

EIS-HHS CMS

Moderator: TONIA BROWN

June 14, 2022

2:00 pm CT

Coordinator: Welcome and thank you for standing by. At this time, I'd like to inform all participants that today's call is being recorded. If you have any objections, you may disconnect at this time. All lines have been placed in a listen-only mode for the duration of today's conference. I would 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 and Webinar. I'll now turn to Anne Marie Costello, our Deputy Center Director, and she'll provide highlights for today's discussion. Anne Marie?

Anne Marie Costello: Thanks Jackie and hi everyone. Welcome to today's all state call. We have one feature presentation for today's call and then we'll spend the bulk of our time answering your questions. Alice Weiss from our Children and Adults Health Programs Group will provide an overview of a recently released tool that highlights ten critical actions states should take to prepare for the unwinding of the COVID-19 Public Health Emergency and the available resources to support your planning efforts in each of these areas.

CMS has produced many pieces of guidance and tools to support states in planning for unwinding. And we know we can be challenging to sit through

all of them. So we hope this tool will be useful to help you prioritize and identify which resources will be most helpful to you on different aspects of your planning work.

After Alice's presentation we'll spend the rest of the call answering your questions on unwinding or any other topic. We'll use the Webinar for today's Q&A, so if you have not logged into the Webinar platform, I suggest you do so now. If you have any questions for our subject matter experts, you can start submitting them in the Webinar Q&A box now. With that, I'll turn things over to Alice to start today's main presentation. Alice?

Alice Weiss: Thank you Anne Marie. Good afternoon. As Anne Marie said, I'm Alice Weiss. I'm from the Deputy Director of Our Children and Adult Health Program Group, and I'm here today to talk about our new resource which is called the Top Ten Fundamental Actions to Prepare for Unwinding and Resources to Support State Effort.

As Anne Marie mentioned, CMS has heard from a number of states wanting a little bit more direction about where to begin or continue their efforts. Some appreciated a lot of the guidance that we put out, but wanted a little bit more help in navigating and understanding where to go for additional information.

This tool provides helpful one stop for states that are looking for those resources. It identifies the critical actions that states need to take to prepare for the unwinding period. It also compiles the available resources as Anne Marie said.

It doesn't provide any new guidance, but it does provide helpful links and citations to documents that we already put out that I think will be very useful as state's navigate the next several months.

This tool will be especially useful to new and experienced state officials alike. It's a great tool to share with colleagues as an index of our guidance and to orient them to the key requirements that will be in place for Medicaid and CHIP. And it's an easier way to find relevant resources for those who are looking.

The overall goal here is to help states get ready and to be able to maximize their retention of eligible individuals and support a seamless transition once the public health emergency ends and obviously to prepare for that time.

So today I'm just going to review that tool with you, go through the ten steps we've identified in the document and some of the resources that are there and then we'll have an opportunity to answer questions. Next slide.

So the first step we've identified here is creating your state's unwinding operational plan. Most states have probably undertaken this step already, but for those who are still immersed in this planning stage, this involves developing a comprehensive unwinding operational plan that will help your state restore routine operations and describe how you will complete any outstanding work, ensure continuity of coverage for eligible individuals and facilitate the seamless coverage transitions as you return to normal operations after the public health emergency.

Some of the resources that we've highlighted here include our updated planning tool, which was issued in March of 2022 which guides states through the eligibility and enrollment issues to address in planning efforts and key planning domains that states should be thinking about strategies to employ for each.

We also provided a general transition planning tool for restoring regular Medicaid and Children's Health Insurance Program operations after the conclusion of the Public Health Emergency in January 2021 which more generally speaks to how states should be looking at transition from their PHE related authority, flexibilities and waivers that will expire at the end of the PHE.

So while many of our eligibility enrollment guidance components were updated in the tool of March 2022, the January 2021 still provides some really useful information more generally about this transition process and planning for it.

And then the final resources document called strategy States and us territories can adopt to maintain coverage of eligible individuals as they return to normal operations which was issued in November of 2021 and provides policy and operational strategy punch list that states can use during unwinding to focus in on what they need to do for eligibility coverage and operation. Next slide.

The next fundamental action is around coordinating with government partners including the marketplace. And this is an important step obviously in ensuring that the state is taking a whole of government approach, not just focusing in on the agency that is involved specifically with most involved in the public health emergency transition, but leveraging the resources and the coordinating as needed with other key agencies, ensuring that you're coordinating with state, tribal and federal government partners as you're developing your plans creating and communicating consumer messaging and you're ensuring that you're establishing your continuity processes and return to normal operations.

So there are a number of resources issued that we identified here. The first has to do with the tool kit that was created for communications. In March of 2022

we issued that, and it describes various touch points that states can leverage when trying to reach people with Medicaid and CHIP for the unwinding process.

Our next resource is the SHO letter that we issued in March of 2022 that specifically provides guidance around facilitating coverage transitions for individuals who become eligible for the marketplace coverage and also strategies to leverage SNAP data and ways to support streamlined eligibility and enrollment. So there's a lot of guidance relating to how to coordinate with other government partners.

The next resource has to do with our guidance around fair hearings which we issued in 2022 providing some strategic approaches to supporting fair hearings. This is the slide deck that we put out that talks about how ensuring regular engagement with internal stakeholders such as state agencies, omnibus offices.

And even external partners can support the state's efforts to reduce the volume of fair hearings and manage the increased volume that will be coming in associated with the end of the public health emergency.

The next resource has to do with ensuring coordination of eligibility and enrollment between Medicaid, CHIP and the federally facilitated marketplace. And this is a resource that was created in July of 2016 and provides some helpful overview of the need for coordination between different insurance affordability programs.

The next resource has to do with dealing with the consumer experience and transfers from state Medicaid and CHIP agency to the federally facilitated

marketplace (FFM). This was also issued in October of 2016 and provide some useful tools for effective consumer communication.

Next we have a Sample Account Transfer Notice which was issued in February of 2022 which provides an updated a Sample Account Transfer Notice to account for the February 2022 FFM update directing all consumers to start new application.

And then finally we have a document that deals with strategies that state based marketplaces can use to improve the Medicaid to marketplace coordination and maximize enrolling transitions at the end of the continuous enrollment requirement. So this basically focuses in on for the states that have a state based marketplace, how they can engage with Medicaid and CHIP agencies to facilitate seamless coverage transitions. Next slide.

The next action has to do with implementing and strengthening automated processes. And this is a critical step for states that have a lot of manual processes already in place in their eligibility and enrollment process. It's really focused on looking at ways to improve automation, reduce the manual touches in the process including through strategies like ex parte renewals, increasing methods for no touch case processing like telephonic and online application and renewals and using automated beneficiary communications like (javier) messaging.

So the resources that we've identified here include one of the resources identified in earlier action around the strategies that states and the US territories can adopt to maintain coverage of eligible individuals as they return to normal operations. This is our punch list that we put out in November of 2021 that specifically focuses on ways to strengthen renewal processes and support unwinding activities.

The next is the SHO letter which was issued in March 2022 also provides some new flexibilities under our Section 1902(e)(14)(A) waivers that facilitate ex parte renewals and highlight strategies to reduce churn through a greater automation,

The next resource is resource that we put out in November of 2021 that focuses on ways to connect kids to coverage using state, outreach enrollment and retention strategies. And it provides highlights from different states on how to use technology to make enrollment and renewal easier for families and states.

And the last resource for this action step is achieving real-time eligibility determinations which was issued back in 2015 but provides really useful guidance and information to states on the regulatory framework and the system technology investments that allow for real-time eligibility determinations. Next slide.

The fourth action step is a critical one ensuring that state eligibility systems will work. This is around engaging system vendors to identify changes, start planning and perform robust testing. So this really involves having states work closely with eligibility system vendors to plan for unwinding meeting as early as possible to identify document and prioritize system changes that are needed and plan for end to end testing of the new functionalities.

And our key resource that we've highlighted here is our updated Medicaid Information Technology Systems Guidance which was issued in April of 2022. This document describes the new streamlined modular certification process for Medicaid IT systems projects including the conditions for enhanced federal match for eligibility system design, build and operation,

targeted outcomes, metrics, the acceptable documentation needed to confirm production ready status.

And it's really a great resource for states to use to incorporate these elements as they plan, test and implement unwinding system related changes. And overall the message here is ensuring that the vendors our involved early and often in your system changes, as you're considering what you need for the public health emergency and ensuring that they're a key partner to consult, to ensure your system will be ready for what's needed.

Next slide. The next action step is establishing a renewal distribution plan. And this is really around ensuring that your state is intentionally planning for and documenting how it will manage renewals. So the state is charged with determining how the renewals and other eligibility actions will be distributed across the 12 months unwinding period in a manner that will mitigate churn, account for workforce and system capacity limitations and also establish a sustainable renewal schedule for future years.

And I want to note here that CMS has provided in our on March 2022 SHO letter that we're recommending that no more than 1/9 of the total case load of Medicaid and CHIP renewal should be processed in a given month to basically protect the state in terms of its future near distribution of renewals.

There are a number of key resources that we've identified here. Perhaps the most important to - at the outset is the state renewal distribution reporting form which we issued in March of 2022. This is a required form that states will have to submit to CMS 45 days before the last day of the public health emergency to support ensuring that states are prioritizing renewals over the unwinding period and document for CMS how the state is intending to

mitigate against inappropriate coverage loss and manage the fair hearings during the unwinding period.

The second resource we've identified here is the state health official letter from March 2022. This provides guidelines for state's prioritization of renewals during the 12 months unwinding period and we talked about it before. But it basically expands on prior guidance and talks about how states should manage renewals.

And then the last resource we've identified is the guidance we provided around some best practice best - best and promising state practices from CMS discussions around what other states are doing to prepare for unwinding. And that was a really helpful deck that we put out in April of 2022 from our discussions with all states around what they're doing to prepare for unwinding. Next slide.

So our sixth action step is around engaging community partners, health plans and the provider community. And this deals basically with trying to support state efforts to leverage and coordinate with community partners, health plans and managed care organizations and providers, including Indian health care providers to develop and implement our beneficiary outreach and communication strategies for unwinding.

Key resources that we've identified here include the communications tool kit that CMS issues in March 2022 which provides social media and key messages that states can use to help inform people with Medicaid and CHIP about the steps they need to renew.

Our March 2022 SHO letter which provides some strategies that states can use under the 1902(e)(14)(A) waiver to partner with MCOs to update beneficiary

contact information without having to verify with the beneficiary during unwinding and outlines some other strategies for partnering with MCOs and other stakeholders on outreach.

Next there's the summary of best practices that we just discussed which provides some examples of some outreach and beneficiary communication strategies that may be interesting for states.

Next is a really helpful reach - resource that was put out in March of 2022 that provides an overview of strategic approaches to engaging managed care plans as way to maximize continuity of coverage as states are resuming normal eligibility and enrollment operations, and this basically provides some guidance on four strategies that states can use to work with MCOs to obtain updated contact information and support renewals and transitions to marketplace coverage as needed, definitely encourage folks to check that resource out if they haven't already looked at it.

And the last resource that we identified here was from the Medicaid and CHIP coverage learning collaborative that looks at ways to ensure continuity of coverage and prevent inappropriate terminations for eligible Medicaid and CHIP beneficiaries. This was a resource that we put out in August of 2021. This is the part two of our work on this, and it includes some examples of how states have partnered with MCOs and enrollment assisters to prevent inappropriate terminations.

Next slide. Oh, there's some additional steps, resources here some of which I've already mentioned. So I'm not going to go through all of them, but there are specific slides and resources mentioned. The one that I especially want call out has to do with partnering with Connecting Kids to Coverage grantees including the American Indian and Alaska native grantees.

There is a link in the document that provides a list of all of the Connecting Kids to Coverage grantees. So if you aren't aware of which coverage grantees are working in your state, you can connect to them that way. All of these grantees are trained and experienced in assisting families with applications or renewals and can be an amazing resource for the state as a partner for this effort. Next slide.

The seventh action step is around updating - obtaining updated contact information, and it basically encourages states to use multiple strategies to obtain updated beneficiary and contact information to mitigate coverage losses at renewals. These include managing return mail, partnering with health plans and other providers, using multiple modalities to reach individuals, managing the account transfers between Medicaid or CHIP and the federally facilitated marketplace or the state based marketplace and maintaining beneficiary contact information including through trusted stakeholders.

There are a number of resources we've identified here that highlight different strategies that states can use. I think I've identified some of these already, so I'm not going to go into great detail. But just to flag that there are a lot of strategies that CMS has already identified to support ways that states can communicate with beneficiaries and leverage partner information to update, ensure they have the best contact information, so that beneficiaries can receive their renewal information and hopefully act on it.

Next slide. The eighth action step has to do with launching effective communication strategies including consumer outreach and revised notices and deals with basically state efforts to invest in communication strategies to launch outreach campaigns revise their beneficiary communication materials

and messaging, including notices so beneficiaries know what to expect and what is needed to maintain coverage during unwinding.

A number of these resources I've already mentioned like the communications tool kit and an all state call that we had on March 15 of 2022 which focused in on communication strategies to reach enrollees, our Connecting Kids to Coverage materials which were issued in November of 2021 and highlight state strategies for outreach and communication with beneficiaries and our strategies for the state and US territories for the punch list to improve eligibility notices and conduct intensive outreach and robust consumer assistance.

There's a lot of great material here. And as I mentioned in the toolkit, there will be actual page numbers that you can reference and slide numbers as needed. Next slide.

The ninth action step has to do with assessing workforce capacity and conducting training. This is a critical step to ensure that states have the person power, they need to do the work and ensure that they're workers are well-trained and understand the requirements. It encourages states to assess their eligibility, enrollment and fair hearings, workforce capacity and implement strategies that will ensure adequate staffing and sufficient training, targeting hiring, redistributing staff and training staff on policies and looking for ways to automate processes to alleviate workforce burden.

These are all the strategies that we're recommending states to consider in this process to reduce their overall volume of work and increase their capacity to manage what's coming.

Some key resources that we've included here are the punch list that I just shared before that basically will look at ways to address potential strains on the state eligibility and enrollment workforce.

The summary of best and promising practices that we issued in April of 2022 which looks at ways to address workforce challenges from a series of calls that we've had with states are state Medicaid and CHIP telework playbook, which we issued in June of 2020. And it provides information regarding the adoption of improvement - an improvement of telework practices and our work on fair hearings which we've already talked about which we put out in April of 2022 and specifically talks about ways states can look at their hearing work to assess their capacity and ways to strategically redeploy some resources to either minimize the volume of hearings or improve their capacity to manage them and improve efficiencies.

Our last step is around implementing a robust monitoring strategy including timely reporting to CMS. This is going to be critical for states to understand how they're doing, assess challenges and adjust as the public health emergency unwinding period continues. So we encourage states to develop a comprehensive monitoring strategy and put in place state level monitoring infrastructure and procedures to extract and submit timely data to CMS on the progress of eligibility and enrollment actions and the disposition of renewal.

Some key resources that we want to highlight include our Unwinding Data Report which was issued in March of 2022 along with our data specifications for that report. These are resources that are available on the Unwinding Page that provide details on how states will need to report both in their baseline report and on a monthly basis once the unwinding period begins.

The other material includes our Webinar and presentation explaining those resources that we put out in April of 2022 and the punch list that we put out that encourages states to identify processing backlogs, diagnosed workforce issues and gather critical data to inform corrective actions.

That is the summary of our series of action steps that we've identified. As I mentioned, there's resources available on our Medicaid.gov Unwinding Page. That is under - it's listed under the Tools section. It's the newest resources available and I do want to recommend it to you as a great material that you can share with others and use on an ongoing basis to identify the steps that are needed for unwinding. And with that I'll turn it back to Jackie. Thanks.

Jackie Glaze: Thank you so much Alice, for your presentation. We'll now move to the state questions and we'll begin with the chat function. So you can begin submitting your questions at this time and then we'll follow by taking your questions over the phone line.

So I'm looking for some questions, I think we might have one. So I'll turn out to you (Ashley).

(Ashley): Thanks Jackie. Yes, we do have one question that has come in so far and it says, "If an ROP letter has gone out and the person is still within their 90 day time frame, and the PHE ends within those 90 days, does the state have to send another ROP letter or will the original ROP letter and original 90 day time frame suffice?"

Sarah Litchman Spector: This is Sarah Litchman Spector in the Division Medicaid of Eligibility Policy.

Sarah Litchman Spector: Let me see if I can answer that. We may need to talk to the state. If the state wants to like write in and tell us who you are, we're happy to talk to you offline. But let me take a pass at it.

I think the question is, "If the reasonable opportunity period - if the notice is provided during the unwinding, yes during the PHE and then the PHE ends and they're in the 90 days, would an additional notice needs to be sent?"

the state is required to provide one reasonable opportunity period and could finish - certainly could just finish that out and whether or not be - during that reasonable opportunity period, the individual is determined to be verified to have their US citizenship or non-citizen satisfactory immigration status determine them or if the individual is not verified to terminate them appropriately pending that 90 day reasonable opportunity period.

The SHO we issued in March of 2022 also provided some options for states if they want to provide an extension of that reasonable opportunity period, but if appropriate notice was sent and the reasonable opportunity would be provided was provided fully, I think that the state could act in that reasonable - at the end of that reasonable opportunity period.

(Ashley): Okay thanks Sarah. Our next question which is a popular one, it looks like it's coming from a number of states is, "When will CMS be releasing guidance on Ukrainian refugees?"

Sarah Litchman Spector: This is Sarah. I can take that one too. We are working fervently on it. If I was not on this call, that's what number of us would be working on.

So I hesitate to ever give dates. That wouldn't be a good use as a federal employee, but we are really actively pushing that forward. And we do intend to have for those of you, many of you participate in the eligibility technical assistance group our eligibility tag which happens to be tomorrow.

And we do intend to have a presentation and answer questions. We've been working through the issues and questions we've been receiving and certainly plan to be talking about it and happy to plan to answer some questions there as well.

(Ashley): Okay thanks Sarah. We have another question and it says, "Is it true that if the state did not send notice to initiate an ROP during the PHE, the ROP extension would not apply?"

Sarah Litchman Spector: This is Sarah. I thought the question was going to go in a different direction. If the state has not provided a notice of a reasonable opportunity period, but the individual is in a situation where the notice should be provided, it must be provided.

So the situation, the scenario where a notice must be provided is an individual has attested to a satisfactory immigration status or US citizenship has been otherwise eligible. And that satisfactory citizenship or immigration status has not been - has not yet been verified then the state must provide notice and initiate a reasonable opportunity period.

(Ashley): Okay. Then we have a couple of questions I have come in around renewing based on SNAP eligibility. And the first one says for Medicaid individuals renewed based on SNAP eligibility, is the state required to send a pre-populated renewal form if the member is being renewed automatically?"

(Suzette): This is (Suzette). Maybe I can start. I'm not sure if the question is about using the (e)(14) authority to use the SNAP strategy, but maybe I can just answer generally. If SNAP is used either in the (e)(14) strategy or as a data source and the state is able to renew coverage let's say via the ex parte, you know, through the ex parte process either through the (e)(14) strategy or by using SNAP as a data source to verify income, there would be no need to send a pre-populated renewal form.

(Ashley): Thanks (Suzette). And the next question says, "If a member is renewed for Medicaid based on SNAP eligibility during the unwinding period, is the state limited to one renewal during the unwinding or can the state passively renew the individual? Each time SNAP is authorized?"

(Suzette): Each time the SNAP is authorized due to (e)(14) period again, not exactly sure what the question means, but it might mean that SNAP is renewed every six months, so the state could use the SNAP information to renew. And as long as they have, as long as they know that the person's eligible all factors - on all factors of eligibility, they could push with the period 12 months.

Sarah Litchman Spector: So (Suzette), this is Sarah. I think the question sounds like it's asking about (e)(14) authority and whereas in theory, you know, there's no, you know, like if a state had (e)(14) authority, there wouldn't be a prohibition on doing the SNAP strategy again. But the authority that's being granted is for the duration of the unwinding period so really should only come up once because, you know, it's a 12-month period for people to be renewed. It's only - the strategy is only available to MAGI based beneficiaries.

If the state is asking about using SNAP data, not as part of the (e)(14) strategy but a SNAP data as you were referencing earlier (Suzette) as a data source, there there's no limits, but it sounds like maybe the state might have a little bit

of confusion about how SNAP data is used in ex parte renewal process outside of the 1902 (e)(14) waiver authority. And maybe it would be good to reach out to your state lead and get some - set up some time for some technical assistance from (Suzette) and her team.

(Ashley): Thanks Sarah. The next question says, "Our states allowed to send text messages to Medicaid members with a verified cell phone number without getting consent to do so?"

Sarah Litchman Spector: (Stephanie Bell) on the phone? So this is Sarah Litchman. That is a question, you know - I don't know if (Ashley), you can confirm, I think that is still, you know, with - it's a decision that the - we need.

If the person has not - beneficiary has not provided consent protects the secretary has sent a letter to the SCC requesting that they make a finding or issue a ruling. Apologies, I forget the exact terminology to authorize, you know, to sort of say that it is authorized to your state.

So we are pending a decision from SCC. I know they've put that out for public comment. And I don't know exactly what the timeframe is for that, but we could probably look back on the next call and give an update.

(Ashley): Thanks Sarah. The next question says, "To clarify the ROP question, if a state gave notice and the 90 day time frame during the PHE and the case is still not resolved at the end of the PHE, can we close these cases without doing a renewal? Sarah Spector, are you still on or talking on mute?"

Sarah Litchman Spector: So I think we should talk to the state offline. I'm not fully understanding the scenario, I think I - I think this - the individual would need

to be provided their full 90 days. So I think that I guess it depends on when the notice was provided.

And I think as I said a minute ago, if that 90 days goes over the, crosses the threshold of the PHE ending, I would expect that the reasonable opportunity period which is a 90 day period would still be provided. So I think there's maybe some specific facts from the state's questions that I'm happy to - if my current response doesn't - isn't sufficient. Happy to provide additional technical systems offline.

(Ashley): Okay. And then we have a question that says, "Do we have an update on states that have programs that require a premium based on the FPL and when those premiums can start especially given the HCBS MOE?"

Sarah Litchman Spector: Yes this is Sarah. I can take that one too. That's an issue we've been working internally, and we are really, really close to being able to provide. There are a number of states who had questions about the timing of resumption of premiums.

So we are working up some answers on those and hope to be back with states really quite soon as we just finalize that.

Jackie Glaze: Thank you Sarah. So we'll move to the phone lines at this point. So operator, could you please provide instructions for how the participants can register their questions and then if you can open the phone lines?

Coordinator: Yes, ma'am. If you would like to ask a question over the phone, please press Star followed by 1. Please make sure your phone is unmuted and record your name clearly when prompted. If you wish to withdraw your question, you can press Star 2. Please allow a moment for questions to come in. Thank you.

There are no questions coming in yet over the phone.

Jackie Glaze: Okay. We'll wait another minute or two and then if you could just let me know and then we'll revert back to the chat function.

Coordinator: Yes, ma'am. Thank you.

Jackie Glaze: Thank you. Are you seeing any questions?

Coordinator: No, ma'am, still no questions over the phone.

Jackie Glaze: All right, okay, thank you for that. So (Ashley), I do see a question in the chat, so I'll send it back to you.

(Ashley): Thanks Jackie. Yes, we have a couple more that have come in. The first one says, "Going back to the SNAP Medicaid renewal question, If the state were to align Medicaid renewal dates with existing SNAP dates, the renewal notices would normally go out at the same time, 60 days before the renewal date. How should the state use the (e)(14) authority to renew Medicaid? Would it be based on the information at the time the renewal notice is sent or after the SNAP renewal has been completed?"

(Suzette): So we may need to take this one back. And actually if whoever asked the question could contact us, we could talk through perhaps in more detail.

So I think the state would need to time out and as you prioritize your cases if you're doing the SNAP renewal at the same, you know, if you usually would send them both at the same time, it is true, you would need to complete your

SNAP renewal in order to base your (e)(14) SNAP strategy on. So yes, Jessica Stevens, please jump in if you have some thoughts.

Jessica Stevens: Sure. So I think there are actually two different strategies that we may be talking about here that have slightly different approaches. So the first one that - the (e)(14) strategy itself is based on a scenario in which the state has completed a determination of eligibility for SNAP or sort of a re-certification of eligibility for SNAP and has income findings from SNAP.

In that case you can use that information similar to an ex parte renewal to complete a determination of eligibility for Medicaid. That is different from sort of the strategy that can be used in a scenario that doesn't require (e)(14) approach - an (e)(14) approach which is using the SNAP information as in - as a data source for completing a Medicaid renewal.

So in that circumstance for example, you would begin with the Medicaid renewal on an ex parte basis and if you're unable to - sorry. And you can use information from SNAP to try and complete that. If able to do so, then you can complete an ex parte renewal.

If not, then you can combine sort of the Medicaid and SNAP renewal forms and collect information that can be used to verify eligibility for both programs. I think we have some additional resources coming soon that will walk through these processes in a little bit more detail for anyone who may not have followed that, so more to come there.

(Ashley): Thanks Jessica. And it looks like we have one more question and it says, "On the CMS enhanced S Map MOEU requirements for states to maintain HCBS provider payments at a rate no less than those in place as of April 1, 2021, is

CMS measuring provider payments on a provider by provider basis or by an overall annual expenditure of HCBS funds for provider payment?

In other words could a state comply with this provision by keeping the overall dollar amount it spends on provider payments at the same amount but institute payment reforms via a waiver amendment that might lower or raise individual provider rates of payment?

Ralph Lollar: This is Ralph Lollar and I will take that one. Essentially it is the service rate. Providers may lose or gain individuals during the year that will impact how much they received from the state. But the service rate itself much be maintained at the service rate on April 1, 2021 or above that rate moving forward.

(Ashley): Thanks Ralph.

Ralph Lollar: No problem.

Jackie Glaze: Thank you Ralph.

Ralph Lollar: Good question. Thank you.

Jackie Glaze: Operator, can you check again to see if we have questions in the - registered in the phone lines? And we'll take some questions there if we have them.

Coordinator: There are no questions on the phone at this time, but again, if you would like to ask a question over the phone, that is Star followed by 1. Thank you. No questions coming in yet.

Jackie Glaze: Okay, and just checking (Ashley), I don't think we have any additional questions in the chat either, do we?

(Ashley): It looks like we have one last one that just came in.

Jackie Glaze: Okay.

(Ashley): And it says, "How should states report renewals for individuals eligible for Medicaid based on SSI that don't undergo a renewal?" This is for 1634 states.

(Suzette): Thank you. That is - this is (Suzette) again. That is a great question. We have heard from a number of states about the process for renewing individuals who are in the 1634 states eligible based on SSI.

We are looking into that, doing some research on the process. I think we had understood that states are receiving information from the (SDDX) on a monthly basis and understand that that might not always be the case. And so we are hoping to get some guidance out to all states very soon including any states need to take any action at renewal and then also how states should report those cases during the unwinding period. So more to come on that very soon.

Jackie Glaze: Thank you (Suzette). So I see that we don't have any additional questions so I think we'll close early and give you a call back a few minutes. So I wanted to thank everyone for their time and participation today, thank our team for their updates and responding to the questions.

Our next call will be held on Tuesday the 28th and we will provide the topics and invitation shortly. So of course, if you do have questions that come up before the next call, feel free to reach out to us, your state leads or you can

bring the questions to your next call. So we hope everyone has a good afternoon and thank you for joining us today.

Coordinator: That does conclude today's conference. You may disconnect at this time, and thank you for joining.

[End]