reach out in order to talk about systems testing and any other preparations that may be needed on the systems front.

Now, separate from that are some of the specific documents that we have talked about in our guidance and in other contexts, and all of them that flow from the announcement of the 60-day advance notice of the end of the public health emergency. And there are dates here that are illustrative.

But I'll also note that we - while we provide the dates as an example, we do not expect States to provide information to us on a weekend or a holiday, for example. So, where we have a date, the date would align with the next business day following that weekend or holiday.

First is the system readiness or system readiness artifacts. And I think this is something that our colleagues on the system side have discussed with a few States. This is configuration plan, testing plan, and test results. And that would be due no later than two weeks before initiation of renewals.

And as a reminder, when we say initiation of renewals, we are referring to the beginning of that redetermination process, which should generally be when the States initiate the ex parte or administrative renewal. So, no later than two weeks before or 45 days before the end of the month in which the public health emergency ends, so the earlier of the two dates.

Secondly, baseline unwinding data. We've had some conversations in the past about the data and the data templates, which are available on [medicaid.gov/unwinding](https://www.medicaid.gov/unwinding). There's a baseline data report in there that talks through the information that States are expected to provide, which is essentially their baseline data at the end of the public health emergency. That would be due the 8th of the month in which a State begins renewal.

The renewal redistribution plan, which, you know, lays out States' plans for conducting renewals that - sorry, for distributing the renewals over the 12 to

14-month period, is due roughly the same time as the system's readiness artifacts, which is no later than 45 days before the end of the month in which the public health emergency ends.

We've already talked about Medicaid SPAs, which must be submitted by the end of the quarter in which the PHE ends, and CHIP SPAs, as is customary, if States want to seek to extend particular authorities in CHIP, need to be submitted by the end of the State fiscal year.

So, let me briefly just talk through those things in a specific example, again, using April, and all of these are also noted on the timeline that we talked about on the previous slide. But again, if the public health emergency ends in April 2023, the system readiness artifacts would vary, right?

It would all be based on when the State begins renewals, but again, no later than two weeks before the initiation of renewals, or 45 days before the end of the public health emergency. So, in this circumstance, no later than March 17th of 2023.

Baseline unwinding data also varies by when a State intends to begin renewals, because if you remember, States have three options, the month before, the month of, the month after the public health emergency ends, to initiate renewals.

And so, the unwinding data will be due on the 8th of whichever month that is, that a State selects. The renewal redistribution plan, again, is due no later than 45 days before the month that the public health emergency ends. And so, we've mapped that out to be March 17th, 2023, so St Patrick's Day.

And then for Medicaid SPAs, June 30th, and CHIP SPAs, again, by the end of the State fiscal year, which will vary by State. So, again, these are all just for illustrative purposes. You have the January example here in column one.

I just walked through the April example. But the hope here is to be able to clearly articulate the various expectations that have the States in at one place, as well as provide a little bit of information on what to expect when we receive the advance notice. All right. I will pause there. Thanks. I'll turn it back to Ann Marie.

Anne Marie Costello: Jessica, thank you so much. I think that's a really helpful walk-through of the resource that we released on medicaid.gov last week. At this point, we'd like to open the line to take questions from States. We're happy to take questions on the document that Jessica just walked through.

Or we could take any question that's on your mind related to COVID, eligibility, benefits, you name it. We've got our team on the line. So, Operator, can you remind the audience how to join the discussion with questions?

Coordinator: Yes. The phone lines are now open for questions. If you would like to ask a question over the phone, please press Star 1 and record your name. If you'd like to withdraw your question, press Star 2. Thank you.

Anne Marie Costello: Great. Thanks. And while people are teeing up for the phone lines, (Ashley), are there any questions that have come in through the chat?

(Ashley): Yes. We have two questions that have come in through the chat. The first one says, can CMS advise what is meant by system readiness artifacts, the configuration plan, testing, plan and test results?

Anne Marie Costello: I see Kia Banton is on the line and could take that.

Kia Banton: I am. Thank you, Ann Marie, and (Ashley). So, when we talk systems artifacts, for those of you in the systems world, you may recall that at MASC and NAMD, and also in all of the State systems conversations, we've been telling States that once notice of the PHE end was provided, that we would be going back and asking for them to provide documentation of the configuration plans needed for unwinding, as well as the testing plans and the results.

The dates that you see in the outline we just walked through, those were not included in the initial set of unwinding documentation, mainly because we look at the work that's being done from a systems' perspective as your regular routine work. It is very closely tied to our certification requirements.

You know, if there are other questions outside of that, happy, you know, to take any one-on-ones that may be necessary, but it is just the configuration plan, testing plans, and the results of the testing that we would be looking at.

I know that there are a few States who did not need to make systems changes. So, this may not apply to them, and we'll be reaching out to you sort of to confirm if you actually wound up not needing to make changes, or if there were changes that needed to be made. And if so, we would want to see your configuration and testing plan and results.

Otherwise, I think just a note to Ed Dolly just stating that, you know, we did not make systems changes to - excuse me, that we didn't need to make systems changes for COVID, and therefore didn't need to make any to unwind would suffice for those States that didn't make changes.

Anne Marie Costello: So, Kia, maybe you could come back at a future meeting, do a little bit more of a deeper dive on the system artifact. Yep. I think that might be helpful to States.

Kia Banton: Yes, I'm with that. Thank you.

(Ashley): Thanks, Kia. The other question that we've gotten so far says, when does CMS expect to release additional guidance to States on how to process individuals eligible for Medicaid due to receipt of SSI? These individuals do not undergo (unintelligible).

Anne Marie Costello: I'll jump in ...

Jessica Stephens: Okay, great.

Anne Marie Costello: No, go ahead, please.

Sarah DeLone: Do we have Suzette? Oh, go ahead, Jessica. Great.

Jessica Stephens: No, no, I don't. I was actually going to ask you, Sarah. Go ahead.

Sarah DeLone: Oh, so I know we have - I think Suzette Seng, a couple of weeks ago, spoke to this issue and we under - we've dug in, and we understand that, you know, we've had an erroneous assumption that States got a data feed from SSI sort of regularly confirming somebody still was enrolled in SSI.

I understand that that's not the case, that no news is good news in terms of what comes over on the SDX. And so, that there is no regular cadence for that. So, we have provided FAQ on that in writing. I think what we should do ...

Suzette Seng: Yes, Sarah, I'm on.

Sarah DeLone: Oh, good. I'm so sorry.

Suzette Seng: Yes. And we do. We will be putting out an FAQ. I think we answered part of the question on one of the previous all-State calls. And as Sarah was saying, you know, as we understood the process more, we understand that most States have not programmed SSI renewals into your regular renewal process that leave eligibility open as long as SDX continues to reflect that the individual is still in (receipt of message) by the transition of no change through the SDX.

So, States would not - you know, States should continue their normal processes that you are currently using today. These individuals would not need to be reported through the data tool we have put out, though we do hope to be able to track these individuals using other existing data that CMS collects.

And so, we do hope to put out an FAQ to formally communicate that to States, but to say again, we understand the process now and States should continue to do what they currently do.

(Ashley): Great. Thanks, Suzette.

Anne Marie Costello: And could I - Suzette, just to confirm, that means they would trigger a redetermination if someone no longer appears on a file, or they get a message that someone is no longer SSI eligible?

Suzette Seng: That's correct. So, from what we understand, Anne Marie, SDX - the SDX file does contain information for when there is a change in circumstance. So, States should act - at the end of the public health emergency, States should, as

- you know, during the unwinding period, States should act on those changes in circumstance.

And I think we talked a little bit about this on the last call as well. When the State acts on those changes in circumstance, the State should evaluate eligibility on all basis prior to determination as you normally would. But yes, any information contained in the SDX that a person is no longer eligible for SSI would need to be acted upon.

Anne Marie Costello: Thank you. (Ashley), are there any more questions in the chat?

(Ashley): We do have two more that came in. The first says, does CMS have any updates from the FCC on text message rules during the unwinding?

Anne Marie Costello: We do not - this is Anne Marie Costello. We do not yet have an update on that. We're still awaiting a response.

(Ashley): Okay. And the other question says, will the proposed rule changes to the November 2020 IFR apply to CMS's interpretation of processing PARIS matches during the PHE? For example, the November 2020 technical fact sheet advised that States should perform an additional check for members received on a PARIS match.

Sarah DeLone: So, this is Sarah DeLone. So, we received, you know, a good number of comments on the IFC. And we are now, you know, sort of digesting those comments and, you know, figuring out what's the appropriate next step.

At this point, like you should continue to - States should continue to apply the rules in the IFC and any guidance we've issued associated with that as it is, like nothing has changed unless and until we issue a final rule.

Anne Marie Costello: Thanks, Sarah. Operator, can we go to the lines and see if there's anyone with questions on the lines?

Coordinator: I'm not showing any phone questions yet, but as a reminder, if you would like to ask a question over the phone, please press Star 1. Thank you,

Anne Marie Costello: (Ashley), any additional questions through the chat?

(Ashley): Not right now, no.

Anne Marie Costello: You know, there's a lot on people's minds, it being Thanksgiving week. So, let's give folks another minute to see if they have any questions that they either want to submit over the phone or through the chat. Anything on the line?

Coordinator: I'm showing no phone questions at this time.

Anne Marie Costello: Okay. (Ashley), anything in the chat?

(Ashley): We do have one question that just came in, and it says, is this rule scheduled to get finalized? And I believe it is referring to the eligibility and enrollment notice of proposed rulemaking that we released a couple of months ago.

Anne Marie Costello: So, (Ashley), for me, you cut out a little bit, I don't know. Can you repeat the question?

(Ashley): Oh, sure. So, it says, is this rule scheduled to get finalized? And is referring to the eligibility and enrollment notice of proposed rulemaking that we published a couple of months ago.

Sarah De Lone: So, this is Sarah De Lone again. I mean, we are currently, you know, looking to - you know, there's no - no date is 100% firm date, right? We have (received) a lot of comments. Really appreciate everybody who submitted comments. Enormously helpful.

We are sort of targeting finalizing the rule towards the end of next year, but please don't hold us to that. You know, these things have a life of their own, but that is our current sort of general trajectory. I will say that we are very mindful of the comments that we received from States on, you know, some of the implementation challenges, and that's something that we are really taking a very careful look at as we review all the comments on the different proposed provisions.

Anne Marie Costello: Thank you, Sarah. Last call for questions from the audience. (Ashley), nothing in chat?

(Ashley): No.

Anne Marie Costello: No? Okay. And Operator, nothing on the line.

Coordinator: No phone questions.

Anne Marie Costello: Okay. Well, I think today we'll give everybody back 30 minutes. I'm sure you all could use the time being that this is a short week. I really want to thank everyone for joining us today. I want to thank Jessica for her presentation and our team for answering the questions, and of course, thank each of you for always participating in these meetings.

Three years in, we still get 500 people joining our all-State calls. So, we're really thankful to have you as our partners. Looking forward, our next call will be held on December 6th. The topic for that meeting will be a presentation on health-related social needs. Excuse me.

The invitation and more details on our next call will be forthcoming. And of course, if you have any questions that come up between calls, please feel free to reach out to us, your State lead, or bring the questions to our next call.

With that, I want to thank everybody for joining us today. I wish you all a happy and safe Thanksgiving. Take care. Thank you.

Coordinator: This concludes today's call. Thank you for your participation. You may disconnect at this time.

[End]