

Centers for Medicare & Medicaid Services
COVID-10 Medicaid & CHIP All State Call
August 4, 2020
3:00 pm ET

Coordinator: Welcome and thank you all for standing by. All participants will be on a listen-only mode until the question and answer session of today's call. At that time you can press "Star 1" to ask a question from the phone lines. I'd also like to inform parties that the call is being recorded. If you have any objections, you may disconnect at this time. I'd now like to turn the call over to Miss Jackie Glaze. Thank you, ma'am. You may begin.

Jackie Glaze: Thank you and good afternoon, everyone, and welcome to today's All State call. I'll now turn to Calder and he will provide opening remarks and show highlights for today's discussion. Calder?

Calder Lynch: Thanks, Jackie. Good afternoon. Welcome, everyone. Thank you for joining us today. This afternoon we'll be covering three topics on our weekly All State call. First, as has been a recurring topic for us, some important updates regarding the provider relief fund. Then I will have a discussion with regard to T-MSIS coding guidance to ensure that we're capturing complete and accurate information about COVID-19 and state-reported encounter data.

And finally I just want to share quickly some information that's highly relevant for states on a funding opportunity that was recently made available related to Sickle Cell disease.

First, we will start with the Medicaid and CHIP distribution of the provider relief fund. Last week's announcement - I'm sure many of you saw that the deadline was again extended until August 28th. We are bringing this topic

back to share some of these updates and also be able to give you a chance to ask questions.

Like last week, Tonya Bowers from HRSA and Jen Bowdoin from CMCS will discuss the deadline extension as well as the important update that the portal has been reopened for certain providers as well as review some updated FAQ's. Again, Tonya is the Deputy Associate Administrator of the Bureau of Primary Healthcare at HRSA and we are so pleased that she joined us again today.

Jen will follow Tonya's presentation. Then we'll take your questions on this topic. Once we finish those, we'll have Julie Boughn, our own Director of the Data Systems Group share information on the T-MSIS coding guidance for COVID-19 and then Karen Matsuoka from the division of - from our Division of Quality will provide information on a new Sickle Cell Disease funding opportunity as I mentioned.

After these update, we'll open the lines for state question.

So, with that and without further ado, I'll turn it over to Tonya Bowers at HRSA to share an update on the provider relief fund. Tonya?

Tonya Bowers: Thanks so much, Calder and good afternoon, everyone. I'm really glad to be back again this week. It seems like it's been a long time. So much has been - so much has happened over the last week and I'm glad I can be here to share some of these important updates.

As you remember, last week we talked about some of the feedback we received from providers through our and others, associations and others through our listening sessions. And I think we're back here today to actually

show that we've made some good progress on addressing some of that feedback with just some of the announcements and updates that we've made over the last week.

So, as Calder did mention, we announced last week a couple of important updates and I just want to share those quickly with you as well as some other updates that I think are important for you to have awareness of. And so, as you know that we announced in June the opportunity of the opening of our Phase Two of general distributions, we like to call it, which is really the opening for allowing our Medicaid managed care and CHIP providers to come in and apply for payments under the provider relief fund.

We also then recently opened it up for dental providers to allow them to come in through this Phase Two of the general distribution to receive up to 2% of reported revenue from patient care.

So, those were the opportunities that we had announced previously. And we had received a lot of feedback from our providers about some questions that they had about how to apply as well as concerns around the process and who was eligible, who wasn't eligible. So, again, we received a lot of that really great feedback.

We've been continuing to post resources and hosted several webinars which we think have actually made a good bit of progress in helping providers understand what they need to do in terms of submitting the application, so that process as well as who is and is not eligible to receive the funding. But we continue to receive a lot of additional questions on that.

And so, with that the decision was made to extend the deadline yet again from its original deadline in July, then to August 3rd and finally now to August

28th. We think that that's going to allow a lot of the providers that we are reaching towards the end of the last couple of weeks who just were finding out about their eligibility to participate. We're really hopeful that they now have sufficient time to submit applications and so we're excited about that to be able to give them that opportunity to continue through the process.

We also noted some providers are reluctant because they think the application is too complex or the process is taking too long. They've heard feedback from others and we are working to make progress in both of those fronts.

The second announcement that we think is pretty critical at this point is that starting next week we will also be opening up the portal to providers that missed the opportunity to apply for their additional payments under the Medicare distribution. So, that's Phase One of the general distribution for Medicare providers. There were a lot of providers that just didn't understand or didn't receive all of the appropriate communications regarding the opportunity for them to come back into the portal to receive their additional payments so that they would have a payment that is approximately 2% of their annual revenue.

We pushed out those original payments and the providers just didn't realize that the second part of that opportunity was critical for them to receive the additional payments to get them to that 2%.

So we heard a lot of that feedback. I'm sure you heard a lot of that feedback. It created a lot of confusion about who was eligible to come in to the portal for Medicaid because they just - with the rapid communication that was going out during that period of time, providers weren't sure which opportunity they should be applying under.

And so we knew that in order to get as many Medicaid providers in as quickly as possible, we limited that just to providers who had not received previous payments but now we're at a position where we are opening it up to all of the providers who received payments under that original general distribution for Medicare providers. And so they'll have an opportunity to come into the portal to submit their financial information in order to be considered for the remainder of their funds to get them up to that 2% of annual patient revenues.

And we realized that with the speed in which we've been moving to get these providers out that we want to make sure that we're giving all providers an equal opportunity to seek these payments. And so we think this is a really great opportunity to get all of our Medicaid and Medicare providers into the portal to make sure that they can receive their payment. But we also want and recognize that there's a lot of providers who even with opening it up to our Medicare providers, may have been left out of previous payments also.

So, along with the two announcements in terms of allowing - extending the deadline up to August 28th for our Medicaid CHIP and dental providers and opening up the portal for our Medicare providers that received payments in the first general distribution, we're also providing an opportunity for providers that were left out of both of those to come into the portal to receive a payment.

And that's really a direct result of a lot of the feedback that we received from providers, that they, because of things like change in ownership, because they were new providers in 2020 and based on our methodology looking backwards into 2018 and 2019, they were not eligible to apply for payments. This is an opportunity now for them to come into to seek payment for their 2% of revenue as long as they can demonstrate that they are eligible for those payments, of course - that they were providing diagnosis testing and care for individuals with possible actual cases of COVID-19.

So I think those are some - three really great updates that we were able to make just over the last week since the last time I was on the call. There will be a lot more information that we'll be able to - we'll be pushing out on the details, all of the details regarding what to anticipate with opening up the portal to our Medicare providers. There will be a lot of information in forthcoming application guidance that we'll be posting on that.

And so we are working on a process to look at other providers that still might not be eligible for these distributions thus far. So, we're continuing to add providers as we get sufficient information to be able to do so. But we think this will be - this is really in response to the feedback that we received as well as it will be really important to providers to make sure that they're getting all of their resources that they're eligible for under the provider relief fund.

But we didn't want to rest there. We still have additional updates to be able to provide you. We've continued to make a lot of updates in our communications to providers and that's really again a direct result of the feedback we've been getting from providers about the complexity of our communication, the sort of denseness of information on the web. So, really we've been taking a hard look at that and making incremental updates that we think will be really important to support providers both in Medicaid the CHIP, the dental as well as the Medicare providers coming into the portal to be able to support their application.

So, one of those is absolutely simplifying the application. As I mentioned, there were a lot of concerns around the complexity and all of the vast amount of information we were asking in the portal, and so we will be making changes to the portal in terms of simplifying the application to make sure that we're reducing burden on providers. We certainly - with all of the demands on

their time we don't want them to have to spend excessive amounts of time on the application. So, to reduce that burden we're only going to be asking for what we need in order to make our payment calculations but also to support our intensive program integrity checks that are critical as we make these payments.

And so really with an eye to those two areas, we're going to be updating the portal to really streamline and simplify it. And that should be available very soon.

But we also again made some communication updates and so one of the things is that based on the feedback that we received, we made a lot of updates to our website, the section for providers, which is really designed for - is really focused on making sure providers have information that they need in order to apply. And we started there with updates to include a step-by-step process in the application. So, you'll see that there's a six step process laid out at the top of the page. And this is, again, to help them understand exactly what to anticipate as they move through the application process.

So this gives them some level of detail that's responsive to the feedback that we got but also it gives some - again, the clarity of what to anticipate as they move through the system in each one of the phases.

The most important things there is it also gives providers estimated timeframes for each of the different stages which I think will help to sort of address some of the feedback we got about expectations for how quickly the application we processed and any potential for additional communication along the way.

We also were creating several visual guides. We know that people absorb

information differently and we want to make sure that we're trying to get out information that are quick guides for providers to understand. And so in each one of these phases we're trying to make sure we can provide different tools for their understanding. And so one of them is on the TIN verification process which we know has really created a lot of confusion for providers and so we'll be posting that in the near future - very near future to help providers better understand that and we'll be doing more and more of those quick visual guides.

We're making a lot of changes to our FAQ's based on the feedback that we received. It simplifies, streamlined. Really make sure that the most important ones are included in there and that we are archiving ones that are no longer relevant as we move through these various payments. So, we're making a lot of really good progress on our communications and we'll continue to add new information as we have it.

Finally, we are contemplating yet another webinar because those were so well received and we really believe it's a great way to reach providers as we bring on new providers into the portal. So, we have been making a lot of progress even in the last week. And so we will continue to share as much information as we have all of these resources and tool kits and other materials that we developed but want to get out to all of you as quickly as possible so that you can help us to support providers as they are submitting applications.

So, that's some of the - just the quick updates that I wanted to provide. I really appreciate the time here today and we'll look forward to any questions in a little bit. But I think right now I'm going to turn it over to Jen Bowdoin to be able to give additional updates.

Jen Bowdoin: Thanks, (Tonya). We really, really appreciate all of HRSA's work and

partnership to ensure that Medicaid and CHIP providers have the opportunity to apply for this important funding as well as HRSA's efforts to adjust the challenges that some Medicaid and CHIP providers have reported experiencing in trying to apply. So, thank you for all the great work and the progress that's been made in a really short period of time.

Before we open the call up for questions about the provider relief fund, I wanted to provide a few additional updates and highlight some of the recent FAQs and clarifications that have been posted on the provider relief fund website in response to questions that we've received from some of our stakeholders.

So, first, as I mentioned on prior calls, application rates among eligible Medicaid and CHIP providers have been lower than expected. The good news is that there has been a fairly substantial increase in applications from Medicaid and CHIP providers over the past couple weeks. Although we still have a ways to go, application rates are now exceeding 10% in 15 states and at least one state has a rate that is approaching 30%. This recent increase in applications among Medicaid and CHIP providers is very well (unintelligible) and we hope that it continues until the new application deadline of August 28th.

We know that the increase in applications is due in large part to the work of states and other organizations across the country who are helping to get the word out about the provider relief fund and to let us know when they hear of issues that Medicaid and CHIP providers are experiencing in trying to apply.

So, to everyone on this call and to our broader stakeholder community, we really want to thank you for all your support and your continued efforts to encourage providers to apply.

I also just wanted to offer a brief word of thanks and appreciation to staff in each state and territory that are continuing to provide critical support to the Medicaid CHIP and dental distribution of the provider relief fund through the TIN validation process. This work is incredibly important as it allows HRSA to process applications and make payments to eligible providers whose tax ID were not on HRSA's curated list.

I do however also want to note that the validation process does add to the amount of time that it takes to process provider relief fund applications. Some providers in some states as a result of increase in the providers have raised concerns about this and we would just ask for your patience as HRSA works through that TIN validation process and your patience with any additional time that this may add to the processing of some providers applications.

Lastly, I wanted to highlight a couple of the recent FAQs and clarifications that have been posted on the provider relief fund website. First, we've received some questions including on the call last week about whether receipt of funding through the payroll protection program or receipt of ATF retainer payments makes a provider ineligible for the provider relief fund.

HRSA had previously clarified in the FAQ that receipt of funding through the payroll protection program or from the Federal Emergency Management Agency does not -- I repeat -- it does not make a provider ineligible for the provider relief fund.

Lastly, HRSA also updated the FAQ to clarify that receipt of retainer payments does not make a provider ineligible for the provider relief fund. To see this a little bit differently and maybe a little bit more affirmatively, a provider that has received HCBS retainer payments can also receive funding

through the provider relief fund. Of course, providers do need to otherwise be eligible for the provider relief fund and must be able to substantiate that the provider relief fund payments were used for increased healthcare-related expenses or lost revenue attributable to COVID-19 that are not reimbursed through other sources.

We've also been getting some questions from disability service providers. Some of the language and terminology in the application and in the FAQs has raised some questions about whether they are in fact eligible for the Medicaid and CHIP distribution, the provider relief fund. HRSA has updated one of the FAQs to clarify that disability service providers and other providers of Medicaid funded home and community-based services are eligible for the Medicaid Chip and dental providers distribution if they otherwise need the eligibility criteria.

And finally, I wanted to just note that there are now five FAQs and some of them get a little bit technical so I'm not going to go through them on this call but I did want to highlight that there are now five FAQs that have been posted to address some questions that have been coming in from self-directed providers and from the fiscal intermediaries or financial management services organization that pay self-directed providers in some states.

If this is an area of interest for you or if you have questions related to eligibility or the application process for self-protected providers, I would encourage you to take a look at those FAQs.

And, as always, please feel free to reach out to CMS or to HRSA if your providers have questions or need clarification related to the provider relief fund.

And with that, I'm going to hand the call back over to Jackie Glaze. Jackie?

Jackie Glaze: Thank you, Jen. Thank you, Tonya, for your very helpful update. So, we're ready to open up the phone lines now to take your questions on the provider relief fund. So, Operator, could you open up the lines at this point?

Coordinator: Thank you. At this time if you would like to ask a question, please press "Star 1". You will be prompted to unmute your phone and record your name. Please record your name so that I may introduce you for your question. Once again, it is "Star 1" to ask a question. One moment for those to queue up.

Our first question comes from Mike Love. Your line is open.

(Mike Love): Yes, hello. I know that we have fielded several questions from providers about the relief fund and one of the questions is whether or not a provider has to have less than 500 employees to be eligible. Can you address that? Does the provider have to have less than 500 employees?

Tonya Bowers: That's an excellent question. I think it goes to the intersection really of all of the different COVID-related activities that are going on across government. Because I think that a little bit of - some of the concerns that (Jen) brought up in terms of eligibility - providers that have any number of FTE's are eligible to apply. There is no maximum or minimum number of FTE's for any provider in terms of eligibility. That's not an eligibility criteria under the provider relief fund.

(Mike Love): Okay, thank you.

Coordinator: Our next question comes from (Laura Feland). Your line is open.

(Laura Feland): Hi, this is (Laura Feland) from Illinois. I had a quick question. We saw some recent email traffic about treasury OIGs, flexibility expiring in regards to anyone receiving federal COVID-19 money needing - including providers needing to be registered in (Sam) dot gov. And is that - I was wondering, is that related to the provider relief fund any other federal COVID-19 money that's being distributed or is the provider relief fund something separate and they don't need to register with (Sam) dot gov for that money? Do you have any details or information about that?

Tonya Bowers: I do not but we'll certainly look into that to make sure that we can provide guidance to providers. I'm familiar with (Sam) dot gov and how it works in terms of other - for grants and contracts and others. So I will have to come back on that question. It's really interesting and I appreciate you bringing it up so we can follow-up.

(Laura Feland): Okay, thank you.

Coordinator: Our next question comes from (Arvin Goil). Your line is open.

(Arvin Goil): Thank you very much. I'm Medicaid medical director in Illinois. And my question has to do with - the nice thing that you announced today - most of the disqualifiers have been taken away so the eligibility has extended. Is it possible now for you to track the claims where you sit and pay out of medical just like the stimulus checks or do they have to apply and why?

Tonya Bowers: Great question. So, at this point in time the payments that we'll be making to providers that are Medicaid providers, CHIP providers, dental providers and now again, our Medicare providers will all be application based. We pushed out payments and distributed those back in April trying to get dollars out as quickly as possible to Medicare providers - to providers that have billed

Medicare and we did so in order to get immediate relief to providers. But at this point in time we want to make sure that we are collecting sufficient documentation in order to calculate appropriate payments for the providers and so all of our payments will be application-based at this point and we think that that's consistent with expectations that we had earlier on in terms of assisting providers to receive their full 2% of patient revenue payments.

And so that's how we're going to proceed at least at this point. We also, but - we also have been making payments to targeted providers, also some rural providers, some hospitals and health systems in high-impact COVID areas, some traveler organizations. And in those cases we have distributed payments that weren't application-based but were based on formulas of information that we had readily on hand through other mechanisms. So, we'll have to see if any of those are going to happen in the future but for now all of the other providers will be application-based.

(Arvin Goil): Thank you.

Coordinator: Our next question comes from Veronica Cecil. Your line is open.

Veronica Cecil: Hi, I'm calling from Kentucky Medicaid and the Medicare - the reopening of Medicare providers may answer this question, but I just wanted to make sure. We've had pharmacies reach out to us -- Medicaid pharmacies -- and they said they received payment as a DME Medicare provider and they were disappointed they weren't able to go back in and apply under Medicaid. So, will the reopening to Medicare providers apply to those pharmacies?

Tonya Bowers: So, we'll have to - there are some nuances related to pharmacies and what income is or is not included in calculating payments but my - but I would encourage any provider that received a previous payment to apply in the portal

when they're able to determine whether or not they would receive additional payments. If there are any questions with their applications, we would reach back out to seek additional information in order to have - to resolve any outstanding issues with the application.

But at this point in time, a provider that believes that they are eligible having received a previous payment should go ahead and apply in the portal for any remaining funds that they believe they are due.

Veronica Cecil: Okay, thank you.

Coordinator: Once again, as a reminder, it is "Star 1" to ask a question. Our next question comes from Ruth Johnson. Your line is now open.

Ruth Johnson: Thank you, and thank you for (unintelligible) choices we're making in terms of distribution (unintelligible) simplify the process and to allow people another day doing what you do. I appreciate that. My questions are on the webinar that you mentioned previously - do they need to pre-register because capacity for participation will be limited? I know some have (unintelligible) to join previous webinars and were not able to (unintelligible).

Tonya Bowers: That's a great question. We've had close to if not more than 4,000 participants in each one of the webinars that we've done to date. We continue to increase capacity as enrollment, as we get new providers who are pre-registering. And so we will always take that into consideration. We want to make sure every provider that wants to has the opportunity to participate so there won't be capacity limits. We do record the - there's at least one of the webinars that's already available for providers to listen to at this point or to review but we will be announcing another one in the near future recognizing that we have a whole lot of new providers that are coming into the portal and we want to

make sure we have an opportunity to address any of their questions.

Ruth Johnson: (Inaudible)...

Tonya Bowers: But they are capacity limited.

Ruth Johnson: Okay. And then my second question, can the states get a list of who has applied or at least the number of applications by type so we can make sure that we've continued to do outreach to those groups who are not as well representative of (unintelligible)?

Tonya Bowers: So, that's a great question. What I can tell you is we - unfortunately we can't tell you who has applied, that because of the process for providers needing to attest to the terms and conditions, we need to wait. Once they have accepted the terms and payment and the terms and conditions, then we post them on a public use file. So those are the providers we're able to tell you that receive the payments. In terms of the payments by provider type, I do think we have available the number of applicants by State. But I don't know if that's divided by provider type, or how challenging that might be for us to produce that. But it's certainly some feedback we can take back and see if it's something we can provide.

Ruth Johnson: Thank you.

Coordinator: And at this time, we're currently showing no further questions. Once again, it is Star 1 to queue up to ask a question.

Jackie Glaze: (There), I think we're ready to move on to the next agenda item. So we'll take additional questions at the end. So at this point, we'll move on to Julie

Boughn, and she will provide an update on the T-MSIS COVID-19 coding guidance. So, Julie.

Julie Boughn: Thank you, Jackie. This is Julie Boughn. As Calder said, I'm the Director of the Data and Systems Group here at CMCS. I wanted to start off this little part of the meeting by thanking all of you who are working so hard in your States to send us T-MSIS data that's accurate and timely.

We are using the T-MSIS data actively. We're currently, just starting today, looking at data that you all submitted in June, which is the first time we're seeing May dates of service. So it's pretty exciting at the national level to be able to kind of monitor impacts, already be able to start monitoring impacts of the public health emergency on Medicaid and CHIP.

Today, wanted to draw your attention to some new guidance that we posted just this morning on the T-MSIS coding blog. It's actually not so much new guidance. It's (updated guidance). This particular piece is updating guidance that we originally released on April 3rd, and it's related to some clarifications that we're asking States to take into account when they're coding T-MSIS data for services provided to the COVID-19 optional testing group for the uninsured.

But there's a good deal of other coding guidance on the T-MSIS coding blog, both obviously COVID related, and on many other topics related to T-MSIS data. We try our best to keep everyone up to date on things that we're finding in T-MSIS data, and ways to improve it, especially as we go forward. And you can sign up to receive emails about the updates that we do on an ongoing basis. They're on the T-MSIS webpage.

If you or your team have any questions on any T-MSIS coding guidance, whether it's particular one (we're releasing) today or any others, you should ask your T-MSIS lead in the regular meetings that we have with all of you, to discuss your T-MSIS data with States, to discuss the T-MSIS data.

You can also email MACBIS data, M-A-C-B-I-Sdata@cms.hhs.gov, and we'll do our best to get the questions answered as quickly as possible. And Jackie, that's it from me, and I'll turn it back over to you.

Jackie Glaze: Thank you, Julie. Next, we'll move on to Karen Matsuoka, and she's going to provide an update on the Sickle Cell Disease Funding Opportunity Announcement. Karen?

Karen Matsuoka: Thanks, Jackie. This is Karen Matsuoka. As Calder mentioned, I'm the Director of the Division of Quality and Health Outcomes. We are excited to present to you, two Funding Opportunity Announcements, FOAs, that are not coming from CMS, but are coming from the HHS Office of Minority Health, whom we work very closely with, because we think they may be an interest to State Medicaid agencies.

The first FOA, which is due on August 27, is called Demonstration to Increase Hydroxyurea Prescribing for Children with Sickle Cell Disease through Provider Incentives. This funding opportunity award seeks to build the capacity of State Medicaid offices specifically, to develop performance measures for hydroxyurea prescribing, for three main provider types that care for children with sickle cell disease, to develop and implement an incentive payment system for each of these provider types, and to evaluate the effectiveness of financial incentives for providers to increase hydroxyurea

prescribing, and decrease emergency department visits for children with sickle cell disease.

The second announcement, which is due August 18, is called Sickle Cell Disease Clinical Data Collection Platform. This provides an opportunity for applicants to collaborate with State health departments and or State programs to develop and implement an STD clinical data collection platform, and to create a manager collaborative learning community of participating clinical care teams and patient family members, to pilot utilization of a shared data collection platform.

As you might all know, sickle cell disease is very much a big topic for us here at CMS, but also HHS wide. It is a condition that does disproportionately affect Medicaid and CHIP beneficiaries. And so given that the deadline for both of these Funding Opportunity Announcements is quickly approaching, we wanted to take this opportunity to make sure that all of you on this call are aware of this.

More information with links to these particular opportunity announcements, will be coming shortly after this call. And with that, I'll turn it back over to you, Jackie.

Jackie Glaze: Thank you, Karen, and thank you all of the presenters for today's discussion. We're ready now to take your questions. So if you have any questions for any of the presenters on the topics they covered, or any general questions that you may have, we would like to take those from you now. So, Operator, please open up the phone lines. Thank you.

Coordinator: Thank you. Once again, it is Star 1 if you would like to ask a question. One moment for those to queue up. And so far, we're showing no questions from

the phone lines.

Jackie Glaze: We'll wait a few minutes.

Coordinator: And once again, just as a reminder, it is Star 1 to do so. We have a question in queue from John - from - yes, from John Ross. Your line is open.

John Ross: Hi. This is John Ross from Indiana Medicaid. We have kind of been waiting to hear from the pharmacy group about COVID testing being performed by pharmacists, and wanting to know if there was any kind of updates on the status of that. They're right up on that.

Kirsten Jensen: Sure. This is Kirsten Jensen from Benefits and Coverage. I don't think we have our pharmacy colleagues on the line today. We are working on guidance that is getting close to being issued. If you would like to resubmit your question to pharmacy, we can see if there's anything in it that we can start answering at this point.

John Ross: Okay. How do I go about resubmitting the request?

Kirsten Jensen: Well, you should contact your State lead actually, and the State lead will make sure it gets routed to the correct division for answering.

John Ross: Okay. Thank you.

Coordinator: We're showing you a couple of other questions. Next, we have Emma Sandoe. Your line is open.

Emma Sandoe: Hi. This is Emma Sandoe from North Carolina Medicaid. I had a question on

the Office of Minority Health funding opportunity. Were there going to be any webinars on specifics around the application or additional information coming out, and where can we find additional details on that?

Jackie Glaze: Are you asking about the funding opportunity that we just spoke about?

Emma Sandoe: Yes. The sickle cell one that's due on August 27.

Jackie Glaze: Karen, can you respond?

Karen Matsuoka: Yes. Sorry, can you - I lost connection for a little while. Can you just quickly repeat the question?

Emma Sandoe: Sure. I was just wondering if there were going to be additional webinars or FAQs for applicants, and how can we find more details about that?

Karen Matsuoka: Yes. So after this call, there will be a follow-up email that goes out to everyone on the listserv that will have information about the application itself. But also the HHS Office of Minority Health has also put together some technical assistance webinars already. So the combination of those recordings, plus the contact information that we will provide in that same email of who you can reach out to at HHS, if you have even further questions, hopefully those will get you all the answers that you would need to apply.

Emma Sandoe: Thanks.

Coordinator: Our next question comes from Pat Curtis. Your line is open.

Pat Curtis: Hi, this is Pat Curtis from Illinois. And I don't know if you have eligibility staff available today, but this is actually an eligibility and procedural question

about the redetermination or recertification for the cases that have come due for renewal review during the PHE. Obviously, we are protecting those individuals from losing coverage during PHE.

But when the PHE is over, whether it's October or whatever, we are looking for some written guidance as to how to handle those redeterminations as they come up. A few weeks ago on the eligibility, the (ETag) call, we received some verbal guidance that if, for instance, we reviewed somebody today in our process, and realize that this individual was technically not eligible, but we're protecting him and we'll keep him on until the end of PHE, that we could not in fact cancel his case at the end of the PHE, without re-verifying his circumstances to see if there was any change in his situation.

I'm just looking to see if we can get some written guidance on that. We know it's in the future, but we still need to prepare to see how we're going to handle what - as PHE goes on, we're going to have more and more and more cases that will come to the recertification, and we don't know exactly how we're supposed to handle them at the end of PHE. So I'd like to have somebody comment on that, and maybe give us a glimpse of when we can expect some written guidance.

Jessica Stephens: Hi Pat, it's Jessica Stephens, and first I think ...

Pat Curtis: Hi Jessica.

Jessica Stephens: Hi Pat. First, let me clarify. I think the guidance that you referred to during our (ETag) conversation about a month ago, we have not issued - we have not finalized or issued guidance on whether repeat redeterminations will be required at the end of the emergency. It may depend on the circumstances. We - I think we may have addressed that in the context of - well, let me not even

go down that path.

I would say that the clear guidance on that for now is that we haven't issued anything formally. There will be situations in which the State will have the opportunity to terminate coverage for individuals who had been re-determined during the public health emergency, but there will also be instances where that will not be required.

That said, we are working - continuing to work on guidance specific to that scenario, and more broadly on expectations for redeterminations and verifications after the end of the public health emergency, and that is forthcoming. Is that helpful?

Pat Curtis: Thank you - yes, thank you, Jessica. We appreciate that. And I'm sure other States are doing the same thing. We just want to prepare for how we're going to be handling that. Thank you.

Jessica Stephens: Sure. And we know that this is a common question, and we've gotten a number of requests from lots of States recently. It is on our mind, and we are working on guidance.

Pat Curtis: Well, we appreciate it. Thank you.

Coordinator: Once again, it is Star 1 to ask a question from the phone lines. One moment to see if we have further questions. And I'm showing no further questions at this time.

Jackie Glaze: Calder, would you like to wrap up early?

Calder: Sure. I'm sure we could all use a few minutes back in our afternoon. So thanks

everyone for joining us today. Thanks, Tonya, Jen, Julie and Karen for their helpful updates. We will meet you again next Tuesday. We're working on getting that topic invitation out soon.

And of course, as always, if any additional questions come up between this call, please reach out to us, to your State leads. We are here to assist you. So thanks again for joining us today. Have a great afternoon, everyone.

Coordinator: Thank you. That does conclude today's call. Thank you all for participating. You may disconnect your lines.

End