

Centers for Medicare & Medicaid Services
COVID-19 Medicaid & CHIP All State Call

October 6, 2020

3:00 pm ET

- Operator: Greetings and welcome to CMCS All State Medicaid and CHIP conference call. During the presentation, all participants will be in a listen-only mode. Afterwards, we will conduct a question and answer session. Participants can ask questions in the chat box, at the bottom left of their screen. And by pressing star followed by one on their telephone keypad. If at any time during the conference, you need to reach an operator, please press star then zero. As a reminder, this conference is being recorded today Tuesday October 6, 2020. I would now like to turn the conference over to Ms. Jackie Glaze, please go ahead.
- Jackie Glaze: Thank you and good afternoon and welcome everyone to today's all state call. I'll now turn to Karen Shields and she will provide highlights for today's discussion, and introduce our guest speaker. Karen?
- Karen Shields: Yes, thank you Jackie. Welcome everyone and thanks for joining us today. We have another exciting agenda with presentations on the latest information from the Provider Relief Fund and Medicaid and CHIP enrollment trends over the last year. We'll be using the webinar platform for the second part of today's presentation. So a heads up there. This afternoon, Tonya Bowers, the deputy associate administrator of the Bureau of Primary Health Care from the Health Resources and Services Administration, also known as HRSA, is joining us to share information on phase three of the Provider Relief Fund's general distribution. On October 1st, HHS announced 20 billion in new funding for providers on the front lines of the COVID-19 pandemic. And providers were able to begin applying for these funds yesterday, October the 5th.
- Karen Shields: After Tonya's presentation we will take your questions on the Provider Relief Fund presentation. And then we'll hear from Amy Lutzky, the acting deputy group director of the Children and Adults Health Programs Group at CMCS about a new Medicaid and CHIP enrollment data product. Last week, we released our first Enrollment Trends Snapshot along with our monthly enrollment report. The Snapshot tracked total Medicaid and CHIP program enrollment trends for adults and children, over a 12-month period and shows significant increases in Medicaid and CHIP enrollment that have occurred since the public health emergency (PHE) began, as a result of the Families First Coronavirus Response Act, continuous enrollment requirements, and changing economic conditions. We're excited to be able to use this data to monitor changes in enrollment on a monthly basis in a new way.
- Karen Shields: Following Amy's presentation, we'll open the lines for your more general questions and take those. Before we begin our Provider Relief Fund discussion, I want to make two announcements. First, I'm sure everyone is aware that last

Friday, Secretary Azar officially renewed the COVID-19 public health emergency. The PHE renewal will take effect on October 23rd and will extend the PHE for another 90 days. Also, I wanted to remind folks that we are hosting an all-state webinar tomorrow, from 3-4 p.m. Eastern Standard Time on the value-based care, state Medicaid director letter we released in September. The webinar will provide a walk-through of the value-based care letter, in which CMS shared pathways to advance the adoption of value-based care strategies in Medicaid across the healthcare systems, and align provider incentives across payers. All states are encouraged to join this webinar, particularly those that are interested in adopting value-based payment and delivery system reform. With that, I'll turn it over to Tonya Bowers to begin our updates on the Provider Relief Fund.

Tonya Bowers: Thank you very much Karen, I'm very happy to be here on the call today. It's been a while since I was on in previous calls. I'm happy to talk to you today about what's new with the Provider Relief Fund. Again I'm Tonya Bowers. I'm the deputy associate administrator for the Bureau of Primary Health Care at HRSA. I, along with several other people, are on assignment to the Provider Relief Fund team, so I'm happy to be here today to give you updates. As you know HRSA continues to issue payments to providers under the Provider Relief Fund. In fact HHS has already issued over a 100 billion in relief funding to providers through its general and targeted distribution.

Tonya Bowers: In June, I think a couple of things I want to highlight for you are some of the more recent updates, including since June we initiated phase two of our general distribution, to distribute payment to eligible Medicaid, Medicaid Manage Care, Children's Health Insurance Program, as well as dental providers that have been impacted by the coronavirus. And in doing so we ensured that eligible providers would receive approximately 2% of reported revenue from patient care. We further expanded that phase two opportunity to Medicare providers from that first general distribution to those that have not previously received that 2% of reported revenue from patient care, as well as certain assisted living facilities.

Tonya Bowers: More recently, HHS closed that phase two, general distribution application portal, we closed that on September 13th, and we will continue to make payments for the applications that were submitted by that portal close date. However, we most recently opened our phase three of the general distribution. We opened that for applications just yesterday on October 5th. Under this new phase of the general distribution, providers that have already received a Provider Relief Fund payment, have been invited back to apply for additional funding that will consider the actual financial losses and changes in operating expenses caused by the coronavirus. Under this distribution we're allocating up to 20 billion dollars in order to complete payments to those providers.

Tonya Bowers: The process for this distribution is really designed to balance an equitable payment of 2% of annual revenue from patient care for all eligible applicants, plus an additional add on payment to account for the revenue losses and expenses attributable to COVID-19. And of course that's taking into consideration any

previous payments that were made. I would just pause and say a lot of this information is available on our website, I know I'm going through a lot of it details pretty quickly and I encourage everyone to go to the CARES ACT web page for a lot of the detail.

Tonya Bowers: But I want to spend a minute talking specifically about the eligibility for this new phase. So as I briefly mentioned that providers who had previously received a payment as well as those that may have rejected a previous payment for a variety of reasons, they're all eligible to come back in to apply. And so providers that have already received payments of approximately 2% of annual revenue from patient care from the previous distribution, are eligible to submit financial information that could make them eligible for an additional payment. We're also opening this application, stage three general distribution, to behavioral health providers, which may include some that have previously received funding, but also a lot of new providers that are now eligible to apply.

Tonya Bowers: For example, there could be addiction counseling centers, mental health counselors and psychiatrists. So again continuing to open up the opportunity for payments to providers who may not have previously received payment. What's really important also is that we're opening this up new providers, and I know this has been a point of a lot of discussion, are those providers that may have begun practicing between January 1st through 2020 through March 31st through 2020. So providers who may have initiated new practices. And this would include Medicare, Medicaid, CHIP, dentists, assisted living facilities, it's also behavioral health providers that are new providers in this calendar year. But really important also, I'm sure you've heard a lot about that this also is the opportunity for those providers that may have changed ownership, so those that we're very familiar with that were more recently approved by CMS. So this is the opportunity for those providers to come in and to receive payments under the fund.

Tonya Bowers: There's a couple of technical things, that I just want to spend a minute talking about, that any of the providers that were still in the process of TIN validation under phase two. So we know they're a lot of providers that are still waiting for their tax identification numbers to be validated. So any of those providers that are still in that validation process, or that had been validated but hadn't completed an application yet, by that September 13th deadline, they're automatically being redirected to phase three. So they won't have to reapply, they won't have to reinitiate TIN validation, they will all be transferred over to phase three as invited providers.

Tonya Bowers: We will continue and certainly continue to seek assistance with TIN validation for providers that haven't received prior payments, and we're really hopeful that we can continue to expedite those reviews so providers can proceed to submitting their financial information, as quickly as possible, and really continue to appreciate all of our partners who are assisting with that process. I want to spend a minute talking about the payment methodology for phase three because this is a bit of a two-prong process.

Tonya Bowers: So as I mentioned that applicants that have not yet received relief fund payments of approximately 2% percent of patient revenues, those payments when combined with other distributions to make sure that they are able to get a payment that equals that 2%. So if they haven't received up to that amount, taking into consideration prior payments, we will be making payments to get them at a minimum to that level. With the remaining balance of the 20 billion as we continue to make those 2% payments we will calculate an equitable add on payment that considers a couple of factors, which are that the providers change in operating revenue from patient care, as well as the providers change in operating expenses from patient care, including expenses that were incurred related to coronavirus and we'll also take into consideration of course payments that have already been made through Provider Relief Fund distribution.

Tonya Bowers: So hopefully it's getting all of our eligible providers up to that 2% level and then taking the remainder of the funds and calculating a payment distribution across all of those providers in as equitable a way as possible. This has a shorter timeframe for applications, that providers will have until 11:59 PM on November 6th to submit the application. They obviously need to have their TIN validated and all that financial information submitted in order to be considered for a payment. We really encourage providers to apply early that will ensure that there's ample time to get any TIN validated and to go through that process, it will help us, enable us to make more rapid and timely payments once this phase closes after November 6th.

Tonya Bowers: So the sooner we can get providers through and their financial information captured through the application process. We are hopeful that we'll be able to start initiating payments hopefully around mid-November, but that's all dependent on and how quickly providers can complete those applications in this particular phase. I know that was a lot of information, and as always there's a lot of details in the work that we do with providers through the Provider Relief Fund, but I'm certainly happy to answer any questions that you may have about where we are to date with distributing funds.

Jackie Glaze: Thank you, Tonya. We appreciate you joining us and sharing this information. So we will now start the Q&A session. So we will begin with the chat function. So for those of you that would like to submit your questions, you can do so now, and then we will follow with taking questions over the phone. So go ahead and start submitting your questions to the chat function, and we'll begin taking those at this time.

Barbara Richardson: And Jackie, we have one question for Tonya already. And Tonya, it's a clarifying question about the total amount of phase three general distribution that you mentioned. The question is, is it 20 million or 20 billion? We think we know the answer, but we'd rather hear it from you. So could you please clarify whether it's 20 million or 20 billion for phase three?

Tonya Bowers: Yeah, absolutely. It's 20 billion. If it were 20 million, that would go in a split second. So with the rate at which we make payments under this fund, it is \$20

billion. I'm still after eight months of talking and these large numbers still struggle with millions and billions. It's always hard to say billions, so it's \$20 billion.

Barbara Richardson: Great. Thanks, Tonya. And we have another question and I'm not sure if you're in a position to answer this. But the question is how much is left in the overall Provider Relief Fund?

Tonya Bowers: So I'm not in a position, we've made over a hundred billion dollars in payments. And that is actually a harder question to answer because payments are continually going out as providers have been validated, application data is assessed and we've processed through to payment. But we have made over a hundred billion dollars in payments thus far and are continuing to make payments almost daily as we continue to complete some of the remaining payments under some of the previous distribution.

Barbara Richardson: Great. Thanks, Tonya. We've got one more question and if you could just remind folks on the phone of the date that you mentioned when the phase three opened and then also when it closes.

Tonya Bowers: Absolutely. So phase three opened yesterday. The application opened yesterday October 5th and all the information for providers is available on our website that can direct them to the application portal. It's the same portal we've been using through UnitedHealthcare. But information is available on our website. The application deadline is 11:59 p.m. on November 6th. So that Friday, November 6th, 11:59 p.m. Eastern time is when the portal will close.

Barbara Richardson: And we've got one more question in the chat before we open it up to general questions from the phone line. Tonya, the question is, is there a list that exists of the providers who have received funding through each of the allocations phase one, phase two and phase three? And if so, where would someone find it?

Tonya Bowers: So what I can tell you is that the providers that have received and accepted their payments and agreed to the terms and conditions of those payments, all of those providers are listed publicly through a public use file that's accessible through the webpage, under the category under the page that's listed as data. So you can go and all of the providers that received payments to date through the provider relief is available through that list.

Barbara Richardson: Great. Thanks.

Jackie Glaze: Thanks everyone. So I think we're ready now to open up the phone lines. So operator can you do that? And we'll take some additional questions and then we'll move on to the next presentation.

- Operator: Again, ladies and gentlemen, if you have a question, press star followed by the number one on your telephone keypad, we'll pause for a moment to compile the Q&A roster.
- Operator: And there are no questions from the phone lines.
- Jackie Glaze: Okay. So thank you. So we certainly have time at the end of the session to take more questions. So at this point, we'll now move on to Amy Lutzky and she would like to provide an overview of the Medicaid and CHIP enrollment trends. So Amy I'll turn it to you now.
- Amy Lutzky: Thank you so much, Jackie. I am really delighted to be able to talk to you all today about a new data product. And as Karen Shields mentioned at the beginning of the call today we are showing slides. So if you have not yet logged into the webinar, now is a good time to do so. Or if you're having some technical difficulties, I will also mention that these slides are posted on [medicaid.gov](https://www.medicaid.gov) and they are in the new and notable section, so easy to grab right off that home page. The Enrollment Trends Snapshot that I'll be discussing today is actually a companion to the Medicaid and CHIP application eligibility and enrollment data report that was also released last week.
- Amy Lutzky: You are probably already familiar with the monthly reports that are posted on [medicaid.gov](https://www.medicaid.gov), which has really become a go to source for Medicaid and CHIP enrollment. Both of these data products rely on the performance indicator data set. All states and DC submit monthly Medicaid and CHIP data to CMS on a range of indicators related to application, eligibility, and enrollment processes. The data reflect enrollment activity for Medicaid and CHIP populations receiving comprehensive Medicaid and CHIP benefits.
- Amy Lutzky: And we can switch now to the second slide. This new Enrollment Trend Snapshot that we're talking about today is a tool that will be released at the same time as the monthly enrollment report. The Snapshot will focus on the trend, specifically the most recently reported month of enrollment within the context of the previous 12 months. It's intended to help us easily track trends in Medicaid and CHIP program enrollment, and also look at the potential drivers of the changes in enrollment. The Enrollment Trend Snapshot is produced by the Medicaid and CHIP Learning Collaborative, which is a project that provides a forum for facilitated discussion and learning across CMS and states with the goal of implementing and improving the programs, tools, and systems needed to ensure high performing state health insurance programs.
- Amy Lutzky: The Learning Collaborative has enabled CMS to more effectively identify issues and also to monitor and approve program performance. This particular Learning Collaborative project was actually started two years ago when we started to notice a consistent and significant decline in Medicaid enrollment. To better understand the decline and possible contributing factors, we explored potential drivers such as the economic growth and demographic changes, systems issues

and operational policies, state eligibility and enrollment policies, and federal policy discourse and development.

Amy Lutzky: Next slide. Then along came COVID-19 which of course really changed everything. Now we are no longer talking about an enrollment decline, but an enrollment increase. So to be responsive to questions on Medicaid and CHIP enrollment, particularly given the impact of the COVID-19 public health emergency, this Enrollment Snapshot captures high level information on the most recently submitted months of performance indicator data within the context of the previous 12 months, focusing on total Medicaid and CHIP enrollment. And then we have breakouts of Medicaid enrollment, CHIP enrollment, adult enrollment, and child enrollment. We are also looking at the trend in the number of unemployed compared to enrollment using state unemployment data from the Bureau of Labor Statistics. And now we'll get to the more interesting slides. There is a lot going on in the slide, so I'm just going to take a moment to help orient us.

Amy Lutzky: First you'll notice the line graphs. The top line red is the total Medicaid and CHIP enrollment. Blue is Medicaid and the line towards the bottom, it's kind of a greenish teal color is CHIP. Please keep in mind that CHIP is defined here in performance indicator data as all children funded with Title 21 or CHIP match. So the CHIP enrollment includes both children enrolled in a separate CHIP and those in a Medicaid expansion. You can see that the most recent month of data is on the x-axis is June, and then we trend back 12 months to get to July of 2019. Enrollment in millions is plotted on the y-axis, and because it's difficult to see precisely what the enrollment count is on the line graph, we have it depicted by months in table one up on that right hand corner. Table one also includes some handy, I'll call them grab and go takeaways, on the number and percent change of the national trend, and it's broken out annually, monthly, and I would say the most interesting is the trend since February.

Amy Lutzky: You will also notice that the national public health emergency and the enactment of the Families First Coronavirus Response Act, which I'll be calling FFCRA for the rest of the presentation is depicted with those two dotted lines. So what does this slide convey? Well for starters, I'm going to bring us back in time for a moment. Total enrollment in Medicaid and CHIP actually peaked back in May of 2017 at roughly 75.2 million individuals. Subsequently, we saw steady overall decline. Where this line graph starts in July of 2019, is during that period of overall steady decline that we were seeing, which continues until you can see the valley in December of 2019, when we reach a low of roughly 70.6 million individuals. Then COVID hits and you can really see how clearly the trend pivots and enrollment starts to increase. From February 2020, the month before the president declared a public health emergency under the Stafford Act to June of 2020, the national Medicaid and CHIP enrollment increased by over 4 million individuals or almost 5.7%.

Amy Lutzky: Most of the overall increase was driven by an increase in Medicaid enrollment. Medicaid enrollment increased by nearly 4 million individuals or 6.2%. Whereas

CHIP increased by only a little over 23,000 individuals or 0.4%. We're now at a total enrollment in June of 74.6 million individuals. I don't think it surprises anyone on this call today that the increase in enrollment is largely attributed to the impact of the COVID-19 public health emergency. Medicaid and CHIP play a key role in times of disasters and public health emergencies, but a key driver of the increase seems to be the enactment of Section 6008 of FFCRA, which makes available to states that temporary 6.2% FMAP bump that includes the requirement to maintain Medicaid enrollment. In order to receive the temporary FMAP increase states generally provide continuous enrollment through the end of the month in which the public health emergency ends to all Medicaid beneficiaries who are enrolled in Medicaid on or after March 18th, 2020. Regardless of any changes in circumstances or redeterminations that's scheduled for renewal that would otherwise result in termination.

Amy Lutzky: I think it's clear to this audience why the maintenance of effort or continuous enrollment requirement would disrupt the natural movement of beneficiaries on and off the programs and result in an increase in enrollment. In addition, many of the flexibilities and policy options, you have been implementing to expedite enrollment and further retention, things like presumptive eligibility, continuous eligibility, waving premiums, and using regulatory exceptions to the standards for application and renewal processing also have an impact on enrollment.

Amy Lutzky: Another factor likely impacting enrollment is the economy, but I'll say a little bit more about that in a few minutes. And now we'll move on to the next slide. This slide is set up much like the previous one, but with additional enrollment breakouts between children and adults, and also by program. The navy blue line at the top depicts adults Medicaid enrollment. The red line child enrollment in both Medicaid and CHIP. Aqua color line is child Medicaid. And the teal line at the bottom is CHIP.

Amy Lutzky: There were a few things to point out here. Adult enrollment is increasing at a higher percentage than child enrollment. And that is true, whether you are looking at the annual trend, trend from the previous month, or trends since February, which is broken out in the table on the right hand side. For example, you'll see that since February, adult Medicaid and CHIP enrollment increased by 2.4 million individuals or 7.2% increase, whereas child enrollment in Medicaid and CHIP increased by 1.4 million or 4.1% increase. Also, you will see that CHIP enrollment increased more modestly than Medicaid child enrollment and showed a slight decline between April and June. Potentially as family income declines with the economic downturn, some CHIP children may be transitioning to Medicaid. The FFCRA Maintenance of Effort (MOE) requirement does not apply to CHIP, so children are still aging out of the program and can be transitioned to Medicaid if they're Medicaid eligible.

Amy Lutzky: Next slide. On this slide we're illustrating the change in total Medicaid and CHIP enrollment with the map indicating which states have seen the greatest percent increases just between May and June of 2020. The darker the blue color, the greater the percent increase. You will see that we have yellow in the key at the

top, but if you are looking at the map and wondering why there is no yellow, that is because yellow denotes an enrollment decline, and there are no states that saw a decline between May and June. So between May of 2020 and June of 2020 total Medicaid and CHIP enrollment increased by one to 2% in 37 states. And in seven states, Georgia, Kentucky, Nevada, New York, Oklahoma, Utah, and Wyoming, total Medicaid and CHIP enrollment increased by between two and 3.5%. An additional seven states had a more modest change of less than 1%.

Amy Lutzky: Next slide. This is our last slide, and here we depict the Medicaid and CHIP enrollment compared to unemployment data from the U.S. Bureau of Labor Statistics between July of 2019 and June of 2020. The percentage change over the previous month is denoted next to the line. On the right we have the cumulative change depicted by state between February and June of 2020. We assembled this slide because unemployment data are a good indicator of the economy and the economy can be a driver of the Medicaid and CHIP enrollment trend. You'll remember earlier, I mentioned that we had previously examined the enrollment decline and found that the improved economy had a strong impact when enrollment was declining. When the economy worsens unemployment increases and incomes decline, and enrollment in means-tested public assistance programs like Medicaid and CHIP generally increase as a result.

Amy Lutzky: The economy may have some impact on the increasing enrollment. You can see here on the line graph, the number of unemployed in June 2020 is much higher, it's at 18 million, than in July of 2019, which was at 6.5 million. But it's interesting that you can see here that the trend line between Medicaid and CHIP enrollment and the number of unemployed don't exactly correlate, and this is something that we are really interested in continuing to monitor. We think it could be related to a few factors. We think that the enrollment increase at this point is largely driven by the FFCRA MOE requirement, rather than incoming applications. We have not seen a notable increase in new applications, but we have seen a steady increase in enrollment. And this could be that new applications for health coverage lagged behind other needs that families have. It might be top of mind for families to apply for food assistance programs when they become unemployed like SNAP, before considering applying for health coverage, or it could be that unemployment was considered only temporary in nature so individuals haven't immediately looked for health coverage.

Amy Lutzky: And/or it can also be related to who is becoming unemployed. It could be that families are able to pick up health coverage through a spouse for example. But as I mentioned, this is something that we will continue to monitor and explore. And that concludes my presentation for today's call on the Enrollment Trend Snapshot. We do hope that this national picture of the trend is helpful to you as you monitor your own state's enrollment, and welcome your feedback if there is additional information we should also consider including in these Enrollment Snapshots. I'm happy to answer questions, and I also would welcome any comments you would be willing to share about what you are observing in your state with respect to enrollment.

- Jackie Glaze: Thank you Amy, really helpful presentation today. So we're now ready to take questions from the audience and we'll begin again using the chat function. So if you'd like to use that function, you may begin entering your questions or comments, now I see that we already have one, and then we will follow with questions over the phone. So please start sending your questions to us at this point, through the chat function.
- Barbara Richardson: So Amy we've got a question and again, defer to you if you want it, we can certainly follow up separately on offline, but the question is looking forward to future iterations of this, could you map the Medicaid and CHIP enrollment trends against eligibility levels and/or expansion amongst states?
- Amy Lutzky: So I think that would be very interesting. I think that is something we could certainly have the team take a look at. I think that could be really interesting to see how that plays out, really appreciate that input.
- Barbara Richardson: And we've got another question and it's basically a request, is that would it be possible to release the graphs in a format that we could pick up and place within messages to our stakeholders?
- Amy Lutzky: So I will note again that the presentation is available, the slides are available on [medicaid.gov](https://www.medicare.gov). Certainly you could send the link. I think we would have to check into whether or not they could be made available in other formats as well.
- Barbara Richardson: Great. Thanks, Amy. And at this point, those are all the questions in the chat. So we should probably open it up to the phone lines.
- Jackie Glaze: Sure. Yes. Okay. Operator, yes, we can open up the phone lines at this time. And just a reminder you can ask any questions of the presenters that you heard today, or if you have any other general questions that you'd like to ask of us. So operator please, open the phone lines at this time. Thank you.
- Operator: Again ladies and gentlemen, if you have a question, press star, then the number one on your telephone keypad. Again, that's star one.
- Operator: And there are no questions from the phone line.
- Jackie Glaze: Okay. Karen shall we wait another few minutes, are you ready to wrap it up?
- Karen Shields: I'd say let's give it another 30 seconds, but then I'm happy to wrap up after that. A really great presentation from both of our speakers.
- Jackie Glaze: Yes. Okay. Operator, if you could just watch the phone lines, and let us know within the next minute if you see anything come through and then we'll be ready to take those questions.

Operator: Again, ladies and gentlemen, if you have a question, press star, then the number one on your telephone keypad. And we do have a question from Patrick Bailey.

Patrick Beatty: Oh yeah. Patrick Beatty from Ohio. Quick question. The states with the highest increase in enrollment numbers, are they by and large states with a higher than average churn rate or do you know that?

Amy Lutzky: That is an excellent question. Barbara, if you could roll back to, I would say the map slide, that might be interesting, thank you. So we have actually not explored that in this analysis, it's a little bit outside the scope of this analysis, but I do think that would be an interesting factor to look at. We think that there's probably a number of different factors that are at play in terms of what we're seeing with that increase, but I think that would be an excellent thing to look at, particularly since we do think that the MOE, the continuous enrollment requirement, is really driving that enrollment increase, which would certainly-

Patrick Beatty: Yes that's what I was thinking.

Amy Lutzky: ...get to your point about churn.

Patrick Beatty: Because I used to live and work in Georgia with one of the plans that served Medicaid and we had an incredibly high churn rate with our patient population.

Amy Lutzky: That certainly could be a factor. And again, that is a little it's beyond the scope of what we're looking at right now in these slides. But I will say that when we were previously looking at the enrollment decline pre-COVID, what we did find was that, we looked across a number of different factors driving that decline, and it did vary somewhat by state. So I suspect, churn could certainly be playing a role, but there could be some other factors at play as well.

Patrick Beatty: Thank you.

Amy Lutzky: Thank you.

Operator: And hold one moment for our next question.

Operator: And we do have a question from Nicole Silks.

Nicole Silks: Hi, with the extension of the emergency through the end of January, I was just curious if there was going to be any guidance for the states on how to handle the COLA processes that a lot of states run. I know in Pennsylvania we have an integrated system, so if SNAP is required to process COLA for their population, that could possibly impact our combo cases. And then also when we process the cost of living adjustment for long-term care cases that could impact their cost of care. So will we be receiving any additional guidance on steps to take, or how we should move forward with this process?

Sarah deLone: This is Sarah deLone, can you clarify, I didn't understand the acronym that you were using the core processes, what are those?

Nicole Silks: COLA - cost of living increases.

Sarah deLone: COLA, sorry I misheard you. In terms of the continuous coverage requirement you'll need to figure out to continue to claim the increase FMAP if that's you're asking about the 6008(b)(3) continuous coverage requirement. You won't be able to terminate people, beneficiaries whose income might be pushed over the income standards with the COLA. I mean, typically the FPL levels also adjust, although there can be a lag between, I guess those when people start getting their increased check and when we get the guidance works its way through the system to get out to you, but it will be important to not affect the Medicaid eligibility negatively due to a COLA. We can certainly try and work with you offline and provide some technical assistance to address whatever specific issues you may need to figure out a work around for.

Jackie Glaze: Did that answer your question?

Nicole Silks: Sure. Thanks.

Operator: Hold one moment for your next question. We do have a question from Alice Weiss.

Alice Weiss: Hi, it's Alice Weiss from DC. Just a quick question about the public health emergency extension. So I saw the announcement that public health emergency is extended up to January 21st, should we assume for planning purposes in terms of eligibility, that it will in fact end on the 21st? I know the secretary has discretion to end it at a sooner point and I'm not sure if I understood if that was intended. And then secondly, I wanted to see whether CMS is planning to provide advanced notice to state Medicaid agencies to prepare for needing to restart eligibility or whether there's any additional news or guidance around restarting eligibility determinations as previously discussed. And I apologize if you've already discussed this.

Sarah deLone: So I can just-

Karen Shields: Go ahead, Sarah.

Sarah deLone: I was just about to jump in. So Alice, we here at CMCS don't have a window in, I think our expectation is that it extends through the 21st of January and whether it's extended again, we'll have to see what it looks like at that time. I don't think we have any particular window in the possibility of the secretary ending earlier. I personally hadn't heard that, but that doesn't mean there isn't that talk going on, but I personally haven't heard that from anybody else on the line has, but we're not engaged in those conversations, so I don't think we'll have any official insight to be able to provide.

Sarah deLone: I mean, we have been working on and are hoping to release soon, that CMS guidance for states to help you in planning to transition once the emergency is over, and you're needing to process those overdue renewals or change in circumstances, any of those backlogs for handling those. So yes, we are planning to provide guidance and some tools for you to use. So hopefully that's somewhat helpful. Maybe that's not the definitive guidance you were hoping for.

Alice Weiss: No, that's helpful. Thank you.

Operator: Again, if you have a question, press star one on your telephone keypad.

Operator: Okay. And there are no further questions from the phone.

Jackie Glaze: Thank you, Keisha. So I'll turn now to Karen to wrap up.

Karen Shields: Yep, absolutely. We want to thank you for your questions. And I want to thank Tonya and Amy for their presentations. We look forward to meeting with you again in the coming weeks. The topic and invitations will be sent out shortly. Of course, if you have questions between now and then reach out to us, to your state leads and we're as always here to assist you, thanks again for joining us today and have a really great afternoon.

Operator: And this does conclude today's conference call. Thanks for your participation. You may now disconnect.