

WEBVTT

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00:00:00.000 --> 00:00:01.090

Nick Wallace: they call...

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00:00:02.020 --> 00:00:08.400

Nick Wallace: My name is Nick Wallace, and I am a health insurance specialist here at CMCS, and I will be facilitating today's call.

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Nick Wallace: I wanted to just quickly apologize for the technical difficulties we had with the registration link that we sent out on Friday. CMS is in the process of migrating our meeting platforms from Zoom to Teams, and we're experiencing a few growing pains, but rest assured, we are on top of it. The plan is to migrate in January for the next Allstate call, so just be on the lookout for more information about that in the new year, and thank you again for your continued partnership.

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00:00:33.400 --> 00:00:40.040

Nick Wallace: And I'm going to start by turning it over to our Center Director, Dan Brillman, for opening remarks. Dan?

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00:00:41.480 --> 00:00:53.760

Dan Brillman: Good afternoon, everyone, and thanks, Nick, for the introduction. For those that haven't met me, again, I'm Dan Brillman, the Center Director for CMCS, and really excited to be with you here for the December Allstate Call.

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00:00:53.760 --> 00:01:18.270

Dan Brillman: I met, or remet, or saw many of you at NAMD, and I want to thank our team, as well as you all, that created a lot of great questions, a lot of great feedback. That's how we continue to work better together and move these things forward, which is great, and a lot of great ideas, so I want to thank you all for that. Today's agenda is a great reflection of the ongoing work at CMCS.

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00:01:18.270 --> 00:01:29.529

Dan Brillman: and the administration's priorities, and you're going to hear from our colleagues today, actually, from CMMI about a new, innovative way for states to lower drug costs in their Medicaid programs via the generous model.

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00:01:29.530 --> 00:01:54.289

Dan Brillman: And you also get an update on the Center's implementation of, the Working Families Tax Cut legislation. Since the last Allstate call, which is actually, I think, almost the day maybe I started, so I

got right into it, we released two summary sibs, an overview of every Medicaid and CHIP provision in the law, and two, an overview of the specific community engagement requirements outlined in Section 71119,

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00:01:54.300 --> 00:02:11.479

Dan Brillman: Of the law. And as a reminder, SIBs are not designed to create new policy, they're guidance documents, meant to be the summary of the new statutory requirements. And these SIBs are really supposed to be helpful tools to make sure states have all the information on current policies, statutory references, all in one place.

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00:02:11.480 --> 00:02:35.050

Dan Brillman: We know, states have additional questions, and we appreciate those questions on the implementation, of the working families tax cut legislation. The two SIBs are just the first in a series of guidance documents and regulations that we plan to release, and the team is, I promise you, hard at work. We have a lot to do, and we need your help and more feedback as we continue to go.

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00:02:35.050 --> 00:02:58.400

Dan Brillman: to get more guidance to states soon. But in the meantime, please don't hesitate to reach out to the team or your state leads with any specific questions. We appreciate them, and we appreciate you for joining these. We would love more and more of your time as we work through this, so appreciate you spending the time today. Thank you for joining us for today's call, and I'm going to turn it back to Nick to walk through today's agenda.

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00:02:58.580 --> 00:02:59.780

Dan Brillman: Good to see everyone.

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00:03:01.900 --> 00:03:02.820

Nick Wallace: Thanks, Dan.

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00:03:03.920 --> 00:03:23.469

Nick Wallace: So, as Dan mentioned, today we're going to be discussing several important topics. First, Whitney Sweers from CMMI is going to give an overview of the recently announced Generous Model, which aims to ensure fair and reasonable drug prices for Medicaid through CMS-led negotiations with drug manufacturers.

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00:03:23.680 --> 00:03:36.930

Nick Wallace: After Whitney's update, I'm going to take the virtual mic back to walk us through one of the guidance documents that Dan previewed, which is an overview of each of the Medicaid and CHIP provisions in the Working Families Tax Cut legislation.

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00:03:36.930 --> 00:04:00.469

Nick Wallace: I'll then hand things over to Alice Chang from our Children and Adults Health Programs group, and she is going to walk us through the recently released Community Engagement SIB, which gives an overview of the statutory requirements in Section 71119 of the Working Families Tax Cut Legislation. And finally, Salah Sheikh from the Data and Systems Group is going to give an update on two new data briefs.

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00:04:00.470 --> 00:04:04.900

Nick Wallace: that were recently posted to the DQ Atlas Medicaid.gov page.

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00:04:04.900 --> 00:04:08.850

Nick Wallace: After Sola's update, we're gonna open your line for questions.

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00:04:08.850 --> 00:04:29.070

Nick Wallace: Before we get started, I wanted to just quickly let folks know that we're going to be using the webinar platform to share slides today, so if you're not already logged in, this could be a good time to do that, so you can see those slides. You can also submit questions at any time via the Q&A function, and with that, I am pleased to introduce and turn things over to Whitney to get us started.

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00:04:32.180 --> 00:04:50.390

Whitney Swears: Hi, thank you, Nick. I am happy to be here with you all today to discuss our exciting model designed to lower the cost of prescription drugs and Medicaid. The model is called the Generous Model, or Generating Cost Reductions for a U.S. Medicaid Model.

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00:04:51.690 --> 00:04:52.750

Whitney Swears: And next slide.

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00:04:54.230 --> 00:05:12.220

Whitney Swears: Here's a quick overview of today's agenda, so you will know where we're headed. We will begin by identifying the generous model and structure and some baseline assumptions. We'll dive into the components of the most favored nation, or MFN, calculation.

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00:05:12.410 --> 00:05:28.560

Whitney Swears: After that, we'll discuss the model phases and the state requirements, and then we'll talk about timelines and next steps, and today's goal is to help states understand CMMI's new model and identify steps towards becoming a model participant.

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00:05:28.760 --> 00:05:30.280

Whitney Swears: Next slide.

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00:05:33.900 --> 00:05:45.809

Whitney Swears: As I'm sure you all know, rising drug costs are a major issue for Americans. We pay more than three times what other developed countries pay for the same drugs.

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00:05:45.990 --> 00:05:55.860

Whitney Swears: This growing cost trend continues to put pressure on state budgets. The generous model aims to alleviate this burden.

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00:05:55.950 --> 00:06:10.870

Whitney Swears: Through the model, we will bring manufacturers to the table to negotiate lower prices through rebates in the Medicaid program, lowering drug costs for states, improving access of medications, and bringing costs in line with what other countries pay for drugs.

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00:06:11.660 --> 00:06:25.330

Whitney Swears: And we... with this model, we are looking to improve access to critical medications, help create a more sustainable Medicaid program by freeing up funds to invest in other critical services. Next slide.

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00:06:28.290 --> 00:06:36.930

Whitney Swears: Before going into the model detail, let's level set with a few baseline assumptions that will frame this discussion.

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Whitney Swears: Currently, states collect federal rebates from drug manufacturers under the Medicaid Drug Rebate Program, or MDRP. Many states also negotiate additional supplemental rebates with drug manufacturers on top of the federal rebates.

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00:06:52.150 --> 00:06:58.019

Whitney Swears: In Medicaid, states receive the manufacturer's best domestic price for a covered outpatient drug.

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00:06:58.120 --> 00:07:02.819

Whitney Swears: And in some instances, states may have penny pricing for drugs that

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00:07:02.920 --> 00:07:06.249

Whitney Swears: And pay close to nothing for CODs.

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00:07:07.650 --> 00:07:26.540

Whitney Swears: In some instances, it may also be possible that the Medicaid net price is better than the most favored nation pricing. However, manufacturers are interested in bringing MFM pricing to state Medicaid programs for drugs, where state Medicaid programs don't already have the most advantageous net international price.

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00:07:26.630 --> 00:07:27.979

Whitney Swears: Next slide.

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00:07:31.250 --> 00:07:41.979

Whitney Swears: In terms of model structure, the model builds on the current MDRP framework, where states receive rebates from manufacturers in exchange for coverage of their drugs.

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00:07:42.280 --> 00:07:58.779

Whitney Swears: All states and U.S. territories that participate in the MDRP are eligible to apply to participate in the model. CMS will review the state's request for application, or the RFA, to ensure that they have all the necessary authorizations to participate.

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00:07:58.970 --> 00:08:11.859

Whitney Swears: For manufacturers to be eligible to submit an application in response to the RFA, a manufacturer must also participate in MDRP and be able to enter into supplemental rebates with state Medicaid programs.

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00:08:12.640 --> 00:08:28.879

Whitney Swears: The MFN rebates will be paid to states by manufacturers over and above the basic URAs, or the unit rebate amounts. The model drugs are limited to single-source drugs, or innovator multiple-source drugs, or basically covered outpatient drugs.

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00:08:28.930 --> 00:08:36.319

Whitney Swears: Participating manufacturers will provide MFM pricing on CODs for all of their associated labeler codes.

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00:08:36.419 --> 00:08:47.300

Whitney Swears: The manufacturers will provide supplemental rebates to states for drugs included in the model to align the Medicaid net prices with what other international countries pay.

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00:08:47.460 --> 00:09:05.090

Whitney Swears: These MFM prices will be in exchange for negotiated standard coverage criteria negotiated by CMS. The states will be able to review the pricing and the coverage criteria to determine whether to participate in the model for a particular drug on a drug-by-drug basis.

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00:09:05.210 --> 00:09:17.839

Whitney Swears: If the state's already receiving a net price that's lower than the MFM price due to the existing rebate collections, or if the state's not interested in participating for a particular drug, they're not required to accept the offer.

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00:09:17.900 --> 00:09:32.249

Whitney Swears: If accepted, the manufacturer will then provide the supplemental rebate to the state to match the MFM price in exchange for the state's implementation of negotiated coverage criteria in the state's fee-for-service and managed care populations.

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00:09:32.370 --> 00:09:42.099

Whitney Swears: states can still seek supplemental rebates outside of the model for covered outpatient drugs, for which the state is not assessing the model MFN prices.

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00:09:42.740 --> 00:09:44.000

Whitney Swears: And next slide.

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00:09:47.440 --> 00:09:55.250

Whitney Swears: CMS will oversee the calculation of the MFN Guaranteed Net Unit Pricing, or the GNEP.

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00:09:55.450 --> 00:10:07.109

Whitney Swears: The MFM price will be determined using the G7 countries other than the US, so UK, France, Germany, Italy, Canada, and Japan, plus Denmark and Switzerland.

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00:10:07.370 --> 00:10:22.270

Whitney Swears: The benchmark used to calculate the MFM price for a COD will be the second lowest country-specific manufacturer-reported net price adjusted by GDP per capita using purchasing power parity.

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00:10:23.270 --> 00:10:35.799

Whitney Swears: International pricing data will be reported by the manufacturers to CMS, and the rebates will be effectuated through the GMAP for each COD of a manufacturer that's participating in the model.

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00:10:36.690 --> 00:10:43.060

Whitney Swears: the GNUP will be effectuated through a formula that subtracts the GNUP

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00:10:43.780 --> 00:10:49.330

Whitney Swears: plus this... subtracts the sum of the GNAT plus the URA from the WAC.

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00:10:49.800 --> 00:11:00.649

Whitney Swears: States will sign SRAs with manufacturers, and manufacturer model drugs will have preferred placement on fee-for-service and managed care PDLs.

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00:11:00.800 --> 00:11:06.240

Whitney Swears: with the CMS-defined standard coverage criteria in exchange for the GINUP pricing.

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00:11:06.640 --> 00:11:12.679

Whitney Swears: Again, states are required to participate with respect to both fee-for-service and managed care populations.

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00:11:12.780 --> 00:11:20.870

Whitney Swears: States will agree not to negotiate additional supplemental rebates on drugs, for which the state is assessing the manufacturer's MFN price.

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00:11:21.200 --> 00:11:36.309

Whitney Swears: The supplemental rebates provided to the manufacturer... provided to the states by the manufacturers under the generous model does not change best price, and therefore does not affect the ceiling prices offered under the 340B drug discount program.

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00:11:36.500 --> 00:11:38.000

Whitney Swears: And next slide.

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00:11:40.260 --> 00:11:42.520

Whitney Swears: There's three phases of the model.

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00:11:42.590 --> 00:12:01.509

Whitney Swears: We're currently in the first phase. The manufacturer RFA has been released, and we're accepting applications from manufacturers. The state letter of intent, or the LOI, is posted on the Generous website, and we have requested responses back from the state by January 15th.

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00:12:01.690 --> 00:12:08.339

Whitney Swears: While states are encouraged to submit an LOI, the form is not required to apply to participate in the model.

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00:12:09.020 --> 00:12:13.079

Whitney Swears: Next, the manufacturers will sign the participation agreements with CMS.

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00:12:13.240 --> 00:12:20.059

Whitney Swears: agreeing to provide MFM pricing on their CODs in exchange for their negotiated coverage criteria.

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00:12:20.140 --> 00:12:38.180

Whitney Swears: And in the third phase, once the manufacturers have enrolled, then the states will sign the participation agreements, they'll place the drugs on the PDL, apply the negotiated clinical criteria, and invoice the manufacturers for the CODs, and the manufacturers will then pay rebates on the drugs.

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00:12:39.070 --> 00:12:40.379

Whitney Swears: Next slide.

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00:12:42.180 --> 00:12:56.370

Whitney Swears: As part of the model, states will be required to implement the coverage criteria and harmonize the criteria with the MCOs to align the policies. They'll invoice the manufacturers for supplemental rebates based on the GNOPs.

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00:12:56.440 --> 00:13:07.339

Whitney Swears: There will be an audit process. States will have to maintain documentation, keep records of rebates, invoices, and engage in dispute resolution if needed.

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00:13:07.390 --> 00:13:11.759

Whitney Swears: States will have to make adjustments based on data from manufacturers.

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00:13:11.780 --> 00:13:29.400

Whitney Swears: There'll be an evaluation program for this model, there'll be data needed for the evaluation, and there may be some requirements for the evaluation process. States may also need some changes to their SPAS, and CMS will have more information on that in the near future.

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00:13:29.520 --> 00:13:30.840

Whitney Swears: Next slide.

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00:13:32.450 --> 00:13:46.899

Whitney Swears: And we have heard from states so far. We've heard their insight and their feedback, and we welcome the opportunity to meet with states to discuss this model. We acknowledge there are still some operational questions we're working through.

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00:13:46.900 --> 00:13:57.590

Whitney Swears: Some of the questions involve the state's unique timelines. We understand that each state has its own DUR and P&T timeline for adjusting PDL changes.

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00:13:57.800 --> 00:14:07.910

Whitney Swears: Additionally, some states have purchasing pool agreements restricting rebate negotiations outside of the pool. We're working through those operational considerations, and

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00:14:08.050 --> 00:14:21.189

Whitney Swears: looking at next steps. Also, some states may potentially need additional time to incorporate managed care into the model. So we're working through these questions. We'll have more information in the future, and we're working on the best path forward.

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00:14:21.190 --> 00:14:30.690

Whitney Swears: In this slide, our email address is on there. It's thegenerousmodel at cms.hhgov. If there's additional feedback, the

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00:14:30.860 --> 00:14:35.490

Whitney Swears: The model email address is on the next slide as well, and next slide.

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00:14:36.410 --> 00:14:52.220

Whitney Swears: Here's a quick outline of the timelines involved in the model. The model will launch in January, and that's officially when the model begins. Manufacturers have to submit an RFA by March 31st.

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00:14:52.420 --> 00:15:07.980

Whitney Swears: They have to execute a participation agreement with CMS by June 30th, 2026, and states will be required to submit an RFA and must sign a participation agreement with CMS by August 31st, 2026.

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00:15:08.020 --> 00:15:13.039

Whitney Swears: the model runs for 5 years, and ends December

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00:15:13.160 --> 00:15:18.209

Whitney Swears: 2030, and the agreements will terminate at that date.

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00:15:18.780 --> 00:15:20.600

Whitney Swears: And next slide.

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00:15:21.360 --> 00:15:30.729

Whitney Swears: We do have time for questions today. I just ask that you please hold them until the end of the call, and we'll circle back at this point. And now I'm going to turn it back over to Nick.

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00:15:36.980 --> 00:15:38.179

Nick Wallace: Thanks so much, Whitney.

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00:15:41.050 --> 00:16:05.799

Nick Wallace: So we are going to move to our next agenda item. Dan had previewed in his opening remarks that, this month we had a couple of new releases as it relates to the implementation of the Working Families Tax Cut Legislation. I'm going to give an overview of a couple of them. The first is a SIB, or an informational bulletin related to the law. The second is an accompanying slide deck

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00:16:05.800 --> 00:16:10.409

Nick Wallace: which gives an overview of the information that is outlined in the SIB itself.

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00:16:10.810 --> 00:16:28.630

Nick Wallace: These releases are intended to provide general information on the Medicaid and CHIP provisions contained in the law. The CIB provides an overview of each of the Medicaid and CHIP provisions, including key statutory and regulatory citations, as well as the effective dates for those provisions.

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00:16:28.630 --> 00:16:34.030

Nick Wallace: As Dan mentioned in his opening remarks, SIBs are not meant to create new policy.

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00:16:34.030 --> 00:16:56.030

Nick Wallace: So, unfortunately, this overview document is not going to answer every question that we know that states have, but we do think it's a really important first step. And this is a format that CMCS has utilized in the past to summarize key Medicaid and CHIP policy changes that are made by Congress, and the intent is to bring all the necessary information into one easy-to-reference release.

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00:16:56.090 --> 00:17:06.150

Nick Wallace: So states can really think about this SIB as the first of many guidance documents that CMCS plans to release related to the implementation of the working families tax cut legislation.

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00:17:06.150 --> 00:17:23.300

Nick Wallace: You can note that the SIB itself and this slide deck are available on Medicaid.gov and are linked in this presentation, and CMCS has also released a new subpage on Medicaid.gov to serve as a one-stop shop of sorts that we will preview in just a little bit.

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00:17:24.490 --> 00:17:37.620

Nick Wallace: So, let's talk about what is in this SIB. The content of the SIB mirrors the format of the legislation itself. So, each of the sub-chapters has its own section in the SIB,

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00:17:37.620 --> 00:17:50.230

Nick Wallace: And so, and it includes a summary of each of the Medicaid and CHIP provisions from the legislation. So subchapters A through E contain the changes to Medicaid or CHIP policy.

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00:17:50.230 --> 00:18:08.140

Nick Wallace: Chapter 4 of the legislation creates the Rural Health Transformation Program, and we also have in the CIB a summary of the tax-related provisions, and the assessment of whether they do or do not impact MAGI income methodology.

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00:18:08.200 --> 00:18:18.419

Nick Wallace: But in addition to the summary of each provision, what we wanted to call out is that the SIB contains several appendices that we think will be a really useful resource for states.

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00:18:18.420 --> 00:18:28.239

Nick Wallace: So you'll see here on the slide, Appendix A is a list of key dates that we'll talk a little bit more about. Appendix B includes opportunities for additional financial support for states.

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00:18:28.240 --> 00:18:35.330

Nick Wallace: Appendix C lists the applicability of each of the Medicaid or CHIP provisions to the U.S. territories.

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00:18:35.330 --> 00:18:44.160

Nick Wallace: Appendix D is the applicability of the provisions to American Indians and Alaska Natives. And Appendixes E and F

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00:18:44.160 --> 00:19:07.119

Nick Wallace: are related to two provisions in the legislation related to moratoriums on specific rules from last year. So Appendix E is a summary of the moratorium on the Medicare Savings Program, or MSP, final rule. This appendix lists which provisions of the regulation are subject to the moratorium and which are not.

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00:19:07.520 --> 00:19:21.180

Nick Wallace: Similarly, Appendix F is a summary of the eligibility and enrollment final rule from last year, and it includes a list of provisions that are subject to the moratorium and which provisions are not.

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00:19:22.540 --> 00:19:39.070

Nick Wallace: So on this next slide, I just wanted to give a quick overview of the format of the SIB and the slides. The intention here is not to go through the policy, but again, to use this as an example. So you'll see on the slide here, we have the title of the provision. In this case, it's

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00:19:39.070 --> 00:19:56.889

Nick Wallace: Section 71112, which shortens the retroactive eligibility period in Medicaid and CHIP. So you'll notice that we have the title, and we have the summary, but I'll direct your attention to the top right portion of the slide, where we have this calendar icon, which denotes the start date for this provision.

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00:19:56.890 --> 00:20:10.309

Nick Wallace: You'll note that this provision is applicable to all states, Washington, D.C, and the U.S. territories, and in the bottom left portion of our slide here, we have the statutory references in which the law is making changes to.

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00:20:12.120 --> 00:20:19.169

Nick Wallace: So let's talk a little bit more about the appendices, because we are very excited about them. We wanted to highlight a couple of examples.

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00:20:19.260 --> 00:20:23.609

Nick Wallace: So, for example, Appendix A is a list of our key dates.

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00:20:23.640 --> 00:20:41.440

Nick Wallace: And, what we tried to do in the slides here was to lay this out in a timeline or a calendar view. We know that there are a lot of provisions of the law, and there are similar timelines, so in this format, states can see the timeline.

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00:20:41.440 --> 00:20:50.679

Nick Wallace: from 2025 and through 2029 of all of the eligibility and enrollment provisions of the working families tax cut legislation.

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00:20:50.680 --> 00:20:52.050

Nick Wallace: Similarly.

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00:20:52.430 --> 00:20:58.850

Nick Wallace: We have a timeline here for the financing and care delivery provisions of the working families tax cut legislation.

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00:21:00.330 --> 00:21:19.000

Nick Wallace: This is an example of Appendix C, which lists the applicability of each of the Medicaid and CHIP provisions to the territories. It's worth noting that Congress specifically excluded the territories from some of the new statutory requirements, so we think this appendix is very helpful in that regard.

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00:21:21.720 --> 00:21:39.779

Nick Wallace: And just quickly wanted to note in terms of next steps here, we encourage folks to read the SIB, to take a look at the slides and the appendices. We think there is a lot of really good information in there, but we know that states still have a lot of questions. This SIB is not meant to answer all of the questions. It's meant to be the first.

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00:21:39.780 --> 00:22:04.049

Nick Wallace: And we intend to issue more detailed, additional guidance on each of the provisions moving forward. We are doing the best we can to get it out, so more to come soon. In the meantime, states that are requiring technical assistance or have questions can, look at this mailbox at the bottom here, that is Medicaidreforms at cms.hhs.gov, and we can triage your questions from there.

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00:22:05.720 --> 00:22:28.749

Nick Wallace: Also, I wanted to quickly note the changes we've made to Medicaid.gov. When you go to Medicaid.gov, you'll see the top, the header, directs you to an icon you can click related to the Working Families Tax Cut Legislation. You can also bookmark this URL, Medicaid.gov dash Medicaid reforms, which will bring you to this page here. This is what the page looks like now.

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00:22:28.750 --> 00:22:51.740

Nick Wallace: It will give you an overview of the law, and there are, delineates, different subcategories where we are populating the guidance documents that are released. So, this is where you can go to read the overview SIB, and where you can see the accompanying slide deck, but as

CMCS puts out more guidance documents, the intent is for this page to grow.

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00:22:51.820 --> 00:23:05.109

Nick Wallace: And speaking of more guidance documents, I am now going to turn it over to my colleague, Alice Chang, who is going to detail another guidance document that CMCS just put out yesterday. So, Alice, I will turn it over to you.

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00:23:06.160 --> 00:23:14.159

Alice Chang: Thanks, Nick. Good afternoon, folks. I'm Alice Chang, as Nick mentioned, and I'm here with the Children and Adults Health Programs group.

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00:23:14.170 --> 00:23:26.469

Alice Chang: Today, I'll be talking about the release of materials specifically related to Section 71119, which covers the requirement for states to establish community engagement requirements for certain individuals.

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00:23:26.570 --> 00:23:36.820

Alice Chang: Before I jump in, the slides that I'm going through today are just an excerpt from a larger deck that was released in tandem with an informational bulletin yesterday on this topic.

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Alice Chang: Next slide, please.

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Alice Chang: I'll start with just a few notes about Section 71119 to level set.

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00:23:47.710 --> 00:24:02.290

Alice Chang: The community engagement requirement applies in any state and DC that provides coverage to the adult group under the state plan or to certain individuals through certain 1115 demonstrations. It does not apply to U.S. territories.

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00:24:03.460 --> 00:24:17.260

Alice Chang: The community engagement requirements must be in effect for applicable individuals as a factor of their Medicaid eligibility no later than January 1st, 2027, and states have the option to implement them sooner.

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00:24:18.190 --> 00:24:30.290

Alice Chang: However, before a state implements community engagement as a factor of eligibility on January 1st, 2027, or earlier, the statute specifically requires that states conduct outreach.

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Alice Chang: I won't be touching on the requirements of that outreach today, but it is addressed in the informational bulletin.

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00:24:37.420 --> 00:24:38.650

Alice Chang: Next slide.

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Alice Chang: So who do we mean by applicable individuals? Just to be really clear, this is the term for those who must demonstrate compliance with community engagement as a condition of their Medicaid eligibility.

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Alice Chang: Applicable individuals generally fall into one of two groups. One, individuals eligible for or enrolled in the adult group.

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Alice Chang: Or, the second bucket, individuals eligible for or enrolled in an 1115 demonstration that provides minimum essential coverage, and who are at least 19 and under 65 years of age, not pregnant.

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00:25:12.770 --> 00:25:19.919

Alice Chang: not entitled to Medicare Parts A or B, and not otherwise eligible to enroll under the state Medicaid plan.

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00:25:20.640 --> 00:25:30.109

Alice Chang: I'll note that CMS continues to work on evaluating exactly which 1115 demonstration populations fall into the definition of an applicable individual.

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00:25:30.330 --> 00:25:31.330

Alice Chang: Next slide.

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00:25:32.830 --> 00:25:39.780

Alice Chang: So the statute outlines what applicable individuals must actually do each month to meet the community engagement requirements.

132

00:25:40.010 --> 00:25:50.289

Alice Chang: They must have at least 80 hours of work, community service, participation in a work program, or be enrolled in an educational program at least half-time.

133

00:25:50.870 --> 00:25:57.009

Alice Chang: A combination of those activities that totals at least 80 hours is another way to meet the requirement.

134

00:25:57.740 --> 00:26:05.809

Alice Chang: Additionally, someone who has monthly income above the federal minimum wage multiplied by 80 hours also meets the requirements.

135

00:26:05.920 --> 00:26:09.500

Alice Chang: Finally, there is another calculation for seasonal workers.

136

00:26:10.370 --> 00:26:11.520

Alice Chang: Next slide.

137

00:26:13.290 --> 00:26:32.900

Alice Chang: These next two slides cover exclusions from and exceptions to community engagement. As you can tell by the wall of text in front of you, there is a lot of detail, nuance, and time, frankly, needed to do these slides justice. So for today, I'll just leave it at noting that there are exclusions and exceptions, and encourage folks to reference the informational bulletin.

138

00:26:32.910 --> 00:26:34.020

Alice Chang: Next slide.

139

00:26:34.890 --> 00:26:43.870

Alice Chang: I'll also acknowledge that this is an area where many states and other stakeholders are seeking additional clarification. CMS is working on those many questions.

140

00:26:44.540 --> 00:26:45.680

Alice Chang: Next slide.

141

00:26:47.130 --> 00:26:59.589

Alice Chang: So as a factor of eligibility, the community engagement requirements, when implemented, will need to sit within the broader processes states use to determine Medicaid eligibility, both at application and at renewal.

142

00:27:00.040 --> 00:27:09.990

Alice Chang: The process for actually verifying community engagement at application and at renewal will differ slightly, and I'll once again point you to the informational bulletin for more details on that.

143

00:27:10.600 --> 00:27:16.009

Alice Chang: States also have the option to verify compliance more frequently than just at renewal.

144

00:27:16.910 --> 00:27:36.069

Alice Chang: However, in all cases, when establishing whether an individual met the community engagement requirement or isn't required to do so, states will have to first attempt to use reliable information available to them before requesting documentation. This is in line with the general verification policies currently in place.

145

00:27:38.020 --> 00:27:39.230

Alice Chang: Next slide.

146

00:27:41.200 --> 00:27:50.219

Alice Chang: The statute lays out procedures a state must follow if the state isn't able to verify an applicable individual's compliance with community engagement requirements.

147

00:27:50.300 --> 00:28:04.259

Alice Chang: Specifically, there are procedures related to sending a notice of noncompliance, and also providing time for someone to show that they are meeting the requirements, or that the requirements don't actually apply due to an exclusion or exception.

148

00:28:04.780 --> 00:28:10.269

Alice Chang: There are also procedures outlined for denying or terminating coverage as applicable.

149

00:28:10.790 --> 00:28:12.010

Alice Chang: Next slide.

150

00:28:14.040 --> 00:28:21.819

Alice Chang: Finally, we know that implementing this particular section is a really complex undertaking, and CMS is here to support and work with states.

151

00:28:21.930 --> 00:28:27.020

Alice Chang: On our end, we're currently in the process of rulemaking, as is required by the statute.

152

00:28:27.180 --> 00:28:34.070

Alice Chang: The links here are for the most recent releases I noted earlier. They will have more detail than I shared here today.

153

00:28:34.350 --> 00:28:45.760

Alice Chang: We appreciate the engagement that we've had with states to date, and look forward to the continued collaboration and many questions to come. I'll now turn things over to the presentation on the data briefs. Thank you.

154

00:28:54.090 --> 00:29:12.689

Salah Shaikh: Alrighty, good afternoon, everyone. My name is Salah Sheikh. It is a pleasure to be here on this call with you all, and I will be going over the TAF analytical research briefs for the DQ Atlas that we at CMCS did in collaboration with CMMI, the Centers for Medicare and Medicaid Innovation. Next slide, please.

155

00:29:13.370 --> 00:29:17.780

Salah Shaikh: And just to give a brief introduction on everything, next slide, please.

156

00:29:19.020 --> 00:29:38.289

Salah Shaikh: Yeah, so, again, we did these, briefs in collaboration, with CMMI, and posted them onto our DQ Atlas platform, and these addressed critical aspects of Medicaid data analysis and expenditure measurement. So, the first data brief, called Using TMSIS and TAF to Measure State Expenditures.

157

00:29:38.290 --> 00:29:47.640

Salah Shaikh: and expenditures to providers. This is more of a methodological paper that provides guidance on measuring Medicaid expenditures using administrative data.

158

00:29:47.650 --> 00:29:55.529

Salah Shaikh: The second paper, is more of an analytical paper, the state-level variations in Medicaid fee-for-service use and spending platform...

159

00:29:55.530 --> 00:30:15.050

Salah Shaikh: spending patterns in TAF. This is examining state-level differences in Medicaid fee-for-service utilization and spending. And these briefs are already published on the DQ Atlas Analytics Briefs landing page, so if you were to click that link, filter by date, look for October 22nd, 2025, the two briefs will be there.

160

00:30:15.130 --> 00:30:16.430  
Salah Shaikh: Next slide, please.

161  
00:30:17.330 --> 00:30:21.449  
Salah Shaikh: Just to give a brief overview of the DQ Atlas, for those that,

162  
00:30:21.450 --> 00:30:43.130  
Salah Shaikh: aren't aware of the platform, it's CMS's primary platform for disseminating Medicaid data quality information and analytical resources to states, researchers, and other key stakeholders. These briefs provide methodological guidance and state comparative analyses, and they also address knowledge gaps in expenditure measurement and state-level variation analyses.

163  
00:30:43.130 --> 00:30:52.870  
Salah Shaikh: So these briefs will provide things like technical specifications for handling data quality considerations, best practices for inclusion-exclusion criteria, so, which...

164  
00:30:52.870 --> 00:31:04.129  
Salah Shaikh: Beneficiaries you'd want to include or exclude in a certain analysis, different beneficiary populations, and guidance on analyzing fee-for-service utilization patterns across participating states.

165  
00:31:04.270 --> 00:31:05.600  
Salah Shaikh: Next slide, please.

166  
00:31:06.090 --> 00:31:16.239  
Salah Shaikh: So, in this section, we're going to go over the first brief. So this brief is more of the methodological approach, to analyzing state expenditures. Next slide.

167  
00:31:16.910 --> 00:31:19.480  
Salah Shaikh: Yeah, so, this slide describes,

168  
00:31:19.480 --> 00:31:37.859  
Salah Shaikh: the methods and the key consideration for using TAF data to measure Medicaid and CHIP expenditures on beneficiary care, and we're defining that at the state level or as the sum of provider payments. So, the methods described in this paper can help certain researchers and key stakeholders,

169  
00:31:37.860 --> 00:31:46.550

Salah Shaikh: determine several things for expenditure analyses. One, of which scope of benefits to include in the analyses? Two, which services does one want to examine?

170

00:31:46.550 --> 00:32:05.629

Salah Shaikh: Three, how to account for, certain variations across service... across states in terms of service delivery, because each state will have its own different methods. And then finally, how one would handle, provider payments that cannot be assigned to individual, beneficiaries. And there's a whole process methodology and,

171

00:32:05.720 --> 00:32:14.459

Salah Shaikh: That describes, how to go through the different steps in the brief itself. This is just more of a high-level overview here. Next slide, please.

172

00:32:15.150 --> 00:32:24.200

Salah Shaikh: And now we'll go over the second, brief, which is more of the analytical type, and, was looking specifically at fee-for-service use and spending patterns. Next slide.

173

00:32:25.910 --> 00:32:33.969

Salah Shaikh: Yeah, so do you have a brief overview, this brief looked at, fee-for-service delivery and payment systems among, medicine...

174

00:32:33.970 --> 00:32:57.929

Salah Shaikh: state Medicaid programs from the years 2017 to 2022. The brief also explored fee-for-service patterns by beneficiary dual eligibility status, and among the top 10 service categories with the highest expenditures in 2022. And these fee-for-service delivery systems are important for specific populations and services that are reimbursed potentially outside of managed care arrangements, as states operate within different

175

00:32:58.150 --> 00:33:06.979

Salah Shaikh: Operate within federal guidelines, but can have considerable flexibility in terms of adapting their programs to reflect their state-specific circumstances.

176

00:33:06.980 --> 00:33:29.590

Salah Shaikh: So this brief aims to understand the variation in fee-for-service use across these state programs, and the key considerations that come with it. So, there were two key methods that were used. One was the eligibility-based approach that classified and measured fee-for-service use, and then the second was the spending per beneficiary, which analyzed the mean fee-for-service

177

00:33:29.590 --> 00:33:37.090

Salah Shaikh: at the state level, and how these methods are used and applied and their limitations are described in the brief. Next slide, please.

178

00:33:38.650 --> 00:33:53.179

Salah Shaikh: So just to go over some of the key findings that we found in this brief, and while we were constructing it, there were four key findings. So, one, we did find variation across, different... across states in terms of Medicaid fee-for-service use.

179

00:33:53.180 --> 00:34:17.369

Salah Shaikh: The second finding was when tracking fee-for-service use over time, we did find fluctuations, and these fluctuations were due to a variety of reasons, evolving state policies, changes in managed care penetration, or shifts in healthcare provider participation. So there were a variety of reasons we found fluctuations. The third finding was that we found variation in Medicaid fee-for-service use by dual eligibility status.

180

00:34:17.370 --> 00:34:27.359

Salah Shaikh: And actually, what we found was that dual eligible beneficiaries are more likely to be covered under fee-for-service in most states compared to non-dual eligible beneficiaries.

181

00:34:27.360 --> 00:34:37.580

Salah Shaikh: And then finally, in terms of the role of fee-for-service in Medicaid payment systems, we found considerable variation in the mean Medicaid fee-for-service spending across states.

182

00:34:37.679 --> 00:34:39.009

Salah Shaikh: Next slide, please.

183

00:34:41.320 --> 00:35:03.430

Salah Shaikh: And then lastly, I just wanted to give an example of one of the key findings that we found in the brief. So this is involving the variation in Medicaid fee-for-service use by state. What this figure is describing here is that seven states rely almost entirely on fee-for-service, and we found that most states have less than 50% of their Medicaid population covered under fee-for-service.

184

00:35:03.430 --> 00:35:04.410

Salah Shaikh: Next slide.

185

00:35:05.480 --> 00:35:11.590

Salah Shaikh: And that is all I had to present. I'll leave the questions to the Q&A session, but thank you all for having me.

186

00:35:16.880 --> 00:35:24.580

Nick Wallace: Salah, thanks so much, and thanks to all of our panelists for their presentations. We are now ready to transition to the Q&A portion of the call.

187

00:35:24.600 --> 00:35:47.859

Nick Wallace: We understand that we, for the first time, we have presented about these new guidance documents related to the working families tax cut legislation, and we know that states still have outstanding questions. We do have some team members on the call, and to the extent that we can answer some of those questions now, we will do so, but wanted to flag that there's a chance that we might not have the right team member on the call.

188

00:35:47.860 --> 00:35:56.109

Nick Wallace: or you might need a little bit more time to provide that answer. So, we may just need to take the question back, but we promise to be responsive.

189

00:35:56.110 --> 00:36:10.279

Nick Wallace: And again, we are hard at work to issue more guidance, and we'll answer your questions as soon as you can. And now we are ready for your questions. Marv, would you be able to remind our participants how they can submit a question, and would invite our panelists to come back on camera?

190

00:36:33.820 --> 00:36:38.879

Nick Wallace: Marb, are you still there? Could you remind our folks how they can submit a question?

191

00:36:49.210 --> 00:36:55.149

Nick Wallace: Well, I believe we can submit questions into the Q&A, and we will give folks just a minute

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00:36:55.260 --> 00:37:13.370

Nick Wallace: It looks like we have a couple of queued up. The first is where we can access the SIB. For both the Overview SIB and the Community Engagement SIB, both of those are posted to the federal repository, but also on that new subpage of Medicaid.gov.

193

00:37:13.370 --> 00:37:19.849

Nick Wallace: So you will be able to access both the SIB and the slide decks for both the Overview SIB and the community engagement SIB.

194

00:37:22.950 --> 00:37:42.180

Nick Wallace: We also have a question. I'm gonna read this one out loud. It says, does CMS have any anticipated date when they may be releasing further guidance on the 2024 Ensuring Access to Medicaid Services Final Rule, including technical guidance and updated HCBS core set reporting measures?

195

00:37:42.180 --> 00:37:53.260

Nick Wallace: We don't have the right staff member on the call for, right now, but we did reach out, and they said that they are currently working on it, and hope to be releasing more information soon.

196

00:38:00.490 --> 00:38:13.310

Nick Wallace: Whitney, I might, turn this one to you. Will the data collection necessary to evaluate the generous model be data that states are already collecting, or are there new data collection requirements?

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00:38:15.310 --> 00:38:27.130

Whitney Swears: Well, some of the information they already have, it'll be, you know, information on their rebates, what they're paying, their utilization, some of that information is already reported to CMS.

198

00:38:27.210 --> 00:38:45.069

Whitney Swears: We will also have an evaluation contractor we're working with, and we're working through some of those requirements now. So we don't have all of them set in stone. We'll have more information to come as states join and participate in the model, but some of it will be information they do already have.

199

00:38:47.890 --> 00:39:06.250

Nick Wallace: Thank you, Whitney. While we have you, we have another question for you. For the generous model, would the agreements with manufacturers allow for states to retroactively invoice for supplemental rebates back to 1-1-2025, or will they only be prospective from the signed agreements between states and the individual manufacturers?

200

00:39:06.770 --> 00:39:16.600

Whitney Swears: Well, the retroactive rebates, I mean, that's a really... another really good, good question. It won't go back to 2025,

201

00:39:16.600 --> 00:39:35.030

Whitney Swears: the model is starting in 2026, so there's potential to, you know, bill for rebates in the first or second quarter. We're working through some of that with manufacturers now, and again, sorry I don't

have the information, I can't relay everything, but more information will be forthcoming.

202

00:39:36.910 --> 00:39:37.870

Nick Wallace: Thanks, Whitney.

203

00:39:38.910 --> 00:39:57.480

Nick Wallace: Keep the questions coming. We have a couple related to whether these slides are going to be posted. The answer is yes. It takes us about 24 to 48 hours, but we will be posting them to the page on Medicaid.gov that includes the Allstate calls, and that should include the slides as well.

204

00:40:03.930 --> 00:40:10.690

Marvelyn Davis: Alrighty, sorry about that, Nick. My headset went blank, and... Tanya just asked me,

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00:40:11.310 --> 00:40:17.290

Marvelyn Davis: To remind folks how to submit questions to the Q&A box? Yes. So...

206

00:40:17.620 --> 00:40:31.630

Marvelyn Davis: For you all to want to submit questions, please use your Q&A box at the lower bottom of your toolbar, and your panelists will be able to answer the questions. If not, they will get back with you as soon as they get the answers.

207

00:40:32.940 --> 00:40:34.100

Marvelyn Davis: Thank you!

208

00:40:34.570 --> 00:40:35.500

Nick Wallace: Thanks, Marv.

209

00:40:37.030 --> 00:40:49.689

Nick Wallace: Invite folks to keep submitting questions. Whitney, you are everybody's favorite panelist. There's a couple of questions about the interaction between the generous model and 340B. Anything you want to weigh in on there?

210

00:40:49.850 --> 00:41:06.519

Whitney Swears: Yeah, so the CMS authorized supplemental rebate agreements between the state and the manufacturer are excluded from the calculation of AMP and best price. So, supplemental rebates do not affect the 340B price.

211

00:41:06.710 --> 00:41:16.700

Whitney Swears: And do not increase the manufacturer 340B discounts, so the supplemental rebates through the generous model will not affect 340B.

212

00:41:21.160 --> 00:41:22.030

Nick Wallace: Thank you.

213

00:41:26.490 --> 00:41:30.059

Nick Wallace: We will give it just another minute to see if we have any other questions.

214

00:41:46.300 --> 00:41:48.490

Whitney Swears: I see another question there.

215

00:41:48.490 --> 00:41:49.679

Nick Wallace: Go ahead, Whitney.

216

00:41:50.220 --> 00:42:00.829

Whitney Swears: It's just asking about some of the ongoing questions about 340B, the offers for the pools, and how states, can participate in the development of...

217

00:42:00.860 --> 00:42:17.509

Whitney Swears: the clinical criteria. So I can assure you, we are working on these. We've had many, many discussions. We've had discussions with states, we've had discussions with stool... with the purchasing pools, and we have a lot of good, good conversations and possible options.

218

00:42:17.560 --> 00:42:26.579

Whitney Swears: I just don't have that information for you today yet, so more to come, and we are working on it.

219

00:42:27.570 --> 00:42:40.229

Nick Wallace: Thanks, Whitney. We actually... it looks like we have a couple more coming in for you, but I'm gonna pivot quickly to, Salah to give you... to give you a quick breather here. Salah, there's a question about how to handle provider payments that can't be assigned to a beneficiary.

220

00:42:40.610 --> 00:42:43.149

Salah Shaikh: Yeah, sure. So...

221

00:42:43.150 --> 00:43:07.750

Salah Shaikh: I'm assuming that this is referring to the first brief. So the way one would have to do that is you'd have to restrict the claims that would link to a beneficiary, but if that's not possible, then the other option would be that you'd have to restrict it based on the beneficiary group they would be in, and then you would restrict by header record that represents either state expenditures or the direct payments to the providers, and then from there, you would sum the total Medicaid paid amount.

222

00:43:07.750 --> 00:43:11.639

Salah Shaikh: on the retained header record, so you'd have to go by beneficiary group,

223

00:43:11.660 --> 00:43:15.390

Salah Shaikh: If that... if there is a payment that can't be assigned to a beneficiary.

224

00:43:18.930 --> 00:43:19.820

Nick Wallace: Thanks, hello.

225

00:43:23.620 --> 00:43:29.470

Nick Wallace: Alice, I might just quickly turn to you before going back to Whitney. There's a question about,

226

00:43:29.620 --> 00:43:36.369

Nick Wallace: Medically fragile, and exemptions as it relates to work requirements, and we'll invite you to weigh in.

227

00:43:36.930 --> 00:43:50.960

Alice Chang: I think the question is, are participants in elderly 1915C waivers considered medically fragile and exempt from the work requirements? I'm actually going to tag on a teammate here to... to answer this question. I will give it a shot first before,

228

00:43:50.960 --> 00:43:58.530

Alice Chang: they, to see if, other folks want to weigh in, but my understanding is generally 1915Cs are not considered,

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00:43:58.970 --> 00:44:03.789

Alice Chang: waivers for this purpose, but I see Gene has made it on here, so he can give a better answer.

230

00:44:03.790 --> 00:44:07.250

Gene Coffey: Yeah, hi, can you hear me, by the way?

231

00:44:07.860 --> 00:44:14.799

Gene Coffey: Very good, thank you. This is Gene Coffey from the, excuse me, Division of Medicaid Eligibility Policy. Very good question.

232

00:44:14.810 --> 00:44:24.259

Gene Coffey: We have not yet, come up with a categorical answer to that question. I suppose we suspect.

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00:44:24.260 --> 00:44:34.129

Gene Coffey: That there will be some people who are participating in 1915C waivers who will meet the definition of medical frailty, but again.

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00:44:34.130 --> 00:44:46.959

Gene Coffey: As a categorical, decision yet, we have not reached that, and it is something that I think we expect to address, in the forthcoming regulation that I think we've mentioned.

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00:44:49.260 --> 00:44:50.229

Nick Wallace: Thanks, Gene.

236

00:44:50.230 --> 00:44:50.830

Gene Coffey: Yep.

237

00:44:54.430 --> 00:45:07.309

Nick Wallace: Whitney, I think we're gonna turn it back over to you to address a few more in here. One question is related to whether CMS will be releasing guidance on what the SPA requirements are going to be related to the Generous model.

238

00:45:08.400 --> 00:45:22.829

Whitney Swears: Well, the spa requirements are dependent on some of those operational questions that we're still working through, like the purchasing pools. So most states already have spas to enter into supplemental rebates with states.

239

00:45:22.980 --> 00:45:38.369

Whitney Swears: And, you know, the question is, will there need to be changes to those spas? And some of that is dependent on how we incorporate the purchasing pools. So, once we have more information on the purchasing pools, we can talk more about the spas.

240

00:45:40.810 --> 00:45:55.889

Nick Wallace: Thanks, Whitney. There's another question in here related to required prior authorization criteria. Will participating states be

required to take the clinical prior authorization criteria through their DUR boards?

241

00:45:55.950 --> 00:46:05.289

Nick Wallace: Same with the preferred status on the PDL. Will those generous model PDL recommendations need to go through a state's P&T committee or DUR board?

242

00:46:06.340 --> 00:46:17.860

Whitney Swears: And some of that is dependent on state-specific policies and regulations. Some states have to have all their PDL changes run through their DUR or P&T boards.

243

00:46:18.050 --> 00:46:25.469

Whitney Swears: If that's the case, then yes, that they'll have to go through those processes that are already set up in legislation.

244

00:46:26.110 --> 00:46:39.279

Whitney Swears: Now, we are trying to work on timelines, knowing that states will have to run this information through their DUR and P&T boards to allow states time to do that, and then incorporate the clinical criteria.

245

00:46:41.670 --> 00:46:52.390

Nick Wallace: Thanks, Whitney. We've got one more queued up for you, which is, are there any estimates from CMS on how much, money the generous model will save for states?

246

00:46:53.220 --> 00:47:10.279

Whitney Swears: We don't have any estimates yet. We're still working on the agreements with the manufacturers. Like I said, for all, you know, sometimes it's not actually the lowest price, because Medicaid already gets the federal rebates on drugs, they have supplemental rebates on drugs, but in some instances, the MFM price is lower.

247

00:47:13.360 --> 00:47:14.350

Nick Wallace: Thanks, Whitney.

248

00:47:18.530 --> 00:47:30.059

Whitney Swears: I think the next one is mine, too. So, yes, we can acknowledge the White House announcement for the GLP prices, for the coverage of obesity.

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00:47:30.840 --> 00:47:31.860

Whitney Swears: we...

250

00:47:33.620 --> 00:47:40.980

Whitney Swears: I can share that that is not part of this model, and there will be more information coming on those drugs later.

251

00:47:45.480 --> 00:48:01.209

Nick Wallace: Thanks, Whitney. Another one just came in for you regarding the medications in the Generous model, and whether they need to be preferred or at parity, meaning the same status for all model meds, either preferred or non-preferred.

252

00:48:02.650 --> 00:48:08.810

Whitney Swears: And some of this is going to be dependent upon the negotiated criteria with the manufacturers.

253

00:48:08.810 --> 00:48:27.580

Whitney Swears: So, we will work with the states, with the... we're taking into account the state's input, their current clinical criteria. When the manufacturer submits the RFA for participation in the model, we do ask them to provide the criteria that states already have for each state. So we have that information.

254

00:48:27.580 --> 00:48:37.480

Whitney Swears: To begin with, we know what their current offering is in your state, and we'll use that for the negotiations. We'll also have a process to get state feedback on those clinical criteria.

255

00:48:42.530 --> 00:48:43.520

Nick Wallace: Thanks, Whitney.

256

00:48:43.760 --> 00:48:59.479

Nick Wallace: We'll give you a break here until we have a couple more coming for you. We had a question come in asking whether CMS will consider extending enhanced FMAP for the purposes of IT systems to implement the changes in the law. Thank you for the question, and we will take that back.

257

00:49:01.880 --> 00:49:06.359

Nick Wallace: Whitney, are there any categories of drugs that are exempted from the generous model?

258

00:49:08.540 --> 00:49:14.710

Whitney Swears: There are some exemptions, like vaccines, they're not considered, CODs, so they're not

259

00:49:14.840 --> 00:49:22.579

Whitney Swears: part of this model, once a manufacturer participates, they are to participate for all their covered outpatient drugs.

260

00:49:25.090 --> 00:49:26.030

Nick Wallace: Thanks, Whitney.

261

00:49:29.470 --> 00:49:32.409

Nick Wallace: We'll give folks another 30 seconds or so.

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00:49:56.280 --> 00:49:59.799

Nick Wallace: It seems like the trickle of questions has slowed.

263

00:50:01.270 --> 00:50:09.719

Nick Wallace: But we really appreciate the, the robust engagement here, but it looks like we are just about... well, hold on one second.

264

00:50:10.800 --> 00:50:12.909

Nick Wallace: We'll see if somebody else snuck in.

265

00:50:14.810 --> 00:50:17.920

Nick Wallace: Just a word of thanks to the panelists from,

266

00:50:18.060 --> 00:50:31.639

Nick Wallace: That somebody submitted. But we will wrap up. So again, thank you, everyone, for the great discussion today. As a reminder, this is going to be the last Allstate call of calendar year 2025, and we're hoping to establish a more regular cadence for these calls in 2026.

267

00:50:31.640 --> 00:50:44.249

Nick Wallace: So just be on the lookout. So the date and the topic of the next Allstate call will be announced soon, and of course, as questions come up between these calls, feel free to reach out to us, to your state leads, and we can bring those questions back.

268

00:50:44.250 --> 00:50:59.980

Nick Wallace: Thanks again for joining us. Again, we are going to post the slides from the Allstate call in the next couple of days or so. We hope everyone has a safe and happy holiday season, and we will see you all in the new year. Thank you for joining us, and moderator, please adjourn the call.