Centers for Medicare & Medicaid Services

COVID-19 Medicaid & CHIP All State Call

May 8, 2020

3:00 pm ET

Coordinator: 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'll 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 briefly be accessed from the conference to obtain information. You may also submit a question by using the chat feature located on the lower left side 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 Friday, May 8th, 2020. I would now like to turn the conference over to Jackie Glaze. Please go ahead.

Jackie Glaze: Thank you and good afternoon, everyone, and welcome to today's call. I'll now turn to Calder to provide opening remarks and introduce our guest speaker. Calder?

Calder Lynch: Thank you, Jackie. Thank you all for joining us today and welcome to our call. As we did last Friday, we are using a webinar format today. Thanks for everyone for joining us on that forum as you have. We're also very happy to have with us Martha Roherty. Martha is, of course, the executive director of ADvancing States. ADvancing States is, of course, the organization formerly known as the National Association for States United for Aging and Disabilities or NASUAD, that represent the state and territorial agencies focused on aging and disabilities on long term services and supports directors.

Calder Lynch: Martha's joining us today to talk about some work that they've been leading to create a new tool called Connect to Care Jobs that they're launching to help with staffing needs of long term care providers by matching them with healthcare professionals who are seeking employment in the field. After Martha's presentation, she and I will have a discussion about this new tool and website and

I'll get to ask her some questions. I'm sure many of you will also have questions, so after our discussion, we'll open up the lines for that. Then, after any questions related to Martha's presentation, Julie Boughn and I will provide an update on our work over the last few days to collect data to support efforts around the Provider Relief Fund efforts that we know many of you have been working diligently on. We know that you may have some questions, so we'll dedicate some time to another Q&A session. We can also take any questions related to the most recent batch of FAQ or any other new concerns or issues that have arisen.

Calder Lynch: Just as a reminder, as I mentioned on Tuesday's call, we want to continue to remind states that as you continue to assess your needs, we are open to additional or amended 1135, in this case and disaster State Plan Amendment (SPA) funding requests. Many states have come in for additional support and we're certainly welcoming those requests. If you're not sure about what's the right vehicle for different needs, we're of course, always available to work with you or your team to determine what's the best way to meet any additional requirements that you have, mindful of the flexibilities that you may already have available to you. We're continuing to process as quickly as we can. Now I will turn to Martha to begin her presentation. Martha?

Martha Roherty: Thanks, Calder. Thank you for having me. I'm here today to discuss our new website that we're officially launching today. As a matter of fact, I think as we're speaking the governor of Colorado is holding a press conference to announce this official beginning of the roll out of the tool. In early April, I was contacted by Colorado Director of the Office of Community Living Bonnie Silva, who heard about a website being used in Massachusetts to help link job seekers to facilities. She asked me to facilitate a dialogue between Massachusetts and herself to talk about the website.

After hearing about the website, I was so impressed by the model. I sent a link of it to Michael Monson of the Centene Corporation, who is also chairing an informal Long-Term Services and Support work group of National Organizations in response to the COVID pandemic. That was on April 15th. Immediately after that, Michael texted me back that evening and said, "I think we should build this

for every state." I was like, "Oh, I agree." And then I was trying to figure out, I said, "As a small membership organization, I don't know how to make that happen. He said he thought he could get the Centene Corporation to do it as a public service as part of their contribution to the COVID-19 response. And so about 15 days later, here we are.

I knew that we would need state involvement in order to make the development of the tool as good as we could get it and to ensure that the tool was designed with all the functionalities that the states could need. I asked Bonnie to participate and she assigned Parrish Steinbrecher, who's been with us from the very first Saturday that we started. I don't think he ever knew he'd be working every evening and weekend since that day. But he's contributed greatly to this project, along with his other team members, Haley, Corey, Joel, and Yamairah. I just want to thank them again for all the work to make it happen.

I also want to thank Pearl Barnett who's also on the line, who's worked with me on the project since its inception, which is good because she's much better at technical things. So how does this work? So the next slide, Pearl. So, first, the facility is going to enter the needs that they have for their job. The job seekers can enter what their availability is, and then there's an algorithm on the backend that geo-maps the job seeker to the facility in real time. The website is owned, licensed and copyrighted by ADvancing States. It's hosted on an AWS platform that ADvancing States also pays for.

Next slide, we have a four prongs approach to using the website and it was built with four basic functions. We wanted the facilities to have an easy to use portal to manage their staffing needs on a daily basis. For the job seekers, we wanted them to have a one stop, easy way to connect with employers nationwide. For the states, they can get real time actionable data about what's going on within their state in the workforce and each of the facilities either regionally or just in certain areas of the state. Then for us as the association, we wanted the ability to be able to share national, regional and state data to our federal partners at CMS, ACL, and FEMA to be able to provide them with the trends and the analysis that they would need. We'll also be able to provide it to researchers in the future.

I should mention, I guess since this is a call largely made up of Medicaid directors and staff: there are many agencies that are going into making this tool and that want to be using the tool, especially during the crisis. Of the states that have already reached out to us about it regarding the tool, most of them are coming in as a team. That can include people from emergency management, Medicaid, aging, IDD, Department of Health, the governor's office. We're encouraging the States to work with the Department of Behavioral Health, Department of Labor, Department of Education and your licensing boards or agencies.

Currently, the website is very basic. You can see a screenshot of it here. We focused primarily on the functional aspects of the tool and making sure that the algorithm and the matching worked and the geo-mapping work versus having a slick interface for our pilot in Colorado. But in subsequent rounds in the next couple of weeks you'll be really impressed with the new interface. When the job seeker or facility enters the site, they'll have the screen like you just saw and they'll have to register using email to the site.

For the job seeker, once they register, they'll enter into the system basic standard information and this is a screenshot of the very basic information. Once they submit the form, they won't be able to see immediately if they have any matches. They will need to wait to see if the facilities call them for interviews. The job seekers can go in and change the dates and times they're available on the database daily basis, or they could adjust the geographic regions if they aren't getting matches, for example.

In the next version, the job seeker will also be able to upload their resume into the portal. But because this is a national portal, we're allowing users to say they're willing to travel to different states as well. We also have a category that allows people to say that they're a volunteer, and we're asking if they are going to need state-provided assistance during this day for housing and other support if they are traveling from out of state.

On your side now you'll see both types of positions that are currently included in the website, and we have included everything from a cook to a physician. We understand that it might be a little confusing to call the portal [something exclusively] for healthcare professionals. And that's why in this presentation, I'm saying job seekers. We'll be updating the form soon to reflect that terminology.

We recognize that the position definitions throughout all the state and for specific states and territories is different in each of the states. We tried to keep the title as generalized as possible. We do have a taxonomy that's going to be on the website to explain, in general, what the definitions are for each of the roles listed. We know currently that we don't have Behavioral Health and IDD roles defined here and we'll work towards getting more of those positions loaded quickly. In order to gain additional job seekers for those positions, we're encouraging states to email individuals who are recently unemployed or are recently on the Medicaid roll. We've also crafted marketing materials for licensed professionals, high school students in Bocas, community college students, university level students in medical fields, etc. At the national level, we'll be rolling out a campaign beginning on Monday for both provider groups and employment associations to get the word out and get people enrolled. We've also been partnering with a large nursing home group to get them excited about the site.

On the facility registration side, we wanted to make sure that the states have the ultimate oversight role in determining who has access to the portal. We are asking the states to provide us with a list of the facilities that they want included. That's if we have any bad actors or people that would get in here and lure job seekers under false pretenses. Once the files are uploaded, the facilities will receive an email from us saying that there is a new portal and that they should fill out the job vacancies that they have and register them. They can register on a daily basis, their needs. Immediately after they submit their form with the needs that they have, they'll receive an ability to see the matches in their area. One question we've gotten a lot is, if there's a nursing home that has many locations, but it's owned by one operator, do they have to put in each of the facilities? And the answer's yes because of the geo-mapping. But you can do it having one staff member fill out the forms individually.

The slides that you see there, those are the types of providers that we currently have included into the portal. We focused on the Long-Term Services and Support sector, obviously because that's the mission of our organization, but also because nationwide we saw that that was the largest need for staffing and there was a staffing crisis in Long-Term Services and Support long before COVID crisis hit. In fact, our board of directors directed us in our strategic plan to start working on this issue as part of our strategic efforts over the next two years, and then COVID hit and even exacerbated it.

We are hoping to increase the number of provider types in the future versions. We've been asked by several states already to include hospitals and hospice, so those will be the next two that will be coming on line. Next slide. Again, we wanted to say what is the cost for states to use it? Nothing, if you're going to use the general national tool. If a state wants to pay for customization we're going to have to figure out the functionality and what they need it for before we give you a price, because some of the things we'll want to make adjustments because we are piloting it now, and we're going to be finding out things that would be helpful, and we'll try to make those adjustments for free as well, and the earlier adopters obviously will help us figure out some of those functional things.

The tool's algorithms are written using open source code that we hold the license to and copyright to, but we're willing to grant it for free to the state. We're hoping this state will stay in the national portal so that we can have the national data to do some trend analysis, and so the job seekers can be looking at jobs nationwide. But we do have it available to the states that don't want to do it that way. As I said, the Centene Corporation generously supported the development of [this tool]. And it was based on a model that got us all excited by the Northeastern University. Next slide. I'm really excited to show this is what it will be looking like. This is the future interface, which we hope to have up within a couple of weeks. The next version will also have the ability for the states to go on in on the backend and weight different facilities. We've heard from many states that some facilities are so overwhelmed that they are having a real challenge even in asking for help. We want the state to be able to go in and assist them by putting

additional weight on the algorithms so that more seekers would be sent to those facilities.

We also are developing some reports the states could be running on a daily or weekly basis. Then as I mentioned before, we're going to be including different facilities including hospitals and hospice. I really just want to also, once again thank the Colorado staff; they have literally spent hundreds of hours, day and night and weekends included, and for all of their teams for leading us down this effort. If you're interested in participating in this service, you can contact either myself or Pearl and we can do a demo for you. Once your state indicates a willingness to participate, we'll put you in line in the order that you contact us. We're trying not to swamp the website all at the same time, but we're adding states as quickly as we can. We will have marketing materials frequently asked questions and a user guide up on our website at ADvancing States when we officially go live with the press release and everything on Monday. And with that I think I am done.

Calder Lynch: Well, that's great. Thank you, Martha. I really appreciate you giving us that overview. I want to take a couple minutes to maybe have a bit of a discussion about this. Obviously, a lot of great work has gone into standing as the pilot with Colorado and you've given us a bit of a sneak peek of what's to come in the next version. What does that timeline look like exactly? How soon will States begin to be able to take advantage of this opportunity?

Martha Roherty: Yeah, so we anticipate allowing all states in by May 18th. That will be when we'll be done with the pilot in Colorado, and we'll be able to… and it could be even sooner, but May 18th is what we're aiming for to get the states rolling in and we'll probably batch them like five at a time, so that we don't overwhelm the system. If states do need some front end time to gather the information to decide how they're going to roll it out and get the job seekers. Then the last thing you want to do is roll it out, not have any seekers looking for employment. We've crafted a whole bunch of ideas for how states can get job seekers. We're in a little bit of a good situation in that there's, this is a terrible thing to say, but there are

people that are unemployed that we're hoping would be enticed to come look at the site for the jobs that are available.

Calder Lynch: Obviously, this is a two way street and you got to find the job seekers, but you've also got to get the facilities to input their needs. Are there any restrictions on the types of facilities that can participate? Do they have to take Medicare, Medicaid? Can they be private pay or are there any rules around that?

Martha Roherty: No. The only rule that we have is that the state has to decide if they're allowable to come in. It's payer agnostic. At this point, we don't care. If they're licensed in the states and in the state feels like they're worthy to be in there, they're in there.

Calder Lynch: Got it. And you mentioned that the service would be free for states barring any needs for customization. What about job seekers or facilities? Are there any potential costs that they may face to participate?

Martha Roherty: Nope. It's a free service that we're offering for the job seekers, for the facilities, and for the states; barring the customization as I mentioned.

Calder Lynch: So you've got the tool, it's going to roll out, more states can come in, and based on how this is rolling out in your pilot state. What are the steps you're seeing, whether it's in Colorado or just based on your own planning that states would need to take to actually get the facilities to enter their information, to get the job seekers connected? Are there going to need to be big public service campaigns around this? Is there going to be advertising? What's working actually get the word out about?

Martha Roherty: I think we're lucky in that nationally, the national provider associations are very supportive of this. They see that there's a significant need. So first working with the provider associations in the states and really encouraging them that this is designed to help them to do that. Then having a campaign in terms of getting the seekers out, and we've developed tools in terms of emails that can go to the recently unemployed and new people on Medicaid, college graduates, people in both rehab or both in high school and community college.

We have today, like I said, the governor is announcing it during his COVID press conference that is held daily. We're asking states to consider linking the website on their COVID outreach pages, so that it's a natural place for people to also look for work.

Calder Lynch: Mm-hmm (affirmative). Well, and you mentioned new people looking for work and obviously that's a huge need right now, but that won't go away necessarily. Is this service going to continue running beyond the end of the immediate public health emergency and will it continue to be free?

Martha Roherty: Our desire as I said to one of my board members was, "I think if this gets up and going, then I'm going to check the box off that I did what I could do on the Long-Term Services and Support worker shortfall." So yes, the goal would be to keep it up and running forever and getting people to use it forever. If we add hospitals though, it's not going to just have the focus on LTSS, correct, but as an association, that's our focus. But [the focus] will be in the health arena.

Calder Lynch: Got it. Now, some states may already have similar tools. I mean, you have the benefit of creating a national platform, in which you could facilitate even cross-state job placement. But some states may already have some tools that help fill this need. Are they able to connect into your network or how does that work if they want to be able to leverage something they already have?

Martha Roherty: Yes. States can do a redirect from something that they already have. From the outside standpoint, nobody would know that that even happened. Some states are even considering, I think one of the states we talked to today said they wanted it to be, Connect to Care Jobs in the name of the state. That's fine too, as long as it redirects eventually to us. That's the way that we're suggesting that they do it. It's not a hard thing to do.

Calder Lynch: Yeah. My last question is you said the ADvancing States is going to have access to this data to help inform your work with federal partners and supporting states. But I'm sure some folks also want to know whether that data would be de-

identified or just how to make sure that there's privacy and security around that before it's shared externally.

Martha Roherty: Yep. All the data would be de-identified. We don't want to get in any trouble. Everybody that's a user, when they sign on, there's a privacy policy right there that they have to agree to use before they submit their data. I know that the folks in Colorado are making sure too that it meets all of their state's privacy requirements. They're willing to sign up and tell us that it does. I'm pretty confident that it will meet the other states' requirements as well.

Calder Lynch: Got it. Okay, well, those are all my questions. I think, Jackie, you're going to help us facilitate any questions that we might have from our audience, right?

Jackie Glaze: Yes. Thank you, Calder. So yes, we're ready to take questions from the audience now on Martha's presentation, so we'll follow the same format that we used last Friday. We'll start by taking questions through the chat function, then we'll follow the questions over the phone. So operator, can you share the instructions with the audience on how to submit their questions through the chat?

Coordinator: Certainly, please use the chat feature to register for a question located on the lower left side of your screen. You may also submit a phone question by pressing one, four on your telephone keypad.

Pearl Barnett: Hi, Jackie, this is Pearl. It does look like we've already had one question come in through the chat. And I can go ahead and ask that question. Debra Kinsey says this looks pretty neat. Is the service free for a specified period or is it free forever?

Martha Roherty: Well, you can say it, "It's free forever." The only thing it's not free is if you need specialized customization.

Calder Lynch: And Martha, give me an example maybe of what specialized customization could look like?

Martha Roherty: I think some of the states have asked for, if they have special licenses or other requirements for certain positions, could they customize it and require those applicants to put in their license numbers and stuff. We do have one box that says, "Provide your license number and the expiration date." But if there were more fields or something that they needed created we would potentially have to ask for additional support to do that. Pearl, do you think… are there any other examples you can think of?

Pearl Barnett: No, I think that covers it. Well another example is, if you want the data to be specific to regions or certain localities in areas in your state, so just customization based on how you want the data to come in or see the output.

Calder Lynch: Great. Do we have any other questions in the chat?

Pearl Barnett: There are no other questions in the chat at this time.

Calder Lynch: Why don't we check to see if there's any on the phone. Operator?

Coordinator: As a reminder. Thank you. As a reminder to register for a question on the phone lines, please press the one followed by the four on your telephone. Showing no phone questions at this time.

Calder Lynch: Okay. Well, while we leave it, Martha, so what's the next step if the state's interested, they want to engage with some of their partner agencies or provider associations or they're hearing this need, what do they need to do?

Martha Roherty: So they just need to email either Pearl and myself and we'll set up a time that we can take them through a demo and talk about the next step. That's it. It's really simple.

Calder Lynch: Well, great. Well we appreciate you and Pearl joining us today and for sharing information about ConnectToCareJobs.com as Martha said, if, if you think that there's maybe interest in your state or you've heard for similar needs among your provider associations, they've got their contact info there up on the screen. Martha had given me a preview of this and I know I've heard from a lot of folks

about some of the workforce challenges. I thought it'd be a good chance to have her on and share some of this good work and this potential resource that might be helpful as we respond to the immediate, and what are likely to be the ongoing, needs of this public health emergency. I think with that, we'll transition maybe to the next portion of our discussion where we're going to turn first to just an update and some reminders around the requests that we've made for data to support the Provider Relief Fund efforts. So first want to thank all of the states and territories who have so quickly responded and has begun providing their data and response to last Friday's request. We know that this was a very tight turnaround and a very, in some cases complex requests, and some of you are still finishing up the submissions.

Calder Lynch: We want to ensure that you are submitting the best data you have available in a manner that's going to really help us facilitate timely processing and accurate disbursal, since we know everyone is keenly interested in making sure that we're able to get support as the Medicaid providers as quickly as possible. I want to remind and just note folks that we did send an email on Tuesday evening that contained the submission instruction. And even as we've continued all learning through this process, we did ask state to potentially amend some additional data requests into the submission to help facilitate a quick and accurate disbursement. So please make sure you reviewed the Tuesday email and both of those attachments for those differences. Namely, we ask that you please add an indicator for dental providers. That's an important group that we want to make sure we're addressing appropriately who are a little bit different than maybe other healthcare providers, similar to how we'd ask you to identify retail pharmacies. We wanted to make sure that we can identify the dental providers.

Second, we also requested email addresses for providers. If you have those in your data systems that will just help us facilitate the ability to make quick contact. If necessary, we need to gather additional information or need more information from providers. So really again, appreciate everything everyone's doing. I'm going to turn it over to Julie to talk about some data quality reminders, just based on what we've seen in the initial submissions, we are working to make sure that before we provide this data to the department to facilitate efforts around

Relief Funds that it is as complete and clean as possible. We're doing some data quality checks and we just want to share with you some of the initial findings to help support making sure that what you're submitting to us is as high quality as possible. Julie?

Julie Boughn: Yeah, thanks Calder. I just want to echo the thank you that Calder has said about all the hard work that's going into both creating the files and then working with us to get them in and working out some of the technical issues. I thought I would talk through basically the high level process that happens once we receive the files. Because we are trying to do a bunch of the quality checks on the files really before we send them over to our colleagues at the department who are really responsible for the disbursements of the funds. The first step, of course, is that we get the file in and that in and of itself is creating some interesting technical conversations. If your teams have issues then they're the right person to talk to as a T-MSIS state lead at CMS and make sure that we're sending the files from the right place to the right place, with the right names and things like that. Those are the kinds of things that can trip us up in that process.

Once we get the files in, we're then attempting to read them according to the file layout that was in the instructions that we sent to us. That can give us three basic answers. No, we can't read it, in which case there's, again, technical conversations that happen about what's corrupted in the file or what happened to the file on the way in or where we're having trouble with our code in reading that. Those conversations are happening even as we speak now.

The second is that we could read the file, and corollary to that we can read the file, but we still seem to have some issues at least with some of the records. In both of those cases, we actually load the data and then we do some further analysis of it. Once we gone through receiving and reading the file, then we do this quick scan, which is my word for it, where I'm looking to see which of the fields are missing data and we're adding up the numbers in the revenue columns. Some of you actually have gotten an email from me today, very few, like three of you, saying that those checks in and of themselves indicated some significant questions. And so we want you to double check your files and make sure that

they come in. We're also working on some additional analytics that we're going to do to benchmark the data. We're going to look for things like, do the numbers of providers that you sent us in these files look like the number of providers that we have in T-MSIS data? Do the overall revenue numbers look like what we have in expenditure reports? We're not looking for exact matches here or anything, but we want to be order of magnitude in the ballpark.

Once the files are clean in that regard, and we'll go back and forth with you all. Then we're going to be sending them over to the department for the rest of the process. And with that understanding of the process, I'll let you know that right now we have gotten in… well this is as of noon Eastern time today, 29 files. We've been able to process and load or read the files 21 out of 29 of those files. And 18 of those 29 files we read relatively cleanly. So we're continuing to work with your teams on those issues. I think I'll close with two points. One is obviously the longer all this stuff takes right, the back and forth on the files, the longer it's going to take us to get the payment process going. I know that that's why we're all feeling very anxious about moving this as quickly as possible.

The second is, if you want to know at any point in time where your file is, if you're questioning, obviously, your technical team will know what's going on. But also feel free to email me directly and I'll do my best to find it out with my team. And your technical leads can always work with your T-MSIS state lead or your Medicaid enterprise system state officer or officer who is plugged into what the process should look like. But the best technical assistance will come from the T-MSIS state leads. I think I'll close once again by saying thank you. I know this has been hard and really intense period of time for all of us trying to work on these files. And so I thank you for all of that work, and I'm going to turn things back over to Jackie, for questions.

Jackie Glaze: Thank you, Julie, and thank you, Calder. We're ready to take your questions now. Any questions you may have. So we'll start with the chat function to begin with. So operator, can you once again share the instructions with the audience on how to submit their questions through the chat function.

Coordinator: As a reminder, to register for a question, please use the chat feature located on the lower left side of your screen. Also for any phone questions, please press one, four.

Calder Lynch: And at this time we're happy to answer questions really on any topic, whether it's related to the conversation we just had on the data requests or the recent FAQ or other issues as well.

Barbara Richards: Okay. We have got a question in the chat regarding post-eligibility treatment of income (PETI). I will read it. It's a little bit long, so our eligibility folks, please bear with me and if you'd need me to reread it, I'm happy to do that. This is from Erin Black from Michigan. Michigan has been reviewing the newest CMS guidance and wants to make sure that we are interpreting it correctly as it relates to PETI. Specifically, we're wondering if we are allowed to assign a post eligibility amount to a new resident of a nursing home. That is, someone is moving from an existing MA group where they have no PPA into a nursing home, where they would have a PPA. Also, for someone new to Medicaid, would we be able to assign a PPA?

Calder Lynch: And just to clarify, I think, PPA is patient pay amount, I see which is what they call PETI.

Sarah deLone: The FAQ that's posted does not squarely address that answer. I want to lean into what we think the answer is, but also just flag for everybody on the phone that we recognize [that] a number of states have raised different scenarios in which the PETI rules come into play. People moving from one care setting into another on various kinds of situations and we are really taking a close look at all of those situations to make sure that we're providing the best guidance that we can. I just want to put that out there because we recognize that there are a lot of different variations that it's not clear from that first answer FAQ that we did. We now understand that. So we appreciate the feedback that we're getting from all of you. But to make that clear that we are looking at a number of scenarios to try and provide clear guidance on that.

I think that, again, a little bit of a, just a caveat that we're still working through these. But our analysis would be that, where somebody is not yet receiving. I think the hypothetical is somebody is not yet receiving an institutional service that's subject to post eligibility treatment of income rules. There would be nothing in 6008(b)(3) that would preclude the state from applying the PETI rules at the point that the person begins to receive those services. So somebody newly receiving institutional services they are not yet… they're going to now get a new benefit, the benefit of a new benefit, the institutional care, and the scope of that is going to be the cost of the benefit, less their liabilities in the PETI rules. I think that's where we're heading. But again, we're working through a lot of complexities with the statute. And we will confirm that in an upcoming FAQ.

Barbara Richards: Jackie, at the moment we do not have other questions in the chat.

Jackie Glaze: I see one more, Barb.

Barbara Richards: Okay, yep. We've got a couple of come in. Give me a sec. The question is, are the recovery rebates subject to a state recovery?

Calder Lynch: Yeah, the recovery rebates I believe are the tax credits that were made available to the economic stimulus relief. So the question is, are they subject to a state recovery? Do we need to take that back?

Sarah deLone: Yeah, I think so. I don't think we have a state recovery expert on the phone. I think from CAP's perspective that would be Gene Coffey. There may be interface with other groups, but so I think we need to take that back and get back to folks.

Barbara Richards: Also have a couple other questions coming in on the chat. Next one is, can you provide guidance on post eligibility treatments for those who are paying cost of care or cost of care increases considered an adverse action?

Sarah deLone: I don't think I understand the question well enough, and I know it's hard to into the chat box. So maybe we could ask the person who's asked that question to follow up through their state lead with the question so we can get a little bit more detailed.

Barbara Richards: Great. Thanks, Sarah. The other thing is the person could also ask it verbally if they chose. The next question we have is our normal citizenship verification requirements required for the new COVID-19 testing group.

Sarah Delone: So, yes, they are. Yes to be eligible, the short answer is yes. If a person is not a US citizen or in a satisfactory immigration status, they may be eligible for the testing benefit, but that would have to be necessary for treatment of a medical emergency as defined an emergency medical condition as defined in section 1903 V of the Social Security Act. That's probably not a typical situation that requiring a test is going to be necessary for treatment of emergency medical condition. But that is the structure in which you stay has to whether or not they are eligible for coverage citizenship is not a requirement or satisfactory immigration status is not a requirement, but whether or not the benefit can be covered itself. It's a limitation on FFP. So we will be having an FAQ coming out that will provide that response in writing, which I think will be helpful because I know it's a hard distinction sometimes to make. But the short answer is, those usual citizenship requirements and satisfactory immigration requirements do apply to this eligibility group.

Barbara Richards: Great. Thanks Sarah. We've got another question in the chat related to providers. The person is asking, indicating, I think CMS was going to provide a verbal update for providers who are confused about submitting claims to the state uninsured testing group versus the HRSA portal. We have a lot of providers in our state who are asking if they have a choice on where to submit?

Alissa Deboy: Can you hear me? So we do have a set of FAQs that we are working on. But in general, for states that have adopted that new optional testing group. Providers should bill Medicaid for testing only and not the HRSA Uninsured Program. For states that have not adopted the new optional testing group provider should bill the HRSA Uninsured Program.

Calder Lynch: And just to clarify, if the individual is enrolled in the testing group, then the provider should bill for that?

Alissa Deboy: That's right. Yeah, that's correct.

Calder Lynch: So if they're enrolled in the testing group. They should bill Medicaid, not the HRSA fund.

Barbara Richards: Great. Thanks, Alyssa and Calder for the clarification. We have another question. What is the extent the state will have to use in checking for other insurance once we have approved someone for the testing only coverage group?

Alissa Deboy: Right. So I think we are still working with HRSA on some operational details for how providers can verify that an individual is enrolled in the optional testing group and we hope to have a little more information for providers in that case. I think in general, if a provider doesn't know and has billed the HRSA fund. And then on the backend it is determined that the individual was enrolled in the Medicaid optional group, there likely will have to be some backend coordination of benefits which it's possible the provider would likely have to back out the claim from the fund and bill Medicaid. And this is of course for testing services.

Sarah deLone: And Alissa, just to round out the picture, if it was other insurance that the person that turned out who was enrolled in the optional testing group had other private insurance, let's say, or other coverage where Medicaid was secondary. Let's say they had Blue Cross Blue Shield, for example.

Alissa Deboy: Yes. Medicaid would be chasing payment of claims in that case to make sure Medicaid is the payer of last resort in that case. But again, we have some written FAQs to explain all this, which will be released hopefully soon.

Jackie Glaze: Okay. I think, are we ready to open up the phone lines to give those individuals an opportunity to ask questions?

Barbara Richards: That would be great. Thank you, Jackie.

Jackie Glaze: Okay. Operator, will you please up in the lines?

Coordinator: Certainly, we have a question from the line of Susan Mateja. Please go ahead.

Susan Mateja: Yeah. My main question I think was answered on with some of the other questions. But my main question is when an individual is going through the application process and needs financial assistance, they have say you're US citizen, if uninsured you have to go Affordable Care Act. If you're employed, you have to be uninsured and enrolled. But guidelines for applying in different states vary. And I just think that we could probably do this a little bit better. Because I know this is coming from a different state that I live in. I guess my question is, how are we going to work together with the hospitals for community assistance because we have like this fantastic presentation. Thank you so much. That said, we are going to work together or we're going to reach out to community. We're going to do everything we can, but there are a lot of questions that are unanswered and I want to know how we're going to try to work this together. That's my question.

Jessica Stephens: Great. Maybe I'll jump in. This is Jessica. I think you started off by asking about the application process. Are you talking about the application process for any particular group? Are you asking about how individuals apply and are verified for the uninsured 23 testing group, or are you referring more broadly to eligibility requirements? Sorry, go ahead.

Susan Mateja: Eligibility requirements and guidelines for applying for eligibility for community assistance?

Jessica Stephens: And when you say community assistance, you're referring to just Medicaid in general or specifically for individuals?

Susan Mateja: I'm referring to both because we have retro-eligibility going on now and that's for any individual. And then we also have those that are retired or going into Medicaid.

Jessica Stephens: I feel like…

Sarah deLone: I'm sorry, maybe we should take this offline. It feels like there's a lot of different angles that you're starting maybe looking for, we might be able to provide technical assistance to, but rather trying to figure that out. Right now, maybe we

could set up a dedicated call time with you and provide you with some assistance. Would that be helpful?

Susan Mateja: Yeah.

Sarah deLone: Terrific. So can we get your name or maybe ask you to reach out to your state lead if you know who that is?

Susan Mateja: Oh, yes. Yeah. My state lead is on the phone, I'm sure. But my name Susan Mateja at Delaware.

Jackie Glaze: Okay, we'll be sure to reach out to you. You got your state terrific. We'll be sure to connect with you and set up a time.

Susan Mateja: Thank you. Sure.

Jackie Glaze: All right, next question comes from the line of DuAne Young. Please go ahead.

DuAne Young: Hi. Nevada was wondering if we needed to include, we've included the codes for testing as well as the lab codes for analysis for the testing. But we saw that some states were covering the test kit. These don't have rebates yet. So we're wondering should we include that into the disaster SPA?

Alissa Deboy: Kirsten, I don't know if you're on and you know the answer to that.

Kirsten Jensen: I am on and I do not know the answer to that moment to take that back and take a look at that question. Also, if you could contact your state lead and have that question come into us, then we can reply in that manner.

Calder Lynch: We can go to the next question.

Coordinator: As a reminder to register for a question, please press the one followed by the four on your telephone. Our next question comes from the line of Ada Osuna, please go ahead.

Coordinator: Ada Osuna your line is open. Please go ahead with your question.

Ada Osuna: Hello, can you hear me? Hello?

Jackie Glaze: Go ahead.

Ada Osuna: Okay. Yes, sorry about that. I am elaborating a little bit more. I'm the one that asked the question about the cost of care. So this is PETI related. This is for individuals that are paying the cost of care for their services, their long term care services instead of the liability. We are wondering if the treatment for cost of care is the same as for liabilities. For example, right now we are increasing rates for providers. Community-based is calling providers. And that is increasing the cost of care for our clients. We're wondering if we need to adjust our systems so the cost of care will remain the same. It can happen also when the individual receives an increase on their pension or any other income.

Sarah deLone: I understand how the person's liability would increase if their income increased because their pension went up or, I understand that. How is it that if you increase the reimbursement rate to the provider, how would that translate into an increase in the beneficiary's PETI liability?

Ada Osuna: Because the reason why the client is paying the cost of care instead of the liability is because the cost of care for the cost that is the cost of the care for all of our services. It's less than the calculated liability.

Sarah deLone: I see. So their PETI liability is the full cost of the services?

Ada Osuna: Yes.

Sarah deLone: We should take that back. That's yet a new variation on the different PETI scenarios and let us take that back and work that out and get back to you. And I'll say that's a question that's going to affect everybody. Thank you for the question.

Ada Osuna: Thank you so much.

Jackie Glaze: We'll take one more question.

Coordinator: Sure. We just had a question registered and it won't be long for the information. Our next question comes from the line of Nicole Silks. Please go ahead.

Nicole Silks: Hi, I just wanted to follow up on that last question that the individual had about the cost of care increase, because you said you understood if an individual's income increase and their cost of care could increase. Is that okay?

Sarah deLone: We are looking at that issue as well. And can confirm, I will lean into that under the responses that we have given that you would not increase the person's liability. I think this is what I said on the last call. We would not increase the person's liability on PETI if their income went up is that would reduce the amount of medical assistance that they were being provided, which would be inconsistent with the interpretation that's been advanced under Section 6008(b)(3). But again, that is a scenario that's before us and we will be providing additional guidance.

Nicole Silks: Okay, it's appreciated because I guess from the state's perspective; they're not really losing any benefits. They're just increasing interest. They have a slight increase; it could be slight, it could be a dollar, could be a couple of dollars, but because they had an increase in income. But they're not losing any coverage or services or anything like that. But I guess you'll let us know. I appreciate it.

Sarah deLone: Yeah, I appreciate hearing the perspective. It's always helpful to hear perspectives from you all. So appreciate that. And we are giving a hard look at all these different ways in which they'd be 6008(b)(3) language sort of applies. Okay, I promise you we're taking a hard look. Yeah, thank you. I appreciate it.

Nicole Silks: Thank you. Bye.

Calder Lynch: All right, well thank you all for joining us this afternoon. As I mentioned earlier, we are now moving into a once a week mode. So the next call will be on will be next Tuesday. But of course, in the interim, if you have any other questions that we didn't answer today please reach out to us and we will get that answered. Just contact state lead. I appreciate all the work everyone's doing to respond to the data requests. Have a great weekend.

Coordinator: That does conclude the webinar for today. We thank you all for your

participation and ask that you please disconnect your lines.

End