

Centers for Medicare & Medicaid Services
COVID-19 Medicaid & CHIP All State Call
July 28, 2020
3:00 pm ET

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

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

Calder Lynch: Thanks, Jackie. Welcome. Thanks for joining us today. This afternoon, we'll hear more on the Medicaid and shift distribution of the provider relief fund, a continuing topic for us in these calls. Jen Bowdoin from CMCS and Tonya Bowers, who's joined us from the Health Resources and Services Administration or HRSA. Will share the latest information on the fund and some lessons that we've learned from listening sessions conducted last week with providers and provider associations related to the Medicaid and CHIP distribution. Tonya is the Deputy Associate Administrator of the Bureau of Primary Healthcare at HRSA, and we are so pleased that she can join us today.

After Jen and Tonya's presentations, we will take questions on this topic, following that Q&A, focused on the provider relief funds, we will then open the lines up for any other more general questions that you may have. Before

we begin, our provider relief fund discussion, I did just want to make sure everyone is aware, though I'm sure you all saw, that last Thursday Secretary Azar officially renewed the COVID 19 public health emergency. That renewal took effect on July 25 and will extend the PHE for another 90 days. If you want to see the official documentation associated with that, you can access it at PHE.gov. With that, I'll turn to Jen)to begin our updates on the provider relief fund. Jen?

Jen Bowdoin: Thanks, Calder, and hi everyone. It's nice to talk with you all again. I'm going to give a few brief updates on the provider relief fund, and then I'll turn the call over to Tonya Bowers from HRSA, who will talk in more detail about the listing sessions that were conducted last week. So, first I wanted to remind you that the deadline for providers to apply for a payment under the Medicaid & CHIP distribution of the provider relief fund is August 3rd. We're now just a week away - just under a week away from the application deadline, and as always, we would appreciate your continued support and assistance in getting the word out to your providers and encouraging them to apply. As was mentioned on prior calls, application rates for the Medicaid & CHIP distribution of the provider relief fund have been low.

Although the number of applications have increased quite a bit over the past week, the application rate continues to be much lower than we had anticipated, and it appears that many eligible Medicaid & CHIP providers have not yet submitted an application. As of this past Friday, July 24, fewer than 4 percent of eligible providers in most states have completed an application, and the highest application rate in any state or territory was about 14 percent. 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 that will allow HRSA to process these applications and make payments to eligible providers as quickly as possible. Please let HRSA know as soon as possible if your state has any questions or need assistance related to the validation files. And, as always, CMS is available to assist your state if you need any help connecting with the team at HRSA. On today's call, I also wanted to address a question that has come up related to the application deadlines for providers that need to have TINs validated. Specifically, we've been asked by some states and providers about whether providers that have not had their TINs -- their tax ID numbers -- validated by the application deadline of August 3, whether they will be able to complete the application after that date.

The answer to that question is yes. If a healthcare provider has submitted a TIN for validation by the end of the day on August 3 but the validation is not complete until after that date, the provider will have an opportunity to complete and submit the application once the TIN is validated. There is a new FAQ related to this, as well as several other questions related to the TIN validation process that are now posted on the provider relief fund website. Lastly, as many of you are aware, Calder mentioned briefly in his opening remarks HRSA held several listening sessions last week to identify opportunities to increase application volumes in the current Medicaid & CHIP distribution. So, listening sessions focused on three topics: awareness of the provider relief fund and the Medicaid & CHIP distribution, technical challenges faced during the application process, and understanding of program components such as eligibility.

We learned a great deal from those listening sessions and wanted to share some of the highlights on today's call. I'm now going to hand the call over to Tonya Bowers from HRSA, who's going to discuss the feedback from the

listening sessions and talk about how the feedback will be used going forward.
Tonya?

Tonya Bowers: Thanks Jen, and thanks for having me on today. I'm glad I could be here to give you some additional insights to what we learned last week with our listening sessions. There was a tremendous amount of demand to be a part of these listening sessions and I think that reflects, overall, across the country, a real desire to have - to be heard. Providers want to be heard in these times, and certainly accessing these kinds of resources is really important. And, so, we were really excited to be able to host these, and we were able to get a lot of really great insight from the providers.

As was mentioned earlier, it was really an opportunity for us to hear directly from providers and different associations, and we tried to really make sure that we had a broad spectrum as part of these listening sessions, so, some very small providers, you know, a one or two provider type of organization and some larger ones, as well as associations of different types and sizes. So, we really wanted to get the broadest perspective as possible to try and get better insight into some of the thinking in the field on where we are with the provider relief fund overall, and certainly as it relates to this particular distribution. We did receive a lot of feedback and we narrowed it down to a couple of themes that we've seen overall. So, we're really taking all of that in right now and trying to lay out some things that we can take some quick action on.

That could include some minor changes and tweaks to what we already have, but also really recognizing that some of these may be longer-term considerations for future designs and to look at how we might be doing things differently as a result of the feedback. As Jen mentioned, we really did ask for feedback in three particular areas and I just want to go over a little bit about

what we heard in each one of those areas. In the first, with awareness of the program overall, we did get a lot of really good feedback in this area. And it was interesting to us that a lot of providers didn't believe that this distribution, specifically for Medicaid and dental providers, was intended for them, that they really didn't understand that they were eligible providers for this distribution.

And, so, you know, our sense is that there was a lot of communication, but it wasn't really enough to convince the providers that they - that this was their opportunity, or could be their opportunity, to submit for - submit an application for payment. We also heard that there were a lot of providers who were hearing from many different sources that the outreach that you and other stakeholders were doing to providers was really hitting home and was getting into the hands of the right individuals, but in other cases, some of the smaller organizations just weren't really aware of this opportunity, that we may not have been hitting all of the different types of organizations with our messaging, that some of the smaller local organizations, the providers may have better relationships with those local or smaller associations than they do necessarily with some of the larger, more national associations.

And, so, that was a really, I think, important piece of information for us in terms of thinking about how we can increase awareness. Further, the - their providers really -- you know, and I think we've heard this pretty consistently - that a lot of providers just really sure that the - that the - trying to speak on those things is -- one of these payments -- is worth the effort to apply. I guess there's a lot of chatter in the field that the effort to pursue one of these, to submit an application to pursue a payment is just a lot of work for what may be a relatively small payment.

And I think that's just, you know, a lot of - some of the - you know, a result of

where, you know, sort of the process we've undertaken to get to where we are today. And, so, clearly an opportunity for us to streamline messaging to make sure that we are trying to dispel some of these considerations.

So, that's what we heard a lot in that awareness area, and it does give us an opportunity to really think about how we can reach providers in all different types levels, and to look at how our outreach - we may want to refine or broaden, in some cases, our outreach efforts, and then, you know, obviously some opportunities potentially for us to think about how to streamline our language. And all of those are - just help us to - they reiterate a lot of what we were already thinking, so that was really helpful. In a second area about understanding of program eligibility and the terms and conditions, we have a lot of really great insight here.

And, basically, I think there is a pretty consistent theme of a lot of frustration from providers that receive one of our initial payments for Medicare or base general distribution. They receive them, and they may have been relatively small payments, or in some cases very small payments, but unfortunately the receipt of those payments made them ineligible for this distribution.

And, so, there was a considerable amount of frustration about not - about that situation and how the different payments across different distributions impact eligibility along the way.

And, along those themes is that providers just really weren't sure how to proceed because we have been providing more and more information and directions for providers as they receive these payments, and it's just a hesitation to speak of payment without really feeling like they knew the full picture of what might be their responsibility with meeting the terms and conditions with reporting, use of funds, things like that. So, you know, again,

an understandable hesitation without having that full, clear picture of what would be expected of providers.

We've also heard, in terms of understanding the program eligibility and just making sure that they had a really good insight into what was expected, that there was also frustration with just the sheer number and volume of the FAQs that have been produced. And, you know, there's always that balance between too much and too little, and our providers are really feeling like they were - it was hard for them to keep up with the current, new information and that they got lost trying to find a specific answer to a question. And, so, you know, needing to think about how do we ensure that they're getting the most current and up-to-date information that's most relevant to them. That was absolutely one of the things that we heard.

And, finally, just - I think there was a - there was an ask in - as part of the feedback that providers would like to know what the path ahead looks like, so, having a better understanding of what types of payments might be available to them and making sure that they know how to pursue them and making sure that providers in all different levels - so that they can apply for these funds, and it doesn't seem to as if it's overwhelming to them, and that the effort is worth the - the outcome is worth the effort.

And then another area that's mentioned that we had asked about was technical challenges with the application, the Portal, and I can understand why providers had indicated frustration in this space. This is definitely an area that we have been evolving as a program, and trying to balance speed with simplicity is not always easy in these cases, and so we did hear the frustration that we are - we sort of overwhelm them with the request for data in this particular distribution, with this new Portal application.

It just seems like, for providers, they we're asking a lot of - we were asking for a tremendous amount of information, like for FTEs and additional information on expenses that just didn't seem relevant to how we were making the calculation and, so, trying to find the right balance of, "What do you ask for, and why?" We also heard that they were - that providers weren't aware of the expectation. This is directly related to what Jen was highlighting in her comments. The providers weren't aware of the expectation of the timing for TIN validation, and that it appears that there was inconsistency from the providers that attend the listening sessions about how quickly some of those TIN validations were being resolved, and just not having a clear understanding about how and when a provider in that situation could expect to have additional information in order to proceed with their application.

And I think that ties very specifically also went to that concern around where they were in the - what was the status of their application. So, the Portal didn't necessarily give them great clarity about where in each phase they were, and at what point in time they were clear to proceed to the next phase, that they weren't getting the alerts that could help them to take more - take action more quickly.

And, so, there was just a lot of really good feedback in that space to help us refine any potential new distribution options through those portals into the future. And we did hear a lot from them regarding the just sheer technical challenges of some of the - that smaller providers might encounter with just the level of effort to submit through the portal overall. And then, again, it goes back to the earlier feedback that, "Is the effort worth the outcome," when they don't necessarily know what the outcome may be.

We are really - I mean, when we got this feedback, it was so helpful in terms of trying to make immediate changes in terms of essentially highlighting in

our messaging different aspects, really raising awareness, using our tools that we have available to us right now in terms of our website, and even looking at how we can raise the critical issues into the trending questions and really take some more immediate action, but also consider how we can bring this feedback into our thinking into the future. And, so, we are - you know, we did hear that we have - you know, that sometimes more is not more, that we've - that the program is beginning to get increasingly and overwhelmingly complex, and that it's just hard to follow overall, the direction and where - what providers can expect going into the future.

We also heard through the general theme of - it's hard to - that we change even subtly some of the - the types of information that we are asking for can bring a lot of confusion and are we really looking for these particular time frames or those particular time frames, but also how well we are - you know, what is our thinking into the future about how the - that COVID-19 effects different areas, as it has over the last couple of months - you know, we've clearly seen that the impact is changing throughout the country, and what consideration would that be for providers that were asking - you know, we're acting for information right now but what does the future mean if their situation changes in the future and, that - ultimately, that we need to make sure that we're making - that we are getting our communications into the right hands.

And, so, we are communicating a lot. We are trying to be as broad and take as broad and wide a communication strategy is possible, but perhaps even doing that, that we're not actually reaching the right people, and, so, making sure that we have some way to either validate that it's getting into the right hands or just making sure that we continue to inquire as to whether or not we are - our messages are hitting where they need to hit in order to maximize awareness, as well as to really ensure that providers have the most current and

relevant information for them. And, so, that's an overview of what we've heard. Some were really helpful in terms of bringing to light particular areas that we'd thought about but didn't have the real targeted feedback and ability to really create action moving forward in those areas.

And other areas were just - we really did reiterate what we were already sensing from the feedback we had received through other venues. And, so, we were really excited about doing this, and we are so thankful for all of our partners in getting the message out and trying to encourage people to participate, and certainly the ability to use this feedback going forward, which I think will be of great use to us.

So, that's really the summary of what we heard and, as we - in the next couple of days and weeks going forward, we'll start taking action on these to try and really make sure that their time was well spent, and that we can demonstrate that we heard them and that we are making changes as a result. So, with that, I'll stop, and certainly be available for any questions that you may have in this area.

Jackie Glaze: Thank you, Tonya, and thank you, Jen I really appreciate the information that you shared today on the provider relief fund. So, we're ready to open up the lines, operator, so, if you can do that, we'll ask the audience to ask any questions you may have of Jen and Tonya at this point.

Coordinator: If you would like to ask a question, press Star 1 from your phone, unmute your line and speak your name clearly when prompted. Again, if you would like to ask a question, press Star 1. One moment as we wait for any questions. Our first question comes from Stuart Gordon. Your line is now open.

(Stuart Gordon): Good afternoon, (Calder), everyone else. I feel like I should know the answer

to this question and I'm embarrassed that I don't, but we're hearing from our mental health providers that if the Portal is not pre-populated with their taxpayer identification number, they're not able to enter their taxpayer identification number. Is there - does that require them to submit a request for TIN validation, or what's the next step for them?

Tonya Bowers: That's an excellent question about the process, and I think that speaks to the general confusion in the field about how to approach the application. Providers do not need to have - their TIN will be validated as part of the process. So, if they - they can proceed with submitting an application and they can - there's several steps that they need to take until they get the opportunity to enter their TIN. At that point, their TIN will go through a process of being checked against a couple of curated lists that we have.

And this is the process that all providers are going through right now, and if the provider's TIN is on that list, they proceed through to complete the remainder of their application. If they are not on the - part of that curated list, then they basically go in through a pause situation, and that's where we've been engaging our partners in the states to then do additional research on those TINs to provide -- to assist us in ensuring that they are a valid and eligible provider to continue on to submit the additional information for the application.

So, at this point, we would encourage all providers that have not previously received a payment through the general distribution -- so, didn't previously did receive a Medicare distribution of any size, unfortunately -- that they should proceed to the application and begin to do so to have their TIN validated prior to August 3.

(Stuart Gordon): So, they should proceed as far as they can, and when they reach a stop

because the TINs - the TIN needs to be checked, they'll hear from you subsequently?

Tonya Bowers: Right. They will get an email that basically says their TIN is in the process of being validated, and so they should get - they should be able to check within the system what - the alerts that will show them where they are in the process, but...

((Crosstalk))

(Stuart Gordon): Thank you.

Tonya Bowers: ...but we do encourage all eligible providers to take action now.

(Stuart Gordon): Thank you.

Coordinator: Our next question comes from (Brooke Vilanders). Your line is now open.

(Brooke Vilanders): Thank you. I'm hearing concerns from some providers, particularly in our case, schools regarding the applications, specifically they're concerned about certifying that they have provided a diagnosis testing or care for individuals with possible or actual cases of COVID-19. The schools are concerned about how narrowly those terms will be applied, and if they qualify for this disbursement.

Tonya Bowers: Sure. That is an excellent question, and I think we have a couple of FAQs that speak to that, specifically regarding how they are defining possible and presumptive COVID cases, and essentially, we are doing that very broadly that all patients essentially could be possible COVID patients, but I would encourage you to have them review the FAQs specific to that section on the

terms and conditions that go into greater detail than I can here about how to sort of consider the possible presumptive COVID definitions. But it's considered very broadly.

(Brooke Vilanders): Thank you very much. That's helpful.

Coordinator: Our next question comes from (Colin Loughlin). Your line is now open.

(Colin Loughlin): Hi. Thanks. Good afternoon. I actually have a two-part question. The first one, in regards to home community-based service providers, given the retroactive decision on timelines for retainer payments, one of the things we heard from our providers is that, during this initial three month period, they've actually not have that many financial hardships because of the retainer payments being able to keep them afloat. Has there been any consideration for prospective considerations looking forward into what may be lost revenue coming, I think starting in, you know, July through August up through September, and if there hasn't, what can we do to potentially make that happen?

And then, secondarily -- and I think this speaks to a lot of our long-term care providers -- it sounds like there's been some misunderstandings or communication issues for people, whether or not they're actually part of groupings that can apply for this. What prevented HRSA from looking at this maybe has a broader kind of longer-term approach through the fall, and what can we possibly do to help facilitate that conversation, knowing that many of our providers now are actually going to be kind of hitting their peak in terms of needing this particular assistance through the relief fund?

Tonya Bowers: So, those are excellent questions, and I think are really consistent with a lot of the feedback we've been hearing as well from providers who are also recognizing that they have had - they've had some access to resources for the

immediate timeframe, but that they are concerned with what happens into the future as well as when - as well as when the impact of the virus is changing throughout the country.

And, so, we can't anticipate necessarily today what will be a situation in a particular area in two or three months. So, that's definitely feedback that we've heard. It's definitely on our minds as we think about what else we can do looking at potential new distributions into the future.

I think what we - what you've been seeing in a lot of what we've been doing so far is really reacting to the sort of immediacy of the need to get these resources out as soon as the - you know, as soon as the funds were appropriated, we were working on plans to try and bring immediate relief to providers, but recognizing now that there's been a lot of change over the last couple of months, and, so, really taking into consideration what is the current need, but also the consideration of what may be in the future.

And, so, I think what you're hearing is consistent with what we've been hearing, and it's definitely part of our thinking right now as we sort of try and look into our very, you know, not-so-clear crystal ball as to what the future may be related to COVID-19 and how we can most effectively use the resources that we have available right now.

Coordinator: Our next question comes from (Jen Cashman). Your line is now open.

(Jen Cashman): Hi. This is (Jen Cashman) from Louisiana. I have a question about the previous frustration you were expressing on the Medicare distribution prohibiting basically applying for and accepting the Medicaid payments under the provider relief fund, and wondering - we're hearing a lot of that from our providers and, so, I have two questions.

The first is, do you know if there will be a revolution in the future around that issue because so many providers whose primary book (sic) of business is Medicaid, but may have treated one or two Medicare patients, got minimal sums and are now prevented from protecting their businesses and loss in revenue. Have you all heard any future resolution to that are alternatively can their Medicaid distribution be reduced by the Medicare payout they previously received? And my second question is in reading the FAQs we infer that if providers have received other distributions such as retainer payments or PPE funding or other sources of federal support and that they apply for and qualify for the Provider Relief Fund under this Medicaid distribution that they won't have to pay back those previous payouts but we've been asked to just confirm that with CMS that our reading is accurate?

Tonya Bowers: So I can speak to part of the last question and then I'll answer the first question as well. So the receipt of the PPE or other types of loans or payments you don't effect eligibility to receive the Provider Relief Funds. However we want to just reiterate very clearly that all of these different payments or loans or other resources have different requirements and expectations and they have different - certainly different eligibility and different - some different - I'll just say different requirements.

So it's really important for a provider that is in receipt of multiple different types of payments or loans to make sure they clearly understand how they interact with each other and the expectations for each so that they can make sure that they are able to - they're able to ensure that they connect the conditions for each one of those different payments. But they don't - but certainly from the Provider Relief Fund the receipt of those other types of resources do not impact eligibility for these payments.

In terms of your first question we absolutely have heard about the frustration with the Medicare payments. And a lot of it derives from a misunderstanding of exactly what they were expected to do. So these payments essentially, you know, arrive in bank accounts and they're not really sure what they are and what actions they needed to take. And that's been really the key fact we received about just a misunderstanding of the action they needed to take in terms of coming back into the portal to submit their financial information in order for us to essentially give them their full payment.

So the first payment in many cases is sort of like here's a down payment based on what we know and we need you to come back into the portal, submit your financial information similar to what we're asking the Medicaid providers to do right now submit your financial information in order for us to give you the remainder of your payment.

There was a lot of confusion and misunderstanding about what action providers needed to make. Certainly in the first few weeks and months there was a, you know, there was a lot of communication that perhaps wasn't - it wasn't hitting home. And so as a result of a lot of the providers not seeking that second payment under the Medicare general distribution that did prevent them from applying under this Medicaid distribution.

But we, you know, we are definitely sensitive to the need of those providers to seek their full payment. And so it is definitely part of the consideration going into the future about how we can give these providers an opportunity to sort of get the bolts - get the remaining part of the resources that they did not access through the original distribution. And so that's part of the thinking that we, you know, part of what we're thinking about for any future distributions is potentially how could we make that happen?

Jen Cashman: So thank you so much for that. That was very helpful. And I just want to make sure I'm understanding correctly. The - if they didn't go back into submit the financial information under the Medicare piece to collect the remaining funds that might be due to them under Medicare, that prohibits them from getting the Medicaid distribution at this time. But even if they did do that and got the second tranche of the Medicare funding and it was very small because they may be saw two clients in the whole year that were Medicaid excuse me, Medicare then they're still prohibited from applying for the Medicare, Medicaid sorry, Medicaid funds?

Tonya Bowers: Right yes so exactly. And so that's - yes but again I think there - these are all the different situations that we're trying, we're looking at to try and make sure we can get the relief in the hands of providers and so trying to look at those different aspects. So different providers who (unintelligible) different payers at different levels how can we make sure that the providers are able to access equivalent types of payments. So under the Medicare distribution it was approximately 2% of revenue and under the Medicaid it's a similar methodology.

So there is no - there's no advantage of being in one or the other except unfortunately with the Medicare there wasn't as much understanding of the actions that providers needed to take in order to get to that full 2% threshold for a payment. And so, you know, again that's part of the thinking going into the future is recognizing what was done in the past and then, you know, how can we use that to inform what we consider for future distributions for future distribution.

Jen Cashman: Thank you. That's really helpful. I think what our providers are asking us to, you know, I believe with CMS about is those are two different payer sources on two different client bases so they don't necessarily overlap and to the

extent for payout so I can see where that would be difficult. Thank you.

Tonya Bowers: Yes, yes absolutely.

Jackie Glaze: Thank you. So we'd like to now open it up for if there's general questions as well as the Provider Relief Fund so any other questions that the audience may have please ask those now.

Coordinator: Our next question comes from (Anna Arch). Your line is now open.

(Anna Arch): Hi thanks. This is (Anna Arch) from Pennsylvania. And I was calling or asking about the claims reimbursement for health care providers and facilities for testing and treatment of the uninsured. That is not time-limited but to my understanding that there is a limited amount of funding. Is there any way that states can know what's left over balance or amount is available in that for providers who are covering the testing and treatment for uninsured underinsured?

Tonya Bowers: Sure. Actually there's a weekly information that's posted about what payments have been made under that and I can tell you that those - both the testing of the treatment are significantly undersubscribed right now and that we're really interested in hearing more about how we can encourage or how we can support providers to submit additional information, additional claims for reimbursement under those both the testing and the treatment.

Additional information is available through the HRSA Web site and but if you have feedback on how we can work with providers to update that, you know, to make sure there's greater awareness of their ability to submit for reimbursement for the uninsured we would gladly receive that feedback.

(Anna Arch): That's great. I mean here in Pennsylvania we really encouraged and highlighted the availability of those funds. But I know that that's been a question that's come up about what - how much is available? Is it going to run out? That's I think - where on the HRSA Web site is that? I think if we can highlight that for providers maybe that would help incentivize or encourage them to use it.

Tonya Bowers: Sure. It's actually there is a section - I just looked it up myself. It's on the HRSA Web page specifically under the Coronavirus Information page. And so with that you can actually seek a tremendous amount of information as well as information about the uninsured. But we can make sure that we can get that information out to everyone again.

Calder Lynch: Yes we'll get the link and share it out across the listserv so folks have it.

(Anna Arch): That's great. Thank you so much.

Tonya Bowers: Absolutely. And so I encourage you that there is a weekly posting - it might actually be twice a week now where we post all the providers that have received payment and so you'll be able to see how much is occurring in your state, as, you know, for your outreach effort.

(Anna Arch): Awesome. Great thank you.

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

(Laura Fallon): Hi. This is (Laura) from Illinois. I had a quick question going back to the Provider Relief Fund. Is there guidance for state agencies the need to apply? You have - and I believe that this isn't uncommon. Some individual providers under home and community based waiver service they're actually employed

by the state agencies but then when the state agency looks at the application to try to get money to them it didn't really seem to fit, like the application wasn't really meant for a state agency?

Tonya Bowers: Sure. We've actually received several questions about that specific situation. And so working with our great colleagues here at CMS. We are drafting some FAQs to assist in these types of situations. And so unfortunately that means that we may encourage providers to go into that no man's land of the FAQs but we will be posting those specifics for this Medicaid distribution and we'll be able to provide more insight and guidance on how they should proceed with sending those applications.

(Laura Fallon): Okay thank you. And do you have a sense of when that coming out? I assume...

Tonya Bowers: I'm hopeful very, very soon. I've seen so many of the new ones that are being drafted I can't tell you if it's today or tomorrow but that we understand the urgency to do that. And I don't know if (Jen) or others on the call have sort of more specific guidance on what that may look like. If not then just definitely stayed tuned because we've heard that we need to provide more clarity in this area.

(Laura Fallon): Okay.

(Jen Bowdoin): And I don't have any more details to share but thank you (Tonya).

Tonya Bowers: Sure yes.

Coordinator: Our next question comes from (Alisha Cohen). Your line is now open.

(Alisha Cohen): Hi. Yes actually one of the previous callers actually asked my question. And we are also concerned about the Medicaid, predominately Medicaid providers who are not able to receive any additional funds from Medicaid tranche of money. I've had several providers reach out to me and indicate - I mean they're sort of beside themselves because they may have treated as the previous callers said one or two dual eligibles and the majority of their patients are - well at one those case a residential treatment facility are Medicaid individuals. And they are just flat out being told that there is no option and that they are not eligible for an additional payment at this point. So when you refer to resolving that issue in the future anything that you can do to come to a resolution quickly would be really, really appreciate it. Thank you.

Tonya Bowers: Absolutely and thank you for the feedback. It's - we recognize that there are a lot of providers who are really in critical situations right now and we want to make sure that we can use the Provider Relief Fund as best we can to help assist them during this time.

Coordinator: Our next question comes from (Allison Cuchather). Your line is now open.

(Allison Cuchather): Hi. Yes thanks. I'm (Allison Cuchather) from Massachusetts Medicaid. We've had a day habilitation provider reach out to us. They were included in the initial list of providers we submitted but they're having problems with their TIN validation and so just wondering what's the best way for us to help them? I know earlier in the call it was mentioned that we should reach out to our CMS contact to get HRSA contact. But is there a number that they should be calling or an email that we should write to at HRSA to help resolve this for this provider?

Tonya Bowers: Sure. They really do - they really should be reaching out to the call center so the HHS provider support line. And...

(Allison Cuchather): Yes so they - sorry I should've said that. They actually did that. They tried calling and it just doesn't seem to be getting resolved which is why they came to us so we're just trying to figure out if we can help on their behalf.

Tonya Bowers: Sure. So certainly if you can - I don't want to open this up to be able to be able to resolve individual cases. I would encourage them to submit question again to the provider support line and asked them to escalate the concern that they should be on the TIN validation list.

And once through the escalation process it is possible that it will get to us and we'll have a chance to be able to dig more deeply into. But more than likely it has - it may have to do with how the TIN is - it could be how the TIN is any relationship the TIN has to other TIN, you know, in terms of how that organization is related to other organizations in the way that we structure the TIN for payment. And so that maybe what's occurring as well.

(Allison Cuchather): Okay thank you.

Tonya Bowers: But without the specifics it's hard to look into it, yes.

(Allison Cuchather): Thank you.

Coordinator: Our next question comes from (Deborah Kinsey). Your line is now open.

(Deborah Kinsey):Hi. I'm from Illinois and we're - asked this question but just to confirm the guidance you guys are doing for FAQ regarding state agencies that are paying individual providers directly do you expect that your guidance is going to be how the state should apply on their behalf or some other direction?

Tonya Bowers: So unfortunately I am not familiar enough with the situation to be able to give you an answer to that question right now. I just - I don't - I'm just not as familiar with the complexity of this particular situation and making sure that our - that I give you appropriate guidance so we have to refer you back to what will be soon and shortly and hopefully an FAQ that would speak specifically to this area but I apologize I can give you more specifics now.

((Crosstalk))

(Deborah Kinsey): Okay thank you.

Coordinator: Our next question comes from (Nicole).

(Nicole): Hi. I just had a question that came up from our insurance department here in Pennsylvania. There was some concern that the extension of the emergency and how the ending is - the ending emergency is now butting up against open enrollment. And I guess the question is or the thought is what is being planned or will there be more guidance as to, you know, there could be a large amount of response to the (FFN) or to state based exchanges at the end of the emergency. And has that been taken into consideration and will that be included in the guidance that the state will be getting?

Calder Lynch: This is Calder. It's a really good question and flagged and we certainly thought about some of the things that would happen at the end of the PHE with regard to obviously the need to transition individuals to other coverage sources potentially with the expiration of the maintenance of effort requirement. You're flag that it could be occurring during open enrollment is one - I don't know if maybe others on the team have thought more explicitly about, but we probably need to do a little bit more thinking now that it's renewed.

We don't know of course if it would be renewed again or not which would change that but it's worth probably engaging with our colleagues in CCIIO and begin claiming that and thinking about what guidance may be necessary both for (FFN) space as well as for state based exchanges. Anne-Marie so it's probably something will need to think about and take back more before we can offer any guidance unless (Anne-Marie) you have any additional thoughts?

Anne-Marie Costello: No. I think that that's right call to action. I'm just writing this down to make sure we address it.

Calder Lynch: So thank you for flagging it but we'll take that back in the next follow-up on a future call.

Coordinator: Our last question comes from (Mary). Your line is now open.

(Mary Ballas): Thank you. This is (Mary Ballas) from Mass Haven. Thank you so much for the overview, both of the things we're hearing from the service group as well as individual provider experiences. And (Tonya) I was just wondering if there was an opportunity given that you're still at 4% of Medicaid providers? We know that the focus groups tapped out of capacity showing just the sheer number of providers who are interested in the PRF if there's any opportunity for an extended timeline again? It's just it seems to me with four working days left that it would be almost impossible to change the trajectory given all the complexity that have been raised even on this call.

Tonya Bowers: So and that's a great comment. We are seeing good progress in increasing the number of applications that are providers coming in and submitting applications. It's certainly not at the volume that we anticipated in the

beginning. But I do think our messaging and really all of our partners here to get the message out is making a difference.

We are watching that trend line of application submissions as part of our consideration of potentially what we may do in terms of looking at that deadline. But I definitely think it's part of our hope is that we can see that trend line continue to go in the right direction as it is right now and continue to increase over the next couple of days. But we'll keep that in mind and potential looking at whether or not there is an opportunity to extend the deadline in order to accommodate what we hope or a lot of the other providers that are just haven't quite managed to get an application pulled together and submitted into the portal.

Coordinator: There are currently no other questions in queue.

Jackie Glaze: Calder, are you ready to wrap up?

Calder Lynch: Yes okay. I appreciate everyone's time this afternoon. We will be back in touch of course soon about next week's call. We'll see again next Tuesday. We'll have topic and the invitation forthcoming.

We will make sure we follow-up and distribute that link to the HRSA Web site with the payment invitation for states to have direct access. And of course as always feel free to continue to reach out to us directly through your state leads if you have additional questions in the meantime. Thanks again for joining us this afternoon. Have a great rest of the week.

Coordinator: Thank you for your participation in today's conference. You may disconnect at this time.

END