

Centers for Medicare & Medicaid Services
COVID-19 Medicaid & CHIP All State Call
September 29, 2020
3:00 pm ET

- Operator: Greetings Ladies and Gentlemen, and welcome to the CMCS All State Medicaid and CHIP call webinar. During the presentation all participants will be in a listen-only mode. Afterwards we will conduct a question and answer session. At that time, if you have a question, please press star followed by the number one on your telephone, or you can ask questions in the chat box at the bottom 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 on Tuesday, September 29, 2020. I would now like to turn the conference over to Jackie Glaze and please go ahead.
- Jackie Glaze: Thank you so much and good afternoon and welcome everyone to today's All State webinar call. I will now turn the call over to Anne Marie Costello and she will provide highlights for today's discussion. Anne Marie?
- Anne Marie Costello: Great, thanks Jackie, and thanks to everyone for joining us today. This afternoon we'll hear from CMCS staff about how T-MSIS data is being used to analyze the impact of COVID-19 on service utilization. Kim Proctor, our technical director in our data and systems group, will present preliminary data snapshot released last week that examines the impact of COVID-19 on service utilization for children age 18 and under enrolled in the Medicaid and CHIP program. This is critically important presentation because preliminary findings show that service utilization for children has dropped precipitously during the first few months of the public health emergency. We're all aware of the many ways that COVID-19 upended our lives. As doctor's offices and schools closed, many families have been forced to postpone much needed medical care for their children, but the absence of vital health care services may have lifelong consequences for our vulnerable children, contributing sometimes to developmental delays and exacerbating existing healthcare disparities. We all have a role to play to ensure all children receive the care they need. State local agencies, providers, schools, and other key stakeholders must work together, excuse me, must work together to address this issue and strive to treat the millions of children who have already missed important medical services.
- Anne Marie Costello: Providers should conduct active outreach to make sure families understand that it's safe to come back to the office to receive care. Catching up on childhood vaccinations is also vital. These efforts are important for children getting the flu vaccine and when the time comes, also the COVID vaccine. We hope that states, territories, and other stakeholders can use the results that you'll learn about today to help drive better healthcare outcomes for some of our nation's most vulnerable

beneficiaries. Please consider today's presentation a call to action to develop a system of care to make sure that these children receive the care that they need.

Anne Marie Costello: After Kim's presentation we'll open the lines up for questions. Following that discussion we'll hear a brief update from Jackie Glaze, the Deputy Director of the Medicaid and CHIP Operations Group who will address the intersection between the waivers and flexibilities granted during the COVID-19 public health emergency and any waivers needed to address other emergencies such as the wildfires or recent hurricanes. Finally, we'll open up the lines for all general questions, but before we turn to our feature presentation I wanted to share two announcements with the state Medicaid directors listening to today's call.

Anne Marie Costello: First, I want to draw to your attention an email that the National Association of Medicaid Directors shared with state Medicaid directors on my behalf last Wednesday requesting your review of the 2020 Medicaid and CHIP Scorecard. Your partnership in this initiative is greatly appreciated so we want to urge you to review the content and provide any feedback that you'd like to share with CMS and you can send that directly to Karen Llanos by the end of today. We know that many states have already reviewed and submitted their data, but those of you who are still trying to get across the finish line in reviewing the draft 2020 Medicaid and CHIP Scorecard there's still some hours left in the day to get that information to us. Secondly, I'd also like to remind the state Medicaid Directors and their staff of the new five-year mandatory medication assistance treatment (MAT) benefit that becomes effective this Thursday, October 1.

Anne Marie Costello: This benefit is intended to increase access to evidence-based treatment for opioid use disorder for all Medicaid beneficiaries. We are aware that congress may be addressing the issue of Medicaid rebates under this new benefit and intend to share information via our CMS listserv on whether rebates may be claimed for drugs provided under this new mandatory benefit. Additional guidance on the MAT benefit as a whole is being cleared and will be issued by CMS as soon as possible. With that I'm going to turn things over to Kim to get her presentation started. Kim?

Kimberly Proctor: Hi everyone, I'm Kim Proctor, thanks for the introduction Anne Marie and before I start I just want to thank everyone else from CMS, from DSG, and our contractors who help support this work. I'm a Technical Director in the Division of Business and Data Analytics in the Data & Systems Group and as Anne Marie mentioned today we're going to discuss the slides that CMS recently released regarding service use among Medicaid and CHIP beneficiaries age 18 and under. So we can show you our results, we can answer any of your questions, and we can give you a chance to give us some feedback about the slides.

Kimberly Proctor: I know that Anne Marie mentioned that we view the slides as a call to action, and I also want to reiterate that point, and I do want to add that we do have some state specific results on a number of slides, so we didn't include those to focus on any specific states as high or low performers or in any of our other documentation

where we talk about states. The goal there is really to show that there is substantial variation across states. And we encourage you and our other state and local partners to look further into this issue for your specific environment, so I think it's just really to highlight that different things are happening and it's important to understand what's happening in your local environment. And please feel free to follow up with us after the call if you have more specific questions about what we are seeing for your state.

Kimberly Proctor: This slide is just a table of contents, it's a pretty long presentation and we want you to be able to go back and look at it and look at the specific areas that you're interested in. For this content overview, I'm sure everyone on this call is very familiar with most of the things that we'll talk about here, but we do just want to highlight some of the key things that went into this presentation.

Kimberly Proctor: From a population perspective, we include anyone who's enrolled for at least one day in Medicaid or CHIP who's age 18 or under. This is based on T-MSIS, that is a little bit of a higher enrollment number, higher enrollment numbers on this slide than you might normally see, and that's why, we have a more expansive definition, so that's where we're getting that from. From a treatment perspective I want to highlight that CMS does not get lab results, so we only get claims where someone has received treatment for COVID-19. We don't know how many positive cases there are for Medicaid and CHIP, we only know that treatment rate, so please keep that in mind when you are looking at these results.

Kimberly Proctor: As everyone on this call is probably well aware, and we highlight on basically every slide and every footnote in our appendices, we know that it can take a while for states to send claims to CMS for a variety of different reasons, so we want users of the slides to interpret their results with caution. We know that their results will change as more claims are submitted, but with that said, we felt like the results coming through on these slides, they were so significant that we feel confident that the trends will remain even once more claims are submitted, but please do keep that caution in the back of your mind. And then kind of the same thing for that last bullet, even when we have every single claim from every single state, there're still features of state submissions and data quality concerns that we have for the different states to keep in mind when you are interpreting the results.

Kimberly Proctor: From a high level of why is this presentation important? We're covering nearly 40 million children. That includes about 75% of all children living in poverty, and many, many children with special healthcare needs, so just given that really high level context, making sure that these children receive the care they need is especially important and especially given everything we know about what's happening right now. And then right before we get into the results, highlighting that point again about claims lag. So I just want to highlight that one more time and we've been very thorough about this hopefully in our presentation that comes across.

Kimberly Proctor: As you're aware, CMS collects this information only for programmatic purposes, not for public health reasons, there's always a lag between when a service occurs and when we are going to have a record of it in the CMS system. The length of that lag will depend on the state, the claim type, and the delivery system, and it is possible that the claims lag is even longer because of the pandemic itself and we won't fully know that for some time. So just keep that in mind that historically 90% of fee-for-service claims across all claim types are submitted within seven months. 90% of encounters are submitted within 12 months, that's a fairly long time, right?

Kimberly Proctor: But there's a lot of variation, so some states will meet those numbers within four months, some states might take the full year, so with that in mind please think about this as you're interpreting our results. I will say that the majority of this presentation relies on outpatient claims, there are some inpatient claims, outpatient claims are a lot faster than inpatient claims, so I think that that's positive in terms of forming conclusions, but we just really want to highlight this time and time again for our users.

Kimberly Proctor: Okay so if you are going to listen to one thing through the whole presentation, I think this slide would be the thing to listen to. And that is just that the key takeaway is that we are seeing a significant decline in primary preventative and mental health services for children, and we are seeing an increase in the number of services delivered via telehealth, and we saw particularly a drastic increase in April, but that is not nearly enough to offset the decline for the loss of in-person services. That decline occurred even though the COVID-19 treatment rate for children appears to be low especially relative to other groups, and at this point our data's showing that fewer than 0.1% of children receive treatment for COVID-19 under Medicaid or CHIP, so fewer than 1,000 hospitalizations, so kind of the key takeaway is that it appears based on preliminary evidence that the COVID-19 treatment rate for kids is low, but at these secondary effects of lost care it might be very, very high.

Kimberly Proctor: Getting into the slide on the results, so the slides are all structured the same way which will help you when you go back and look at them. I promise I will not read every word on the slide to you, but we try to put a lot of information on these slides so that they could totally stand on their own. So in this case you should be able to read the headline, all the notes, and understand exactly what we were trying to say. And the way they work is they tell you that takeaway message, they talk a little bit about the rates, and then they show some charts which have the actual numbers on them. The solid purple line is always 2020 and then those dotted lines or dashed lines are previous years, and we tried to include as many previous years as we could so that you could just get a sense for the actual trend, because some of the things we'll show have strong seasonality in their results.

Kimberly Proctor: And then the footnotes always have our disclaimers about what to think about, so that's high level how to look at these slides. For this specific slide we look at vaccinations for children under the age of two. And the next slide focuses on

some state results for that, so basically what the results show is that vaccination rates have dropped drastically across the United States with 22% fewer vaccinations for kids under two during this time period, which translates to roughly 1.7 million vaccines, which is obviously a lot of vaccines and very concerning. And then although we are currently seeing levels start to level off or rise in May, we're still not quite at those normal rates yet which indicates that we not only need to return to our prior year levels, but we also need to make up for all of that loss here.

Kimberly Proctor: And then this slide is just showing that there's substantial variation across states regarding vaccination rates, so once again, it's not to compare states as much it is to highlight that all states are different, that you should investigate your local environment to see what options there are for you. We started working on compiling the actual output for every single state and I can tell you just reading through those and looking at those, you do see very big differences, not just across states, but also across different treatments, so we would really encourage you to think about these different results for your state. The key takeaway here is that some states have begun to return to pre-pandemic levels, which is great, but others are still having a strong lag and then given that we have lost so many vaccines in that foregone care we would want to see rates, at least for some time, exceed pre-pandemic levels.

Kimberly Proctor: On this slide you're going to see basically the same kind of analysis for child screening. So it's a very similar story, namely that the preliminary data show that the number of child screening services declined through April. We did start to see a rise again in May but it is still substantially lower than what was there in prior years, so that translates to over 3.2 million fewer child screenings, or a drop of 44% compared to the same time period from 2019. I think that this one is especially concerning, knowing that we normally see a really large seasonal increase in late summer, early fall, so basically when kids return to school we see a lot of child screenings, and given that a lot of schools are not open for in-person learning I think there is definitely a concern that we might not see that large seasonal bump. So this is one where we really will want to continue to monitor as time goes on to make sure that not only are we kind of making up for what we've lost, but if we lost our seasonal bump that that is also an additional concern.

Kimberly Proctor: Here you're going to see similar output on state variation. There's significant variation across states, some states are already starting to rise which is great, the May levels do continue to remain below pre-pandemic levels in nearly all states which is concerning, but we would hope to see the rise in many states continue, and for those states that are still lagging we would hope to see an increase over time. This slide shows dental services. This one we have really seen an especially enormous drop in dental services. You can see here that 69% fewer dental services, which is about 7.6 million missing dental services during this time period. So as you can see from these slides the treatment rate basically fell over 90% in April, which was just an astronomical drop. We've seen a very large drop in this area and we really haven't seen that recovery start yet.

Kimberly Proctor: We're showing the same story through all these state specific slides which is just that they're reiterating this trend, that the rates fell drastically, there is a lot of variation, some states are starting to rebound in May, and that we hope to continue to see a rise in service use in these areas as time progresses, and for states that are still lagging, we hope that they can get back to pre-pandemic levels soon.

Kimberly Proctor: The next three slides will focus on mental health services for children. The first slide shows the decline in outpatient mental health service use through May. You can see that while telehealth for mental health services did increase, it is not nearly enough to offset this decline. So just looking at this, the pink lines are that outpatient mental health services for 2020 and 2019, the green lines are those services delivered via telehealth. You can't really see the 2019 line for telehealth because there just wasn't a lot of utilization where there's an enormous jump in utilization in 2020. But even though there was a huge increase in the utilization of telehealth, we still lost almost 7 million mental health services for kids. And I think that that's especially concerning because we know anecdotally and based on preliminary evidence that there is a growing mental health crisis due to the pandemic, so we're sort of losing services at the same time that the need for services is increasing, and I think that is especially concerning.

Kimberly Proctor: You're seeing here some of that state variation which is, once again, reiterating that message that service use is declining in nearly all states, but the rate of that decline really does vary. This slide is showing the mental health services delivered through telehealth and that it spiked in April for many states, but in others it only increased slightly, so there is a variation in terms of that spike, and it also does appear that service delivery via telehealth did start to level off or decline again in May, which makes sense because many places were reopening for in-person visits. This slide is showing a map, and this is just showing a shot in time of the month of April basically so you can see that state variation because April is the month where we saw that really drastic increase in the use of telehealth, so we focus on April because that's just when the sharpest increase was and we wanted to capture that state variation, so looking at this map, once again, you can see there was a major increase in the utilization of telehealth for any service, but there was a lot of variation across states in terms of who was delivering services via telehealth.

Kimberly Proctor: To add context to this, this slide is showing that relationship for states over time. So as you can see delivery of any services through telehealth to children increased across all states in April, but it started to decrease again in May, and like I said, that's likely because beneficiaries are returning to in-person visits, but it's still really interesting to see that time trend aspect of telehealth and how it relates to the similar decline in services and other areas.

Kimberly Proctor: These next few slides really focus on what is actually happening directly in terms of COVID-19. In the beginning, we really focused on what are the services that are declining, what care are people forgoing, what's happening? As a second

order effect, but it's also really useful to understand what is directly happening to kids and how do these things tie together? From a testing standpoint we have seen more than 250,000 Medicaid and CHIP beneficiaries under the age of 18 receive a test for COVID-19 in 2020. There is also substantial variation across states in terms of that testing for kids. But even with all of those tests we have at this point only seen about 32,000 beneficiaries actually receive treatment, so tying back to that first number, given that we're covering almost 40 million children, we've only seen about 32,000 receive treatment, so I think that that's very encouraging even if some of those other things we've covered are not as encouraging, and that translates to less than 0.1%.

Kimberly Proctor: This slide talks about inpatient stays. What you can see here is fewer than 1,000 of all of those nearly 40 million Medicaid and CHIP beneficiaries under age 19 have been hospitalized for COVID-19, you can see the variation there in terms of inpatient stays versus intensive care unit (ICU) stays and ICU stays with a ventilator use. I think this gets back to kind of reiterating that point that the preliminary results are encouraging for the outcomes for children directly due to COVID-19 and it is in a lot of ways we're very concerned about these secondary effects about the care that they might be missing.

Kimberly Proctor: For these last two slides, I don't want to spend a bunch of time on them, it's more just to highlight that we put the state variation or the fastest states and the slowest states for both IT claims and OT claims so you can just go look at these and see there is substantial variation in terms of how quickly states submit, please keep that in mind when you look at their results. We do expect the specific point estimates to change as we get more claims, but we really do think that this relationship will withstand the submission of new claims. So with that, I will conclude the presentation and I look forward to all of your feedback and questions, thanks so much for your time.

Jackie Glaze: Thank you Kim, so at this point we will take questions and so we'll begin with the chat function, so those of you that would like to send your questions through the chat function, you may do that now and then we will follow with questions through the phone. So if you can start sending your questions in, we will respond to those at this time.

Ashley Setala: Okay and we have I think a couple of questions in the chat so far, so the first is do we know what the enrollment rate was for the same time period that we're looking at here in 2019?

Kimberly Proctor: I could look that statistic up, I don't have it off the top of my head.

Ashley Setala: Okay, okay the second question is did review of the T-MSIS data compare the claims available in September 2020 for the March through May 2020 period with claims data available in September 2019 for the March through May 2019 claims period to try and account for the claims lag?

- Kimberly Proctor: I'm reading the question because I want to make sure that I follow exactly, sorry, I want to make sure I answer the correct question. So what we did was for our claims lag data, we looked at 2018, so we looked at a prior year submission where we knew that we had the full universe of claims and we basically said okay in this month, in 2018, for March, four months later, what percentage of claims for that claim type had a state submit it? So it is based on historical submissions because it's not possible for us to know what percentage of claims are submitted in real time since we don't have a sense for the full universe. So basically what we did was we looked at a prior year where we knew we had a full sense of the universe of the claims and we ranked states based on that. It is 100% possible that that looks different this year, that there are changes in states that would make that look different so that in the future when we have more information we could go back and update with that additional knowledge. In terms of comparing the results, we compared March, April, and May of 2020, to March, April, and May of 2019 to calculate those changes that we reference in the slide.
- Ashley Setala: Okay, and then we have another question, what have the impacts been to behavioral health providers to serve children in the loss of revenue due to the significant drop in services for children?
- Kimberly Proctor: I think someone else would have to take that question that is definitely outside my area of expertise.
- Anne Marie Costello: Can you repeat the question please?
- Ashley Setala: Sure, what have the impacts been to behavioral health providers who serve children in the loss of revenue due to the significant drop in services for children?
- Anne Marie Costello: I'm not sure if Jen Bowdoin has joined us and she could speak to any of the provider relief fund support, they'd be the generally available to behavioral health providers or specifically targeted to behavioral health providers.
- Jen Bowdoin: Hi Anne Marie, thanks, hi this is Jen Bowdoin. Dentists, as with other Medicaid and CHIP providers have been eligible for general distribution payments under the provider relief fund and were eligible for up to 2% of annual revenues of relief payments. I think part of the question is more broadly about the impact and I don't know that we necessarily, through the provider relief fund, have data yet to be able to look specifically at the impact of COVID on dentists and lost revenues so others may have additional information that they could share in that regard.
- Anne Marie Costello: We could take that back as well, sorry go ahead.
- Ashley Setala: No that's okay, there's one more question: How can states get state-specific data?

- Kimberly Proctor: I can tell you that based on all the feedback and questions that we've gotten from states this definitely seems like something that states are very interested in and would be very useful to them so this afternoon I've already started brainstorming with a team what options we have and we will discuss that internally at DSG and see what options we have for sharing state specific results with states.
- Anne Marie Costello: Okay, Ashley I don't see any other questions in the queue, do you?
- Ashley Setala: There is a question that just came in, is there data available for the declines in adult services as well?
- Kimberly Proctor: Yes, so CMS is monitoring these things internally. So today we focused on our public release, we are monitoring a number of different factors that map to not only COVID-19 results but key areas for the Medicaid and CHIP program, so we are monitoring that. We're still working on developing results that we could share publicly and as we have that information available we will do our best to share it but that is something that we are very concerned about and would like to discuss in the future.
- Anne Marie Costello: Thank you so I think now we're ready to open up the phone lines, operator can you give the instructions for that?
- Operator: Okay, ladies and gentlemen if you have any questions at this time, you can simply press star one on your telephone keypad, and if your question has been answered and you would like to withdraw your registration, you can press the pound key. Please hold while we compile the Q&A roster at this time. Our first question comes from the line of Arvind Goyal.
- Arvind Goyal: Thank you very kindly, I'm Medicaid Medical Director in Illinois and I have two related questions, it appears from your very important data that the increase in telehealth services did not necessarily offset the decrease in preventive, mental health, and other services that you mentioned. Then the second takeaway and I would like to ask if you have any cost analysis, it appears that the non-managed care states may have benefited from, at least financially, the money that they saved they can use for something else, maybe enhance these services going forward. And could you comment on the cost part of it and the managed care part of it which is prepaid?
- Kimberly Proctor: I can say that your takeaway from the telehealth standpoint is absolutely correct. For the second part about cost and managed care, that was just beyond the scope of this analysis, so we have not had the chance to look at that in relation to these results yet.
- Arvind Goyal: Thank you.

Operator: Okay ladies and gentlemen, again if you have any questions at this time you can simply press star one on your telephone keypad. There are no further questions at this time on audio.

Jackie Glaze: Thank you so we certainly have time at the end of the agenda but I will move on with the next topic and as Anne Marie indicated I would like to provide an update on the COVID-19 public health emergency as it relates to some of the new public health emergencies that we've recently experienced and as all of you're aware we have experienced a couple new natural disasters within the last couple months, we have hurricane Laura, and then the wildfires in Oregon and California, and so a number of states are asking how this impacts the current COVID-19 waivers that they do have in place. The guidance that we're providing now is that states may continue to use their approved Medicaid section 11-35 waivers through the end of the COVID public health emergency which is expiring October the 23rd and that could change if the secretary determines there is a need for an extension.

Jackie Glaze: States may also request additional public health emergency flexibilities through new public health declarations so if a state determines that there is a need for new flexibilities based on the new event, they can certainly do that but we want to make sure that states and territories are cognizant of the public health emergency expiration dates because there could be a gap if you are using flexibilities for the COVID-19 and then you have a new public health emergency so just be aware of the expiration dates and then so that you can make sure the needs of your beneficiaries and providers are taken care of. In addition to that, Medicare has also issued guidance so that the COVID-19 Medicare blanket waivers are available to the healthcare providers and that does include Medicaid and CHIP so these are available through the duration of the COVID-19 public health emergency and for the state's new public health emergencies so that is very consistent with the guidance that Medicaid is providing. I also want to touch a bit on a few of the other flexibilities that states and territories have been using through COVID-19 so you understand the interrelationship with the new flexibilities and the new public health emergencies.

Jackie Glaze: So with the 1915(c) HCBS waivers, a state may also continue to utilize the flexibilities approved through their Appendix K amendments under the COVID-19 public health emergency but we do recommend that states do assess whether it would need additional flexibilities based on the new public health emergency, and once the state determines if a need does exist, then they can submit additional Appendix K amendments under the new public health emergency. And that does include services authorized under Section 1115 demonstrations. So just as a reminder, as you know the 1135 flexibilities do expire once the public health emergency expires but under the Appendix K, that is a bit different, it's not tied to the end of the public health emergency, so please refer to the date of the most current approval letter that you have for the Appendix K because those can be approved up to one year after the effective date of the public health emergency unless the state specifies that they want an earlier ending date.

Jackie Glaze: And as far as the Medicare disaster relief state plan amendments (SPAs), many of you have requested flexibilities through this and states may also continue to use these approved SPA flexibilities through the end of the COVID-19 public health emergency and if the state does identify that new needs exist with the new public health emergency, then they must also submit existing state plan pre-print pages to make those further changes so it's pretty consistent that you can continue to use the flexibilities in place and then as you see that new flexibilities are needed based on the new public health emergencies, then those would need to be requested. Many of you have asked about the 1115 demonstrations and as you're aware those are considered on a case by case basis so that we would just ask that you contact CMS specifically your project officer for the 1115 demonstrations and they can explore what potential flexibilities could be accomplished through the demonstrations.

Jackie Glaze: And as we have been working with states through the COVID-19 and the new flexibilities, we are continuing to monitor to see what activities are occurring with the hurricanes as you know we're currently in the hurricane season and also other types of natural disasters could occur so we are keeping a close eye on those and once we anticipate new public health emergencies could be declared we are working very closely with the states and territories to identify possible new flexibilities that they may need so we're always available to provide any kind of technical assistance that you may need so you know to contact your state lead, you can also contact Courtney Miller, she's our group director for MCOG or you could contact me, so we are available to continue any kind of conversations or any questions that you may have and we just welcome any kind of discussions that you'd like to have on this.

Jackie Glaze: So that really concludes my points that I wanted to make about the new public health emergencies as they relate to COVID-19. We would like now to open up the phone lines to see what general questions you may have on the presentations you heard today or any other questions you may have so I'll ask the operator to open up the phone lines at this point.

Operator: Okay, ladies and gentlemen again if you have any questions at this time, you can simply press star one on your telephone keypad. Our first question comes from the line of Henry Lipman.

Henry Lipman: Good afternoon and thank you for the presentation and the opportunity to ask questions this afternoon. Was wondering if you could give us any update on the clearance status of the toolkit for the end of the public health emergency with respect to redeterminations and the like that states need to make?

Jackie Glaze: Anne Marie can I send that to you? Go ahead Jessica.

Jessica Stephens: Hi, sure, and I know that we have indicated this a couple of times on a few calls but one wanted to just note that we are aware that states are thinking about plans for redeterminations and other actions that they'll need to take at the end of the

public health emergency, we're still in the process of pulling together guidance for states, that is forthcoming to provide a little bit more direction on actions that states will need to take after the end of the public health emergency to catch up on redeterminations and the timing of that work. We know that a number of states are already thinking about the work that they need to do and if you have specific questions, we may not be able to answer all of them at the moment but helpful for you to share those with us as we think through the guidance that we will be providing in short order.

Henry Lipman: Thank you, just one other question if I could and it's related to CMS policy with respect to, and I know this has been under consideration, it still may be, so with respect to CARES act funds and how that relates to uncompensated care, if there's any update in that space?

Jackie Glaze: Jen, can I ask you to take that one?

Anne Marie Costello: I think that would be for FMG.

Jackie Glaze: Okay, Bernie or Jeremy?

Anne Marie Costello: Henry, I think we'll need to get back to you.

Henry Lipman: Sure, understand, thank you, appreciate it, have a good day.

Operator: Okay, we have our next question please go ahead and state your name at this time.

Steven Costantino: Hi, this is Steven Costantino from the state of Delaware. Can you hear me?

Jackie Glaze: Yes.

Steven Costantino: Okay, great, I'm just really appreciate the presentation and it feeds into an Appendix K issue and retention payments. Has there been any consideration of going beyond the three 30 day periods that you can implement retention payments especially given even the presentation today of the underutilization of many services and trying to keep our networks fiscally viable and I was just wondering if there's any consideration of that? Thank you very much.

Jackie Glaze: Ralph?

Ralph Lollar: Sure, I can tell you that the three 30 day episodes was a very significant policy that was generated through CMS. The goal as you've already stated was to keep the infrastructure of the long-term services and supports in the community intact but it was also believed and felt that during that timeframe the providers should be able to work out a way to ensure that services were again delivered to the individual meaning that either the services are delivered remotely or the provider

pool is expanded to include for instance family members or that there are rate adjustments to allow for the provider pool to render services in a manner as they open their day programs that allow for more spacing of clients and therefore more spacing out of the service delivery system but there is a balance here with regard to fiscal integrity. It is not Medicaid's normal process to pay for services not to be rendered. And then there is the other push of individuals needing services and needing contact with others during this extremely significant timeframe and I think that that's the other issue here is that families and individuals cannot be left without for long durations of time.

Ralph Lollar: Now, the interpretation of the retainer payments allowing for it to be provided only during billable days allows the stretching of that 30 consecutive days, for instance, for day habilitation programs that are rendered five days a week to six weeks for one 30 day episode so there was some significant latitude there but an expectation that our providers who are extremely talented and innovative would be able to find a way to render the service to the individual during this pandemic as retainer payments faded.

Steven Costantino: Yeah and I don't disagree with anything you're saying I just think that maybe the timing of the rebound has been delayed significantly so I appreciate the balance issue and I was just wondering if there's any more considerations of-

Ralph Lollar: We completely understand that concern. The other thing I will tell you is that for another public health emergency (PHE) which is what started this conversation, there may be a need for retainer payments for that PHE specifically, for that disaster, and CMS would certainly have a discussion there with the state regarding use.

Steven Costantino: Thank you very much. Thank you I appreciate it.

Ralph Lollar: Okay.

Operator: Okay, we have our next question, please go ahead and state your name at this time. Your line is open. Go ahead and state your name and ask your question.

Molly Slotznick: Hi, my name is Molly Slotznick from Maine and my question is whether we know anything else about when there might be an announcement in relation to possibly extending the PHE beyond October 22.

Jackie Glaze: Hi this is Jackie and we haven't been told as of yet, we normally don't hear until it's actually very close to the expiration date so the expiration date is October the 23 so we may not hear anything until possibly a week before so usually, from past experience, it usually comes around that time it's due to expire. But we haven't heard anything on any updates at this point but we'll keep everyone posted.

Molly Slotznick: Okay, thank you.

Operator: All right, there are no more questions on audio.

Jackie Glaze: Thank you, I do see a couple in the chat box, Ashley did you want to cover those?

Ashley Setala: Sure, the first question is on today's data presentation, is the CDC/Vaccines for Children data available to match with the Medicaid claims data on vaccines?

Kimberly Proctor: That is not currently available in our environment.

Ashley Setala: Thanks Kim and then the other question is are there any discussions happening around if the year expiration on an Appendix K is up but there is still a public health emergency?

Ralph Lollar: That's an issue that's in front of CMS now, we're aware that the PHE has gone much longer than expected and that originally the Appendix K which allowed for up to a year, provided some relief for providers and states who thought the PHE would close earlier. As that timeframe is extended, we continue to look at the options to ensure that the states continue to receive support. I don't have a definitive answer now, I can tell you that yes we are discussing ways to ensure that states are not without support during this timeframe if it extends beyond a year.

Ashley Setala: I think that's all for questions in the chat right now.

Jackie Glaze: Thank you Ashley, are there any other questions on the phone?

Operator: Again, we don't have any questions on the phone line.

Jackie Glaze: Okay, all right then so I think we can probably wrap up a little early today then but first of all I'd like to thank Kim very much for her excellent presentation and we will send out invitations and topics for our future calls, so those are forthcoming. If you do have questions in the meantime please reach out to your state leads and we'll be happy to assist you so we appreciate everyone joining us today and hope everyone has a great afternoon, thank you.

Operator: That does conclude the conference call for today, we thank you for your participation and ask that you please disconnect your line.