

Centers for Medicare & Medicaid Services  
COVID-19 Medicaid & CHIP All State Call  
July 21, 2020  
3:00 pm ET

Coordinator: Welcome and thank you for standing by for today's conference. All participants will be in a listen-only mode until the question-and-answer session of today's conference. At that time to ask a question please press star 1. Today's conference is being recorded. If you have any objections, you may disconnect at this time. I would now like to turn the conference over to Jackie Glaze. You may begin.

(Jackie Glaze): Thank you and good afternoon and welcome everyone to today's all-state call. I'll now turn the call to Calder and he'll provide opening remarks and share today's highlights. Calder?

Calder Lynch: Thanks, Jackie. Welcome and thanks for joining us today. This afternoon we'll be continuing our lessons from the field series. We have a special guest who's joined us. Kristin Ahrens from the state of Pennsylvania will provide a practical overview of how Pennsylvania is implementing retainer payments for some community-based services through its appendix (K).

Kristin is the Deputy Secretary of the Office of Developmental Programs in Pennsylvania's Department of Human Services. Kristin will share with us her faith approach to retainer paid payments including the services they're covering and how they're calculating the actual rate.

After Kristin's presentation, we'll have a short conversation about their work and then open it up to take your questions.

Following that discussion, (Jen Bowdoin) and (Julie Boughn) from (CMS) will share updates on two of the HRSA administered funds. (Jen) will provide an update on the Medicaid CHIP distribution of the provider relief fund and (Julie) will provide a quick update on the COVID-19 uninsured individuals program.

After these updates, we'll then open up the lines for any general questions that you may have. With that, I'll turn it over to our own Ralph Lollar from CMCS' Disabled and Elderly Health Programs Group who will introduce Kristin. Ralph?

Ralph Lollar: Hi folks. This is Ralph Lollar from the division of long-term services and support. It's my pleasure to introduce Kristin Ahrens, Deputy Secretary for Pennsylvania's Office of Developmental Programs. As Calder told you, she comes to us with a wealth of experience -- more than 30 years of experience -- working with people with disabilities from advocacy to community education to providing support and family supports and self-directed services. So it's clear that she has a broad range of knowledge regarding the depth of home and community-based services.

And today specifically she's going to talk about retainer payments and the state's commitment to using them to support and continue the community infrastructure during this very challenging time of the COVID-19 pandemic. She's going to talk about how they looked and evaluated the use of retainer payments and how they work with other stakeholders including their legislators to augment or supplement retainer payments during periods of time that were not or cannot be funded through CMS.

So with that being said, I'm going to turn the mic over to Deputy Secretary Ahrens to begin her presentation. Kristin, go ahead.

Kristin Ahrens: Thank you. Thank you for the kind introduction, Ralph. And good afternoon everyone. To give you some context, the Office of Developmental Programs serves about 57,000 people of all ages with intellectual disabilities and autism. In February as ODP began preparing to think through our risk and response plan, or emergency playbook, our decisions really were driven by two things - the need for the immediate response to the pandemic to avoid death and harm by ensuring the availability of community providers and their ability to respond, and second to look at long-term stability and cost containment within our system to ensure that post-COVID-19 we still have a stable network of community providers who are able to maintain health and safety of the individuals that come to us for support and respond to crisis avoiding provider collapse, avoiding institutionalization if the community system would be unable to meet those demands.

So as we're doing this planning, one of the key areas that really emerged as very high risk for us was and an area that was likely to require some type of closures or program alterations was our day habilitation service, which we call otherwise known as day programs. We call it community participation supports in Pennsylvania. For us, this is 16 to 17,000 people pre-COVID were using the service. The service is sort of fluidly provided between facility and community settings. We really try to align the service with the settings rule and it had been working to transform away from the congregate facility-based day setting to more community-based.

So as the pandemic began unfolding, we became pretty quickly aware that support in the community settings would need to be curbed due to the kind of safety concerns we were seeing and due to staffing shortages. We also became concerned that the facility component as a service where large numbers of vulnerable people were congregating was a very significant risk for those

individuals and the people that they live with.

So to support this risk response plan, we began crafting an appendix K that provided for the kinds of flexibilities we anticipated needed across our home and community-based services. So expanding services provided by relatives, expanding the types of locations residential services could be provided, extending service limitations in some cases. In relation specifically to our community participation support service, it's such a critical service -- providing meaningful activities for so many people we serve, providing alternate care for many family caregivers that allows them to work.

We recognize that through that appendix K we needed to provide some flexibility so that service could continue to meet those needs as much as possible. So through appendix K, we expanded the settings to allow it to be provided in private homes, allowed it to be provided remotely, and loosen some of the other parameters around it that were really to align with the settings rule to address the needs related to COVID.

So those two address this emergency need for the COVID response. Thinking about how critical this component of our service system is for long-term stability we determined that this was a service area that we wanted to be able to pay a retainer. And we determined at that point that we would need up to 75% of the pre-COVID average monthly billing in order to meet those goals.

So the determination of the 75% maximum of previous pre-COVID billing was that give us the ability to really incentivize providers to continue providing the service because it's so essential to meet individual and family needs. And some of the assumptions that went into this are that we know that many people's needs couldn't be met through those flexibilities and we also assume that those providers do not have all of the same costs when they are

not operational or are minimally operational. So that's where we landed on the maximum of 75%.

Our appendix K did contemplate that we may have spiders that had to retool their services enough that with the retainer and service provision, they might be in excess of the revenue that they were getting pre-COVID. So we had included -- that was a March submission of appendix K -- provisions around reconciliation to ensure that there was no duplication of payment between the retainer and billed services.

So fast forward mid-March we ultimately ended up closing our day programs as type of venue went to a stay at home order. We are a fee-for-service program so we could actually see that our utilization had dropped down to somewhere between 5 and 10% for community participation support. And at that point, we definitely decided we needed to use the provision that we had in our K to supply those retainers.

One of the things we didn't anticipate in that appendix K that we submitted in early March was how much some of the other service utilization would drop. Employment services dropped, in-home and community services dropped as people were very reluctant to have direct care professionals coming into their home. Transportation dropped very precipitously because people are not accessing the community like they had been previously. Same time period we're also watching unprecedented revenue issues arising for our state budget.

So to our great relief, Congress passed the CARES Act, and the Wolf Administration and our General Assembly worked together to address the COVID-related needs for both the (LTSS) population and for our (IBA) home and community-based population. So from that CARES Act funding, we had an appropriation of \$260 million to help support our service system. So

ultimately we had retainers that were included in that CARES Act funding for those services I mentioned that we did not anticipate or include in our appendix K. And that CARES Act spending also picked up retainers for March through June for the community participation support provision.

So to the logistics of how we did this. for each provider - again, we're fee-for-service so we pulled all of the billing records and looked at billing from July through the end of February and looked for each provider looked at what the total billing was per month, calculated 75% of that, and then since we directly pay providers through our (MMIS), we made payments to the providers through gross adjustments for each provider.

So we are now currently working with CMS on a second appendix K. We have included revisions to our retainer -- still up to the 75% but now we have included some of the guardrails and parameters that CMS included in their June 30th FAQ including we have limited ourselves to the three 30-day episodes. So with that, we're going to pick up retainers for July through September for the same service. We included that we could pay these at up to 75% but right now we are slated to pay at less than 75%.

Pennsylvania has been in reopening. We are working on a red yellow green phased reopening. We have said in red and yellow phases we would pay 50% retainers, in green phase 25%. So we're starting to see we're in all green county phases currently. We're starting to see providers that are coming back online. About a third of the facilities are back open. Most of them at less than 50% capacity, and the bulk of them actually closer to 25% of previous capacity.

I will tell you we have definitely we're meeting with some criticism are concerned that those retainers may be insufficient. We have continued to

impress upon our provider community they have to retool and keep retooling their businesses and the way they provide this service. We're in this pandemic for you know, six, nine months potentially. Individuals and families really rely on this service and it's going to need to look different than pre-COVID. So we're continuing to work with our provider community to expand that remote service, the type of service and community really trying to work around concepts of comforting, really promoting providers to provide this in-home and allowing kind of flexibilities through policy to support this.

So to sum up, we evaluated regarding the retainers we evaluated the critical areas for system stabilization and flexibility that would serve both the short-term, immediate needs to respond to the pandemic and that were necessary for the ongoing stability of our (ACS) system. And we implemented retainers in conjunction with the policy changes to try to meet those needs. So with that, I'll turn it back over to you (Calder).

Calder Lynch: Thanks, Kristin. That was really helpful. Just a couple questions to get us started and then we'll open up the lines. One of the things that I know at least that I recognized is that, you know, the decisions on retainer payments are challenging and part of it is that these are both shared and federal investments and I know how precious those resources are -- especially right now at the state level.

Can you talk a little bit about how you worked with stakeholders including your state legislators to kind of generator support and buy-in for the retainer payment to those providers? And what were some of the critical issues that you had to address to get there?

Kristin Ahrens: Sure. So you know, part of I think very early on we adopted one of our principles in terms of responding to the pandemic was that constant

communication and broad, constant communication is really a necessity. And so we endeavored to do that with our stakeholders.

So throughout COVID, we had weekly -- now they are biweekly -- meetings with leadership of different stakeholder organizations. We have regular stakeholder updates that provide some two-way communication, we are in constant close contact with our provider associations, our self-advocate groups, our family network. And through the stakeholder workgroups, through data collection, through all of that ongoing dialogue we were able to project costs for PPE, for overtime.

The other really key thing that we have in terms of making the need apparent is that we are fee-for-service and we make the direct payment. So you know we could see through our data analysis the crisis that was really happening in terms of utilization and where we were with the provider community. We could even see this pandemic spread along provider billing. So typically you know we could account for a certain lag time between service provision and billing, and we could see that that shortened during this crisis. So our data on utilization we were able to get it a little more quickly.

But that was key in sharing, you know that data along with I think all of the stakeholders made their needs very known to both the administration and to our General Assembly.

Calder Lynch: That's helpful. One of the things I know is that your appendix K, you know, allow for retainer payments for your day programs where personal care services may be being provided. But also those day services in some cases under your appendix K can be rendered remotely were possible, as you talked about the need for you know, kind of changing some of these care delivery models.



So with both of those available in terms of retainer payments but maybe even some billing for remote services, talk about how you make sure that your providers know where the lines are to keep them, you know, on the right side of the line when it comes to the integrity and the billing process so that you're not having duplication of payment and kind of how you make sure that you've got the right oversight there.

Kristin Ahrens: Yes, and I think for us you have to add this layer of we also have CARES Act funding that's in the mix as well which has it's on accountability length, too. So definitely more complicated for providers, but I'll start with saying you know, the standards for claims documentation haven't changed. We have changed none of those through COVID. So I think our providers are quite clear on what that standard is.

We've also been very clear from the beginning. We included in our appendix K back in March that we would be doing reconciliation of billing against retainers to ensure no duplication. So that has been a clear message. We just sent out an attestation form. Again, that includes the reminder about expectations for reconciliation at the other end of this.

In terms of what's provided remotely and the issue of personal care, the adoption of remote we have some really innovative things happening and we're thrilled about that. The reality is that I don't think with our population we are at any kind of great risk of having any kind of duplication problem because of the remote component of this particular service. There are other services perhaps but not this one.

So we've got, you know, I think very clear messaging to the providers related to this. Again, because we're doing fee-for-service we can really watch the

billing and what we have in terms of utilization by participant, by provider.

And then with the CARES Act funding, that funding also went out with the expectation that providers will be submitting expense reports to the Commonwealth to account for any funding and that it was spent on COVID-related items and any funding not spent on COVID-related funding would have to come back to the Commonwealth. So again, I think one of the keys here is just laying out the expectations from the beginning and continuing to be very clear about them.

Calder Lynch: Great. Well that's probably enough for me. Jackie why don't you open up the lines and see if any of our audience has any questions for Kristin?

Coordinator: Thank you. And if you plan to ask your questions from the phones, please press star 1. Please unmute your phone and record your name clearly at the prompt. To withdraw your request, please press star 2. One moment please for questions. Our first question is from (Jason Cornwell). Your line is open.

(Jason Cornwell): Thank you very much. My question pertains to implementing the guardrail that the employer retained staff at 100% and understood about the pay. How were you able to verify that in round one and send the upcoming appendix that you're also completing the cycle of retainer payments that you're going to apply for July for September?

I heard very clearly that in order to gauge how much they were paid you looked at average billing for the previous three months. You're going to compare it to the billing during the pandemic to ensure that the provider doesn't exceed 75%. But how do we ensure that the money makes it to the pockets of the staff? Are you looking at personnel rosters, cost reports? A bit of guidance there would be appreciated. Thank you.

Kristin Ahrens: So to the CARES Act funding, there is a detailed expense report that the department will be requiring providers to complete that will (unintelligible) out the kind of issues that you are referring to. In terms of the appendix K and the second round, we have the attestation that is going out. And I think we will be working - this is fresh for PA, the appendix K. We have not made this for our first payment under Appendix K for a retainer. That will July will be our first month of that. But I think we'll end up working with our Bureau of Program Integrity around some ways that we can get at the validations of the attestations were accurate.

(Jason Cornwell): Thank you very much.

Coordinator: The next question is from (Kate Marlay). Your line is open.

(Kate Marlay): Thank you. I just have a clarifying question for CMS. I'm from New York and we're one of those states that has proceeded with retainer payments under the appendix K prior to the issuance of the June 30th guidance. And I believe there was some further clarification, but could you address how the state like us that have already sort of initiated retainer payments would implementing new federal guardrails if we have guardrails that are similar but perhaps slightly different than those included in the June 30th guidance? Thank you very much.

(Melissa Harris): Hi. This is (Melissa Harris). And I'll say that for retainer payment that CMS has already approved for a prior period we but not expect the guardrail to apply because they were just publicized in these late June FAQs. They would approve, or I'm sorry, they would apply to retainer payments that we are newly approving right now under the 1915 C -- even those with the retroactive effective date we want to talk to the state to see how we could apply them.

And certainly will be forward for any prospective application we would expect them to apply. And the same goes for retainer payments authorized under the 1915 I or K state plan.

But it's also worth saying though that the 90 days is a hard timeline. And so all retainer payments regardless of their retroactive effective date are going to be held to the 90 days. The other guardrail will apply based on the timing and the effective date of CMS approval.

(Kate Marlay): Very good. Thank you.

(Melissa Harris): Yes.

Coordinator: The next question is from (Michelle Merit). Your line is open.

(Michelle Merit): Hi. I just wanted - I think the previous question clarified a little but for Pennsylvania how you handled the three 90-day period. So I think I heard you say you haven't made a payment yet for July. So you're going to make them in three 30-day chunks or how are you handling the 90-day rule? I'm from North Carolina and we're trying to determine how to best handle that new twist because we did put retainer payments in place starting back in March.

Kristin Ahrens: Yes. So for us the March through though we had in our original appendix K the ability to do retainers, we ultimately did the retainers March through June through CARES Act funding --so not subject to these rules, subject to different rules. So yes, our first payments under appendix K will be July, August, September and in line with our bed hold days we will do three 30-day episodes. So the 30 days July, 30 days August, 30 days September.

(Michelle Merit): Thank you.

Coordinator: At this time we are showing no further questions.

(Jackie Glaze): Thank you. So we'll move on to our next agenda item and would like to first thank Kristin for her very thoughtful presentation and sharing the information on (unintelligible) implementation of the retainer payment. So at this time of move on to (Jen Bowdoin) and (Julie Boughn). And I would like to provide an update on the HRSA administered funds. So (Jen) would you like to begin?

(Jen Bowdoin): Thanks, (Jackie). So hi everyone. It's nice to speak with you all again. I have a couple of brief updates on the provided relief fund that we wanted to share with you today.

First, we wanted to make sure that you're all aware that HHS announced on Friday that the deadline to apply for a payment under the Medicaid and CHIP Distribution of the provider relief fund has been extended by two weeks to August 3<sup>rd</sup>. Again, the new deadline for providers to apply for a Medicaid and CHIP Distribution payment is now August 3<sup>rd</sup>. We greatly appreciate your continued support and assistance in getting the word out to providers and encouraging them to apply.

As I mentioned on the call last week, application rates for the Medicaid and CHIP Distribution of the Provider Relief Fund have been low, with only a small percentage of eligible providers submitting applications. As of this past Friday, July 17th, fewer than 3% of eligible providers in most states had completed an application and with the exception of two territories, the application rate for each state and territory continues to be well under 10%.

Will be send an email shortly to each state's Medicaid and CHIP Director to provide them with information on the number of providers that have

completed an application and receive payments under the Medicaid and CHIP Distribution in their state or territory. Please be on the lookout for that message if you'd like to see your state or territory data.

As we did last week, we also wanted to remind states and territories to return their validation files to HRSA as quickly as possible. These files help HRSA to validate applications from providers that were not included on the files provided by the states and territories. Returning the validation files in a timely way will allow HRSA to process these applications and make payments to eligible providers as quickly as possible.

And for your awareness, HRSA sent additional validation files yesterday. If your state has not yet received it, we encourage you to take a look at your box account to make sure that you've received a file.

Lastly, in other news related to the Provider Relief Fund HHS announced on Friday that the application deadline for the dental distribution is also being extended from July 24th to August 3rd. And that it will also begin distributing an additional \$10 billion in the second round of funding to hospitals in COVID-19 hotspots. If you'd like to learn more about these distributions, please visit HHS' Provider Relief Fund website at [hhs.gov/provider relief](https://www.hhs.gov/provider-relief).

And with that, I'm going to hand the call over to (Julie Boughn) who's going to talk about the COVID-19 uninsured individuals program.

(Julie Boughn): Thank you, (Jen). It's a pleasure to be with you all today. I mainly want to draw the attention of states to an email that was sent to you by CMS our systems folks last evening. This went out to state systems contacts. Of course, the HRSA COVID-19 Uninsured Program provides reimbursements directly to eligible providers for claims attributed to testing and treatment of COVID-

19 for uninsured individuals.

The program is being administered by a contractor to HRSA, the UnitedHealth Group. And UHG is having some challenges when they do eligibility inquiries on individuals who are on these claims or patients who are on these claims when they have Medicare limited-benefit plans. And they show up really as insured in that case.

The email that we sent requests that you send directly to HRSA basically three pieces of information about the Medicaid limited plans. One is the name of the plan, one is how the coding is that would show up on an eligibility transaction, and then the third piece of information is whether or not that Medicaid limited plan covers testing or not.

And again, all the information about that is in the email that we sent to states last night. So hopefully you guys can address that request pretty quickly and get the information over to HRSA so we can make sure that these claims keep getting paid on a timely basis. And that's it for me and I'm going to turn it back over to (Jackie) I think for general questions.

(Jackie Glaze): Thank you (Julie) and thank you (Jen) for your updates. So as (Julie) indicated, we're now ready to take your questions. So any questions you may have over the presentations or anything else that you'd like to ask us. So, Operator, we're ready to open up the phone lines.

Coordinator: Thank you. And once again to ask your questions, please press star one. Please unmute your phone and record your name clearly at the prompt. Once again, star one at this time. One moment, please. The first question is from (Mary Brogan). Your line is open.

(Mary Brogan): Hi, my question is for (unintelligible) and your statement on the previously approved appendix K that the guard rose would not apply. Does this statement cover the entire - any kind of billing for the retainers? For example, billings that come in after the June 30th FAQ but were tied to the March approved appendix K.

((Crosstalk))

Ralph Lollar: Can I offer some clarification here?

Melissa Harris: Yes, go ahead, (Ralph).

Ralph Lollar: I think it's critical to know - or to note that we're talking about where multiple episodes were approved in the appendix K. Multiple episodes were not approved, the state will have to go in and amend the appendix K to include the multiple episodes. Where multiple episodes were approved -- and there were very few that had that approval in the appendix K -- those safeguards will not be in place. However, in looking at those states where that occurred, there were guardrails in those states that included things like the provider would not lay off staff, which is already part of the guardrails that you will see here.

So I think that as states think about this and as providers think about this, they need to think about how they normally respond and how they are normally audited to see if the guardrails are guardrails that they actually are and have been following all along. So I want to be - I want to make note that it's only for those few that have multiple episodes written into an approved appendix K, that that retroactive application does not apply to. And that in those cases, it does appear that at least some of those states had already set up similar or analogous guardrails.



Melissa Harris: Hey, this is (Melissa) and I think that's a good point. You know, states have a lot of flexibility under appendix K and some states were very explicit in their retainer payment conversation, in their appendix K in terms of the timeline or the length of time that a retainer payment would be in effect. And some made specific references to multiple periods and some did not.

So with this FAQ clarification -- to piggyback on (Ralph's) advice -- I would suggest that all of the states with an approved appendix K give it a scrub to see what it is that you requested and CMS-approved. If you need to modify it, you know, many states are, you know, receiving second, third, fourth approvals of appendix K. That's completely doable, but we do need to make sure that the paperwork matches the operations in a state for your protection and ours.

To answer (Mary)'s question specifically, you know, I think we can say that, you know, that payments - or, you know, state claims for reimbursement for retainer payments authorized in prior periods would fall under the protection of the guardrails not applying. But like (Ralph) said, I would - you know, I would go back, I would advise you -- even if you're not adhering to the specific guardrails in the FAQs -- you know, I would encourage you to go back and look at how close those guardrails might be to ones that the state had implemented on their own accord. It might be that they're quite similar. Potentially the guardrail about not laying off staff might be different.

And, you know, like we said we're not going to hold you to guardrails that were just publicized in an end of June FAQ for payments that were authorized before that. But we do want to get states thinking about, you know, the wisdom and the efficacy of applying those guardrails any time they can. And - but certainly, the more appropriate use of the guardrails would be for retainer payments in any of the authorities that we are were newly approving. And we

are happy to provide some more individualized technical assistance on those points. I hope that helps, (Mary).

(Mary Brogan): Thank you.

Coordinator: The next question is from (Andy Floit). Your line is open.

(Andy Floit): I've got another question about the retainer payments and the recent 90-day approval. Is that tied to the number of bed hold days in each state's individual plan? Is 90 the max based on a state that may have 30 bed hold days a year? Or is 90 across the board for all states?

Melissa Harris: This is (Melissa) and that's another great question. So the 2000 state Medicaid director letter that first talked about the retainer payments indicated that they could be in effect for the lesser of 30 days or the number of days in which the state authorizing nursing facility bend hold payments.

And so if a state is continuing to use just one period of retainer payments now, it's those parameters that would still carry the day. If a state is wanting to implement multiple periods of retainer payments under a disaster -- for which the appendix k or the disaster state plan would be utilized for 1915i to 1915k retainer payments, those are not tied to those bed hold days. We're kind of looking at disaster relief and the multiple periods of retainer payments as a (unintelligible) a conversation from the origin of the retainer payments. But singular periods of retainer payments still do need to be the lesser of 30 days or the bed hold days.

(Andy Floit): Okay, thank you.

Coordinator: Next question is from (Henry Lipman), your line is open.

(Henry Lipman): Thank you. My question is related to the public health emergency, as to whether there's any further insights you might be able to share with respect to the renewal.

Calder Lynch: We're expecting the renewal to be issued, you know, obviously this week as it is scheduled to expire at the end of this week. And I think that information will be up on phe.gov as soon as it's final. But there is all indications that, you know, it's being renewed this week, we're just waiting to see that official paperwork.

(Henry Lipman): Thank you very much, Calder.

Coordinator: Next question from (Jason Cornwell). Your line is open.

(Jason Cornwell): Thank you. Returning to retainer payments, reading the language that states may authorize up to three 30 day episodes - so if a state had a 30-day bed hold and they began retainer payments in March - March, you know, to April to May that would basically conclude the 90-day period in June. Does a state have the ability in this new round to go for another three 30-day periods? Or is their access to the retainer payment concluded?

Melissa Harris: So -- and so this is (Melissa) -- so the hard - the cap is a hard one on 90 days. And so we understand that there are several states that implemented retainer payments really back to the beginning-ish of the COVID pandemic and so some retainer payments probably started in mid-March. And it could have been even earlier than that, depending on the effective date of an individual's state appendix K. I know we authorized the life of an appendix K to start January 27th, maybe, and so depending on the state, the retainer payments could have started anywhere from that date forward.

So we recognize that the 90 days is going to have some real-life implications for some states very quickly. And we recognize that that was a facet of the timing of the release of our guidance.

So we are reaching out to states in which we think that the 90 days are coming due pretty quickly. Now, we should say 90 days is 90 billing days. It's not 90 calendar days. Otherwise, it really would have already passed. So it's 90 billing days, but that timeframe is firm. And so we will need to be reaching out to you based on the effective date of when your retainer payments started and go from there. But we won't be able to authorize any additional retainer payments under this public health emergency.

(Jason Cornwell): Thank you very much.

Coordinator: Next question from (Laura Fallen). Your line is open.

(Laura Fallen): Hi, this is (Laura) from Illinois. I just had a quick question as a follow up to something that you all mentioned last week. In regards to testing for the uninsured, on last week's call, you mentioned that if an individual has Medicare Part A only, that they are considered insured and can't be reimbursed by an uninsured testing group for the HRSA uninsured testing program.

But because Medicare Part D is the coverage covering the test, I just wanted to seek clarification because we're getting a lot of questions from nursing facilities and labs on does that guidance mean that in that case, the individual would have to pay for that test out of pocket because there's nowhere else to bill?

Sarah Delone: I don't know if we can say where - who has to pay for it, per se. I don't know, (Calder), if you have any thoughts about that. It is the result of the way the - it's probably an unintended gap in the coverage. But it's the way that the statute - that that is written. That, you know, coverage under Medicare for the testing for the uninsured group, you know, coverage under, you know, federal funded healthcare program, that's defined - I think it's 11 -- I forget the exact section or citation, it's - you know, it's in our FAQs -- includes, you know, Medicare Part A. It doesn't - it's not limited to coverage that specifically does cover the test. I think probably Congress drafted it assuming that all federally, you know, funded programs would cover testing.

But this is a situation because personally it's Part A that it doesn't. And the language for the HRSA group is similar. So the statutory language is very clear and it's - so what we can say definitively is that it's - coverage is not available either through Medicaid or through the HRSA fund. What other sources of funding may be available I'm not able to say. I don't know if any of my other colleagues -- or (Calder) -- if you have additional information or thoughts to provide.

Calder Lynch: No - I mean, that's a - it's a good question and I agree with, (Sarah), that's a sort of unintentional gap and we can take that back and have some further colleagues with our - have some further conversations with our colleagues at the Center for Medicare to see if they've tackled this more specifically. I think certainly there may be other CARES Act funding at a state's disposal that could be used to support testing that doesn't have those same strings attached to it that HRSA administered funding or our own uninsured testing category does. But we'll take that back and talk to the Medicare folks and see if they have any suggestions.

(Laura Fallen): Okay, thank you.

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

(Leah): Hi, this is (Leah) in Colorado. My question is for the speaker from Pennsylvania if she's still on the line and able to answer this. You were talking about making retainer payments under the CARES Act and I was hoping you could point us to what section of the CARES Act or if you don't have like the number, what keywords can I look for to find that pot of money and any strings attached to it?

Kristin Ahrens: I - I think my fiscal director is on here. I don't know how quickly he can type to give me that answer. But we can certainly - I can certainly get you that answer after the call as well.

(Leah): Thank you.

Coordinator: And currently no questions, but as a reminder, to ask your question at this time, please press star one and record your name. One moment, please. Thank you, everyone, for standing by. We are showing no further questions.

Jackie Glaze: Calder, do you want to wait a few minutes?

Calder Lynch: Nope, I think that's good. We can give them a few minutes back. Thanks, everyone, for joining today. I want to thank (Kristen) again for her thoughtful presentation and the good example that Pennsylvania was able to share. We all look forward to talking again next week on next Tuesday. The topic and invitation will be forthcoming. And of course, as questions come up between these calls, feel free to reach out to use, to your state leads. We are here to help. Thanks again for joining us today. Have a great afternoon.

Coordinator: Thank you. Once again, that does conclude today's conference. We do appreciate you attending. You may disconnect at this time.

END