

CMCS All-State Call and Webinar Meeting

February 24, 2026,

Ryan, Jacquelyn (CMS/CTR) 0:06

Hello everyone. We are going to give it a couple of minutes for people to come in and then we will get started.

Alright, it is three O 2, so I think we can get started now.

Good afternoon, everyone, and thank you for joining today's CMCs Allstate Call and webinar.

Today's meeting is being recorded. If you have any objections to being recorded, you may disconnect at this time and now I would like to turn it over to Nick Wallace to get us started. Nick.

Wallace, Nick (CMS/CMCS) 2:12

Jacqueline, thanks so much. And hi everybody and thank you so much for joining us for this February all stay call.

My name is Nick Wallace and advisor in the office for the Center director, and I will be moderating today's call, and I am delighted to turn things over to Anne Marie Castello, who will give opening remarks. Ann Marie.

Costello, Anne Marie (CMS/CMCS) 2:31 Thanks,

Nick, and hi everyone.

I'm Amri Castillo, deputy director for the Center for Medicaid and Chip Services. I'm glad to be here with you today for today's Allstate call. Today's agenda reflects the our continued focus here at CMCs on implementation, operational excellence and strong state partnership.

I want to begin with an important development since our last call last month. CMS announced that Medicaid technology companies that currently support state eligibility and enrollment systems have voluntarily pledged to offer states more than \$600 million in no cost and significantly discounted technology, products and services to support implementation of the Community engagement requirements and related systems improvements these commit.

Are designed not only to support community engagement implementation, but also to accelerate broader modernization of Medicaid eligibility and enrollment. We

recognize the operational lift ahead and we are committed to helping states implement these requirements efficiently, minimize administrative burden and improve the beneficiary experience. On today's call, Grant Thomas will provide an overview of these vendor commitments and how states can take advantage of them along with information on.

Some other work we are doing to support state system development needs for community engagement.

You'll also hear today about a high level overview of the Medicaid and chip related provisions included in the most recent spending bill passed by Congress that Consolidated Appropriations Act of 2026. As with other recent legislation, our goal is to provide an early clear picture of what.

What the new requirements are identify key implementation considerations. And outline some next steps.

Will continue to follow up with additional guidance and technical assistance as needed.

Finally, we'll walk through several recent releases issued over the past month. This includes continued updates through our eligibility, operations and enrollment snapshot, which provides monthly data on enrollment, processing times, renewal outcomes and call center metrics to provide transparency in operational awareness.

We've also got a preview, very excited by this one.

Of the EPSDT behavioral Health Toolkit, which was just released last Friday. And finally, we'll have an update on guidance related to violence prevention related services. As always, we appreciate your continued partnership and engagement as we work together to implement many of these efforts.

Thank you for joining us today.

And with that, I'll turn things back over to Nick to walk through the agenda in more detail. Nick.

Wallace, Nick (CMS/CMCS) 5:24

Thanks Annemarie.

Katie, can we move to the next slide?

So again, several important topics.

Today we're going to try and get through all of them.

First, we'll begin with an overview of the recent announcement regarding Medicaid technology, company pledges to support implementation of community

engagement requirements. As Anne Marie already mentioned, companies that currently support state Medicaid eligibility and enrollment systems have voluntarily pledged to offer more than \$600 million in no.

Cost and significantly discounted technology, products and services.

Grant Thomas, who is a senior advisor here at CMCS is going to walk through the details of those commitments and what they mean for states after Grant's presentation.

We're going to take a pause for questions for grant.

After questions for grant, I'm going to take the virtual mic back and give us a high level overview of the Medicaid and chip related provisions in the CAA 2026. After that, Dan Belknap with our Medicaid and Chip Operations Group is going to walk us through the latest Medicaid and chip eligibility operations and enrollment snapshot.

Then Melissa Harris, the director of our Medicaid benefits and health Programs group, is going to walk us through just a brief preview of the EPSDT Behavioral health toolkit that was released just a few days ago.

So we're going to have to reserve more time in a later all-state call to really walk through the behavioral health toolkit.

But we're excited to have Melissa with us today to give us a high level overview. And then finally, Capri Snap principal deputy here at CMCS is going to walk us through CMS guidance on violence prevention related services. After our final update, we will open your lines for Quest.

Before we officially get started, I wanted to remind folks that we're using the webinar platform to share slides today. So if you're not already logged in, please do so you can see the slides.

You're welcome to submit a question through our Q&A function at any time and we hope that we have the ability to answer some of those questions in real time. And with that, I am pleased to turn things over to grant to get us started with our first agenda item grant.

Thomas, Grant (CMS/CMCS) 7:32

Thank you so much, Nick.

I really appreciate that introduction and thank you Anne Marie, for kicking off our call.

As Nick stated, my name is Grant Thomas and I serve as a senior advisor here at CMS and I'm excited to be here with you all today to share an update as Anne Marie and Nick stated on CMS's recent announcement that Medicaid technology companies that currently support.

State eligibility and enrollment systems have voluntarily pledged to offer states more than 600 million.

Dollars in no cost and significantly discounted technology, products and services to support implementation of the Community engagement requirements from the working families. tax cut legislation as well as related eligibility system improvements. We also have other exciting updates to share regarding how we are helping states prepare for tech.

And systems aspects of implementation of community engage.

To verify an applicable individual's exclusion exception or qualifying activities for community engagement, states must establish processes that use reliable information available to the state without requiring individuals to submit additional information where possible.

So we at CMS are taking a data first approach to community engagement.

This data first approach will help to remove barriers.

For individuals and Medicaid beneficiaries, applying for coverage and applying at renewal by helping use automation wherever possible.

And we're working to streamline these processes as much as possible. The technology has come a long way in this space over the last several years and there continues to be more innovation in this space, which we are very excited about. We learned significant lessons alongside you all through the Medicaid unwinding process after the public health emergency, for example, ex parte rates and automated renewals for Medicaid beneficiaries applying for renewal are 50 to 60% of all Medicaid renewals in many states. And this same information that that is.

Obtained through automated data verification and automated income verification.

Can be used directly to track employment hours in community engagement, for example.

We're also working on verification, automated data verification options for education, job training programs and other activities.

Again, we want to use data technology and automation wherever possible. We want accurate eligibility determinations that minimize what is required to be submitted by Medicaid members.

Where possible successful implementation.

Will require significant work by both by CMS States and the vendor community. CMS is committed to working with our state partners in the vendor community to ensure the effective implementation of these community engagement requirements. We want investments in innovation that improve the beneficiary experience that not Only Connect to work but also support their paths to prosperity, improving their income and well-being.

Which is the purpose of community engagement.

The types of innovation some of the types of innovation that we are encouraging to meet community engagement requirements are automated outreach and proactive engagement technology helping beneficiaries.

To work, volunteer and track those outcomes. And if there are barriers for those individuals helping to coordinate services to close those gaps, these are sometimes referred to as closed loop referrals.

We also want data first approaches again in automation, meaning we check data through automated process and we say you're good to go without having to ask the member for any information.

This is automated data verification.

For work, school, volunteer and job training, we also want easier consumer facing applications that make the beneficiary experience easier.

So when an individual is applying for Medicaid, helping to answer questions for them on their phone to get started, for example, and making the customer experience for Medicaid eligibility enrollment more efficient and seamless.

Now to the \$600 million involuntary commitments from those ten companies.

That we referenced.

I want to point out some background and great highlights about this announcement.

We work specifically with the existing companies with contracts in states that currently support Medicaid eligibility and enrollment systems, and this was the list of 10 companies that you see on the slide here. As a reminder, \$200 million in grant funding is available in federal fiscal year.

2026.

For state implementation of community engagement requirements, we've already allocated \$100 million of this funding to states, so every state has received even distribution of a little under \$2,000,000 and we'll be announcing awards for the 2nd tranche of the \$100 million in the UP.

Weeks, months. That funding will be distributed based on a formula tied to the number of applicable individuals.

In each state.

Per the working families tax cut legislation and of course, as a reminder, enhanced funding for certain administrative expenses related.

To implementation of health information technology will also continue to be available for states. So with this announcement specifically, we negotiated with the companies in a way to not only cover costs on core changes.

As you'll see, many no costs or \$2,000,000 in under offerings, but also enable states to invest in.

The new and innovative technologies related to the implementation of the Working families tax cut legislation.

Companies voluntarily participating in this announcement and initiative include Accenture, Accenture Health, Conduit, Deloitte, Gainwell, Maximus, Optum and Redmayne.

These details on the details of each of their offers and commitments are posted on our website.

Site [Medicaid Gov.](https://www.Medicaid.Gov)

Alongside a press release and a fact sheet that is available online on the CMS website, I also wanted to point out several highlights from this announcement, which you can see three bulleted there.

These are multiyear investments and commitments that last through at least 2028, not just for the implementation of requirements this year, but over multiple years providing for increased predictability for states.

With over \$600 million in no cost and discounted offerings, it makes room for states to invest in innovation and encouragement of investing in 21st century technology. Many vendors provided cloud based reusable software packages at no cost through 2028, and this is especially exciting as we modernize Medicaid into a cloud based scalable environment.

Several vendors are providing nocost integrations with NA and Medicaid helping our partner agency, which further automates the compliance for Medicaid Community engagement when individuals are already compliant with tanif requirements or not subject to an exemption in the SNAP requirements, there is a large overlap here in the pop.

Utilizing both benefits.

And this presents an opportunity for us to further automate.

Also, all companies, almost all companies, discounted their professional services fees for staffing or fixed their fee at a set rate and some not just for community engagement. But some of those companies provided these commitments for all working families.

Tax cut legislation.

Medicaid eligibility updates that have to occur.

Some offered other product add-ons at no cost to support program Integrity.

Efforts which we greatly support and some of these incorporate the use of AI. Lastly, these companies and states are companies and states are very excited that we did this. The commitments that these companies made, I want to under score were completely voluntary and it's an opportunity for them to partner with us and join alongside us as we help states implement this legisl.

And help beneficiaries access work and engagement in their communities.

Next slide please.

CMS is also taking steps to help states access additional methods for purchasing and procuring technology solutions.

We know that too often, startups and innovators face significant barriers to entry that can adversely impact their ability to work with states.

So we helped innovative vendors and all vendors.

Work with GSA, the General Services Administration, to streamline pathways. For qualified vendors to obtain agents a schedule, and this allows states to more quickly procure technology solutions at transparent pricing.

This also levels the playing field and allows for all vendors who qualify both existing legacy vendors who have been working with state Medicaid programs previously and also innovative startup vendors that are new to Medicaid.

It allows them an additional pathway, an option to provide their products and services.

To states.

Again, as you can see here on the slide, we're highlighting vendors on Medicaid, Gov. That are either already on the GSA schedule and that are offering community engagement products and services as well as those vendors that are not currently on the GSA schedule but are working with CMS and GSA to access a fast track pathway to get on GSA schedule. So our.

Partners at GSA have helped.

Roll out an expedited pathway that.

Will help these vendors get on GSA more expeditiously and quickly given that we we all know that the implementation deadline for community engagement is quickly approaching and it's a way that we can help offer more options to States and we do want to underscore as well that add.

Companies interested in being approved for a GSA schedule should reach out to CMS.

CMS is committed to working with any interested companies who qualify to help. Them with the GSA process who are offering community engagement.

Next slide please.

And so here you can see that those vent list of vendors, both vendors currently on the GSA schedule as well as the interested vendors who are in progress working with us in GSA to get on the schedule.

And this list will be.

These lists will be updated regularly on our Medicaid Gov website, so we will be adding new companies to these lists as we become aware of them as as we engage in discussions with them.

There will also be companies that obviously.

Will move from the in progress list over to the vendors on GSA schedule as they get approved. So please visit this website for updates on different vendors that states can be working with next slide please.

We also wanted to remind all the States and partners on the call that we are taking a leading role in introducing states to vendor options. These vendor options include a range of community engagement, products and services. For example, like we like I've discussed earlier.

Some of these vendors provide services for eligibility enrollment.

Some provide services related to automated data verification and others provide services related to coordination.

Connection to employment, community services as well as those that provide for marketing and outreach to Medicaid beneficiaries through our partnerships with NESCO, the Center for Healthcare Strategies and the Medicaid Innovation Collaborative, many in person and virtual demo sessions occurred in the late fall and in January and we.

Continuing to facilitate those connections between the vendor community and states so that states are fully aware of all their options for implementing CECMS is also aligning States and vendors with detailed requirements to ensure effective implementation. We recently sent out a minimum viable product guide and technical specifications for.

States for their systems so that they can plan effectively.

And and see the details of what.

Needs to be implemented from a system's perspective. We're also utilizing and leveraging the APD waiver process to help expedite the timeline for administrative approvals for funding and states have this option and we have sent out a template so that all states should have this. We're also being.

Very mindful of costs during this process and this underscores part of the purpose for.

Engaging in these in this announcement and providing for these no cost and discounted.

Products and services and we'll be tracking community engagement costs very closely in providing transparency into the system's cost and making sure that this information is transparent and available to States and the public.

So with that, I want to thank you all for the opportunity to provide this update to you today.

Please reach out to CMS if you have any questions or have any additional information.

About this process.

And we want to continue proactively working with States and vendor community and other stakeholders as we all prepare to implement community engagement.

Thank you very much and we greatly appreciate our partnership with you all.

Wallace, Nick (CMS/CMCS) 22:18

Your presentation, I think we're going to pause here.

Maybe just for a minute or two to see if any questions come in.

We do have several other agenda items and so if folks have immediate questions, they can put them into the Q&A function, if not as a reminder, you can submit all of your questions to the Medicaid works mailbox and our team will be able to triage them.

From there and just noting that I saw some chatter about the slides and we're doing some back channeling to make sure folks can get into the meeting itself. But as a reminder, these slides.

Will be posted to Medicaid, Gov.

So you'll be able to dive deeper into grant and everybody else's presentation as well.

So we'll give it just a few seconds or so to see if any questions come in.

Grant, I'm not seeing anything right now, so we might just let you off the hook and then as a reminder, folks can submit questions into the Medicaid works mailbox and we can bug grant that way.

Thomas, Grant (CMS/CMCS) 23:27 Great.

Thank you guys, so much.

Wallace, Nick (CMS/CMCS) 23:31

Yes, we can provide the Medicaid works mailbox in the chat, but we will keep on moving from here.

So Grant, thank you so much.

And I believe I am officially taking the virtual mic back here to move on to the next item of our agenda, which are the Medicaid and chip provisions in the Consolidated Appropriations Act of 2026. I want to do some level setting here that this is a high level overview, our team is still digging into these new requirements. And we are actively working on guidance and rulemaking to that other big piece of legislation, the working families tax cut legislation.

So I'm going to do a quick walkthrough today.

We strongly encourage everybody to read the statutory requirements and at a later date we can dive into these provisions a little bit more as we move into the implementation process.

Feel free to drop questions related to the specific, specific provisions into the Q&A function.

I'll note that we do have some of our subject matter experts from the group.

On today's call, but some of them are unable to join.

But feel free to put the questions in the chat. We'll address them live if we can. If not, we can take them back.

But Katie, can we move to the next slide?

So the Consolidated Appropriations Act of 2026 was passed into law on February 3rd. It funds HHS, including CMS, through September 30th of 2026, and it includes a smaller health package that impacts Medicaid and chip. For those of you who follow the workings of Congress very closely, you might notice that some of these provisions look familiar.

And that's because they went through regular order through the Energy and Commerce Committee and passed the house in 2024.

But they did not become law at that time.

But they did become law just about a month ago, so I'm going to just quickly run through each of these provisions, give a high level summary again. Feel free to drop some questions into the chat and we'll see if we can address them now and if not, we.

Will take them back, so next slide.

So the first provision, section 6101, streamline enrollment for eligible out-of-state providers.

This provision requires states to establish a streamlined enrollment process for certain out-of-state providers serving Medicaid and CHIP beneficiaries under the age of 21.

Congress passed a law in 2019 called the Ace Kids Act that actually had CMS do some related work related to this topic.

There was a request for information and there was some guidance released a few years ago. I want to note here that this is different because this is now a requirement. States may not require screening beyond what is minimally necessary to process payment.

So, for example, the provider's name, or the NPI and the enrollment of this provider must last for five years unless the provider is terminated or excluded.

The effective date of this provision is three years following enactment. Next slide, please.

Section 6102.

Removing age restrictions for working adults with disabilities.

This provision expands the optional Medicaid buy in eligibility group are also sometimes referred to as the ticket to work groups to include individuals aged 65 or older.

Currently, these optional eligibility groups apply to workers with disabilities between the ages of 16 to 64.

Whose earnings exceed traditional Medicaid limits.

By our count, 46 States and Washington, DC, currently operate these groups.

So if a new state were to come forward to cover this optional eligibility group, they would have to cover those age 65 and older immediately. For those states that are currently implementing this program, they have until January 1st, 2028. To implement this change.

Next slide.

Section 6103.

Medicaid state plan requirement for determining residency and coverage for military families.

This provision is meant to address residency and continuity of coverage for certain military families receiving HCBS services enrolled in Medicaid. Current regulations address the concept of state residency and temporary absence as it relates to Medicaid eligibility.

Going forward, states must treat certain active duty relocated individuals, including their dependents, as residents of the state, unless they opt out when they are receiving HCBS services or on an HCBS waiting list.

States must ensure payment for services furnished in the new state, consistent with guidance from the Secretary and or to allow individuals to remain.

Main on that HCBS waiting list to give a hypothetical example here to help us operationalize this. Imagine a military family has a permanent residence in the state of Maryland but is temporarily located to the state of North Carolina.

This is a military family that's enrolled in Medicaid and is receiving HCBS. Whether it's the military, family member or their dependent, this provision would say that the home state, the state of Maryland.

Would have to ensure.

Payment for these services while the family is temporary relocated in the new state, North Carolina.

We know that there are going to be a whole lot of operational questions here.

More guidance forthcoming soon.

The effective date of this provision is January 1st, 2030.

We can move to the next slide.

Section 6104.

State studies on maternity, labor and delivery costs. This provision requires states to conduct a study every five years on the cost of maternity, labor and delivery services. I think it's important to note here that this provision is much broader than just Medicaid.

It requires an analysis of payments across Medicaid chip.

Medicare and private insurance.

It applies to hospitals with high Medicaid birth volume, small rural hospitals providing labor and delivery services, and certain hospitals that recently stopped providing these services. The first state studies are due 30 years after enactment of the legislation, and there are also \$10 million appropriated for grants and.

Technical assistance to support.

Some small hospitals that will have to comply with these requirements.

CMS is still reviewing these new data reporting requirements, and we're coordinating internally to figure out which component of the agency is going to lead on this. But in the interim, we wanted to flag for The Wanted to flag this for you early, knowing that some of the work is going to fall on Medicaid agencies.

Next slide please.

I think folks on this call are probably very aware of the of of dish payments and the fact that the Affordable Care Act would have reduced DISH payments, but that Congress has chosen to delay these reductions several times.

So this provision delays these reductions until fiscal year 2028 and we can move to the last slide and the last provision here.

So this provision modifies the hospital specific limit calculation under Medicaid dish.

I think it's important to note here that the actual state allotments are not changing.

So a previous law, the Consolidated Appropriations Act of 2021, modified these hospital specific allotments to only include.

Medicaid individuals where Medicaid was the primary.

The Consolidated Appropriations Act of 2026, so the most recently passed legislation changes this to allow for the inclusion of certain unreimbursed costs for duly eligible participants in their Medicaid shortfall calculation, whether they are duly eligible because they're on Medicare and Medicaid or Medicaid and private.

Insurance states with unspent allotments may increase the payment for certain hospitals up to the modified CAP, and they can also retroactively adjust spas. The legislation also prohibits recoupments from the prior years after the adjustment, and again that I know we went through these really quickly. This was just meant to be a high level overview letting states know that Congress did pass a piece of legislation that includes more changes to medic.

And Chip, we highly encourage folks to read the statutory language and we will be hopefully digging into this more and providing more guidance as soon as we can.

Again, happy to take questions at the end of this call and answering them live if we can in real time and if not, we'll take them back to our team.

And with that, I think I will turn things over to Dan for our next presentation.

Belnap, Dan (CMS/CMCS) 33:00

So.

Today I'm going to talk through the national level. Medicaid and Chip data highlights from the eligibility operations and enrollment snapshot, which is the monthly data product that we release in which we release national and state level data on Medicaid and CHIP enrollment application volume measure, application processing times and. Renewal outcomes.

The current version of the snapshot was released at the end of January and includes October 2025 data.

So next slide.

Let's start with the high level October 2025 key findings on enrollment and application volume in October.

76.8 million individuals were enrolled in Medicaid and chip nationally.

Of those 69.5 million were enrolled in Medicaid 7.2 million were enrolled in CHIP 40.2 million were adults enrolled in Medicaid and 36.6 million were chip enrollees or children.

Enroll in Medicaid and then turn into Medicaid and CHIP applications received in October 2025. Two point four million applications were received across Medicaid, CHIP, Human Services agencies and state-based marketplaces that's similar to the application volume seen the prior month, but that's a decrease of 17% from the prior year and a decrease of 15% from 2 years prior in October 2023.

Next slide.

This slide highlights the October 2025 key findings on MAGI application processing times.

And renewal outcomes starting with major application processing times, 69% of major applications were processed in seven days or less nationally and 4% were processed in over 45 days, which is the regulatory standard for determining eligibility on a basis other than disability on renewal out.

For those who had their renewals due in October, 71% had their coverage renewed. Including the 49% of those due for renewal who were renewed on an ex parte basis. 19 percent were disenrolled, which includes 13% of the total. Do who were disenrolled for procedural reasons, and 10% had the renewal still pending at the end of the month.

So renewal outcomes in October?

Were also quite similar to what we saw in September.

Next slide.

OK. The next couple of slides show enrollment trends over the previous year with the comparison to the February 2020 pre-COVID-19 pandemic baseline, which is used here as a comparison to reflect the impact of the Medicaid continuous enrollment condition that ended in March 2023.

Prior to one day, the top dark blue portion of each bar represents Medicaid enrollment and a lighter color at the bottom represents CHIP enrollment. The total enrollment number is.

The label above the bar and you will see here that there have been small but steady month over month Medicaid enrollment declines over the past.

Last year, which continues a trend that we've seen with Medicaid enrollment going back to unwinding between October 2024 and October 2025.

Medicaid enrollment decreased by 2.6 million individuals or 4%. CHIP enrollment decreased by 13,000 individuals or less than 1%, and you can see the CHIP enrollment has been quite steady at between 7.2 and 7.3 million over the previous year.

Compared to February 2020, the PRE pandemic baseline Medicaid enrollment was 5.4 million higher or 8% higher in February 2025. And CHIP enrollment was 380,000 higher or 6% higher.

So enrollment is still well above where it was prior to the pandemic.

Next slide.

OK, this is a similar looking slide but it shows the total monthly enrollment broken out between Medicaid child and CHIP enrollment on the bottom of the bars and Medicaid adult enrollment on the top of the bars in the darker color.

In October 2025, Medicaid Child and CHIP enrollment was at 36.6 million and Medicaid adult enrollment was 40.2 million individuals between October 2024 and October 2025.

Child Medicaid and CHIP enrollment decreased by 1 million or 3%, while Medicaid adult enrollment decreased by 1.6 million or 4% compared to the February 2020 pre pandemic baseline. October 2025 saw a Medicaid child and CHIP enrollment increase of 1.4.

million or 4% and a Medicaid enrollment increase of 5.9 million individuals or 17%?

Next slide.

OK, next let's look at the volume of Medicaid and CHIP applications received by states in October 2025 and for the previous two years.

Some of these numbers may be a little small on your screen, but you can see on the right hand side that 2.41 million applications for Medicaid and CHIP were received by states in October 2025, which is a 17% which is 17%.

Less than the application volume in October 2024, which was 2.91 million, which you can see in the center of the chart, and it's also lower than the 2.85 million applications that we received in October 2023 on the left.

Hand side the orange shaded portions of the line represent the marketplace open enrollment periods when application volume tends to increase, and you can also see that application volumes have moderated somewhat since the end of 2020. Fives open enrollment period. Next slide.

OK, with this slide, we shift to our eligibility processing data and the distribution of renewal outcomes. In October 2025, approximately 5.8 million individuals were due for renewal and of those, 71% had their coverage successfully renewed, including the 49% of those.

Due for renewal, those who have their coverage renewed on an ex parte basis and the 22% who's coverage was renewed based on a form.

19% of those are due for renewal in October.

Or disenrolled, which includes the 13 percent who are disenrolled for procedural reasons, and the 6% who were determined ineligible based on form and then 10% of those renewals due in October remained pending at the end of the month.

Next slide.

OK. The next two slides show retention and disenrollment rates by month over the previous year. Starting with retention rates.

The ex-parte renewal rate is in dark blue at the bottom of the bars, and the rate of those renewed based on a form is at the top in light blue, with the total renewal rate as the label above the bars and again in October 2025.

We saw a 71% retention rate.

A 49% ex-parte renewal rate and a 22% renewed based on form rate.

This is consistent with the retention rates seen in July, August and September of 2025 prior to July 2025, we saw slightly higher ex parte renewal rates, slightly lower rates of those renewed based on a form and slightly higher retention rates. Overall, the difference is.

Likely due in part to the E.

14 waivers that were in effect prior to the to July 2025. Next slide.

OK, this slide shows the flip side of that. The monthly DIS enrollment rates, the procedural disenrollment rates are at the bottom of the bars in yellow and the rate of those determined ineligible based on form is in the orange at the top of the bars and in October.

Twenty 2513% of the 5.8 million with renewals due for the month were disenrolled for procedural reasons and 6% were disenrolled based on a form.

And we see slightly higher procedural disenrollment rates in the months including July through October 2025. This led to slightly higher DIS enrollment rates overall for these months compared to the prior months back to October 2024 and the rate of those due for renewal were.

Disenrolled based on form.

As you can see here is very stable at 6% for each month on the chart.

Next slide.

OK.

That's it.

But just to wrap up, I will say that the Medicaid and chip eligibility operations and enrollment snapshot is updated and posted at the end of every month on the page on [medicaid.gov](https://www.medicaid.gov). That looks just like this and you can link to the snapshot from the top.

Banner of the main Medicaid Gov Home page.

So we just showed the national the national level data today, but the eligibility and enrollment snapshot also.

Includes state specific data on enrollment application volume.

Magi application processing times renewal outcomes and call center metrics.

So you can go on our website and find the full reports if you'd like more information.

And with that I will turn it back over to Nick.

Wallace, Nick (CMS/CMCS) 41:54

Thanks Dan.

I think we are turning to Melissa for our next talk.

Melissa, I think you're mute.

Harris, Melissa (CMS/CMCS) 42:10

Sorry about that.

I could have sworn I unmuted my microphone.

So thank you, Nick.

It's really my pleasure to be with you today to talk about our recent release of a behavioral health toolkit that we hope will prove helpful to States and stakeholders in ensuring a robust behavioral health treatment spectrum is available to children under Medicaid's early and periodic.

Screening, diagnostic and treatment, or E PSDT provisions.

So this toolkit was released on Friday, February 20th, and it should.

It's available on Medicaid, Gov.

This is part of our work, mandated by Section 110.

So this toolkit is a byproduct of our conversation with States and a collection of information, best practices, etc. In the behavioral health arena.

We hope this will be a good resource for both Medicaid and chip agencies in ensuring that children and youth experiencing and behavioral health condition has access to the care that they need.

The toolkit walks through strategies for developing a care delivery system that can meet a range of children.

Behavioral health needs promoting early intervention.

Improving children's access to behavioral health care through service coordination, service integration and increasing the workforce capacity for children's behavioral health services.

So the toolkit is online.

We hope you have an opportunity to read it. If you have any questions you can reach out to us and we'll walk you through the content and provide any state specific technical assistance.

But we're excited to launch this resource.

And look forward to any resulting conversations. Thank you, nick.

I'll pass it back to you.

Wallace, Nick (CMS/CMCS) 44:16

Thanks, Melissa.

And finally, Caprice.

Knapp, Caprice (CMS/CMCS) 44:25 OK.

Trying to figure this out OK.

Hopefully you can hear me so last slide.

Thank you, Melissa.

Medicaid for talking about EPSDT and and to follow on force.

Medicaid provides for coverage of anticipatory guidance provided during Epstein.

Anticipatory guidance generally refers to health, education, counseling, etc. To help parents and caregivers understand and improve the health and developments of their children.

As part of our commitment to Maha, make America healthy again, we're asking states to emphasize the potential for well child visits to be used to counsel parents on these core aspects of health.

Talking to children, their parents about healthy behaviors, healthy lifestyle, chronic diseases prevention, etc. Is asking states to focus on this core mission and no longer considers counseling regarding firearms to be anticipatory guidance.

As part of Medicaid's EPS DT World Child visits, states should communicate this to their provider community.

Thank you.

Wallace, Nick (CMS/CMCS) 45:38

Thank you, Caprice. And I think we can move to the last slide here. And so I am going to come back on camera.

OK.

So thank you to all of our panelists for their presentations.

We have a couple of minutes and we're going to transition to the Q&A portion of the call.

I know that we covered a lot of ground as a reminder, our team is going to try to answer these questions in real time, but we might not have the right team member.

So we're going to do the best that we can.

I'm going to ask for folks to submit their questions in the Q&A function please and not the chat.

Only because it's easier for our team to monitor those questions and to find the right team member to be able to answer those questions.

And so I would invite art panelists to come back on camera and come back on screen.

And let's take a couple of minutes to see if we have some questions coming in.

Costello, Anne Marie (CMS/CMCS) 46:40 Nick,

there is a question in chat around the GSA.

Schedule.

I'm not sure if I know Grant has left.

I'm not sure if there's someone that can answer a question on GSA schedule.

Wallace, Nick (CMS/CMCS) 46:57

Thanks, Annemarie. I think the best answer to that question is actually probably to email the question of the information to the Medicaid works mailbox and then we can send it to the right team member from there.

Costello, Anne Marie (CMS/CMCS) 47:25

Nick, there's also a question on retroactive eligibility compliance state.

In chat.

Wallace, Nick (CMS/CMCS) 47:33

Yes.

I do not believe we have any of our eligibility experts on the call to answer this one. But we can definitely take this one back.

Costello, Anne Marie (CMS/CMCS) 47:52 OK.

Wallace, Nick (CMS/CMCS) 48:04

And we can give it another minute to see if folks want to submit your questions into the Q&A box.

I will just quickly note that there are a few questions that are coming in here related to some of the other provisions of the working families tax cut legislation and to say that we don't have our eligibility experts on the call now to answer these questions but that.

They are actively working to be able to release guidance to States and so there is more coming soon.

But thank you for these questions.

We will take another 30 seconds or so to see if other items come in related to the presentations today.

Seeing a question in the chat related to community engagement requirements and exceptions.

Again, we don't have our eligibility experts on this call, but we can definitely take this one back.

So thank you for the question.

OK guys.

Thank you so much. I think it makes sense to wrap here.

I just want to really thank everybody for the discussion today.

I know we covered a lot of ground as a reminder, the slides for today's call are going to be posted on Medicaid. Gov.

In the next couple of days, the date for the next Allstate call is Tuesday, March 24th.

So please mark the date in your calendars, the the announcement, and the topics for that call.

Will be sent along about a week before. And of course if any questions come up between the call feel free to reach out to us, your state leads or to e-mail those mailboxes.

Thanks again for joining and moderator, you can adjourn the call. Thanks everybody.

Ryan, Jacquelyn (CMS/CTR) 51:44 Thank

you so much for attending today.

CMCs, Allstate call and webinar.

And now you guys can disconnect.

Thank you.

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