Many Medicaid-supported HCBS programs focus on assisting individuals with MH and SUD conditions, including through the rehabilitative services and section 1915(i) state plan authorities, section 1915(c) waivers, and other authorities. With enhanced and more flexible federal funding for HCBS under section 9817 of the American Rescue Plan (ARP), many states have offered a broader range of community-based services for people with MH conditions and SUDs, helped to stabilize provider workforce challenges, improved quality of care, and funded establishment of additional crisis stabilization services and programs. CMCS will continue to support state efforts and, accordingly, CMCS recently extended the deadline for states to use the additional federal funding from section 9817 of the ARP from March 2024 to March 2025.

Increasing Awareness of Medicaid Coverage of Peer Supports

CMCS has a long-standing policy specifying that states have the option to provide Medicaid coverage of peer supports as part of MH and SUD services. This policy confirmed state discretion to determine critical aspects of how peer supports are covered, including training and certification requirements and how peer support providers must be supervised. CMCS will continue promoting existing options states have for providing Medicaid coverage of peer support services.

Supporting Access to MH and SUD Services through Non-Traditional Settings and Services

Actions:

Improving Connections to Care and Support for Individuals Leaving Jails and Prisons

CMCS recently established a ground-breaking policy that will support improved access to care, including MH and SUD treatment for individuals leaving jails or prisons. This policy is outlined in an SMDL issued on April 17, 2023 that specifies how states may access federal match through a section 1115 demonstration for short-term services in these settings, which is otherwise generally not permissible. California's reentry demonstration initiative amendment was approved on January 31, 2023, and 14 additional states have proposed similar demonstrations to CMCS. CMCS will support state implementation of this new section 1115 opportunity. In addition, CMCS will work with other federal partners, including Department of Justice and the Department of Housing and Urban Development, to raise awareness among different other sectors, including criminal justice and housing agencies at the state level, to support people leaving jails and prisons. Given high rates of incarceration of people with MH and SUD conditions, CMCS will ensure these state demonstrations include attention to improving access to MH and SUD treatment.

Increasing Support for Youth Leaving Juvenile Justice Settings

The Consolidated Appropriations Act, 2023 (CAA, 2023) included two key provisions for supporting youth leaving juvenile justice settings: "Medicaid and CHIP Requirements for Health Screenings, Referrals, and Case Management Services for Eligible Juveniles in Public Institutions" (Section 5121) and "Removal of Limitations on Federal Financial Participation for Inmates Who Are Eligible Juveniles Pending Disposition of Charges" (Sec. 5122), with both provisions going into effect in 2025. To implement these provisions, CMCS will also develop and issue guidance on maintaining enrollment and covering services for incarcerated youth prior to release. These provisions prohibit termination of eligibility for CHIP among youth while incarcerated, which was already prohibited by section 1001 of the SUPPORT Act for Medicaid

1 See SMD #21-002, Implementation of At-Risk Youth Medicaid Protections for Inmates of Public Institutions, available at https://www.medicaid.gov/Federal-Policy-Guidance/Downloads/smd21002.pdf.

, and require both Medicaid and CHIP programs to cover screening and diagnostic services and targeted case management services in the 30 days prior to release. Additionally, Medicaid must provide targeted case management in the 30 days after release for individuals following adjudication. In addition, the CAA gives states the option to provide full Medicaid and CHIP coverage for juveniles incarcerated pending disposition of charges. These recent changes will be critical for improving access to MH and SUD services among youth in the juvenile justice system who have high

rates of these conditions

30 Skowyra KR, Cocozza JJ. Blueprint for change: A comprehensive model for the identification and treatment of youth with mental health needs in contact with the juvenile justice system. The National Center for Mental Health and Juvenile Justice. (2006). https://ihbtohio.org/wp-content/uploads/2019/10/Blueprint_for_Change_A_Comprehensive_Model_for_the_Identification_and_Treatment_of_Youth_with_Mental_Health_Needs_in_Contact_with_the_Juvenile_Justice_Network.pdf

30
. Disciplinary or legal actions are a frequent response to children and adolescents struggling with MH or SUD.

31 Fabelo T, Thompson MD, Plotkin M, et al. Breaking schools' rules: A statewide study of how school discipline relates to students' success and juvenile justice involvement. Council of State Governments Justice Center. 2011. https://csgjusticecenter.org/wp-content/uploads/2020/01/Breaking_Schools_Rules_Report_Final.pdf; Mallett CA. The School-to-Prison Pipeline: A Critical Review of the Punitive Paradigm Shift. Child and Adolescent Social Work Journal, 33(1), 15–24 (April 2015). https://link.springer.com/article/10.1007/s10560-015-0397-1

31

Promoting School-Based Services including MH and SUD Prevention and Treatment

CMCS released "Delivering Service in School-Based Settings: A Comprehensive Guide to Medicaid Services and Administrative Claiming" as well as an overview of the Guide to provide guidance to states and schools to simplify and streamline Medicaid and CHIP requirements for claiming for school-based health care. In addition, CMCS will award grants to states and establish an on-going technical assistance center in coordination with the Department of Education as authorized by Congress in the BSCA to support Medicaid and CHIP coverage of school-based services. Providing MH and SUD services in school-based settings is critical for improving access to these services for children and adolescents, and these new resources will include attention to this important issue. These initiatives build on additional earlier guidance encouraging states to leverage Medicaid to support availability of a full array of covered health services in schools including mental health treatment for children enrolled in Medicaid as well as two joint letters by the Secretaries of Health and Human Services and Education highlighting these opportunities for Governors.

Improving Connections with Supports to Address HRSN

Through section 1115 demonstrations and managed care in-lieu-of services and settings (ILOSs) focused on HRSNs, CMCS will engage with state agencies regarding federal programs that can help address needs for longer-term housing support, recovery support including peer support, and other needs among beneficiaries served by these programs. A number of states have section 1115 demonstration initiative underway to provide coverage of HRSNs offering critical support for Medicaid and CHIP enrollees. Furthermore, CMCS published a SMDL on January 4, 2023 to highlight how ILOSs could be utilized as an innovative option for states to address HRSN in managed care, thus broadening availability of this policy option. CMCS previously issued a State Health Official letter on "Opportunities in Medicaid and CHIP to Address Social Determinants of Health" and more recently a guide for addressing HRSN in Section 1115 demonstrations.

Furthermore, CHIP Health Services Initiatives (HSIs) have been developed by states to meet HRSNs and behavioral health needs for low-income children in a variety of settings. CMCS will work to raise awareness about the opportunities these HRSN programs offer to engage more effectively with individuals in need of MH or SUD treatment,

who often disproportionately face the burden of unmet HRSNs.

Enhance Quality of Care
Strategies:
Encouraging Implementation of Evidence-Based Practices
Actions:
Leveraging Medicaid, CHIP, and Other Federal Programs in the Delivery of Behavioral Health Services for Children and Youth

As state Medicaid and CHIP officials and other stakeholders continue to raise alarm regarding the lack of adequate capacity to address the needs of children and adolescents struggling with MH conditions and SUDs, CMCS is directly engaging with states to promote implementation of best practices highlighted in the informational bulletin issued in August of 2022 on "Leveraging Medicaid, CHIP, and Other Federal Programs in the Delivery of Behavioral Health Services for Children and Youth".

Working with States on SUD and SMI/SED Section 1115 Demonstration Initiatives

CMCS has drawn on section 1115 authority to support initiatives aimed at encouraging states to increase availability of a full continuum of care for adults with SMI and children with SED as well as for beneficiaries with SUDs. CMCS continues to actively engage with states developing and implementing these section 1115 demonstrations to ensure these states are implementing the evidence-based practices highlighted in the SMI/SED Section 1115 SMDL and the SUD section 1115 SMDL as ways for states to achieve demonstration milestones and improve outcomes among beneficiaries. Currently 35 states

32 AK, CA, CO, CT, DC, DE, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MT, NC, NE, NH, NJ, NM, NV, OH, OK, OR, PA, RI, UT, VA, VT, WA, WI, WV

32
are participating in SUD focused demonstrations, and 11 states

33 AL, DC, ID, IN, MD, NH, NM, OK, UT, VT, WA

33
in SMI /SED focused demonstrations.

Both initiatives offer flexibility regarding statutory exclusions of certain types of specialized treatment facilities in exchange for commitments from states to implement delivery system reforms designed to improve access to a full continuum of care and evidence-based services and programs. In both the SMI/SED and SUD section 1115 initiatives, states are also expected to report on a defined set of quality measures and conduct rigorous evaluations of these initiatives.

For the SUD section 1115 demonstrations, expectations for participating states include requiring availability of medication assisted treatment to individuals in residential treatment settings, use of nationally recognized expert standards to set provider qualifications, expanded access to naloxone to reverse opioid overdoses, and improvements in care coordination and access to physical healthcare as well as increased use of prescription drug monitoring programs.

CMCS actively works with states engaged in our SMI/SED section 1115 initiative to ensure implementation of a broad range of improvements to these states' MH delivery systems, in addition to allowing coverage of services during short-

term stays for acute care in specialized inpatient and residential treatment facilities that are ordinarily excluded from Medicaid coverage. These required delivery system enhancements are focused on improving discharge planning and care coordination when transitioning out of inpatient and residential treatment stays, and include assessment of housing needs; requiring follow-up contact within 72 hours; prevent or decrease lengths of stay in emergency departments; improving availability of crisis stabilization services and intensive outpatient programs; increasing use of evidence-based patient assessment tools; and implementing strategies to engage individuals in treatment, including through supported employment and supported education and increased integration and availability of services specialized to address the needs of children and adolescents.

Supporting State Efforts to Improve Access to Contingency Management

Contingency management is an evidence-based treatment for a variety of SUDs that incorporates therapeutically focused incentives aimed at promoting recovery, including through abstinence from substance use and engagement in treatment.

34 Ginley MK, Pfund RA, Rash CJ, Zajac K. Long-term efficacy of contingency management treatment based on objective indicators of abstinence from illicit substance use up to 1 year following treatment: A meta-analysis. J Consult Clin Psychol, 89(1):58-71 (2021). https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8034391/; Petry NM, Alessi SM, Olmstead TA, Rash CJ, Zajac K. Contingency management treatment for substance use disorders: How far has it come, and where does it need to go? Psychology of Addictive Behaviors, 31(8):897 (2017). https://psycnet.apa.org/fulltext/2017-27173-001.pdf

The evidence of effectiveness of this treatment modality is compelling and it is especially important as a treatment option for stimulant use disorders that represent an increasing cause of overdose deaths. CMCS has allowed coverage of contingency management as part of California's section 1115 demonstration. In addition, CMCS is in discussions with several other states that have expressed interest in testing the use of this therapy to improve outcomes for people with SUDs through section 1115 demonstrations.

Providing Learning Collaboratives to Address Pressing Issues

CMCS supports state efforts to address pressing issues through affinity groups to facilitate peer to peer exchanges between states and provide expert resources. In this regard, CMCS is supporting an on-going affinity group focused on improving follow-up after hospitalization for mental illness.

Improving Quality Measurement
Actions:
Implementing Mandatory Reporting on Core MH and SUD Measures

CMCS is finalizing a proposed rule regarding mandatory annual state reporting requirements for the Child Core Set, the behavioral health measures on the Adult Core Set, and the Health Home Core Sets. The Bipartisan Budget Act of 2018 made reporting of the Child Core Set mandatory for states beginning in fiscal year (FY) 2024. Section 5001 of the SUPPORT Act made it mandatory for states to also report the adult behavioral health measures on the Adult Core Set beginning in FY 2024. In accordance with sections 1945(g) and 1945A(g)(1) of the Social Security Act, reporting on the Health Home Core Sets is required as a condition for providers to receive payment for health home services provided to certain individuals.

These enhanced reporting requirements will improve CMCS's ability to monitor the quality of care provided to beneficiaries with MH and/or SUD treatment needs. The Child Core Set includes a substantial number of important measures focused on MH conditions and SUDs. In addition, the health home benefit supports improved coordination of

care with a focus on individuals in need of MH and/or SUD treatment. The health home quality measures reflect this focus with a number of measures targeting MH and SUD treatment issues.

Through this rulemaking, CMCS will also establish requirements for stratified reporting of measures to support our efforts to improve equity by helping us to understand where disparities in access to and quality of care arise and how we can improve care for subpopulations of beneficiaries most at risk for facing barriers to accessing good quality MH and/or SUD treatment.

Analyzing and Publicizing Data on Key Topics
Actions:
Posting SUD and SMI/SED Section 1115 Demonstration Evaluation Rapid Cycle Reports

CMCS will continue to work with states to collect information to monitor the implementation of the SUD and SMI/SED section 1115 demonstrations on key performance metrics and study the impact of the SUD and SMI/SED section 1115 demonstrations. We will continue analyze these data and post rapid cycle reports under our federal evaluation that examine the effect of these policies on access to and quality of MH and SUD treatment. Reports posted so far highlight, for example, increased availability of medication assisted treatment (MAT) in residential treatment centers in SUD section 1115 states and other delivery system improvements in those demonstrations.

Developing and Posting the SUD Databook

CMCS annually posts a report on the number of Medicaid beneficiaries with SUDs, the services they received, the settings where they receive these services, the delivery systems that provide these services, and the progression of care based on analysis of claims data from the Transformed Medicaid Statistical Information System (T-MSIS). These reports provide an important resource for assessing access to treatment services and supports as well as highlighting opportunities for improving care for beneficiaries with SUDs.

Analyzing T-MSIS Data and Posting Findings Regarding Enrollees with MH Conditions

CMCS is developing resources using Medicaid T-MSIS claims and enrollment data to make information on access to treatment among individuals with MH conditions more accessible.
Conclusion
As demonstrated by the breadth and depth of these many activities and initiatives, ensuring access to high quality MH and SUD treatment services and supports is among the highest priorities of CMCS. Our overall MH and SUD strategy is focused on increasing access to prevention and treatment by improving coverage and integration, coordination, and parity as well as increasing engagement with and support of enrollees with MH conditions and SUDs, while ensuring the quality of care that Medicaid and CHIP enrollees receive. Central to these efforts are key overarching principles aimed at increasing equity by addressing disparities in access to care and promoting recovery. The goals and activities outlined above are only some key examples of the many ways that CMCS works every day to improve care for Medicaid and CHIP enrollees with MH conditions and/or SUDs.

Appointment Title:
[External] CMCS Access Policy Sprint Working Session

Organizer:
Peterson, Alanna

Attendees:
Boozang, Patricia; Mann, Cindy; O'Connor, Kaylee; Striar, Adam; Serafi, Kinda; TSCHENCK@mitre.org; Giles, John (CMS/CMCS); Gibson, Alexis E. (CMS/CMCS); Gentile, Amy A. (CMS/CMCS); jbarrazacannon@mitre.org; rebeccacase@mitre.org; Llanos, Karen E.(CMS/CMCS)

Location:
https://manatt.zoom.us/j/ (b)(6) pwd=NUtwSVhjL0JoY0NHVlNkWjRTQXN6Zz09

Start Time:
8/10/2022 6:00:00 PM +0000

End Time:
8/10/2022 7:00:00 PM +0000

Reminder Time:
8/10/2022 5:45:00 PM +0000

Reminder Set:
true

Duration:
1 hours

Is Recurring:
false

Reccurrance Pattern:

Response Status:
3

Busy Status:
Busy

Attachments:
image001.jpg

Hi there,

Alanna Peterson is inviting you to a scheduled Zoom meeting.

Join Zoom Meeting

Phone one-tap:

US: +13126266799 (b)(6) or +16469313860, (b)(6)

Meeting URL:

https://manatt.zoom.us/j/ (b)(6) pwd=NUtwSVhjL0JoY0NHVlNkWjRTQXN6Zz09

Meeting ID:

(b)(6)

Passcode:

(b)(6)

Join by Telephone

For higher quality, dial a number based on your current location.

Dial:

US: +1 312 626 6799 or +1 646 931 3860 or +1 929 205 6099 or +1 301 715 8592 or +1 669 900 6833 or +1 253 215 8782 or +1 346 248 7799 or +1 386 347 5053 or +1 564 217 2000 or +1 669 444 9171 or 888 788 0099 (Toll Free) or 877 853 5247 (Toll Free)

Meeting ID:

(b)(6)

Passcode:

(b)(6)

International numbers

Join from an H.323/SIP room system

H.323:

162.255.37.11 (US West)
162.255.36.11 (US East)

Meeting ID:

(b)(6)

Passcode:

(b)(6)

SIP:

(b)(6) @zoomcrc.com

Passcode:

(b)(6)

Appointment Title:
FW: [External] SBS Claiming Guide Call

Organizer:
Guyer, Jocelyn

Attendees:
Howe, Rory (CMS/CMCS); Silanskis, Jeremy (CMS/CMCS); Maccarroll, Amber (CMS/CMCS); Kaminsky, Stephanie (CMS/CMCS); Thompson, Christopher (CMS/CMCS); Badaracco, Andrew (CMS/CMCS); Mann, Cindy; Ginnis (she/her), Kate (CMS/CMCS); Briskin, Perrie (CMS/CMCS); Kimball (he,him), Richard (CMS/CMCS); Barnard, Zoe; Traub, Arielle; Viswanathan, Pavitra

Location:
https://manatt.zoom.us/j (b)(6) ?pwd=dnozTExEeDQveFFSQUp4WFVqMVZlZz09

Start Time:
7/17/2023 4:00:00 PM +0000

End Time:
7/17/2023 4:30:00 PM +0000

Reminder Time:
N/A

Reminder Set:
false

Duration:
30 minutes

Is Recurring:
false

Reccurrance Pattern:

Response Status:
5

Busy Status:
Tentative

Attachments:
image001.jpg

FYI

-----Original Appointment-----
From: Guyer, Jocelyn <JGuyer@manatt.com>
Sent: Monday, July 17, 2023 9:51 AM
To: Guyer, Jocelyn; Thompson, Christopher (CMS/CMCS); Badaracco, Andrew (CMS/CMCS); Mann, Cindy; Ginnis (she/her), Kate (CMS/CMCS); Briskin, Perrie (CMS/CMCS); Kimball (he,him), Richard (CMS/CMCS); Barnard, Zoe; Traub, Arielle

Cc: Viswanathan, Pavitra
Subject: FW: [External] SBS Claiming Guide Call
When: Monday, July 17, 2023 12:00 PM-12:30 PM (UTC-05:00) Eastern Time (US & Canada).
Where: https://manatt.zoom.us/j (b)(6) pwd=dnozTExEeDQveFFSQUp4WFVqMVZlZz09

-----Original Appointment-----
From: Guyer, Jocelyn <JGuyer@manatt.com>
Sent: Monday, June 26, 2023 1:55 PM
To: Guyer, Jocelyn; Mann, Cindy; Ginnis, Kate (CMS/CMCS); Briskin, Perrie (CMS/CMCS); Kimball (he,him), Richard (CMS/CMCS); Barnard, Zoe; Traub, Arielle
Cc: Viswanathan, Pavitra
Subject: [External] SBS Claiming Guide Call
When: Monday, July 17, 2023 12:00 PM-12:30 PM (UTC-05:00) Eastern Time (US & Canada).
Where: https://manatt.zoom.us/j (b)(6) ?pwd=dnozTExEeDQveFFSQUp4WFVqMVZlZz09

Hi there,

Jocelyn Guyer (she/her) is inviting you to a scheduled Zoom meeting.

Join Zoom Meeting

Phone one-tap:

US: +13017158592, (b)(6) or +13052241968, (b)(6)

Meeting URL:

https://manatt.zoom.us/j/ (b)(6) pwd=dnozTExEeDQveFFSQUp4WFVqMVZlZz09

Meeting ID:

(b)(6)

Passcode:

(b)(6)

Join by Telephone

For higher quality, dial a number based on your current location.

Dial:

US: +1 301 715 8592 or +1 305 224 1968 or +1 309 205 3325 or +1 312 626 6799 or +1 646 931 3860 or +1 929 205 6099 or +1 360 209 5623 or +1 386 347 5053 or +1 507 473 4847 or +1 564 217 2000 or +1 669 444 9171 or +1 669 900 6833 or +1 689 278 1000 or +1 719 359 4580 or +1 253 205 0468 or +1 253 215 8782 or +1 346 248 7799 or 833 928 4609 (Toll Free) or 833 928 4610 (Toll Free) or 877 853 5247 (Toll Free) or 888 788 0099 (Toll Free) or 833 548 0276 (Toll Free) or 833 548 0282 (Toll Free) or 833 928 4608 (Toll Free)

Meeting ID:

(b)(6)

Passcode:

(b)(6)

International numbers

Join from an H.323/SIP room system

H.323:

162.255.37.11 (US West)
162.255.36.11 (US East)

Meeting ID:

(b)(6)

Passcode:

(b)(6)

SIP:

(b)(6)@zoomcrc.com

Passcode:

(b)(6)

Appointment Title:
PAPER - Georgetown University's Medicaid Section 1115 Waiver Task Force

Organizer:
Tsai, Daniel (CMS/CMCS)

Location:

Start Time:
12/1/2022 6:30:00 PM +0000

End Time:
12/1/2022 7:00:00 PM +0000

Reminder Time:
N/A

Reminder Set:
false

Duration:
30 minutes

Is Recurring:
false

Reccurrance Type:
Not

Reccurrance Pattern:

Response Status:
0

Busy Status:
Busy

Attachments:
Waiver Task Force Meeting 1-page.docx; Alker CMCS Response.pdf; Letter to Secretary to Improve 1115 Waiver Process.pdf

The Waiver Task Force is a coalition of over 150 organizations representing Medicaid advocates, researchers, patient groups, and provider organizations that engage on section 1115 demonstration waiver policy at the state and federal level.

A substantial and growing portion of Medicaid is funded through section 1115 and there is a critical need to develop a regulatory framework that clarifies the parameters of the authority, clears up confusion among states and courts, strengthens the transparency rules, and protects the integrity of the Medicaid program. This is among the most important things the administration can do for the long-term security of the Medicaid program and the millions of people who rely on the program for their health insurance.

We urge CMS to issue regulations to achieve three key goals:

Define the Objectives of Medicaid for Purposes of Section 1115 Demonstrations
CMS should promulgate a regulation to set forth "the objectives of Medicaid" to avoid harmful demonstration and waiver approvals, such as work requirements or premiums in Medicaid. A definition of the objectives of Medicaid should be based primarily in the purpose of the program identified in section 1901, namely to furnish medical assistance, rehabilitation, and other services. CMS should also ensure that the new definition of the objectives of Medicaid explicitly affirms the Medicaid entitlement and open-ended matching payment structure. CMS's definition should also clarify that the clause "rehabilitation and other services to help such families and individuals attain or retain capability for independence or self-care" cannot be interpreted to allow demonstrations that "promote independence" if they do not furnish services or if they reduce access to services.

Create 1115 Guardrails for Promoting the Objectives of Medicaid
CMS's regulation should further operationalize the definition of the objectives of Medicaid by creating 1115 "guardrails," similar to the section 1332 guardrails, that ensure demonstrations promote, not undercut, the purpose of Medicaid. CMS should require that all demonstrations meet all specified guardrails for the full population eligible for the demonstration and for specific sub-populations when the guardrail impacts are disaggregated by race/ethnicity and other factors. Existing regulations should be supplemented to require that state applications for section 1115 demonstrations include specific and disaggregated estimates for each of the guardrails as well as a comprehensive equity assessment, explaining the effect the proposal would likely have on health coverage and access to care.

Protect the Integrity and Transparency of the Demonstration Process
We recommend that CMS's regulation additionally make three changes to strengthen demonstration processes.
First, the regulation should require the full transparency process (including notice and comments) for all 1115 demonstrations that would impact eligibility, enrollment, benefits, cost-sharing, or financing – including new applications, extensions, and amendments.
Second, the permissible exceptions to the transparency process in the case of a public health emergency needs to be tightened up.
Third, CMS's regulation should set clear standards for the duration of demonstrations, not to exceed five years.

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850

November 8, 2022

Joan Alker
Executive Director
Center for Children and Families
Georgetown University, McCourt School of Public Policy
3300 Whitehaven St., NW
Suite 5000
Washington, DC 20057

Dear Joan Alker:

Thank you for your recommendations on the Centers for Medicare & Medicaid Services (CMS) promulgating regulations regarding the section 1115 Medicaid demonstration process.

The Department of Health and Human Services (HHS) appreciates your feedback on the need for a regulatory framework to provide clarity around the parameters for the use of section 1115 authority, including defining the objectives of Medicaid and strengthening the transparency process for all section 1115 demonstration actions. CMS recognizes that protecting the integrity and transparency of the review and approval process are key concerns for stakeholders. The agency will consider these recommendations as we work toward our shared goal of strengthening Medicaid and the Children's Health Insurance Program.

We also recognize the importance of clear guidance that affirms the objectives of Medicaid and a meaningful public comment process that informs CMS's review and decision making. The feedback provided in your correspondence will be used to inform future policy on these topics.

We thank you for your advocacy and support of the Medicaid program and the populations it serves. If you have additional questions regarding state section 1115 demonstrations, please contact Ms. Judith Cash, Director, State Demonstrations Group, Center for Medicaid and CHIP Services at 410-786-4473. Please share a copy of this response with the cosigners of your letter.

Sincerely,

Daniel Tsai
Deputy Administrator and Director

cc:
American Academy of Family Physicians
American Academy of Pediatrics
American Association on Health and Disability

American Cancer Society Cancer Action Network
American College of Obstetricians and Gynecologists
American Heart Association
American Lung Association
Arthritis Foundation
Asian & Pacific Islander American Health Forum (APIAHF)
Autism Society of America
Autistic Self Advocacy Network
Black Mamas Matter Alliance
CancerCare
Catholic Health Association of the United States
Center for Disability Rights
Center for Law and Social Policy (CLASP)
Center on Budget and Policy Priorities
Community Catalyst
Cystic Fibrosis Foundation
Easterseals
Epilepsy Foundation
Families USA
First Focus on Children
Georgetown University Center for Children and Families
Hemophilia Federation of America
Justice in Aging
Lakeshore Foundation
March of Dimes
Medical Transportation Access Coalition
Medicare Rights Center
NASTAD
National Alliance on Mental Illness
National Association for Children's Behavioral Health
National Association of Community Health Centers
National Association of Pediatric Nurse Practitioners
National Disability Rights Network (NDRN)
National Family Planning & Reproductive Health Association
National Health Care for the Homeless Council
National Health Law Program
National Immigration Law Center
National Multiple Sclerosis Society
National Network for Arab American Communities (NNAAC)
National Organization for Rare Disorders
National Partnership for Women & Families
National Patient Advocate Foundation
Physicians for Reproductive Health
Primary Care Development Corporation
The Arc of the United States
The Leukemia & Lymphoma Society

UnidosUS
Union for Reform Judaism

Author: Graphics
Company: HCFA
CreationDate: 2022-11-08 17:14:04
Creator: Acrobat PDFMaker 22 for Word
ModDate: 2022-11-10 19:12:25
Producer: Adobe PDF Library 22.1.149
SourceModified: D:20221108171334
Title: DEPARTMENT OF HEALTH & HUMAN SERVICES
_AdHocReviewCycleID: 1433944932
_AuthorEmail: Ginni.Hain@cms.hhs.gov
_AuthorEmailDisplayName: Hain, Ginni M. (CMS/CMCS)
_EmailSubject: Revised CMCS Letterhead
_PreviousAdHocReviewCycleID: -1683419947

August 17, 2022

Secretary Xavier Becerra
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

Re: Recommended Regulatory Actions for Section 1115 Medicaid Demonstration Process

Dear Secretary Becerra,

The undersigned organizations write to urge you to promulgate regulations regarding the section 1115 Medicaid demonstration process. A substantial and growing portion of Medicaid is funded through section 1115 and there is a critical need to develop a regulatory framework that clarifies the parameters of the authority, clears up confusion among states and courts, strengthens the transparency rules, and protects the integrity of the Medicaid program. This is among the most important things the administration can do for the long-term security of the Medicaid program and the millions of people who rely on the program for their health insurance.

CMS must set out a definition of "the objectives of Medicaid" and establish related principles to avoid harmful demonstration and waiver approvals, such as work requirements or premiums in Medicaid. CMS's regulation should address several specific and important problems in the 1115 process.

Defining the Objectives of Medicaid for Purposes of Section 1115 Demonstrations

CMS should promulgate a regulation which requires that section 1115 demonstrations promote the objectives of Medicaid, with a definition of the objectives of Medicaid based primarily in the purpose of the program identified in section 1901, namely to furnish medical assistance, rehabilitation, and other services. CMS should also ensure that the new definition of the objectives of Medicaid explicitly affirms the Medicaid entitlement and open-ended matching payment structure.

CMS's definition should also clarify that the clause "rehabilitation and other services to help such families and individuals attain or retain capability for independence or self-care" cannot be interpreted to allow demonstrations that "promote independence" if they do not furnish services or if they reduce access to services.

CMS Should Create 1115 Guardrails for Promoting the Objectives of Medicaid

CMS's regulation should further operationalize the definition of the objectives of Medicaid by creating 1115 "guardrails," similar to the section 1332 guardrails, that ensure demonstrations promote, not undercut, the purpose of Medicaid. Such guardrails should include:

1. Demonstrations cannot be approved if they would likely reduce the number of individuals covered by Medicaid in a state, or otherwise reduce the number of individuals who have health insurance in the state.

2. Demonstrations cannot be approved if they would likely reduce the available services, or amount, duration, and scope of any services, provided to Medicaid enrollees; this includes maintaining access to community-based services.

3. Demonstrations cannot be approved if they would reduce the affordability of services for enrollees, including cost-sharing, premiums, and any other costs, unless they comply with the standards in section 1916(f).
4. Demonstrations should not otherwise reduce access to care, such as by making application, enrollment, or renewal more difficult.

CMS should require that all demonstrations meet all four guardrails for the full population eligible for the demonstration and for specific sub-populations when the guardrail impacts are disaggregated by race/ethnicity and other factors. Existing regulations should be supplemented to require that state applications for section 1115 demonstrations include specific and disaggregated estimates for each of the guardrails as well as a comprehensive equity assessment, explaining the effect the proposal would likely have on health coverage and access to care.

Protecting the Integrity and Transparency of the Demonstration Process

We recommend that CMS's regulation additionally make three changes to strengthen demonstration processes.

First, the regulation should require the full transparency process (including notice and comments) for all 1115 demonstrations that would impact eligibility, enrollment, benefits, cost-sharing, or financing – including new applications, extensions, and amendments. Adding amendments is key as so many states have existing section 1115 demonstrations and major changes are frequently made through amendments. Just like CMS's current regulations include slightly different requirements for new applications and extensions, new regulations could specify reasonable requirements for significant amendments that balance transparency with states' needs to make timely changes. Meaningful changes to eligibility, benefits, cost-sharing, enrollment or financing all require public comment in our view.

Second, the permissible exceptions to the transparency process in the case of a public health emergency needs to be tightened up. The regulation should clarify or strengthen existing regulations to prevent pretextual exemptions from the transparency process. Exemption from the transparency process should be very rare, and only used for demonstrations that are directly related to emergency response (i.e., not just coincidentally contemporaneous) and when use of a comment period would materially delay such emergency response.

Third, CMS's regulation should set clear standards for the duration of demonstrations, not to exceed five years. Section 1115 authorizes "experimental, pilot, or demonstration" projects. Ten years are generally not needed to assess the value of an experiment, and ten years is a long time to have an unsuccessful waiver in place. Ten years also creates the possibility that an outgoing administration can bind a new administration for the entirety of its two terms. Some ten-year approvals do not comport with the statute. We recommend that, consistent with long-standing practice, CMS should implement an unambiguous 5-year limit for new demonstrations, extensions, and amendments.

Thank you for your consideration of our views. If you have questions, please contact Joan Alker (jca25@georgetown.edu) or Allison Orris (aorris@cbpp.org).

American Academy of Family Physicians
American Academy of Pediatrics
American Association on Health and Disability
American Cancer Society Cancer Action Network

American College of Obstetricians and Gynecologists
American Heart Association
American Lung Association
Arthritis Foundation
Asian & Pacific Islander American Health Forum (APIAHF)
Autism Society of America
Autistic Self Advocacy Network
Black Mamas Matter Alliance
CancerCare
Catholic Health Association of the United States
Center for Disability Rights
Center for Law and Social Policy (CLASP)
Center on Budget and Policy Priorities
Community Catalyst
Cystic Fibrosis Foundation
Easterseals
Epilepsy Foundation
Families USA
First Focus on Children
Georgetown University Center for Children and Families
Hemophilia Federation of America
Justice in Aging
Lakeshore Foundation
March of Dimes
Medical Transportation Access Coalition
Medicare Rights Center
NASTAD
National Alliance on Mental Illness
National Association for Children's Behavioral Health
National Association of Community Health Centers
National Association of Pediatric Nurse Practitioners
National Disability Rights Network (NDRN)
National Family Planning & Reproductive Health Association
National Health Care for the Homeless Council
National Health Law Program
National Immigration Law Center
National Multiple Sclerosis Society
National Network for Arab American Communities (NNAAC)
National Organization for Rare Disorders
National Partnership for Women & Families
National Patient Advocate Foundation

Physicians for Reproductive Health
Primary Care Development Corporation
The Arc of the United States
The Leukemia & Lymphoma Society
UnidosUS
Union for Reform Judaism

Author: Microsoft Office User
CreationDate: 2022-08-17 21:18:40
Creator: Microsoft Word
ModDate: 2022-11-10 19:11:46

Managed Care Regulations - Transparency*Access Recommendations
From:
Allison Orris <aorris@cbpp.org>

Sent:
12/2/2022 2:26:51 PM -0500

To:
"Tsai, Daniel (CMS/CMCS)" <Daniel.Tsai@cms.hhs.gov>; "Costello, Anne Marie (CMS/CMCS)" <AnneMarie.Costello@cms.hhs.gov>

CC:
andy.schneider@georgetown.edu

Subject:
Managed Care Regulations - Transparency/Access Recommendations

Attachments:
CCFCBPP re MCO regs 12-2-22.pdf

Hi Dan and Anne Marie. It was nice to see each of you in various meetings this week.

Andy and I wanted to share the attached recommendations regarding ways that Medicaid managed care rules could promote transparency at both the state and federal level, in serve to the access goals that we know the Administration is focusing on. We think the forthcoming rulemaking presents an opportunity for CMS to strengthen its transparency policies and processes to improve access and strengthen program integrity at minimal cost and with minimal new requirements on states. To that end, we are sharing the attached recommendations for your consideration.

Please let us know if you have any questions or would like to discuss.

Have a good weekend,
Allison

Allison Orris (she/her/hers)
Senior Fellow
Center on Budget and Policy Priorities
(202) 325-8347 | aorris@cbpp.org

To: Dan Tsai, CMS Deputy Administrator and CMCS Director
Anne Marie Costello, CMCS Deputy Director
From: Allison Orris, Center on Budget and Policy Priorities
Andy Schneider, Georgetown Center for Children and Families
Re: Recommended improvements to Medicaid managed care regulations to ensure access to care
Date: December 2, 2022

We understand that CMS is now developing an NPRM (CMS-2439) to propose changes to the current regulations that would make "policy and reporting changes to ensure the efficient operation of state managed care delivery systems and access to care for Medicaid managed care enrollees." This rule presents an opportunity for CMS to strengthen its transparency policies and processes to improve access and strengthen program integrity at minimal cost and with minimal new requirements on states. Enhancing data collection and reporting requirements in the managed care regulations could help advance health equity by facilitating the availability of transparent information that states and CMS could leverage to address disparities.

Background

The federal investment in Medicaid managed care in FY 23 is projected at $280 billion, or nearly 47% of total projected federal Medicaid spending (CBO May 2022 Baseline). However, there is little evidence to indicate whether or not the more than 58 million beneficiaries enrolled in Medicaid MCOs (CMS, 2020 reporting year) have access to care commensurate with that investment. This absence of transparency is a fundamental program integrity issue for the program. It is also a barrier to address health equity as health disparities are often exacerbated by challenges enrollees have in accessing providers and receiving timely care. Without high quality data about the quality of care that individuals receive, it is difficult for policymakers to target interventions or to ensure that dollars are being spent as efficiently as possible

By itself, CMS does not have the staffing resources to hold approximately 280 MCOs and the 41 state Medicaid agencies that select and contract with those MCOs accountable for their performance on access to care for enrollees. In addition, CMS's formal enforcement tools are limited; if access is grossly inadequate, its only recourse is deferring or disallowing FFP on the state's contract with the MCO or withholding approval of the contract at the next renewal. Transparency of data on the performance of individual MCOs is a much less drastic but potentially more effective remedy. It can be a powerful motivator for both MCOs and state Medicaid agencies concerned about reputational risk; poorly performing MCOs will not want the public to know that their performance is sub-par, and state agencies will not want the public to know that they are contracting with a poorly performing MCO. In addition, transparency would impose almost no new costs on states or the federal government, since

they already pay for the performance data they collect from individual MCOs through monthly capitation.

The current CMS managed care regulations do not place enough emphasis on transparency of performance data for individual MCOs. They require only that state Medicaid agencies post (1) the contract with the MCO, (2) ownership and control information, (3) triennial audit results, (4) documentation of the availability and accessibility of services, and (5) the Annual Technical Review done by the EQRO. State compliance is spotty, but even if it was robust, this information would not be sufficient to assess the extent to which MCO enrollees have access to care.

As CMS proposes a new approach to measuring access standards in Medicaid managed care, we recommend that, as part of that rulemaking, CMS also undertake changes to strengthen its transparency policies and processes to improve access and strengthen program integrity at minimal cost and with minimal new requirements on states.

Recommendation for greater transparency at the federal level

We recommend that CMS issue regulations to stand up and maintain a Medicaid MCO performance dashboard with data on each MCO that includes (1) MCO name; (2) parent organization; (3) Medicaid enrollment stratified by age (under 21, 21-64, 65 and over) and, when available, race, and ethnicity; (4) Child Core Set measures; (5) Adult Core Set behavioral health measures; (6) maternal health measures from Adult Core Set; (7) EPSDT screening and treatment measures; (8) Medicaid capitation revenues; (9) MLR; and (10) enforcement actions taken by the state.

This data set builds on information in the Medicaid Managed Care and Enrollment and Program Characteristics prepared for CMS by Mathematica. https://www.medicaid.gov/medicaid/managed-care/downloads/2020-medicaid-managed-care-enrollment-report.pdf Every data element other than maternal health measures from the Adult Core Set is information that the states already have or that they will be required to report to CMS starting in 2024.

CMS currently has the authority to stand up and maintain an MCO performance dashboard. To reduce burden on CMS, items (4), (5), (7), and (10) could be met by establishing linkages to a state website if available on that website (see below); if a state is not in compliance with reporting obligations, the responsibility to post the information would be on CMS using data reported by the state.

To ensure continuity of the MCO performance dashboard from Administration to Administration, CMS should codify its obligation to maintain this dashboard in regulation, perhaps by adding a new section to Subpart H of Part 438, Additional Program Integrity Safeguards.

Recommendation for greater transparency at the state level

CMS should update its regulations to add to the documents and reports that state Medicaid agencies must post on their websites per 438.602(g) the following:

(1) All annual MLR reports submitted by each MCO to the state as required by current regulations. (This is not the summary description of these MLR reports that CMS now requires states to submit per the July 6, 2022 CIB at https://www.medicaid.gov/federal-policy-guidance/downloads/cib07062022.pdf; the full MLR reports should be made available)

Strengthen the current regulatory requirement at 438.8(k) regarding the content of an MCO's annual MLR report to require that the report must include each of the data elements specified in current CMS regulations necessary to calculate the numerator 438.8(e) and the denominator (f).

(2) The Child Core Set measures and the behavioral health measures in the Adult Core Set that each MCO submits to the state Medicaid agency on the basis of which the state agency meets its annual reporting obligation to CMS beginning in 2024 under the Bipartisan Budget Act of 2018.

(3) The EPSDT measures that each MCO the enrolls children under 21 submits to the state Medicaid agency on the basis of which the state Medicaid agency annually submits form

CMS-416 to CMS as required by State Program Guidelines
https://www.medicaid.gov/medicaid/benefits/early-and-periodic-screening-diagnostic-and-treatment/index.html

(4) A listing of actions taken by the state against each MCO to enforce the terms of the risk contract, including a description of the noncompliance at issue, the type of action taken (CAPs, fines, liquidated damages, suspension of new enrollment, etc.), and the amount of any financial sanction imposed. (States are required by 438.724 to give CMS written notice within 30 days of when it imposes or lifts a sanction).

* * * * *

Promoting transparency is a critical first step to promoting both access and program integrity. Over time, CMS should require states to meet minimum performance standards and be transparent about performance improvement plans. However, this will require significant transition time for states. It may also require some flexibility to work with states or adjust measures for states with different geographic challenges, such as states with very rural areas. Working to develop data needed to identify and reduce disparities is a necessary precursor l to advancing not just health equity but also program integrity in Medicaid.

Producer: Microsoft® Word for Microsoft 365
Creator: Microsoft® Word for Microsoft 365
CreationDate: 2022-12-02 19:20:30
ModDate: 2022-12-02 19:20:30

RE: RE: Reconnecting on Access Work
From:
"Boozang, Patti" <PBoozang@manatt.com>

Sent:
12/12/2022 2:31:39 PM -0500

To:
"Giles, John (CMS/CMCS)" <John.Giles1@cms.hhs.gov>; "Gibson, Alexis (CMS/CMCS)" <alexis.gibson@cms.hhs.gov>; "Gentile, Amy (CMS/CMCS)" <Amy.Gentile@cms.hhs.gov>

CC:
"Serafi, Kinda" <KSerafi@manatt.com>; "Mann, Cindy" <CMann@manatt.com>; "Striar, Adam" <AStriar@manatt.com>; "Peterson, Alanna" <APeterson@manatt.com>; Johanna L Barraza-Cannon <jbarrazacannon@mitre.org>; Thomas W Schenck <TSCHENCK@mitre.org>; "Llanos, Karen (CMS/CMCS)" <Karen.Llanos@cms.hhs.gov>; "Gentile, Amy (CMS/CMCS)" <Amy.Gentile@cms.hhs.gov>; "Gibson, Alexis (CMS/CMCS)" <alexis.gibson@cms.hhs.gov>

Subject:
RE: RE: Reconnecting on Access Work

Attachments:
CMS Access Punchlist Outline_DRAFT_12.12.2022.docx; Provider Survey Toolkit Approach - 12.5.2022.docx

John and team,

In advance of our call later this week, please find an agenda below and the current versions of the two draft access tools: an Access Punchlist and a Provider Survey toolkit outline. Please note that to date, we have focused our work on access punch list strategies to those applicable under Medicaid managed care. As we mentioned previously, we are in the remaining few weeks of this performance period to work on these deliverables, so we would like to get your input on the high priorities for getting these to a next draft that will be helpful to you as you turn your attention from rule making to tools and state TA. We look forward to discussing with you on Thursday.

[External] CMS Access Call
Date: Thursday, December 15, 2022, 2:30 * 3:00 pm

Agenda:
- CMS update on status of MMC Access rules
- Manatt recap of work on draft Access Tools (see attached)
? Access Punchlist
? Provider Survey Toolkit
- Discuss CMS priorities for additional Access Tool work by year-end (end of current performance period)
- Next Steps

Patti

Patricia M. Boozang

Senior Managing Director - Manatt Health Strategies

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From: Giles, John (CMS/CMCS) <John.Giles1@cms.hhs.gov>
Sent: Monday, December 5, 2022 4:01 PM
To: Boozang, Patti <PBoozang@manatt.com>; Gibson, Alexis (CMS/CMCS) <alexis.gibson@cms.hhs.gov>
Cc: Serafi, Kinda <KSerafi@manatt.com>; Mann, Cindy <CMann@manatt.com>; Striar, Adam <AStriar@manatt.com>; Peterson, Alanna <APeterson@manatt.com>; Johanna L Barraza-Cannon <jbarrazacannon@mitre.org>; Thomas W Schenck <TSCHENCK@mitre.org>; Llanos, Karen (CMS/CMCS) <Karen.Llanos@cms.hhs.gov>; Gentile, Amy (CMS/CMCS) <Amy.Gentile@cms.hhs.gov>; Gibson, Alexis (CMS/CMCS) <alexis.gibson@cms.hhs.gov>; Giles, John (CMS/CMCS) <John.Giles1@cms.hhs.gov>
Subject: RE: Reconnecting on Access Work

Hi Patti *

Happy to meet and discuss these tools. Here are some potential options on our side:

12/13 * 12:30pm or 4:00pm ET
12/14 * 3:00pm, 3:30pm, or 4:00pm ET
12/15 * 2:00 or 2:30pm ET

Let me know what is best for you. Thank you!

John Giles, MPA
Director, Division of Managed Care Policy
Disabled and Elderly Health Programs Group
Center for Medicaid and CHIP Services
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Phone: 240-904-2341
E-mail: John.Giles1@cms.hhs.gov

From: Boozang, Patricia <PBoozang@manatt.com>
Sent: Saturday, December 3, 2022 11:42 AM
To: Giles, John (CMS/CMCS) <John.Giles1@cms.hhs.gov>; Gibson, Alexis (CMS/CMCS) <alexis.gibson@cms.hhs.gov>
Cc: Serafi, Kinda <KSerafi@manatt.com>; Mann, Cindy <CMann@manatt.com>; Striar, Adam <AStriar@manatt.com>; Peterson, Alanna <APeterson@manatt.com>; Johanna L Barraza-Cannon <jbarrazacannon@mitre.org>; Thomas W Schenck <TSCHENCK@mitre.org>; Llanos, Karen (CMS/CMCS) <Karen.Llanos@cms.hhs.gov>
Subject: Reconnecting on Access Work

John and Team *

Happy December * hard to believe it*s year-end 2022* I am getting in touch to suggest we schedule some time with your team to review two draft access tools that we have been developing under our subcontract to MITRE to support CMCS access work: an Access Punchlist and a Provider Survey toolkit outline. Since we are in the remaining few weeks of this performance period to work on these deliverables, we would like to get your input on the high priorities for getting these to a next draft that will be helpful to you as you turn your attention from rule making to tools and state TA.

If you agree, Alanna, copied here, will swing into scheduling mode * and we will send an agenda and the draft tools well in advance of our meeting.

Thank you * and have a wonderful weekend.
Patti

Patricia Boozang

Senior Managing Director - Manatt Health Strategies

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Manatt Health

2022-10-18T22:05:00Z

Manatt
CMS: To date, we have focused our work on access strategies applicable under Medicaid managed care. We understand that some strategies are also applicable under FFS, and that CMS will want to produce punch list strategies for both MMC and FFS delivery systems. We suggest that separate, tailored punch lists for FFS and MMC would be most helpful to states.

Manatt is seeking CMS' feedback on punch list topic areas that are highest priority in terms of state guidance and TA. We would intend to focus our time in the remainder of the current period of performance on further developing those topic areas. Potential priorities could include:

- Crosswalk Part 438 to identify punch list gaps.

- Identify a subset of priority areas in which to build out more detailed punch list strategies (i.e. prioritize strategies specifically related to implementation of draft MMC access regulations.)

- Build out additional resources and state examples in key priority areas.

Manatt Health

2022-11-04T16:03:00Z

Manatt
CMS: We proposed this initial structure/ordering of the topical areas but can revise with CMS input.

Manatt

2022-12-12T11:13:00Z

MH

CMS: To confirm if there are other new requirements related to annual pubic access reports.

Manatt

2022-12-08T11:16:00Z

MH
CMS: Resources sections could be built out further to provide examples and more detail related to the strategies listed above.

Manatt

2022-12-12T09:18:00Z

MH
CMS: This section could be built out with additional resources.

Manatt

2022-12-12T10:32:00Z

MH
CMS: To confirm that these public reporting recommendations align with new rules, including specific frequency of reporting (annual vs. monthly/quarterly).

Manatt

2022-12-12T10:08:00Z

MH
CMS: Manatt could identify and add additional state examples throughout, as appropriate.

Manatt

2022-12-12T10:48:00Z

MH
CMS: Telehealth could be its own standalone punch list that is much more detailed and specific to subpopulations (e.g. HCBS, pregnant/postpartum women, BH (youth/adults).

Manatt

2022-11-03T14:09:00Z

MH
CMS: Are these the populations that you would like highlighted here? Are there any others to add – e.g., AI/AN?

Manatt

2022-12-08T15:17:00Z

MH
CMS: We think a population-specific punch list for each of these priority populations may make sense. There are likely targeted strategies related to data, telehealth, oversight and enforcement, community engagement, provider capacity, etc. that would be more specific and actionable if applied to a particular population, which might be helpful to states, in addition to a list of high-level, overall strategies.

Manatt

2022-12-08T12:06:00Z

MH
CMS: This could be built out in much more detail related to data and monitoring strategies for HCBS specifically.

Manatt

2022-12-08T14:13:00Z

MH
CMS: HCBS payment approaches and state examples to support community living could be built out further

Manatt

2022-12-12T10:25:00Z

MH
CMS: This section could be built out further.

Manatt

2022-12-12T09:14:00Z

MH
CMS: This section could be built out with targeted strategies.

Manatt

2022-12-12T10:48:00Z

MH
CMS: This section could be built out further, leveraging the E&E unwinding punchlist and other resources.

DRAFT

State Strategies to Promote Access in Medicaid and CHIP Managed Care: Punchlist Outline
Draft as of December 12, 2022

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INTRODUCTION

Medicaid and the Children's Health Insurance Program (CHIP) play an important role in providing health coverage and access for low-income adults, children, pregnant women, and people with disabilities. These programs are also essential in addressing health disparities among historically underserved people in the United States; more than 58% of Medicaid beneficiaries and 68% of CHIP beneficiaries identify as Black, Hispanic, Asian American, American Indian or Alaska Native, or Multi-Racial.

1 Medicaid and CHIP Payment and Access Commission, Key findings on access to care. Available at: https://www.macpac.gov/subtopic/access-for-adults-covered-by-medicaid/

Health insurance coverage is critical for ensuring access to health care services, but there are a number of important factors beyond health insurance coverage that impact access to health care, including provider availability and capacity, timeliness of service delivery, travel distance to providers, and access to telehealth. Robust access to care in Medicaid/CHIP is essential to ensuring that beneficiaries receive the health care services and supports they need and to which they are entitled to maintain good health and address health-related needs efficiently and effectively. Lack of access to care can have severe implications for health, health equity, quality of life, and costs to families and state Medicaid/CHIP programs.

Current Federal regulations require that states monitor access to care in Medicaid and CHIP, and, if gaps are identified, actively work to address those gaps. While there are separate statutory and regulatory requirements for how states and managed care plans must monitor and ensure access to care, there are common barriers and strategies to address barriers to access regardless of the delivery system.

The Centers for Medicare and Medicaid Services (CMS) developed a set of policy and operational strategies informed by state best practices that states can implement to strengthen access to care in Medicaid managed care. The strategies defined in the following pages are designed to be used individually or together to identify and address access gaps and to drive continuous program improvement. The strategies included in this tool offer actionable steps that states can take to strengthen access to care across nine key areas:

Develop an Access Data Strategy.
Establish Data-Informed Access Priorities, Goals, and Measures.
Increase Provider Participation and Capacity.
Improve Provider Directories.
Monitor Access.
Enforce Network Access.
Expand Access to Services via Telehealth.
Ensure Access for High Need Beneficiaries.
Strengthen Consumer Engagement.

This resource is part of an overall CMS initiative to support states in improving access to care in their Medicaid/CHIP programs and is complementary to forthcoming regulations, sub-regulatory guidance, and additional tools that the CMS intends to release to support Medicaid/CHIP access improvement.
Implementing the strategies described herein will require states to work with CMS and, in some cases, may require that states submit state plan amendments (SPAs), make changes to Medicaid managed care contracts, among other implementation activities. To the extent these additional steps are required, CMS is available to provide technical assistance to states, as needed.

STRATEGIES TO PROMOTE ACCESS IN MEDICAID/CHIP

I. Develop an Access Data Strategy

States can developed a comprehensive data strategy to identify potential access issues, specific access barriers and disparities in access, stratified by race, ethnicity, gender, sexual orientation, age, geography, and other factors.

Data Collection

Improve accuracy, quality and completeness of beneficiary-reported race, ethnicity, and language (REL) data collected using the following strategies:
Expand the number of race and ethnicity categories in the Medicaid/CHIP application beyond the Office of Management and Budget (OMB) categories, ensuring categories can “roll-up” to OMB categories.
Offer Medicaid application, enrollment, and renewal information and forms in multiple languages and modalities.
Provide clear explanation in the Medicaid/CHIP application regarding why the state is collecting this REL data and how it is used.
Develop educational materials and programming on REL data collection and translate those materials into multiple languages.
Provide training for state and county workers, navigators/assisters and other eligibility and enrollment organizations and staff on best practices for collecting REL data;
Facilitate new data sharing arrangements across state agencies and with state or regional health information exchanges to support demographic data exchange.

Data Review and Analysis

Analyze quantitative and qualitative data to identify access issues and inequities (e.g., Transformed Medicaid Statistical Information System (T-MSIS), all-payer claims databases (APCDs), network access files, Healthcare Effectiveness Data and Information Set (HEDIS) quality measures, provider inquiries, provider survey results, grievances and appeals,

ombudsman reports, encounter/claims data, etc.) (see Section X on monitoring access). For example:
Use T-MSIS data to calculate standardized measures of Medicaid/CHIP service utilization and use these results to diagnose potential Medicaid/CHIP access issues.
Stratify T-MSIS data across key measures of Medicaid/CHIP service utilization to identify areas of variability /CHIP based on beneficiary geography of residence, race and ethnicity, and other demographic factors.

2 For example, APCDs can be used to assess disparities in access to care among Medicaid and CHIP beneficiaries relative to commercially insured individuals.

2

Leverage measures in the adult and child core set to enhance understanding of Medicaid/CHIP network adequacy issues.
Conduct spot checks through provider surveys (see Section X on provider surveys) to verify the accuracy of the provider network file (e.g., include providers who are actively seeing patients and billing Medicaid).
Analyze available social drivers of health (SDOH) data to understand social, economic, geographic and environmental factors influencing health care access.
Incorporate qualitative data from community members (see Section X on strengthening consumer engagement) and community-based organizations (CBOs) to put quantitative data in context.

Annual Access Report

Produce Annual Medicaid and CHIP Access Reports based on a comprehensive review and analysis of quantitative and qualitative data (see above).
Identify access gaps by provider specialty, geography, beneficiary demographics, and other relevant factors.
Disseminate annual Medicaid/CHIP Access Report publicly, ensuring it is accessible to all beneficiaries.

Resources:
Centers for Medicare and Medicaid Services (CMS), Promoting Access in Medicaid and CHIP Managed Care: A Toolkit for Ensuring Provider Network Adequacy and Service Availability, April 2017.

II. Establish Data-Informed Access Priorities, Goals, and Measures
States can leverage their access data strategies and input from beneficiaries (including community members and people with lived experience) to establish access priorities, specific goals for improvement, and measurable benchmarks/standards, to improve the health care system holistically and address access disparities.

Priorities and Goals
Leverage quantitative/qualitative access data and analysis to inform clear and specific access priorities and goals (see Section X on developing a data strategy).
Include community members and people with lived experience when setting access-related priorities and goals by actively soliciting perspectives and feedback (e.g., community forums, focus groups).
Identify best practices (e.g., from the literature, other state Medicaid programs) and appropriate policy solutions to advance access goals, with particular focus on strategies to address access disparities.
Identify best practices and policy solutions to address structural inequities in the health care system that generate access disparities.
Collaborate with managed care plans, beneficiaries, and other partners to develop access priorities and goals(see section X on strengthening consumer engagement.
Publicly report access goals and priorities).

Benchmarks and Standards
Leverage quantitative/qualitative access data and analysis to establish clear and measurable benchmarks to enable states to assess the impact of system improvement efforts on observed disparities (see Section X on developing a data

strategy).
Include community members and people with lived experience when setting access-related benchmarks and standards by actively soliciting perspectives and feedback.
Communicate benchmarks and progress against benchmarks with managed care plans, providers, beneficiaries, and other partners.
Define and continuously build upon network adequacy standards in a manner that comports with state access priorities and goals.
Require reporting of Medicaid access measures tied directly to access goals to support transparency and accountability.
Establish regular cadence throughout the year where the state is evaluating access metrics through regular reports and identifying operational strategies to improve upon those findings.

Resources:
State Health & Value Strategies (SHVS), Centering Health Equity in Medicaid Section 1115 Demonstrations: A Roadmap for States (February 2022).
Grantmakers in Health and the National Committee for Quality Assurance (NCQA), Improving Data on Race and Ethnicity: A Roadmap to Measure and Advance Health Equity (December 2021).
NORC, The State of the Collection of Race, Ethnicity, and Language Data in Medicaid (February 2022).

III. Increase Provider Participation and Capacity
Robust provider participation in the Medicaid program and provider capacity to actually see patients are fundamental to access.

Broadly Applicable Provider Strategies
Conduct a comprehensive workforce needs assessment to better understand the supply of and identify gaps in various provider types by specialty – especially in the areas of primary care, OB/GYN care, behavioral health, and home and community-based services (HCBS) providers. Consider demographics, cultural competency, diversity and geography of the workforce.
Develop a multi-year workforce development plan of short-term and long-term strategies to address provider workforce gaps.
During managed care procurement processes, request data and qualitative information on prospective plans' networks and strategies to ensure access by specialty, particularly among specialties with known access gaps.
Modify managed care contracts to require plans to expand provider workforce and workforce capacity and to submit data demonstrating on activities and progress among specialties with known access gaps.
Develop standards for use of telehealth to meet provider access standards (see Section X on telehealth).
Analyze provider payment rates

3 Payment influences access, with low rates of payment limiting the network of providers willing to accept Medicaid patients, capacity of those providers who do participate in Medicaid, and investments in capital improvements and emerging technology among providers that serve large numbers of Medicaid beneficiaries.

by specialty and geography to determine if payment may be creating access barriers.
Consider provider payment increases based on rate analysis.
Offer financial incentives to recruit providers to deliver services in remote or underserved areas.
Provide or ensure equitable Medicaid reimbursement for providers in underserved areas. Require managed care plans to contract with all licensed and qualified providers in specific specialty areas ("any willing provider" law) to address identified gaps in access (e.g. primary care, OB/GYN, behavioral health, HCBS, other identified gaps).
Enter reciprocity agreements with other states, join interstate licensing compacts, or adopt requirements established by national organizations that develop standardized certifications and facilitate reciprocity for specific licensed provider types.

Primary Care Providers
Amend scope of practice requirements to allow nurse practitioners and advanced practice registered nurses broader practice authority, including prescribing authority.
Invest in health IT infrastructure and capacity building for primary care physicians unaffiliated with hospitals or medical groups
Consider implementing targeted payment changes for primary care providers, including rate enhancements (see above), bonus payments for managing complex patients, or other alternative payment strategies.
Assess managed care plan payment timeliness to primary care providers and establish new contractual requirements as necessary to mitigate payment delays.
Require plans to report timeliness of provider payment; hold plans accountable for delays in payments through financial penalties, corrective action plans, or other enforcement mechanisms (see Section X on enforcing network access).
Offer telehealth-based technical assistance or other support for providers.

OB/GYN Providers
Allow for Medicaid participation and payment for a broader range of maternal health providers (e.g., Direct Entry Midwives) and practice settings (e.g., freestanding birth centers).
Amend scope of practice requirements to allow certified nurse midwives broader practice authority, including prescribing authority.
Amend licensing and certification requirements or otherwise allow and encourage the inclusion of paraprofessional provider types in areas where there are gaps in capacity (e.g., community health workers, doulas).
Establish training programs and grants to increase the number of maternal health care providers practicing in underserved areas.

Behavioral Health Providers
Compare payment for behavioral health services with similar physical health services in Medicaid and act to address gaps in payment parity.
Assess and reduce differences in behavioral health payment rates between Medicaid and other payers (e.g., Medicare, commercial plans).
Amend scope of practice requirements to allow nurse practitioners and advanced practice registered nurses broader practice authority, including prescribing authority.
Amend licensing and certification requirements or otherwise allow and encourage the inclusion of paraprofessional provider types in areas where there are gaps in capacity (e.g., community health workers, peer and family support specialists, recovery specialists).
Expand psychiatry residency programs at academic medical institutions and fund training programs for other graduate behavioral health students at academic institutions, provider organizations, and community-based organizations.
Develop and implement certification and training programs for paraprofessionals, such as community health workers and peer and family supports specialists, while ensuring that certification exams are not cost-prohibitive and are accessible to individuals who are non-native English speakers. Develop and offer training programs for supervisors of paraprofessionals to ensure that these staff members are well-integrated into the clinical team.
Provide additional social supports to behavioral health providers to promote workforce retention, such as child care and transportation stipends.

HCBS Providers
Create a statewide direct care workforce strategy and leverage partners (e.g., managed care plans) to test and report on various recruitment, retention, and training approaches.
Partner with schools of higher education, residency programs, and other partners to establish or expand educational/clinical training opportunities (e.g., internships, residency programs) and expand the paraprofessional workforce.
Include informal and/or family caregiver supports as required elements in HCBS care models.
Consider implementing informal caregiver programs.
[Callout box: Hawaii's Informal Caregiver Programs. 1) Senior Companion Program- a program for low-income, volunteer seniors age 55+ to provide respite for caregivers of frail older adults through in-home companionship and limited personal care services; 2) Respite Companion Program- an employment and training program for low-income

seniors age 55+ who can work 19+ hours per week to serve frail homebound elders].

Resources:
Urban Institute, Can Telemedicine Help Address Concerns with Network Adequacy? Opportunities and Challenges in Six States (April 2016).
CMS, Promoting Access in Medicaid and CHIP Managed Care: A Toolkit for Ensuring Provider Network Adequacy and Service Availability (April 2017).
CMS, Promoting Access in Medicaid and CHIP Managed Care: Behavioral Health Provider Network Adequacy Toolkit (June 2021).
CMS, Workforce Initiative.
Massachusetts Foundation, Creating a Robust, Diverse, and Resilient Behavioral Health Workforce in Massachusetts (September 2022).
Rhode Island Executive Office of Health & Human Services, Healthcare Workforce Transformation (May 2017).
Health Resources and Services Administration (HRSA), National Center for Health Workforce Analysis.
National Conference of State Legislatures (NCSL), Improving Access to Care: Medicaid, Telehealth and Health Workforce 101 (February 2021).
National Governors Association, Addressing Wages Of The Direct Care Workforce Through Medicaid Policies (November 2022).
Arnold Ventures and ATI Advisory, State Approaches to Increase Home and Community-Based Service (HCBS) Provider Capacity (June 2022).

IV. Improve Provider Directories
Most Medicaid beneficiaries use provider directories to access care. States have an opportunity to improve the utility of provider directories, recognizing that the accuracy of provider directories has been a longstanding problem resulting in delays in accessing care, which can exacerbate disparities.

Ensure that provider directory information is accurate and current (e.g., through use of provider/member surveys, claims data). (See section X on provider surveys).
Ensure information in the provider directory is culturally competent (e.g., Include provider language, race/ethnicity, and gender/gender identity in provider directories; ensure provider directory is available in multiple languages).
Include specific information on telemedicine access.
Include practice specific information (e.g., whether the practice offers LGBTQIA-friendly services, languages spoken by the provider, services available for special populations, etc.).
Examine T-MSIS data to identify providers included in provider directory who have not billed Medicaid for services for some duration of time. States could then reach out to managed care plans to have them confirm participation and reassess access in light of the data; they could also regularly remove providers from the directory if the provider has not submitted any Medicaid claims and use the T-MSIS data to confirm or update the practice locations of providers.
Exclude providers who have not submitted any Medicaid claims from network adequacy analysis.
Ensure timely and accurate updates to the directory when key information (e.g., provider location, phone number) changes.

Resources:
American Medical Association and Council for Affordable Quality Healthcare, Improving Health Plan Provider Directories.

V. Monitor Access
To monitor compliance with access standards in Medicaid, states can engage in a number of activities to identify and review access issues.

Provider and Consumer Surveys

Field provider surveys ((including both secret

4 A “secret shopper” survey approach is one in which an individual posing as a fictional Medicaid beneficiary attempts to set up an appointment with a Medicaid provider listed as part of a health plan’s network.

4
and revealed

5 A “revealed” survey approach is one in which the surveyor acknowledges that they are conducting an access survey on behalf of the state Medicaid agency or managed care plan.

5
surveys) to monitor Medicaid plan provider networks, provider directory accuracy, and other elements of access to care (see Provider Survey Toolkit).
Conduct beneficiary surveys (such as Consumer Assessment of Healthcare Providers and Systems (CAHPS)) to understand the beneficiary experience related to Medicaid access.
Submit CAHPS surveys (health plan, HCBS, etc.) to the AHRQ CAHPS database to better understand how beneficiary experience compares to the beneficiary experience in other states.
Take steps to increase beneficiary survey response rates by (1) utilizing multiple modalities (e.g., mail with phone follow-up, e-mail, text), and (2) crafting informative subject lines and invitation letters that offer beneficiaries a clear reason they should consider responding.
Consider employing an oversampling methodology or performing case-mix adjustment when conducting beneficiary surveys to ensure data analysis accurately represents the beneficiary population.

Complaints, Grievances and Appeals
Monitor access to services through grievance and appeals files, which states require managed care plans to submit regularly.
Make available processes by which consumer groups, providers, and other parties can report ongoing systemic issues of access that the state investigates and resolves (e.g., a toll-free consumer hotline intended to facilitate informal dispute resolutions for all beneficiaries, including those for whom English is a second language and members from other marginalized groups).

6 States should also ensure compliance with the existing regulations at 42 CFR §?438.71 that require states to establish an access point for complaints and concerns about access to covered services for enrollees who use, or express a desire to receive, LTSS.

6

Establish an ombudsman’s office to assist beneficiaries in explaining the rules, understanding the scope of services available, navigating the system, and appealing denials or service limitations; this can be an important source of information on the kinds of access issues that are arising.
Implement robust HCBS grievance and critical incident reporting processes, and provide actionable training to state staff to respond to and resolve beneficiary-reported concerns.
Publicly report all complaints, grievances and appeals by managed care plan, provider, service type, reason filed, and status/outcome.

Resources:
CMS, Promoting Access in Medicaid and CHIP Managed Care: Behavioral Health Provider Network Adequacy Toolkit (June 2021).
Agency for Healthcare Research and Quality (AHRQ), Developing Invitation Messages That Increase CAHPS Survey Response Rates (November 2019).

VI. Enforce Network Access

States should consider utilizing a continuum of enforcement actions to ensure accountability for beneficiary access issues.

Collaboration and Partnerships

Work collaboratively and leverage information from across all agencies and divisions with oversight responsibility for Medicaid and Medicaid managed care plans to identify and remedy access issues.
[Call-out box: New Jersey example – monthly "360 review" conducted to assess managed care plan performance on network adequacy and access through discussion with subject matter experts and agency personnel who present findings and perspectives. State identifies managed care plan strengths, weaknesses, and mixed results for discussion with the plan.]
Regularly meet with plans to review access data, discuss access issues, and provide technical assistance on access improvement solutions before deploying other enforcement levers.
Leverage the External Quality Review Organization (EQRO) to ensure managed care plans meet all contractual requirements related to access and ensure members are getting services timely.
[Call-out box: A 75% federal matching rate is available for these activities.]

Transparency

Develop internal executive-level dashboards used by state Medicaid leadership to identify and address network adequacy issues, as well as external access dashboards available to the public to promote transparency and accountability.
[Call-out box: See, for example, Florida's Medicaid statewide Medicaid managed care compliance actions.]
Make public the results of access indicators (e.g., provider survey data, consumer survey data, stakeholder comments/complaints, performance time and distance standards, accuracy of provider directories, identified disparities in access to care) to encourage compliance and recognize achievements.
Use state report cards that can include access measures comparing managed care plans performance in assuring access to care, and may provide consumers with information that allows them to select plans in which current enrollees report higher levels of access[Call-out box: This could entail leveraging the Medicaid and CHIP (MAC) Scorecard or posting publicly access snapshots or a dashboard.]
Make public provider payments to influence key drivers of access—provider network size and capacity.

Penalties and Rewards

Use corrective action plans (CAPs) clearly describing the remedy (or remedies) based on the severity and nature of noncompliance, with clear timetables for meeting milestones.
Impose financial penalties, such as withhold payments or sanctions, commensurate with the severity of access issues.
Offer financial incentives, such as bonus payments, to reward managed care plans that bear additional access-related costs to improve network adequacy and address health disparities.

Resources:
CMS, Promoting Access in Medicaid and CHIP Managed Care: Behavioral Health Provider Network Adequacy Toolkit (June 2021).

VII. Expand Access to Services via Telehealth

Of the course of the COVID-19 pandemic, the use of telehealth in health care delivery has increased at a rapid pace. States have broad flexibility with respect to covering Medicaid/CHIP services provided via telehealth and may wish to

include quantitative network adequacy standards for telehealth, as appropriate based on current practices and the extent to which network providers offer telehealth services.

7 [Placeholder for note about technical guidance from CMS on how telehealth supports access and how it should be considered in network adequacy and access measurement].

7

Explore use of telehealth for new services/provider types to ensure access to care—especially for rural and underserved communities.
Consider making permanent the temporary telehealth flexibilities adopted during the federal public health emergency (PHE) (e.g., by codifying flexibilities into state statute, or incorporating them into regulation, policy, guidance, etc.).
Remove policy barriers that limit access to telehealth (e.g., originating site requirements).
Require telehealth payment parity for appropriate services at the state's discretion.
Expand telehealth workforce across state lines.

Resources:
CMS, State Medicaid & CHIP Telehealth Toolkit Policy Considerations for States Expanding Use of Telehealth.

VIII. Ensure Access for High Need Beneficiaries
States may consider targeted strategies to improve access to care for high need beneficiaries.

Beneficiaries Receiving HCBS
Collect and report access measures from the HCBS core set. Stratify results by beneficiary characteristics (race/ethnicity, geography, disability, etc.) to ensure equitable access.
Develop strong HCBS person-centered contract requirements and policy guidance for managed care plans.
Develop data monitoring systems to promote understanding of utilization trends and ensure access to services.
Integrate Medicaid and Medicare and other relevant data sets (such as housing records, public health data) to enable a comprehensive view of access, costs, and outcomes.
Partner with Medicaid managed care plans to develop data-sharing agreements across health systems, plans, case management entities, and other community-based providers to ensure individuals at high risk for institutionalization can be identified early and receive assistance with discharge planning and returning to community settings.
Establish information-sharing requirements in managed care contracts related to hospital and skilled nursing facility (SNF) admissions.
Utilize event notification systems that share hospital and SNF admissions data.
Develop and strengthen community-based partnerships and referral networks.
Develop cross-agency housing and health partnerships to coordinate and integrate housing-related supports, share information, and connect individuals eligible for HCBS with increased housing opportunities.
Leverage flexibility under certain Medicaid authorities to cover housing-related supports and services such as one-time community transition costs, pre-tenancy and tenancy supports, home accessibility modifications, and state-level housing-related collaborative activities, as well as personal care services to enable individuals to stay in their own homes [See CMS, Long-Term Services and Supports Rebalancing Toolkit (November 2020) for details].
Institute incentives and payment reform approaches to facilitate the delivery of high quality and effective services that support successful community living, such as x
Offer supported employment services such as job coaching and and/or self-directed employment support services, in which an individual hires their own job coaches and supported employment staff.
Consider adopting the optional Medicaid Buy-In to allow workers with disabilities who have earnings in excess of traditional Medicaid income limits to access to Medicaid services and supports.
Cover and pay for peer supports.

Partner with state programs and agencies that provide employment supports to programming and leverage cross-agency funding opportunities to support individuals with disabilities to secure and retain employment.
Establishing Memorandums of Understanding with State Vocational Rehabilitation and the State Department of Education to ensure close coordination of services.
Invest in state non-emergency medical transportation (NEMT) information technology infrastructure to improve efficiency and quality of NEMT services.
Work with NEMT brokers, vendors, and managed care plans to promote the use of NEMT technologies to improve beneficiary experience, such as scheduling, route development, automated ride reminders, on-time ride-request functionality, and real-time information on vehicle location and wait time.

Beneficiaries with Behavioral Health/Substance Use Disorder Needs
Utilize paraprofessionals and staff specialized in addressing unmet social needs, such as peer and family supports, care managers, housing support specialists, etc.
Invest in mental health crisis services, such as mobile crisis services and walk-in centers.
[Callout box: Enhanced ARPA funding available to mobile crisis services that meets federal definition for 3 years].
Partner with digital health companies to offer digital apps and digital therapeutics tailored to individuals with BH needs.
[Callout Box: Digital Health Examples. 1) Eleanor Health has partnered with x state Medicaid programs to offer mental health and substance use disorder treatment remotely, including telehealth-based Medication Assisted Treatment (MAT), psychiatry, nursing, therapy and recovery support services. 2) Bicycle Health has partnered with x state Medicaid programs to offer MAT to patients with opioid use disorder via telehealth.]
Assess gaps in behavioral health continuum of care (e.g., detoxification facilities)
Develop partnerships with Emergency Medical Technicians (EMTs)/Community Paramedics to offer community-based behavioral health crisis response, physical evaluations outside of the Emergency Department, and transportation to inpatient facilities or detoxification centers, as needed.
Ensure pharmaceutical drug decisions are not based primarily on cost, but overall value of medication to individuals with serious and persistent mental illness (SPMI).

Individuals in a Pregnant/Postpartum Eligibility Group
Extend postpartum coverage to 12 months.
Require plans to assess pregnant members on potential health and social risk factors and develop personalized care plans.
Require plans to offer educational information on community resources, including WIC, lactation support groups, etc.
Allow plans to offer member incentives (e.g., baby care items, gift cards) to encourage beneficiaries to keep appointments.
Require plans to ensure that providers follow-up with beneficiaries after missed appointments to identify and address barriers.
Cover and pay for transportation to/from medical appointments.
Cover and pay for navigator or peer support assistance with scheduling prenatal, postpartum care and referrals, as needed.
Cover case managers and/or community navigators to help address unmet social needs.
Cover targeted high-risk OB case management and track data-driven outcomes.
Provide postpartum depression educational materials targeted to mothers of newborns and their families to post-delivery letter sent to new mothers.
Ensure postpartum reimbursement policies support postpartum care as an ongoing process, rather than an isolated visit.

Children and Youth with Special Health Care Needs (CYSHN)
TBD

Resources:
SHVS, Ensuring Continuity of Coverage and Care for High Need Enrollees When the Medicaid Continuous Coverage Ends: Medicaid Strategies (June 2022).
SHVS, State Strategies to Improve Maternal Health and Promote Health Equity Compendium (October 2022).
CMS, Home and Community-Based Services Quality Measure Set (June 2022).
CMS, Long-Term Services and Supports Rebalancing Toolkit (November 2020).

National Center on Advancing Person-Centered Practices and Systems (NCAPPS), Person-Centered Practices Self-Assessment (February 2022).
BCBS Massachusetts Foundation, Creating a Robust, Diverse, and Resilient Behavioral Health Workforce in Massachusetts (September 2022).
CMS, Resources on Strategies to Improve Postpartum Care Among Medicaid and CHIP Populations (February 2015).
The American College of Obstetrics and Gynecologists (ACOG), Optimizing Postpartum Care Committee Opinion (May 2018).

IX. Strengthen Consumer Engagement

States can engage consumers (as well as other stakeholders) as they develop policies and make decisions that will impact access. It is critically important that states consider the needs of all beneficiaries—including members with a disability, members for whom English is a second language, and members from other marginalized groups (e.g., racial/ethnic minority groups).

Culturally Competent Care

Review language access plan to provide written translation of key documents (e.g., notices, provider directories) into multiple languages, oral interpretation, and information about how individuals with limited English proficiency (LEP) can access language services free of charge, provided in a culturally competent manner.
Ensure culturally competent state workforce, managed care plans, and providers (e.g., through trainings to address racial and ethnic disparities, implicit bias).

Beneficiary Notices

Ensure beneficiary notices are provided to beneficiaries in plain language and in multiple formats, when possible (e.g., by phone, in writing).
Ensure beneficiaries are able to contact a resource to address questions or concerns related to beneficiary notices in their native language.
Ensure Medicaid member handbooks are easily accessible to beneficiaries electronically or in paper format, as needed.
Ensure all Medicaid beneficiary information is available in the beneficiary's native language.

Consumer Supports

Ensure consumers have access to a customer call center for assistance with questions related to coverage, access to services, and access to information in other languages or formats.
Ensure call centers have evening and/or weekend hours.

Medicaid Advisory Committee (MAC)

Work with community-based organizations to recruit diverse beneficiary members representative of the Medicaid population, such as parents of children, elderly beneficiaries, people with disabilities, and reflective of memberships racial, ethnic, geographical, and language diversity.
Maximize meeting accessibility by leveraging multiple meeting modalities (e.g., in-person, virtual) and ensuring language accessibility (e.g., interpreters, closed captioning).
Offer trainings to beneficiary members in relevant Medicaid policies and topics, leveraging technology (e.g., Zoom) , to ensure robust beneficiary participation.
Consider compensation or accommodations to facilitate beneficiary participation, such as travel stipends or childcare.
Work with beneficiary members and/or community-based organizations to understand the most effective financial accommodations necessary to maximize beneficiary participation.

Online Experience

Conduct independent assessments of existing Medicaid websites before undertaking any changes regarding the managed care functionality.
Include contract requirements that mandate consumer usability and independent consumer UX assessment when contracting with vendors for IT development and enhancement, leveraging a 90/10 FMAP.
Optimize the online experience for beneficiaries tying to navigate the Medicaid delivery system by applying best practices in User Centered Design (UCD) including utilizing iterative and ongoing User Experience (UX) research to

streamline path flows, identifying beneficiary needs, and reducing access barriers.
Utilize web analytics to track website utilization and inform design changes; create a dashboard to quantify website traffic, reach, engagement, sticking points and audience characteristics; and ask about consumer experiences with Medicaid and CHIP websites in their beneficiary utilization and satisfaction surveys.

Additional Resources:
CMS, Strategies States and the U.S. Territories Can Adopt to Maintain Coverage of Eligible Individuals as They Return to Normal Operation (November 2021).
The Commonwealth Fund, How Differences in Medicaid, Medicare, and Commercial Health Insurance Payment Rates Impact Access, Health Equity, and Cost (August 17, 2022).
Interaction Design Foundation, User Centered Design.

Striar, Adam

2022-12-05T12:04:00Z

SA
Patti – I've added some commentary below on what I think we could advance over the next few weeks. Please let me know if you have any thoughts.

Striar, Adam

2022-12-05T12:08:00Z

SA
Overall, I think it would be helpful to develop a more complete outline of the Toolkit product, with targeted built out areas as described below

Striar, Adam

2022-12-05T12:03:00Z

SA
Start internal research/analysis

Striar, Adam

2022-12-01T19:21:00Z

SA
Attempt to set up interviews with previous interviewees. My suggestions below:
Jonathan Bick – NY State
Amber Saldivar - HSAG
Paul Henfield - IPRO

Striar, Adam

2022-12-05T12:03:00Z

SA
Develop one draft call script

Note: dependent on being able to schedule interviews

Striar, Adam

2022-12-05T12:07:00Z

SA
Draft guidance based on findings from previous interviews

Striar, Adam

2022-12-01T19:13:00Z

SA
Attempt to schedule 1-2 interviews

Patti – do you know of state experts we can talk to?

Striar, Adam

2022-12-05T12:06:00Z

SA
Draft technical guidance

Note: dependent on being able to schedule interviews

Striar, Adam

2022-12-05T12:07:00Z

SA
Draft guidance based on literature review/findings from interviews

Striar, Adam

2022-12-05T12:09:00Z

SA
We did not hear of any states currently doing this, so we may need to do a bit of digging to figure out if this is

something that any states monitor through secret shopper surveys and then work to set up interviews.

CMCS Access Strategy
Medicaid Managed Care Provider Survey Toolkit – Proposed Work Approach
DRAFT – 10/31/2022

In the following table, we summarize for the MITRE contracting team and CMCS' consideration key components of the proposed Medicaid Managed Care Provider Survey Toolkit ("the toolkit") and Manatt's proposed approach for beginning this work during the current period of performance.

1 The current period of performance ends in December 2022—though we understand that it may be extended by a couple of months.

1
The toolkit is intended to provide states with a suite of practical tools to help them implement provider surveys in Medicaid managed care. Manatt proposes to begin work on several key components of the toolkit through the end of 2022, as described below. Several pieces of the toolkit will require engagement with CMCS and/or a statistical/survey methods expert; Manatt proposes to hold the development of these components until 2023.

Toolkit Component	Tool Development Approach/Timing	Notes
Provider survey call script templates and model questions for different survey scenarios (e.g., "secret shopper," revealed surveys, provider directory validation scenarios).	Completed Draft December 2022 Review literature on approaches to provider surveys. Reach out to "leader" states and survey contractors for example scripts/call guides. Produce draft call scripts/call guides.	
Discussion of unique considerations related to secret and revealed surveys.	Completed Draft December 2022 Develop technical guidance summarizing optimal use of secret vs. revealed shopper surveys and potential issues/challenges related to appropriate use of each.	
Technical guidance on establishing straw model Medicaid shopping personas.	Completed Draft December 2022 Facilitate discussions with state MMIS experts to identify best practices for establishing straw model beneficiary IDs. Develop draft technical guidance.	
Guidance on survey and analytical strategies to identify disparities in access related to race, ethnicity, primary language, gender/gender identity, sexual orientation.	Partial Draft December 2022 Draft guidance summarizing evidence and key concerns around disparities in access and annotated list of disparities that	

states should monitor through provider surveys.
Gather information on survey strategies with "leader" states and survey contractors.
Hold on development of approaches for analyzing data, which will likely require consultation with survey methods/statistical expert and CMCS.

Technical guidance on study protocol/methodological specifications, including:
Sampling approaches (to ensure adequate geographic/demographic representativeness and statistical power)
Timing and frequency of surveys
Statistical approaches for analyzing survey results
Hold on Drafting
Literature review on methodological approaches to analyzing provider survey data.
Discuss survey/analytical approaches with "leader" states.
Consult with survey methods/statistical expert and CMCS.
Develop draft technical guidance.

Guidance outlining CMS's expectations regarding the use of provider survey results for monitoring network adequacy/access and conducting state oversight.
Hold on Drafting
Consult with CMCS on the appropriate role of provider survey results in oversight/monitoring.
Develop draft guidance.

Provider survey design template that could be customized by the state and outlines the minimum components of a provider survey, consistent with CMS guidance, with fillable text fields, help text, and references to specific technical assistance tools related to each survey component.
Hold on Drafting
Consult with survey methods/statistical expert, "leader" states, and CMCS.
Develop survey design template.

Appointment Title:
[External] Dan Tsai/Cindy Mann/Anne Karl meeting

Organizer:
Mann, Cindy

Attendees:
Tsai, Daniel (CMS/CMCS); Karl, Anne O.

Location:
https://manatt.zoom.us/j (b)(6) pwd=alJCNnpHdnZmWWpnZXV6S3ZwbWNpZz09

Start Time:
2/14/2023 8:30:00 PM +0000

End Time:
2/14/2023 9:00:00 PM +0000

Reminder Time:
N/A

Reminder Set:
false

Duration:
30 minutes

Is Recurring:
false

Reccurrance Pattern:

Response Status:
3

Busy Status:
Busy

Attachments:
image001.jpg

Hi there,

Cindy Mann, Manatt is inviting you to a scheduled Zoom meeting.

Join Zoom Meeting

Phone one-tap:

US: +13052241968,(b)(6) or +13092053325,,(b)(6)

Meeting URL:

https://manatt.zoom.us/j(b)(6)pwd=alJCNnpHdnZmWWpnZXV6S3ZwbWNpZz09

Meeting ID:

(b)(6)

Passcode:

(b)(6)

Join by Telephone

For higher quality, dial a number based on your current location.

Dial:

US: +1 305 224 1968 or +1 309 205 3325 or +1 312 626 6799 or +1 646 931 3860 or +1 929 205 6099 or +1 301 715 8592 or +1 386 347 5053 or +1 507 473 4847 or +1 564 217 2000 or +1 669 444 9171 or +1 669 900 6833 or +1 689 278 1000 or +1 719 359 4580 or +1 253 205 0468 or +1 253 215 8782 or +1 346 248 7799 or +1 360 209 5623 or 888 788 0099 (Toll Free) or 877 853 5247 (Toll Free)

Meeting ID:

(b)(6)

Passcode:

(b)(6)

International numbers

Join from an H.323/SIP room system

H.323:

162.255.37.11 (US West)
162.255.36.11 (US East)

Meeting ID:

(b)(6)

Passcode:

(b)(6)

SIP:

(b)(6)@zoomcrc.com

Passcode:

(b)(6)

Author

A
CMS recommends the OIG spell this out the first time the term is used.

Author

A
CMS would like to note that the regulations at 42 CFR 438 generally apply to MCOs, PIHPs, and PAHPs. When describing these regulations (throughout), it would be more accurate to include the other plan types, even though this audit is limited to MCOs.

Author

A
Does the OIG intend to evaluate this in the study, and if so how will this be assessed? CMS notes that states and plans will likely not have this information.

Strategies To Improve Access to Maternal Health Care in Medicaid Managed Care OEI-05-22-00330

U.S. Department of Health and Human Services
Office of Inspector General
Design
November 2022, OEI-05-22-00330

Strategies To Improve Access to Maternal Health Care in Medicaid Managed Care

Objectives
To determine what standards State Medicaid agencies (States) have set for access to maternal health care in Medicaid managed care.
To assess oversight of access to maternal health care in Medicaid managed care by States and CMS.

To identify strategies for States and managed care organizations (MCOs) to increase access overall and reduce

disparities in access to maternal health care for people in Medicaid managed care.

Rationale

Pregnant people in the U.S. experience worse pregnancy outcomes than people in any other high-income country.[1, 2, 3] In 2020, 861 people in the U.S. died of pregnancy-related causes, and the overall maternal mortality rate was 23.8 per 100,000 live births.[4] This exceeds the 2018 overall maternal mortality rate of 17.4 per 100,000 live births, which was higher than that of any other peer country.[5] The coronavirus disease 2019 (COVID-19) pandemic further heightened the urgency of addressing these issues, as pregnant people may be more likely to experience severe morbidity or mortality related to COVID-19.[6] Furthermore, significant racial and geographic disparities in maternal health exist. In 2020, the maternal mortality rate for non-Hispanic Black pregnant people was 55.3 deaths per 100,000 live births— about 3 times higher than the rate for Hispanic and non-Hispanic White people.[7] From 2016–2018, the maternal mortality rate in rural areas was 24.4 per 100,000 live births, 1.6 times higher than the rate in urban areas.[8]

Timely access to maternal health care, or care needed during pregnancy and postpartum to ensure a pregnant person's physical and mental health, can improve outcomes for pregnant people.[9] Unfortunately, due to provider shortages, transportation challenges, systemic barriers, and other factors, many pregnant people lack timely access to adequate maternal health care. People who do not receive adequate prenatal and postpartum care face riskier deliveries, are five times more likely to die of pregnancy-related causes, and may be more vulnerable to complications that arise after childbirth, such as postpartum depression.[10, 11]

Improving access to maternal health care for people in Medicaid managed care could improve maternal health outcomes and reduce disparities in maternal health outcomes overall. Medicaid insures almost half of all U.S. births and most States require pregnant people in Medicaid to be enrolled in managed care.[12] Additionally, Medicaid disproportionately finances births among people of color. For example, in 2020, Medicaid financed 67 percent of births among American Indian or Alaska Native people and almost 65 percent of births among Black people, compared to only 29 percent of births among White people.[13] It also finances a disproportionate share of births in rural areas.[14]

This study will provide greater clarity for both CMS and States about how States and MCOs define and monitor access to care in Medicaid. It will also provide insight into the challenges that States and MCOs face in ensuring access to maternal health care, and strategies CMS and States can consider implementing to overcome those barriers. This study aligns with commitments by the Department of Health and Human Services (HHS) and the White House to address disparities in maternal health care and to improve maternal health access and outcomes in the United States.[15, 16]

Background

Maternal Health Care

Services. Maternal health care refers to care needed during pregnancy, childbirth, and postpartum to ensure a pregnant or postpartum person's physical and mental health.[17] Prenatal care, or care provided during pregnancy, includes services such as physical exams, screening for sexually transmitted infections, and ultrasounds.[18, 19] Postpartum care, or care provided after childbirth, includes services such as screening for postpartum depression and monitoring patients' recovery after childbirth.[20] Maternal health care also includes care that is medically necessary for pregnant or postpartum people but unrelated to pregnancy or childbirth, such as substance use disorder treatment, dental care, and the management of chronic conditions.[21] Maternal health care is important for identifying and treating conditions that develop during pregnancy, such as gestational diabetes, as well as preventing and addressing postpartum complications.[22, 23]

Providers. Both physicians, such as OB/GYNs, and non-physicians, such as midwives, doulas, and lactation consultants, deliver maternal health care services. While OB/GYNs and other physicians provide most maternal health care, services from non-physician providers can improve maternal health outcomes.[24, 25] For example, doula visits can lower rates of postpartum depression and anxiety.[26] Care from non-physician providers may also reduce racial disparities in maternal health outcomes, such as c-section rates.[27]

Non-physician providers also serve an important role in providing maternal health care services in regions with no or

limited obstetrical care. For example, in rural areas, where many counties lack an OB/GYN, midwives attend over 30 percent of births. By contrast, midwives attend less than 10 percent of births in the United States overall.28

Access to maternal health care. Access to maternal health care depends on the availability, accessibility, and acceptability of care.29, 30

The availability of care includes patients' ability to make timely appointments for necessary care. For people with insurance, care availability often depends on the size of their insurer's provider networks and the types of providers (i.e., specialties) the networks include.

The accessibility of care includes providers' physical proximity to patients, the extent to which provider locations are accessible to people with disabilities and to people with different levels of access to transportation, and whether providers can communicate with patients in their preferred languages.

The acceptability of care can depend on providers' backgrounds (e.g., their racial and ethnic backgrounds) relative to patients and their ability to provide culturally relevant services to patients without bias or discrimination.

Availability and accessibility are critical to maternal health care access because pregnant and postpartum people require frequent medical appointments and may need specialty care if their pregnancies are high-risk.31, 32 Acceptability is critical to maternal health care access because racism and discrimination from providers can contribute to chronic stress for people of color, which can worsen maternal health outcomes. 33

Systemic barriers such as racism and poverty disproportionately impede availability, accessibility, and acceptability for groups facing social and economic disadvantages.34 These systemic barriers influence social determinants of health, such as availability of adequate, affordable housing and childcare, which affect access to maternal health care and contribute to racial, ethnic, and socioeconomic disparities in maternal health outcomes.35

Exhibit 1: Access to maternal health care includes the availability, accessibility, and acceptability of care.

Maternal Health Care in Medicaid

The Federal government is deeply invested in the provision of maternal health care. Medicaid is a major insurer for pregnancy and postpartum care.36 It is the Nation's largest maternal health care payor, and in 2020 it financed more than 40 percent of births in the United States—over 1.5 million.37, 38

Federal regulations governing maternal health care in Medicaid.

Federal regulations require States to provide certain services for all pregnant people enrolled in Medicaid. Required services include pregnancy-related services—services that are necessary for the health of the pregnant person39 and fetus, or that have become necessary as a result of the person having been pregnant—and services for other conditions that might complicate a pregnancy.40 States must provide these services for at least 60 days following the end of a pregnancy.41

Beyond Federal requirements, States vary in their coverage of maternal health care. For example, States may cover—but are not required to cover—services deemed optional under Federal law, which include dental services, prenatal or postpartum home visits, and screenings or treatment for postpartum depression.42, 43 States also have the option to cover prenatal care for pregnant people before they formally determine if those people are eligible for Medicaid, though not all of them do.44, 45 Additionally, coverage may vary by provider type. While all States cover midwifery services of some kind, many States cover services only from certified nurse-midwives.46 States may use various authorities to expand maternal health coverage and improve access, such as section 1115 waivers, in-lieu-of services, and State Plan Amendments.47 Currently, only six States have expanded their Medicaid benefits to cover doula services, and most have done so using State Plan Amendments.48

Recent changes to maternal health coverage in Medicaid. Changes in Federal law have impacted Medicaid maternal health coverage. The 2021 American Rescue Plan Act gave States the option to extend Medicaid postpartum coverage up to one year postpartum.49 As of October 2022, 26 States have already implemented the extension and eight more States are planning to implement it.50 Additionally, some flexibilities related to the COVID-19 public health emergency influenced access to care. For instance, COVID-19 flexibilities relaxed restrictions on telehealth, which may have facilitated remote access to maternal health care for people in Medicaid.51,52

The role of managed care in providing maternal health care. Most States require pregnant people in Medicaid to be enrolled in managed care.53, 54 In Medicaid managed care, States contract with one or more MCOs to provide services

to the people enrolled.55 In many cases, larger "parent firms" own and operate multiple MCOs in different States.56 MCOs in Medicaid subcontract with or employ providers to build networks to provide services to enrollees.57

Federal regulations governing access in Medicaid managed care. Federal regulations require States to develop network adequacy standards for several types of providers in their managed care programs, including OB/GYNs.58 The goal of network adequacy standards is to ensure that Medicaid MCOs maintain provider networks sufficient to provide enrollees with access to covered services.59 States must consider elements related to access to care when developing their standards, such as the number, types, and location of providers in their States.60 According to a 2020 CMS Final Rule, States', states must develop a quantitative network adequacy standards must be quantitative.61 The previous policy, which the 2020 Final Rule amended, required States to develop time-and-distance standards specifically.62 CMS requires States to publish their network adequacy standards on their public websites.63

Federal regulations also require States and CMS to monitor access to care in Medicaid managed care programs. States must have monitoring systems for all managed care programs to track MCOs' performance, and must submit a report on each managed care program administered by the State to CMS.64, 65 The report must address the availability and accessibility of covered services within each MCO, including network adequacy standards.66 Additionally, States must create quality improvement plans that include access standards and procedures for monitoring the quality of health care and services by each MCO, and these quality plans are subject to monitoring by CMS.67, 68 Finally, CMS requires States with managed care programs to contract with an outside entity to complete an external quality review each year. As part of this process, the outside entity assesses whether each managed care plan ensures sufficient access to providers.69

States must also have methods to promote access and delivery of services in a culturally competent manner to all people in Medicaid, including those with diverse cultural and ethnic backgrounds and disabilities.70 In their managed care programs, States must ensure the ability of in-network providers to communicate with patients enrollees in their preferred languages.71

CMS Efforts To Improve Access and Maternal Health Care in Medicaid

CMS has ongoing efforts to improve access to care in Medicaid, which may impact maternal health care access. For example, CMS recently issued a Request for Information on access to care and coverage for people enrolled in Medicaid and the Children's Health Insurance Program (CHIP). CMS plans to use the results of the request to develop a more comprehensive access strategy for these programs.72 Additionally, in 2022 CMS issued a letter to State health officials detailing strategies and opportunities for States to address social determinants of health in Medicaid and CHIP. These strategies could improve access to maternal health care for people of color and other groups facing social or economic disadvantages.73

CMS is also specifically working to enhance maternal health care access and quality in Medicaid. In CMS's 2022 Maternity Care Action Plan, CMS identified coverage and access to care as a critical area for improvement and detailed its current initiatives aimed at increasing access.74 For example, CMS is planning to create a "birthing-friendly" hospital designation to communicate the availability of quality, safe maternal health care in hospitals.75 Another CMS project related to improving maternal health is the ongoing Maternal and Infant Health Initiative. Through this initiative, CMS offers technical assistance to States, including learning collaboratives on c-sections and postpartum care.76

Related Work

Past OIG reports examined State standards for access to care in Medicaid managed care and assessed access to behavioral health services in New Mexico's Medicaid managed care program.77, 78 OIG also has ongoing work assessing access to behavioral health care across Medicare fee-for-service, Medicare Advantage, and Medicaid managed care.79

Scope of Inspection

This study will determine what standards States have set for access to maternal health care and assess States' and CMS's oversight of access to maternal health care in Medicaid managed care. It will also describe challenges States and MCOs face that limit access to care and State and MCO strategies to improve access overall and reduce disparities in access to maternal health care for people in Medicaid managed care. We plan to collect data from all 41 State Medicaid agencies with managed care programs.a, 80 We also plan to interview CMS. Finally, we may conduct followup interviews with MCOs if we determine that they are in the best position to offer information necessary for impact.

a We are excluding Alabama, Alaska, Connecticut, Idaho, Maine, Montana, Oklahoma, South Dakota, Vermont, and Wyoming because they do not have comprehensive risk-based Medicaid managed care programs.

In this study, we are considering access to care to include the availability, accessibility, and acceptability of care. Factors such as appointment wait times, the time and distance that people enrollees must travel to reach providers, the number of providers available, and people's enrollees' level of comfort with available providers may influence access to care.
We will consider people's enrollee's access to care for which they are already eligible according to their State policies. We may include challenges States and/or MCOs face in reducing access barriers that arise during the enrollment process (e.g., delayed care due to the time required to enroll people). However, we will not assess access barriers that stem from State eligibility rules.

Standards
We will conduct this work in accordance with the Quality Standards for Inspection and Evaluation issued by the Council of the Inspectors General on Integrity and Efficiency.

Issue Questions
Objective 1: To identify State standards for access to maternal health care in Medicaid managed care.
What are States' quantitative network adequacy standards for OB/GYNs?
What are States' quantitative network adequacy standards for other maternal health care providers (e.g. doulas, midwives), if any?
Besides network adequacy standards for OB/GYNs and maternal health providers, what other access-related requirements do States impose for maternal health care (e.g., cultural awareness or language requirements)?
Objective 2: To assess oversight of access to maternal health care in Medicaid managed care by States and CMS.
How and to what extent do States and CMS monitor and assess maternal health care access—i.e., the availability, accessibility, and acceptability of maternal health care—among people in managed care, including disparities in access to care?
What data do States and MCOs collect on maternal health care access (e.g., perceptions of maternal health care access by people enrollees in Medicaid managed care, disparities in access, provider demographic information)?
How do States and MCOs analyze or use the data they collect on maternal health care access?
How do States enforce MCO compliance with State access requirements (e.g., through incentives or penalties)?

What challenges do States face in enforcing MCO compliance with access requirements?
What challenges does CMS face in enforcing State compliance with access requirements?
Objective 3: To identify strategies for States and MCOs to increase access overall and reduce disparities in access to maternal health care for people enrollees in Medicaid managed care.
To what extent do States and MCOs face challenges that limit access to maternal health care for people enrollees in Medicaid managed care and/or contribute to disparities in access to maternal health care (e.g. availability and diversity of providers, difficulty providing care for enrolleespeople in remote locations, specialty services for enrolleespeople with higher risk of complications, lengthy enrollment processes)?
What strategies (e.g., flexibilities, authorities, provisions) have States and MCOs used to improve access to maternal health care and/or to reduce disparities in access to maternal health care for enrolleespeople in Medicaid managed care? Specifically, what strategies have States and MCOs used to:
increase the number of maternal health care providers and the diversity of maternal health care providers included in managed care networks (e.g., by incentivizing providers to practice in shortage areas, developing the maternal health workforce, or covering care from alternative providers such as doulas and midwives)?
improve access to maternal health care for pregnant enrolleespeople located in remote areas (e.g., via telehealth)?
increase access to specialty services needed for enrollees people at higher risk of complications (e.g., mental health services, care for chronic conditions, and treatment for substance use disorders)?
improve timely access to prenatal care for enrolleespeople who qualify for Medicaid on the basis of pregnancy (e.g., by fasttracking their managed care enrollment)?

improve access to maternal health care for disparately impacted groups (e.g., by targeting services or working to address social determinants of health)? (Groups could be based on race, ethnicity, language, gender, disability status, or geographic location, for example.)
How, if at all, have States and/or MCOs evaluated the impact of these strategies on realized maternal health care access (i.e., use of services)?
What types of assistance or support from CMS would most help States and MCOs improve maternal health access and reduce disparities in Medicaid managed care?

Methodology
We will first conduct a survey with all 41 States with comprehensive risk-based managed care programs. This will enable us to compile the network adequacy standards and other access-related requirements for all States, and to identify high- level themes related to both oversight of access and challenges and strategies for improving access and reducing disparities. Next, we will conduct in-depth interviews with a select group of States to learn more about their experiences, focusing primarily on gathering more detail about their oversight, challenges, and strategies. Finally, we will interview CMS officials to further inform our analysis and recommendations. We may also conduct additional structured interviews with MCOs if our interviews with States or CMS suggest that doing so would be useful.

Data Sources
Survey to the 41 States with Medicaid managed care programs. We will start our data collection by surveying all 41 States with comprehensive risk-based Medicaid managed care programs. To compile a summary of all State network adequacy standards and other access standards related to maternal care, we will ask States what their standards are and how they monitor and enforce these standards. We will also ask States to provide a link to their publicly posted network adequacy standards. To understand how these standards operate in practice, we will also ask States to provide one or more of their managed care contracts and indicate where in the contract(s) the access standards are specified. Then, to identify the most common themes related to access to maternal health care in managed care, we will ask States briefly about the challenges they have faced and the strategies they have implemented to improve access and reduce disparities, and whether these strategies have been successful.
In-depth followup interviews with selected States. After we receive and analyze survey responses, we will select 4-10 States for structured, in-depth followup interviews. We will select States using their survey responses and publicly available information.
Survey responses: In our selection, we will prioritize States reporting challenges that are common or illustrative and States reporting strategies that are commonly used, innovative, or successful. We will also select States representing a range of different access-related managed care standards.
Publicly available information: We will also consider publicly available information, including (1) State maternal health statistics, such as maternal mortality rates;81 (2) State statistics on maternal health care access, such as the number or percentage of births occurring in counties with no or few maternal health care providers;82 (3) State racial, ethnic, and geographic diversity;83, 84 and (4) features of State Medicaid managed care programs, such as States' expansion status or coverage of midwifery or doula services.85 We will aim to select States diverse in maternal health outcomes, level of access to maternal health care, demographics, and Medicaid program features.

We will use these followup interviews to gather more detail from States about their experiences. The topics will depend partially on States' survey responses, but will focus on diving more deeply into State challenges and strategies. We may also request additional supporting documentation from States as part of these interviews, such as State quality strategies or guidance documents, as applicable.
Interview with CMS. Additionally, we will interview CMS officials for context on the approaches they are taking, including their oversight of States, and perspectives on what additional steps they could take to support States and MCOs. We will use their responses to better understand States' challenges and strategies and to develop appropriate recommendations.
Interviews with selected MCOs. We may conduct additional structured interviews with a small number of MCOs if we determine they are in the best position to offer the information needed to fully understand challenges and to form the most appropriate recommendations. If we do this, we may select a small number of MCOs operating in one or more of the States we interviewed and ask clarifying questions about State policies and their own challenges and strategies related to access to maternal health care.

Data Analysis
We will analyze survey responses to identify State standards, patterns across State standards, and oversight policies related to access to maternal health care in Medicaid managed care. We will review States' publicly posted network adequacy standards and the language in a sample of States' contracts with MCOs to understand how the standards are operationalized. We will also identify States' most frequently cited challenges and most promising strategies to improve access and reduce racial and geographic disparities. After interviewing select States, CMS, and possibly MCOs, we will synthesize their interview and survey responses to build a full picture of the most common challenges States are facing and to identify promising strategies that could help to improve access to maternal health care in managed care.

Limitations
In some cases, we will rely on self-reported information from States, MCOs, and CMS. However, we will use documents provided by these entities to confirm self-reported information when possible. For example, we will compare States' self-reported access standards from the survey with their publicly posted standards and the language included in their MCO contracts.

Criteria
Federal regulation requires coverage of prenatal care, delivery, postpartum care, and family planning, as well as services for conditions that
may threaten carrying the fetus to full term or the fetus' safe delivery. 42 CFR §440.210(a)(2)(i)-(ii)

Federal regulation also requires States to ensure that managed care plans maintain "sufficient" provider networks to provide adequate access to covered services for all enrollees. 42 CFR §438.68, §438.206

States may use a variety of authorities and flexibilities to cover non-clinical services that improve access to care indirectly. For instance, under Section 1905(a) State Plan authority, States may add peer supports or case management services to help coordinate care for people in their programs. Under Section 1115 waiver authority, States may propose pilot programs to address unmet social needs linked to health outcomes.86

The Managed Care final rule was updated in November 2020 and included issues relevant to maternal healthcare, such as network adequacy standards for obstetricians and gynecologists and culturally competent care. See https://www.federalregister.gov/documents/2020/11/13/2020-24758/medicaid-program-medicaid-and-childrens-health-insurance-program- chip-managed-care.

1 Commonwealth Fund, Maternal Mortality and Maternity Care in the United States Compared to 10 Other Developed Countries. Accessed at https://www.commonwealthfund.org/publications/issue-briefs/2020/nov/maternal-mortality-maternity-care-us-compared-10-countries on August 30, 2021.
2 Commonwealth Fund, Maternal Mortality in the United States: A Primer. Accessed at https://www.commonwealthfund.org/publications/issue-brief- report/2020/dec/maternal-mortality-united-states-primer on August 30, 2021.
3 Regine A. Douthard, Iman K. Martin, Theresa Chapple-McGruder, Ana Langer, and Soju Chang. "U.S. Maternal Mortality Within a Global Context: Historical Trends, Current State, and Future Directions" in Journal of Women's Health. Accessed at https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8020556/ on September 14, 2022.
4 CDC, Health E-Stats, Maternal Mortality Rates in the United States, 2020. Accessed at https://www.cdc.gov/nchs/data/hestat/maternal-mortality/2020/maternal-mortality- rates-2020.htm on July 12, 2022.
5 Commonwealth Fund, Maternal Mortality and Maternity Care in the United States Compared to 10 Other Developed Countries. (See Endnote 1 for URL information.)
6 CDC, Morbidity and Mortality Weekly Report, Update: Characteristics of Symptomatic Women of Reproductive Age with Laboratory-Confirmed SARS-CoV-2 Infection by Pregnancy Status – United States – January 22-October 3, 2020. Accessed at https://www.cdc.gov/mmwr/volumes/69/wr/mm6944e3.htm on September 6, 2022.
7 CDC, Health E-Stats, Maternal Mortality Rates in the United States, 2020. (See EN 4 for URL information.)
8 CDC, Pregnancy Mortality Surveillance System. Accessed at https://www.cdc.gov/reproductivehealth/maternal-mortality/pregnancy-mortality-surveillance-system.htm on September 6, 2022.
9 March of Dimes, "Nowhere to Go: Maternity Care Deserts Across the U.S. 2020 Report." Accessed at https://www.marchofdimes.org/materials/2020-Maternity-Care- Report.pdf on September 7, 2022.
10 CMS, Improving Access to Maternal Health Care in Rural Communities. September 3, 2019. Accessed at https://www.cms.gov/About-CMS/Agency- Information/OMH/equity-initiatives/rural-health/09032019-Maternal-Health-Care-in-Rural-Communities.pdf on October 12, 2022.
11 Maternal Health Task Force, Harvard Chan School Center of Excellence in Maternal and Child Health, Maternal Health in the United States. Accessed at https://www.mhtf.org/topics/maternal-health-in-the-united-states/ on September 1, 2021.
12 Kaiser Family Foundation, A View from the States: Key Medicaid Policy Changes: Results from a 50-State Medicaid Budget Survey for State Fiscal Years 2019 and 2020, Oct. 18, 2019. Accessed at https://www.kff.org/report-section/a-view-from-the-states-key-medicaid-policy-changes-delivery-systems/ on October 5, 2021.
13 CDC, National Vital Statistics Report, "Births: Final Data for 2020." Accessed at https://www.cdc.gov/nchs/data/nvsr/nvsr70/nvsr70-17.pdf on July 27, 2022.
14 MACPAC, Medicaid's Role in Financing Maternity Care. Accessed at on https://www.macpac.gov/wp-content/uploads/2020/01/Medicaid%E2%80%99s-Role-in-Financing- Maternity-Care.pdf August 26, 2022.
15 ASPE, HHS Initiative to Improve Maternal Health. Accessed at https://aspe.hhs.gov/topics/public-health/hhs-initiative-improve-maternal-health on September 7, 2022.
16 The White House, White House Blueprint for Addressing the Maternal Health Crisis. Accessed at https://www.whitehouse.gov/wp-content/uploads/2022/06/Maternal- Health-Blueprint.pdf on September 8, 2022.
17 HRSA, Healthy Women, Healthy Pregnancies, Healthy Futures: Action Plan to Improve Maternal Health in America. Accessed at https://aspe.hhs.gov/sites/default/files/private/aspe-files/264076/healthy-women-healthy-pregnancies-healthy-future-action-plan_0.pdf on October 6, 2022.
18 ACOG, Having A Baby. Accessed at https://www.acog.org/womens-health/faqs/having-a-baby on September 9, 2022.
19 ACOG, FAQs: Ultrasound Exams. Accessed at https://www.acog.org/womens-health/faqs/ultrasound-exams on October 6, 2022.

20 ACOG, Committee Opinion Number 736, May 2018. Accessed at https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2018/05/optimizing- postpartum-care on September 6, 2022.
21 ACOG, Committee Opinion Number 736, May 2018. (See EN 20 for URL information.)
22 CDC, Pregnancy and Oral Health. Accessed at https://www.cdc.gov/oralhealth/publications/features/pregnancy-and-oral-health.html on September 7, 2022.
23 Eunice Kennedy Shriver National Institute of Child Health and Human Development, What Health Problems Can Develop During Pregnancy? Accessed at https://www.nichd.nih.gov/health/topics/preconceptioncare/conditioninfo/health-problems on September 9, 2022.
24 CDC, Strategies to Prevent Obesity and Other Chronic Diseases: The CDC Guide to Strategies to Support Breastfeeding Mothers and Babies. Accessed at https://www.cdc.gov/breastfeeding/pdf/BF-Guide-508.pdf on September 13, 2022.
25 March of Dimes, "Nowhere to Go: Maternity Care Deserts Across the U.S. 2020 Report." (See EN 9 for URL information.)
26 April M. Falconi, Samantha G. Bromfield, Truc Tang, Demetria Malloy, Danae Blanco, Susan Disciglio, and Winnie Chi. "Doula Care Across the Maternity Care Continuum and Impact on Maternal Health: Evaluation of Doula Programs Across Three States Using Propensity Score Matching" in The Lancet. Accessed at https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(22)00261-9/fulltext#:~:text=Evidence%20collectively%20suggests%20that%20doulas,for%20maternal%20morbidity%20and%20mortality on September 9, 2022.
27 Katy Backes Kozhimannil, Rachel R. Hardeman, Laura B. Attanasio, Cori Blauer-Peterson, and Michelle O'Brien. "Doula Care, Birth Outcomes, and Costs Among Medicaid Beneficiaries" in American Journal of Public Health. Accessed at https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3617571/ on September 9, 2022.
28 CDC, "Issue Brief: Improving Access to Maternal Health Care in Rural Communities." Accessed at https://www.cms.gov/About-CMS/Agency-Information/OMH/equity- initiatives/rural-health/09032019-Maternal-Health-Care-in-Rural-Communities.pdf on September 7, 2022.
29 Our definition of access builds on definitions used by CMS and Mathematica, among others. For instance, see CMS, Promoting Access in Medicaid and CHIP Managed Care: A Toolkit for Ensuring Provider Network Adequacy and Service Availability.
30 CMS. Promoting Access in Medicaid and CHIP Managed Care: A Toolkit for Ensuring Provider Network Adequacy and Service Availability. Accessed at https://www.medicaid.gov/medicaid/downloads/adequacy-and-access-toolkit.pdf on September 6, 2022.
31 OASH, Office on Women's Health. Prenatal Care. Accessed at https://www.womenshealth.gov/a-z-topics/prenatal-care on September 6, 2022.
32 ACOG, Levels of Maternal Care [Obstetric care consensus], August 2019. Accessed at https://www.acog.org/clinical/clinical-guidance/obstetric-care- consensus/articles/2019/08/levels-of-maternal-care on September 13, 2022.

33 Urban Institute, Maternal Health Inequities during the COVID-19 Pandemic. Accessed at https://www.rwjf.org/content/dam/farm/reports/issue_briefs/2021/rwjf465431 on August 31, 2021.
34 Urban Institute, Maternal Health Inequities during the COVID-19 Pandemic. (See EN 32 for URL information).
35 Kaiser Family Foundation, Racial Disparities in Maternal and Infant Health: An Overview. Accessed at https://www.kff.org/report-section/racial-disparities-in-maternal-and- infant-health-an-overview-issue-brief/ on October 7, 2022.
36 MACPAC, Access in Brief: Pregnant Women and Medicaid. Accessed at https://www.macpac.gov/wp-content/uploads/2018/11/Pregnant-Women-and-Medicaid.pdf on October 7, 2022.
37 CDC, National Vital Statistics Report, "Births: Final Data for 2020." (See EN 13 for URL information).
38 Medicaid.gov, Prenatal and Postpartum Care: Postpartum Care. Accessed at https://www.medicaid.gov/state-overviews/scorecard/postpartum-care/index.html on October 7, 2022.
39 The regulation text uses the term "woman." Because people of different genders can become pregnant, we use

gender-neutral language throughout this document.
40 42 CFR § 440.210(a)(2)
41 42 CFR § 440.210(a)(3)
42 Medicaid.gov, Mandatory & Optional Medicaid Benefits. Accessed at https://www.medicaid.gov/medicaid/benefits/mandatory-optional-medicaid-benefits/index.html on September 12, 2022.
43 Kaiser Family Foundation, Medicaid Coverage of Pregnancy-Related Services: Findings from a 2021 State Survey, May 19, 2022. Accessed at https://www.kff.org/report- section/medicaid-coverage-of-pregnancy-related-services-findings-from-a-2021-state-survey-report/ on July 27, 2022.
44 Kaiser Family Foundation, Presumptive Eligibility in Medicaid and CHIP. Accessed at https://www.kff.org/health-reform/state-indicator/presumptive-eligibility-in-medicaid- chip/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D on September 13, 2022.
45 MACPAC, Pregnant Women. Accessed at https://www.macpac.gov/subtopic/pregnant-women/#:~:text=Presumptive%20eligibility%20allows%20women%20to,is%20not%20subsequently%20determined%20eligible on September 13, 2022.
46 NASHP, Midwife Medicaid Reimbursement Policies by State. Accessed at Midwife Medicaid Reimbursement Policies by State - The National Academy for State Health Policy (nashp.org) on August 26, 2022.
47 CMS, RE: Opportunities in Medicaid and CHIP to Address Social Determinants of Health (SDOH). Accessed at https://www.medicaid.gov/federal-policy- guidance/downloads/sho21001.pdf on September 13, 2022.
48 Georgetown University Health Policy Institute Center for Children and Families, Doula Services in Medicaid: State Progress in 2022. Accessed at https://ccf.georgetown.edu/2022/06/02/doula-services-in-medicaid-state-progress-in-2022/ on August 26, 2022.
49 American Rescue Plan Act of 2021, P.L. No. 117-2 (enacted Mar. 11, 2021).

50 Kaiser Family Foundation, Medicaid Postpartum Coverage Extension Tracker. Accessed at https://www.kff.org/medicaid/issue-brief/medicaid-postpartum-coverage- extension-tracker/ on August 26, 2022.
51 Office of the Assistant Secretary for Planning and Evaluation, "Issue Brief: State Medicaid Telehealth Policies Before and During the COVID-19 Public Health Emergency." Accessed at https://aspe.hhs.gov/sites/default/files/documents/eb9e147935a2663441a9488e36eea6cb/medicaid-telehealth-brief.pdf on September 9, 2022.
52 Urban Institute, Maternal Health Inequities during the COVID-19 Pandemic. (See EN 33 for URL information).
53 Kaiser Family Foundation, 10 Things to Know about Medicaid Managed Care. Accessed at https://www.kff.org/medicaid/issue-brief/10-things-to-know-about-medicaid- managed-care/ on August 26, 2022.
54 Kaiser Family Foundation, A View from the States: Key Medicaid Policy Changes: Results from a 50-State Medicaid Budget Survey for State Fiscal Years 2019 and 2020, Oct. 18, 2019. Accessed at https://www.kff.org/report-section/a-view-from-the-states-key-medicaid-policy-changes-delivery-systems/ on October 5, 2021.
55 MACPAC, Managed Care Overview. Accessed at https://www.macpac.gov/subtopic/managed-care-overview/#:~:text=Medicaid%20managed%20care%20plans%20link,care%20coordination%20and%20health%20education on September 7, 2022.
56 Kaiser Family Foundation, 10 Things to Know about Medicaid Managed Care. (See EN 43 for URL information.)
57 MACPAC, Managed Care Overview. (See EN 55 for URL information).
58 42 CFR § 438.68(b)(1)(ii)
59 42 CFR § 438.206(b)(1)
60 42 CFR § 438.68(c)(iv)(vi)
61 42 CFR § 438.68(b)(1)
62 81 Fed. Reg. 27497 (May 6, 2016)
63 42 CFR § 438.68(2)(e)
64 42 CFR § 438.66(a)
65 42 CFR § 438.66(e)(1)

66 42 CFR § 438.66(e)(2)(vi)
67 42 CFR § 438.340(b)(1)
68 42 CFR § 438.340(c)(3)(i)
69 Medicaid.gov, Quality of Care External Quality Review. Accessed at https://www.medicaid.gov/medicaid/quality-of-care/medicaid-managed-care/quality-of-care-external- quality-review/index.html on September 8, 2022.
70 42 CFR § 440.262

71 42 CFR § 438.68(c)(1)(vii)
72 CMS, Biden-Harris Administration Announces Request for Information on Access to Care and Coverage for People Enrolled in Medicaid and CHIP. Accessed at https://www.cms.gov/newsroom/press-releases/biden-harris-administration-announces-request-information-access-care-and-coverage-people-enrolled on September 2, 2022.
73 CMS, RE: Opportunities in Medicaid and CHIP to Address Social Determinants of Health (SDOH). (See EN 47 for URL information).
74 CMS, Cross-Cutting Initative: CMS Maternity Care Action Plan. Accessed at https://www.cms.gov/files/document/cms-maternity-care-action-plan.pdf on September 28, 2022.
75 CMS, Fact Sheet: FY 2023 Hospital Inpatient Prospective Payment System (IPPS) and Long Term Care Hospitals (LTCH PPS) Final Rule – CMS-1771-F Maternal Health. Accessed at https://www.cms.gov/newsroom/fact-sheets/fy-2023-hospital-inpatient-prospective-payment-system-ipps-and-long-term-care-hospitals-ltch-pps-1 on September 14, 2022.
76 Medicaid.gov, Maternal & Infant Health Care Quality. Accessed at https://www.medicaid.gov/medicaid/quality-of-care/improvement-initiatives/maternal-infant-health- care-quality/index.html on September 8, 2022.
77 OIG, State Standards for Access to Care in Medicaid Managed Care (OEI-02-11-00320), September 2014.
78 OIG, Provider Shortages and Limited Availability of Behavioral Health Services in New Mexico's Medicaid Managed Care (OEI-02-17-00490), September 2019.
79 OIG, Availability of Behavioral Health in Medicare Fee-For-Service, Medicare Advantage, and Medicaid Managed Care [work plan item], December 2021. Accessed at https://oig.hhs.gov/reports-and-publications/workplan/summary/wp-summary-0000644.asp on August 12, 2022.
80 Kaiser Family Foundation, 10 Things to Know about Medicaid Managed Care. (See EN 53 for URL information).
81 Kaiser Family Foundation, Maternal Deaths and Mortality Rates per 100,000 Live Births. Accessed at https://www.kff.org/other/state-indicator/maternal-deaths-and- mortality-rates-per-100000-live-births/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D on September 7, 2022.
82 March of Dimes, Peri Stats. Accessed at https://www.marchofdimes.org/peristats/ on September 7, 2022.
83 CDC, National Vital Statistics Report, “Births: Final Data for 2020.” (See EN 11 for URL information).
84 CDC, Fertility Rates by State. Accessed at https://www.cdc.gov/nchs/pressroom/sosmap/fertility_rate/fertility_rates.htm#print on September 8, 2022.
85 Georgetown University Health Policy Institute Center for Children and Families, Doula Services in Medicaid: State Progress in 2022. (See EN 48 for URL information).
86 Kaiser Family Foundation, Medicaid Authorities and Options to Address Social Determinants of Health (SDOH), Aug. 5, 2021. Accessed at https://www.kff.org/medicaid/issue-brief/medicaid-authorities-and-options-to-address-social-determinants-of-health-sdoh/ on April 8, 2022.

Briefing Memo

February 23, 2023

TO: Dan Tsai, Deputy Administrator and Director of Center for Medicaid and CHIP\
Services

FROM: Office of Legislation

SUBJECT: Meeting with Rep. Lois Frankel (D-FL) on the Impact of Unwinding in Florida

Prep: June 8, 2023 at 2:30 PM EST
https://cms.zoomgov.com/j (b)(6) pwd=aDErZ2RxK0NRTUt0TStzMFBQ
RThuQT09
Conference Line: 833 568 8864
Meeting ID: (b)(6)

Meeting: June 9, 2023 at 11:30 AM EST
https://ushr.zoomgov.com/meeting/register/vJItcuquqDwtHpcKeQMbKm80d6
6SLOEbkwM

You are scheduled to speak with Rep. Lois Frankel (D-FL) on Friday, June 9 th at 11:30 AM EST. The Congresswoman would like to discuss CMS' assessment of the numbers of Medicaid enrollees being removed from Medicaid in Florida as a result of unwinding. The Congresswoman will likely ask at what point could and would CMS intervene. Also, Rep. Frankel has invited other Members of the Florida delegation to join this call.

Since mid-May, the CMS Office of Legislation has heard from Rep. Kathy Castor (D-FL) and Rep. Sheila Cherfilus-McCormick (D-FL) on unwinding in Florida. After reading the May 16, 2023 release of the Georgetown University Health Policy Institute article that included a State of Florida report to CMS, the Members asked about the impact of unwinding in Florida.

Attached, we have included the Congresswoman's profile, the Georgetown article and State of Florida report to CMS. Your staff will brief you on what we can tell Rep. Frankel about unwinding in Florida.

https://ccf.georgetown.edu/2023/05/16/how-many-children-just-lost-coverage-in-florida/
We just received a copy of Florida's report to CMS on its first month of "unwinding" the Medicaid continuous coverage provisions for April and the data is alarming. Of the 461,322 people whose eligibility was checked, more than half — 54% or 249,427 people — were terminated.
Most of those terminated (82%) had their cases closed, not because they were

determined to be ineligible (that was only about 10% i.e. 44,305 who were transferred to the Marketplace), but for procedural or “red tape” reasons (205,122).
This is extremely troubling and is similar to the scary numbers we saw in Arkansas last week where approximately 80% of the terminations were for procedural reasons. A key difference though between Arkansas and Florida is, of course, that Florida has not

expanded Medicaid to adults, so the coverage losses in Florida will be concentrated among children, parents and young adults. When Governors see such large numbers of terminations of coverage for procedural reasons, they should pause the process and see what is going wrong. Are families actually getting the renewal packet? Are they having trouble getting through to the call center for help? Has their eligibility been properly assessed?
We have already heard numerous anecdotal reports of families in Florida finding out that their coverage was terminated when going in for an appointment and learning they have been terminated or erroneously terminated. Some will undoubtedly fall into the coverage gap because Florida has not expanded Medicaid. Among the nearly 250,000 being terminated from coverage in Florida was a little boy who had leukemia.
It’s hard to compare apples to apples here because states are prioritizing different groups first, and reporting data differently, but we saw far less concerning data from Arizona last week – where 17% were terminated in the state’s second month of unwinding. The first month of data from Arizona saw large losses amongst the Temporary Medical Assistance (TMA) population, which sort of makes sense as this is a time-limited category for parents who see their income rise due to earned income.
One thing we know for sure — because Florida is not an expansion state — is that the vast majority of the coverage losses will impact children, parents, young adults and new mothers. What we don’t know is how many of the 250,000 people who just lost coverage fall into these groups. We do know that children are very likely to remain eligible for Medicaid and less likely to have another source of coverage.
There is no question that some people are going to lose Medicaid because they no longer qualify in every state. But when we see numbers of this magnitude, especially where children are concerned, this is a matter of grave concern.

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REP. LOIS FRANKEL (D-FL)
Birth Date: May 16, 1948
District: 21 st , Boca Raton
Hometown: West Palm Beach, FL
Profession: Lawyer, County Public Defender
CMS-Related Committees: Appropriations
Elected to the U. S. House of Representatives in 2016, 6 th Term
Florida
Medicaid Expansion: No
Marketplace Type: Federally Facilitated Exchange (FFE)
Change in Uninsured Rate from 2019 to 2021: -1.2% (16.8% to 15.62%)
Profile
Rep. Frankel is a staunch reproductive and women's health advocate but has focused on a range of issues including LGBT rights, supporting veterans and sustaining the Medicare and Social Security programs. Rep. Frankel currently serves on the Appropriations Committee and the Veterans' Affairs Committee.
Recent Correspondence
Florida Hospital Medicaid Directed Payment Program. 5/25/23 — Rep. Frankel and 7 other Members urge CMS to reauthorize Florida's hospital directed payment program (DPP) for the 2022 Medicaid managed care contract rating period (October 1, 2022 through September 30, 2023). (Lead Signature, Rep. Castor). Status: Response pending in CMCS.

Contraceptive Coverage. 3/27/23 – Rep. Frankel and 90 other Members asked the President for specific actions to overcome barriers to contractive coverage. (Lead Signature, Rep. Frankel)
FYI ONLY
Sponsored Legislation
H.R. 9546, Connected Maternal Online Monitoring Act, this bill requires the Centers for Medicare & Medicaid Services to report, and provide resources for states, on coverage of remote physiologic devices and related services (e.g., blood glucose monitors) under Medicaid, so as to improve maternal and child health outcomes for pregnant and postpartum women. (12/14/22)
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Author: Alpheus Chadwick
CreationDate: 2023-06-07 17:57:12
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Center for Medicaid and CHIP Services – Mental Health and Substance Use Disorder Strategy
Introduction
As the largest single source of funding for mental health (MH) and substance use disorder (SUD) treatment and support services,

1 The Medicaid and CHIP Payment and Access Commission. Behavioral Health in the Medicaid Program – People, Use, and Expenditure. Report to Congress, Chapter 4. June 2015. https://www.macpac.gov/wp-content/uploads/2015/06/June-2015-Report-to-Congress-on-Medicaid-and-CHIP.pdf

1
Medicaid along with the Children's Health Insurance Program (CHIP) underpin delivery of care for MH conditions and SUDs across the United States and provide critical support for millions of people with these conditions. Improving access to good quality MH and SUD treatment is among the highest priorities of the Centers for Medicare & Medicaid Services (CMS) and is integral to the Center for Medicaid and CHIP Services' (CMCS') partnership with states to provide health care coverage. CMCS also collaborates closely with other federal agencies, particularly the Substance Abuse and Mental Health Services Administration (SAMHSA), to improve the quality and availability of MH and SUD services for Medicaid and CHIP enrollees.
Medicaid and CHIP can provide coverage for a full array of services and supports for people with MH conditions and SUDs, including services that generally are not covered by other health care programs or plans. This feature of Medicaid and CHIP is particularly critical for individuals with more serious MH conditions and/or SUDs who are more likely to be enrolled in Medicaid and CHIP.

2 Saunder H, Rudowitz R. Demographics and Health Insurance Coverage of Nonelderly Adults with Mental Illness and Substance Use Disorders in 2020. Kaiser Family Foundation Brief. June 2022. https://www.kff.org/medicaid/issue-brief/demographics-and-health-insurance-coverage-of-nonelderly-adults-with-mental-illness-and-substance-use-disorders-in-2020/

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In addition, special protections incorporated into Medicaid and CHIP, including the mandatory Medicaid Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit, provide assurance that enrollees struggling with serious MH conditions or SUDs have coverage for the care they need.
As highlighted in a recent CMCS Informational Bulletin "Leveraging Medicaid, CHIP, and Other Federal Programs in the Delivery of Behavioral Health Services for Children and Youth", the mandatory EPSDT benefit requires coverage of all medically necessary care for children and adolescents under the age of 21 enrolled in Medicaid, including coverage of prevention, screening, assessment, and treatment services for MH conditions and SUDs. This clarification is critically important since MH and SUD conditions are among the most prevalent health conditions affecting children,

3 Whitney DG, Peterson MD. US national and state-level prevalence of mental health disorders and disparities of mental health care use in children. JAMA Pediatr,173(2):389-391 (2019). https://jamanetwork.com/journals/jamapediatrics/fullarticle/2724377 ; Bitsko RH, Claussen AH, Lichstein J, et al. Mental Health Surveillance Among Children — United States, 2013–2019. MMWR Suppl 2022;71(Suppl-2):1–42 (Feb. 2022). https://www.cdc.gov/mmwr/volumes/71/su/su7102a1.htm?s_cid=su7102a1_w .

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and Medicaid and CHIP provide health care coverage for about half of the children and adolescents in the U.S.

4 Alker J, Brooks T. Millions of Children May Lose Medicaid: What Can be Done to Help Prevent them from Becoming Uninsured. Georgetown University Health Policy Institute Center for Children and Families Report. Feb. 17, 2022. https://ccf.georgetown.edu/2022/02/17/millions-of-children-may-lose-medicaid-what-can-be-done-to-help-prevent-them-from-becoming-uninsured .

4

Coverage of MH and SUD treatment and services through Medicaid and CHIP was expanded and strengthened by the Affordable Care Act. One key outcome of this expansion has been significantly improved access to MH and SUD treatment among low-income adults.

5 Guth L, Ammula M. Building on the Evidence Base: Studies on the Effect of Medicaid Expansion, February 2020 to March 2021. Kaiser Family Foundation Report. May 6, 2021. https://www.kff.org/report-section/building-on-the-evidence-base-studies-on-the-effects-of-medicaid-expansion-february-2020-to-march-2021-report/ .

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These individuals are among a number of groups at heightened risk of MH conditions and SUDs who depend on Medicaid and CHIP.

Ethnic and racial minorities and people with disabilities also experience higher rates of MH conditions and SUDs than the general population. These groups also rely on Medicaid to a higher degree than other forms of coverage.

6 Donohue JM, Cole ES, James CV, et a. The US Medicaid Program: Coverage, Financing, Reforms, and Implications for Health Equity. JAMA, 328(11):1085–1099 (2022). https://jamanetwork.com/journals/jama/fullarticle/2796374

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Thus, addressing disparities in coverage and access to MH and SUD treatment and services, with the goal of increasing equity, is central to CMCS' mission.

Another hallmark of Medicaid and CHIP, coverage of home and community-based services (HCBS), is particularly essential for individuals with more serious MH conditions and SUDs. States' HCBS programs are vital safety net programs that promote community engagement in treatment, which is fundamental for improving outcomes for individuals with MH conditions or SUDs. Beyond providing clinical services and treatment, HCBS include social supports to address basic human needs, including linkages and services to support stable housing, access to food, and assurance of transportation. These services support individuals with more serious MH conditions and SUDs in their homes and communities and enable them to pursue self-identified goals. Ultimately, HCBS covered by Medicaid and CHIP provide a foundation for recovery among people with mental illnesses and/or SUDs by providing hope and a sense of purpose.

Improving engagement in treatment for MH and SUD services is also critical for improving physical health care outcomes among these high need populations.

7 Chapel JM, Ritchey MD, Zhang D, et al. Prevalence and Medical Costs of Chronic Diseases Among Adult Medicaid Beneficiaries. American Journal of Preventive Medicine, 53(6):S143-S154 (2017). https://www.ajpmonline.org/article/S0749-3797(17)30426-9/fulltext .

7
Individuals with MH conditions or SUDs have high rates of co-occurring physical health conditions that drive much of the elevated cost of treating these individuals.

8Melek SP, Norris DT, Paulus J, et al. Potential economic impact of integrated medical-behavioral healthcare. Milliman Research Report. Jan. 2018. https://www.milliman.com/-/media/milliman/importedfiles/uploadedfiles/insight/2018/potential-economic-impact-integrated-healthcare.ashx

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Medicaid and CHIP policies aimed at improving integration of MH and SUD services with primary care, like the recent policy clarification encouraging coverage of interprofessional consultations, such as by MH and SUD treatment specialists for primary care and other providers, can help engage individuals in treatment by offering a more familiar care setting. In addition, this support for more integrated care can also improve outcomes for physical health conditions and help manage health care costs associated with individuals with MH conditions and SUDs.
Unfortunately, the COVID-19 pandemic has had a particularly detrimental impact on mental health and substance use.

9 Panchal N, Saunders H, Rudowitz R, et al. The Implications of Covid-19 for Mental Health and Substance Use. Kaiser Family Foundation Issue Brief. Updated March 20, 2023. https://www.kff.org/health-reform/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/

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The increased need for MH and SUD treatment has occurred at a time when capacity to provide these services and supports has decreased. Currently, provider workforce shortages are common with nearly half of the U.S. population living in a mental health workforce shortage area.

10 Health Resources and Services Administration, Health Workforce Shortage Areas Dashboard. Accessed April 2023. https://data.hrsa.gov/topics/health-workforce/shortage-areas .

10

Rural areas are especially impacted by shortages of MH and SUD providers, given that individuals living in those areas experience similar and by some estimates higher rates of MH conditions and SUDs.

11 The Medicaid and CHIP Payment and Access Commission, Issue Brief: Medicaid and Rural Health, April 2021. https://www.macpac.gov/wp-content/uploads/2021/04/Medicaid-and-Rural-Health.pdf

11
Consequently, individuals in these areas generally have less access to treatment services or supports for these conditions.

12 Mack B, Whetsell H, Graves JM. Mental Health in Rural Areas. National Rural Health Association Policy Brief. Feb 2022. https://www.ruralhealth.us/NRHA/media/Emerge_NRHA/Advocacy/Policy%20documents/NRHA-Mental-health-in-rural-areas-policy-brief-2022.pdf

12

Children and adolescents have been particularly affected by the impact of COVID-19 on MH and substance use.

13 Centers for Disease Control and Prevention. Youth Risk Behavior Survey Data: 2011-2021. https://www.cdc.gov/healthyyouth/data/yrbs/pdf/YRBS_Data-Summary-Trends_Report2023_508.pdf .

13

Pediatric emergency department (ED) visits for mental health conditions increased throughout the pandemic.

14 Radhakrishnan L, Leeb RT, Bitsko RH, et al. Pediatric Emergency Department Visits Associated with Mental Health Conditions Before and During the COVID-19 Pandemic — United States, January 2019–January 2022. MMWR Morb Mortal Wkly Rep, 71:319–324 (2022). http://dx.doi.org/10.15585/mmwr.mm7108e2

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Moreover, ED boarding, which occurs when people wait for extended periods in these settings for access mental health treatment, was common before the pandemic

15 McEnany FB, Ojugbele O, Doherty JR, et al. Pediatric Mental Health Boarding. Pediatrics. 146(4) (Oct 2020). https://publications.aap.org/pediatrics/issue/146/4

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and now has also increased.

16 Ibeziako P, Kaufman K, Scheer KN, et al. Pediatric Mental Health Presentations and Boarding: First Year of the Covid-19 Pandemic. Hosp Pediatrics, 12(9): 751-760 (2022).

16

Of further concern, adults and adolescents with serious mental illness (SMI) and/or SUD – particularly those from marginalized groups – continue to experience high rates of incarceration. Millions of individuals with SMI and SUDs are booked into jail every year; many for minor crimes such as loitering or vagrancy.

17 Balfour ME, Stephenson AH, Winsky J, et al. Cops, clinicians, or both? Collaborative approaches to responding to behavioral health emergencies. National Association of State Mental Health Program Directors Paper. Aug 2020. https://www.nasmhpd.org/sites/default/files/2020paper11.pdf.

17
They tend to stay in jail far longer than other individuals and often do not receive needed MH or SUD treatment.

18 Balfour ME, Stephenson AH, Winsky J, et al. Cops, clinicians, or both? Collaborative approaches to responding to behavioral health emergencies. National Association of State Mental Health Program Directors Paper. Aug 2020. https://www.nasmhpd.org/sites/default/files/2020paper11.pdf.

18
Disciplinary or legal actions are a frequent response to children and adolescents struggling with mental health or substance use disorders.

19 Fabelo T, Thompson MD, Plotkin M, et al. (2011). Breaking schools' rules: A statewide study of how school discipline relates to students' success and juvenile justice involvement. Council of State Governments Justice Center. 2011. https://csgjusticecenter.org/wp-content/uploads/2020/01/Breaking_Schools_Rules_Report_Final.pdf ; Mallett CA. The School-to-Prison Pipeline: A Critical Review of the Punitive Paradigm Shift. Child and Adolescent Social Work Journal, 33(1), 15–24 (April 2015). https://link.springer.com/article/10.1007/s10560-015-0397-1

19
Tragically, nearly 70 percent of children in the juvenile justice system have a diagnosable MH condition or SUD.

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To help address these issues, CMCS has engaged in a multifaceted approach to strengthen coverage of MH and SUD treatment in Medicaid and CHIP across all care delivery systems. As a part of this effort, CMCS released a Request for Information (RFI) from February 17, 2022, to April 18, 2022, that asked the public for suggestions on increasing access in Medicaid and CHIP. Major themes in the public comments included the need to improve network adequacy for MH and SUD providers and to support greater transparency in coverage policies including payment rates.
Accordingly, CMCS has prioritized developing new strategies for improving participation of MH and SUD providers in Medicaid and CHIP. To further that objective, the recent Access and Managed Care Notices of Proposed Rulemaking propose significant regulatory changes aimed at improving access to MH and SUD treatment services and supports.
Moreover, as the public health emergency (PHE) winds down, maintaining health care coverage is critical for ensuring access to MH and SUD treatment services and supports. Since March 2020, as a condition of receiving temporary, increased federal Medicaid matching funds, states have been required to maintain enrollment of nearly all Medicaid enrollees. This continuous enrollment condition ended on March 31, 2023, and states are returning to normal eligibility and enrollment operations. States will have 12 months to initiate and 14 months to complete redeterminations for everyone enrolled in Medicaid and CHIP. This process is commonly referred to as "unwinding". CMCS is working

proactively with state Medicaid and CHIP agencies and other stakeholders to ensure that people stay connected to coverage either by remaining enrolled in Medicaid or CHIP, if they are still eligible, or transitioning to another coverage option, such as Marketplace coverage.

CMCS also has a number of initiatives underway aimed at making MH and SUD treatment more readily available where people regularly go to seek care, including non-specialized health care settings such as primary care, and other non-traditional settings, such as schools, jails and prisons, as well as through programs that address health-related social needs (HRSN). Increased availability of MH and SUD treatment services and supports in these non-specialized and non-traditional settings can encourage engagement in MH and SUD treatment and reduce the stigma associated with these conditions.

As an illustration of this dynamic, when mental health care is available in school settings, youth are far more likely to be identified early and to initiate and complete care.

21 Rones M, Hoagwood K. (2000). School-based mental health services: A research review. Clinical Child and Family Psychology Review, 3(4), 223-241. https://pubmed.ncbi.nlm.nih.gov/11225738/ ; Burns B J, Costello E J, Angold A, et al. Children's mental health service use across service sectors. Health Affairs, 14(3), 147-159 (1995). https://www.healthaffairs.org/doi/10.1377/hlthaff.14.3.147

21

School-based MH and SUD programs incorporating prevention, early intervention, and graduated levels of treatment services and supports have been associated with enhanced academic performance,

22 Greenberg M, Weissberg, R., O'Brien M, et al. Enhancing school-based prevention and youth development through coordinated social, emotional, and academic learning. American Psychologist, 58: 466 (2003). https://psycnet.apa.org/fulltext/2003-05959-009.pdf .

22

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23 Zins JE, Bloodworth MR, Weissberg R P, et al. The scientific based linking social and emotional learning to school success. In Zins J, Weissberg R, Wang M, et al. (Eds.). Building academic success on social and emotional learning: What does the research say? (pp. 3-22). NY: Teachers College Press (2004). https://www.researchgate.net/publication/242224840_The_Scientific_Base_Linking_Social_and_Emotional_Learning_to_School_Success

23

decreased need for special education,

24 Bruns E J, Walwrath C, Glass-Siegel M, et al. School-based mental health services in Baltimore: Association with school climate and special education referrals. Behavior Modification, 28, 491-512(2004). https://pubmed.ncbi.nlm.nih.gov/15186512/

24

fewer disciplinary encounters,

25 Jennings J, Pearson G, Harris M. Implementing and maintaining school-based mental health services in a large, urban school district. Journal of School Health, 70, 201-206 (2000). https://onlinelibrary.wiley.com/doi/epdf/10.1111/j.1746-1561.2000.tb06473.x

25
increased engagement with school,

26 Greenberg MT, Domitrovich CE, Graczyk PA, et al. The study of implementation in school-based prevention interventions: Theory, research, and practice (Vol. 3). Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration. 2005. https://www.academia.edu/28690843/The_study_of_implementation_in_school_based_preventive_interventions_Theory_research_and_practice

26
and elevated rates of graduation.

27 Lehr C A, Johnson DR, Bremer CD, et al. Essential tools: Increasing rates of school completion: Moving from policy and research to practice. University of Minnesota, Institute on Community Integration, National Center on Secondary Education and Transition. 2004. https://conservancy.umn.edu/bitstream/handle/11299/172999/dropout.pdf?sequence=1&isAllowed=y

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CMCS actions to bolster Medicaid and CHIP support for enrollees with mental health conditions or SUDs are outlined in the following strategy. Priorities include improving coverage and integration to increase access to prevention and treatment services. CMCS is also focused on encouraging engagement in care through increased availability of HCBS and coverage of non-traditional services and settings where individuals with mental illnesses and/or SUDs are often found. In addition, CMCS has numerous actions geared toward improving quality of care. Woven throughout these priority areas is a commitment to advancing equity and promoting integrated, whole-person care.
Strategy Overview
In summary, the three overarching goals with prioritized strategies that guide CMCS's actions to improve treatment and support for Medicaid and CHIP beneficiaries with MH conditions and/or SUDs are --
Increase Access to Prevention and Treatment by
Improving Coverage of MH and SUD Screening and Therapies and Promoting Parity
Supporting Integration and Coordination of MH and SUD Treatment with Other Health Care
Improve Engagement in Care by
Increasing Treatment and Support in Home and Community-Based Settings
Supporting Access to MH and SUD Services through Non-Traditional Settings
Enhance Quality of Care by
Encouraging Implementation of Evidence-Based Practices
Enhancing Quality Measurement
Analyzing and Publicizing Data on Key Topics
Prioritized Activities

Some high priority actions underway or under development for each of these goals and strategies are outlined below.
Increase Access to Prevention and Treatment
Strategies:
Improving Coverage of MH and SUD Treatment and Promoting Parity
Actions:
Supporting Connections to Health Care Coverage

Engagement with States on Unwinding:
CMCS has prioritized ensuring that individuals who were covered by Medicaid and CHIP during the COVID-19 PHE are connected to continued health care coverage as the Medicaid continuous enrollment condition ends. Maintaining health care coverage for the more than 92 million individuals enrolled in Medicaid and CHIP is critical, especially for those with MH conditions and SUDs. As we have seen in states that expanded Medicaid under the Affordable Care Act, a significant benefit of expanded health care coverage is improved access to MH and SUD treatment.

28 Guth L, Ammula M. Building on the Evidence Base: Studies on the Effect of Medicaid Expansion, February 2020 to March 2021, Kaiser Family Foundation Report. May 6, 2021. https://www.kff.org/report-section/building-on-the-evidence-base-studies-on-the-effects-of-medicaid-expansion-february-2020-to-march-2021-report/ .

Similarly, ensuring continued enrollment of eligible individuals will be essential for maintaining access to MH and SUD services for millions of low-income adults and youth.

Connecting Kids to Coverage Campaign:
The Connecting Kids to Coverage National Campaign is a national outreach and enrollment initiative that reaches out to families with children and teens eligible for Medicaid and provides a full range of outreach and enrollment materials (including customizable posters and flyers, social media messaging, as well as radio and TV public service announcements, videos featuring successful outreach strategies, and outreach strategy and social media guides). These materials can help states, community organizations, schools, health care providers and others organize and conduct successful outreach activities. Campaign resources include a radio media tour, which is conducted annually. This year, the radio media tour focused on Medicaid and CHIP coverage of mental health services. Information about the mental health initiative is available at: https://www.insurekidsnow.gov/initiatives/mental-health/index.html.

Increasing Network Adequacy and Participation by MH and SUD Treatment Providers

Managed Care and Access Rulemaking:
Significant new requirements included in the recently proposed rules on “Assuring Access to Medicaid Services” and “Managed Care Access, Finance, and Quality”, published on April 27, 2023 demonstrate CMCS’ strong commitment to improving access to MH and SUD services. These proposed regulatory changes are focused on strengthening access to and quality of care in Medicaid and CHIP by establishing certain national standards for timely access to care under managed care plans, through which a majority of Medicaid beneficiaries receive benefits. These rules would also establish transparency for Medicaid and CHIP payment rates for providers, other access standards for transparency and accountability, and options to empower beneficiary choice. Proposed managed care maximum appointment wait time standards for managed care plans that apply to outpatient MH and SUD services and requirements for secret shopper surveys to assess appointment wait times and provider directory accuracy. In addition, states would be required to submit an annual payment analysis for managed care and biennial payment analysis for fee-for-service that compares payment rates for certain services, including outpatient MH and SUD services as a proportion of Medicare’s payment rates.

Improved Reimbursement through Section 1115 Demonstrations:
CMCS has incorporated provisions in certain section 1115 demonstrations, including those that address HRSN, Designated State Health Programs, and Health Equity, that require states to assess and make progress on closing the gap

between that state's Medicaid payment rates and Medicare rates for certain types of services, including MH and SUD services. These types of provisions have been included, for example, in Section 1115 demonstrations for Oregon and Massachusetts.

Demonstration to Increase SUD Provider Capacity:
Through this initiative, CMCS has been working with states to improve SUD treatment provider participation in Medicaid and will issue, in collaboration with federal agency partners, three reports to Congress over the next few years on findings from this initiative that ends in September 2024.

Ensuring Compliance with Mental Health Parity and Addiction Equity Act and Other Requirements

CMCS is developing new tools and processes to improve oversight of parity compliance and continues to work with states to enforce parity requirements. In addition, CMS continues to work closely with states to ensure coverage of services to prevent, diagnose, and treat a broad range of MH and SUD symptoms and disorders in every state's CHIP program as called for by the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment Act (SUPPORT Act). CMCS requires that states incorporate age appropriate, validated screening tools, such as those recommended by the American Academy of Pediatrics and the United States Preventive Services Taskforce, and that the behavioral health services are provided in a culturally and linguistically appropriate manner.

Improving Implementation of Early Periodic Screening, Diagnostic and Treatment Services Requirements (EPSDT)

The Bipartisan Safer Communities Act (BSCA) requires CMS to review states' compliance with the Medicaid EPSDT benefit, provide technical assistance to states, issue guidance on best practices, and provide a report to Congress on its findings by June of 2024 Through these activities, CMCS will actively engage with states to ensure they are complying with the EPSDT benefit, including ensuring that states are providing children and adolescents with MH conditions and SUDs access to all medically necessary care. CMCS recently issued an information bulletin reminding states of their obligation to cover mental health and SUD services under EPSDT.
Supporting Integration and Coordination of MH and SUD Treatment with Other Health Care
Actions:
Encouraging Support for Use of Health Information Technology (HIT) among MH and SUD Treatment Providers

As a component of the Section 1115 demonstrations focused on SMI and serious emotional (SED) disturbance, CMCS requires states to develop plans for implementing HIT to support improvements to delivery of mental health care through those demonstrations. In addition, the State Medicaid Directors Letter (SMDL) regarding section 1115 demonstration opportunities to support community reentry and improve care transitions for individuals who were incarcerated (also discussed below) encourages states to consider supporting improvements in HIT to improve care transitions as part of those demonstrations. CMCS will also issue new technical guidance in collaboration with federal partners on how states can receive enhanced federal financial participation for qualified activities (e.g., 90 percent and 75 percent) for HIT systems that support care delivery by MH and SUD treatment providers.
Supporting Continued and Improved Coverage of Telehealth

By the end of 2023, CMCS will issue additional guidance for states on use of telehealth to provide services coverable by Medicaid and CHIP, which has been shown to be particularly effective for improving access to MH and SUD treatment.

29 Mace S, Boccanelli A, Dormond M. The Use of Telehealth within Behavioral Health Settings: Utilization, Opportunities, and Challenges. Behavioral Health Workforce Research Center, University of Michigan, (March 2018) https://behavioralhealthworkforce.org/wp-content/uploads/2018/05/Telehealth-Full-Paper_5.17.18-clean.pdf ; Bashshur RL, Shannon GW, Bashshur N, et al. The empirical evidence for telemedicine interventions in mental disorders. Telemed J E Health, 22(2): 7-113 (Jan. 2016). https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4744872/ ; Lin L, Casteel D, Shigekawa E, et al. Telemedicine-delivered treatment interventions for substance use disorders: A systematic review. Journal of Substance Abuse Treatment, 101: 38-49 (June 2019). https://www.sciencedirect.com/science/article/pii/S0740547218304288?via%3Dihub

This guidance will build on the "State Medicaid & CHIP Telehealth Toolkit: Policy Considerations for States Expanding Use of Telehealth" and a supplement that were developed by CMCS during the COVID-19 PHE.

Increasing Availability of MH and SUD Treatment through Interprofessional Consultation

CMCS will build on new guidance on coverage and reimbursement for interprofessional consultations. Through direct technical assistance and engagement with state Medicaid agencies, CMCS is focused on raising awareness about opportunities this policy creates for improving integration of MH and SUD treatment into additional settings including primary care and pediatricians' offices, EDs, and school-based health centers as well as the potential to mitigate workforce shortages by better leveraging the existing supply of MH and SUD specialists.

Improve Engagement in Care
Strategies:
Increasing Treatment and Support in Home and Community-Based Settings
Actions:
Funding a Continuum of Crisis Stabilization Services

Mobile Crisis Intervention Services Grants and State Plan Amendments:
As authorized in the American Rescue Plan, CMCS provided $15 million in planning grants to 20 states to support implementation of Medicaid qualifying community-based mobile crisis intervention services. CMCS continues to engage regularly with states awarded planning grants and extended the deadline for using these funds until September 2023. As part of these efforts, CMCS is working with a number of states to implement state plan amendments to qualify for temporary enhanced federal Medicaid funding for mobile crisis intervention services. Foundational to these efforts has been a State Health Official Letter issued by CMCS specifying the requirements for mobile crisis intervention services to be eligible for the temporary increased federal matching funds and also describing a number of additional ways states may support crisis services for Medicaid and CHIP beneficiaries.

Guidance and Technical Assistance on Medicaid & CHIP Support for Crisis Services
CMCS is partnering with SAMHSA to develop and issue additional guidance on Medicaid and CHIP support for crisis stabilization services as well as working together to establish a technical assistance center on this topic and develop a compendium of best practices.

Support for Crisis Response by Certified Community Behavioral Health Clinics
CMCS is working with SAMHSA to expand availability of Certified Community Behavioral Health Clinics (CCBHCs) nationwide (described below). As part of this work, we are proposing a new payment policy to encourage states to improve support for crisis response services by CCBHCs including mobile units and facility-based walk-in/urgent care services at CCBHCs. CMCS is incorporating this new policy into technical guidance and resources for the CCBHC demonstration.

Expanding the CCBHC Demonstration

In the CCBHC demonstration, participating state Medicaid programs receive enhanced federal funding for clinics that meet specific federal criteria including offering comprehensive services and evidence-based programs, improving care coordination, and reporting quality measures. CMCS is actively collaborating with SAMHSA and the Department of Health and Human Services (HHS) Office of the Assistant Secretary for Planning and Evaluation to expand the demonstration as authorized in the BSCA and will start engaging with planning grant awardees in spring/summer of 2023 as these states prepare to apply for the demonstration in 2024. As a part of this effort, CMCS is developing and updating guidance on prospective payment system options including the performance measures and policies for the quality bonus component of these reimbursement methodologies.
Strengthening Support for HCBS

Many Medicaid-supported HCBS programs focus on assisting individuals with MH and SUD conditions, including through the rehabilitative services and section 1915(i) state plan authorities, section 1915(c) waivers, and other authorities. With enhanced and more flexible federal funding for HCBS under section 9817 of the American Rescue Plan (ARP), many states have offered a broader range of community-based services for people with MH conditions and SUDs, helped to stabilize provider workforce challenges, improved quality of care, and funded establishment of additional crisis stabilization services and programs. CMCS will continue to support state efforts and, accordingly, CMCS recently extended the deadline for states to use the additional federal funding from section 9817 of the ARP from March 2024 to March 2025.

Increasing Awareness of Medicaid Coverage of Peer Supports

CMCS has a long-standing policy specifying that states have the option to provide Medicaid coverage of peer supports as part of MH and SUD services. This policy confirmed state discretion to determine critical aspects of how peer supports are covered, including training and certification requirements and how peer support providers must be supervised. CMCS will continue promoting existing options states have for providing Medicaid coverage of peer support services.

Supporting Access to MH and SUD Services through Non-Traditional Settings and Services

Actions:

Improving Connections to Care and Support for Individuals Leaving Jails and Prisons

CMCS recently established a ground-breaking policy that will support improved access to care, including MH and SUD treatment for individuals leaving jails or prisons. This policy is outlined in an SMDL issued on April 17, 2023 that specifies how states may access federal match through a section 1115 demonstration for short-term services in these settings, which is otherwise generally not permissible. California's reentry demonstration initiative amendment was approved on January 31, 2023, and 14 additional states have proposed similar demonstrations to CMCS. CMCS will support state implementation of this new section 1115 opportunity. In addition, CMCS will work with other federal partners, including Department of Justice and the Department of Housing and Urban Development, to raise awareness among different other sectors, including criminal justice and housing agencies at the state level, to support people leaving jails and prisons. Given high rates of incarceration of people with MH and SUD conditions, CMCS will ensure these state demonstrations include attention to improving access to MH and SUD treatment.

Increasing Support for Youth Leaving Juvenile Justice Settings

The Consolidated Appropriations Act, 2023 (CAA, 2023) included two key provisions for supporting youth leaving juvenile justice settings: "Medicaid and CHIP Requirements for Health Screenings, Referrals, and Case Management Services for Eligible Juveniles in Public Institutions" (Section 5121) and "Removal of Limitations on Federal Financial Participation for Inmates Who Are Eligible Juveniles Pending Disposition of Charges" (Sec. 5122), with both provisions going into effect in 2025. To implement these provisions, CMCS will also develop and issue guidance on maintaining enrollment and covering services for incarcerated youth prior to release. These provisions prohibit termination of eligibility for CHIP among youth while incarcerated, which was already prohibited by section 1001 of the SUPPORT Act for Medicaid

1 See SMD #21-002, Implementation of At-Risk Youth Medicaid Protections for Inmates of Public Institutions, available at https://www.medicaid.gov/Federal-Policy-Guidance/Downloads/smd21002.pdf.

, and require both Medicaid and CHIP programs to cover screening and diagnostic services and targeted case management services in the 30 days prior to release. Additionally, Medicaid must provide targeted case management in the 30 days after release for individuals following adjudication. In addition, the CAA gives states the option to provide full Medicaid and CHIP coverage for juveniles incarcerated pending disposition of charges. These recent changes will be critical for improving access to MH and SUD services among youth in the juvenile justice system who have high

rates of these conditions

30 Skowyra KR, Cocozza JJ. Blueprint for change: A comprehensive model for the identification and treatment of youth with mental health needs in contact with the juvenile justice system. The National Center for Mental Health and Juvenile Justice. (2006). https://ihbtohio.org/wp-content/uploads/2019/10/Blueprint_for_Change_A_Comprehensive_Model_for_the_Identification_and_Treatment_of_Youth_with_Mental_Health_Needs_in_Contact_with_the_Juvenile_Justice_Network.pdf

30
. Disciplinary or legal actions are a frequent response to children and adolescents struggling with MH or SUD.

31 Fabelo T, Thompson MD, Plotkin M, et al. Breaking schools' rules: A statewide study of how school discipline relates to students' success and juvenile justice involvement. Council of State Governments Justice Center. 2011. https://csgjusticecenter.org/wp-content/uploads/2020/01/Breaking_Schools_Rules_Report_Final.pdf; Mallett CA. The School-to-Prison Pipeline: A Critical Review of the Punitive Paradigm Shift. Child and Adolescent Social Work Journal, 33(1), 15–24 (April 2015). https://link.springer.com/article/10.1007/s10560-015-0397-1

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Promoting School-Based Services including MH and SUD Prevention and Treatment

CMCS released "Delivering Service in School-Based Settings: A Comprehensive Guide to Medicaid Services and Administrative Claiming" as well as an overview of the Guide to provide guidance to states and schools to simplify and streamline Medicaid and CHIP requirements for claiming for school-based health care. In addition, CMCS will award grants to states and establish an on-going technical assistance center in coordination with the Department of Education as authorized by Congress in the BSCA to support Medicaid and CHIP coverage of school-based services. Providing MH and SUD services in school-based settings is critical for improving access to these services for children and adolescents, and these new resources will include attention to this important issue. These initiatives build on additional earlier guidance encouraging states to leverage Medicaid to support availability of a full array of covered health services in schools including mental health treatment for children enrolled in Medicaid as well as two joint letters by the Secretaries of Health and Human Services and Education highlighting these opportunities for Governors.

Improving Connections with Supports to Address HRSN

Through section 1115 demonstrations and managed care in-lieu-of services and settings (ILOSs) focused on HRSNs, CMCS will engage with state agencies regarding federal programs that can help address needs for longer-term housing support, recovery support including peer support, and other needs among beneficiaries served by these programs. A number of states have section 1115 demonstration initiative underway to provide coverage of HRSNs offering critical support for Medicaid and CHIP enrollees. Furthermore, CMCS published a SMDL on January 4, 2023 to highlight how ILOSs could be utilized as an innovative option for states to address HRSN in managed care, thus broadening availability of this policy option. CMCS previously issued a State Health Official letter on "Opportunities in Medicaid and CHIP to Address Social Determinants of Health" and more recently a guide for addressing HRSN in Section 1115 demonstrations.

Furthermore, CHIP Health Services Initiatives (HSIs) have been developed by states to meet HRSNs and behavioral health needs for low-income children in a variety of settings. CMCS will work to raise awareness about the opportunities these HRSN programs offer to engage more effectively with individuals in need of MH or SUD treatment,

who often disproportionately face the burden of unmet HRSNs.

Enhance Quality of Care
Strategies:
Encouraging Implementation of Evidence-Based Practices
Actions:
Leveraging Medicaid, CHIP, and Other Federal Programs in the Delivery of Behavioral Health Services for Children and Youth

As state Medicaid and CHIP officials and other stakeholders continue to raise alarm regarding the lack of adequate capacity to address the needs of children and adolescents struggling with MH conditions and SUDs, CMCS is directly engaging with states to promote implementation of best practices highlighted in the informational bulletin issued in August of 2022 on "Leveraging Medicaid, CHIP, and Other Federal Programs in the Delivery of Behavioral Health Services for Children and Youth".

Working with States on SUD and SMI/SED Section 1115 Demonstration Initiatives

CMCS has drawn on section 1115 authority to support initiatives aimed at encouraging states to increase availability of a full continuum of care for adults with SMI and children with SED as well as for beneficiaries with SUDs. CMCS continues to actively engage with states developing and implementing these section 1115 demonstrations to ensure these states are implementing the evidence-based practices highlighted in the SMI/SED Section 1115 SMDL and the SUD section 1115 SMDL as ways for states to achieve demonstration milestones and improve outcomes among beneficiaries. Currently 35 states

32 AK, CA, CO, CT, DC, DE, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MT, NC, NE, NH, NJ, NM, NV, OH, OK, OR, PA, RI, UT, VA, VT, WA, WI, WV

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are participating in SUD focused demonstrations, and 11 states

33 AL, DC, ID, IN, MD, NH, NM, OK, UT, VT, WA

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in SMI /SED focused demonstrations.

Both initiatives offer flexibility regarding statutory exclusions of certain types of specialized treatment facilities in exchange for commitments from states to implement delivery system reforms designed to improve access to a full continuum of care and evidence-based services and programs. In both the SMI/SED and SUD section 1115 initiatives, states are also expected to report on a defined set of quality measures and conduct rigorous evaluations of these initiatives.

For the SUD section 1115 demonstrations, expectations for participating states include requiring availability of medication assisted treatment to individuals in residential treatment settings, use of nationally recognized expert standards to set provider qualifications, expanded access to naloxone to reverse opioid overdoses, and improvements in care coordination and access to physical healthcare as well as increased use of prescription drug monitoring programs.

CMCS actively works with states engaged in our SMI/SED section 1115 initiative to ensure implementation of a broad range of improvements to these states' MH delivery systems, in addition to allowing coverage of services during short-

term stays for acute care in specialized inpatient and residential treatment facilities that are ordinarily excluded from Medicaid coverage. These required delivery system enhancements are focused on improving discharge planning and care coordination when transitioning out of inpatient and residential treatment stays, and include assessment of housing needs; requiring follow-up contact within 72 hours; prevent or decrease lengths of stay in emergency departments; improving availability of crisis stabilization services and intensive outpatient programs; increasing use of evidence-based patient assessment tools; and implementing strategies to engage individuals in treatment, including through supported employment and supported education and increased integration and availability of services specialized to address the needs of children and adolescents.

Supporting State Efforts to Improve Access to Contingency Management

Contingency management is an evidence-based treatment for a variety of SUDs that incorporates therapeutically focused incentives aimed at promoting recovery, including through abstinence from substance use and engagement in treatment.

34 Ginley MK, Pfund RA, Rash CJ, Zajac K. Long-term efficacy of contingency management treatment based on objective indicators of abstinence from illicit substance use up to 1 year following treatment: A meta-analysis. J Consult Clin Psychol, 89(1):58-71 (2021). https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8034391/; Petry NM, Alessi SM, Olmstead TA, Rash CJ, Zajac K. Contingency management treatment for substance use disorders: How far has it come, and where does it need to go? Psychology of Addictive Behaviors, 31(8):897 (2017). https://psycnet.apa.org/fulltext/2017-27173-001.pdf

The evidence of effectiveness of this treatment modality is compelling and it is especially important as a treatment option for stimulant use disorders that represent an increasing cause of overdose deaths. CMCS has allowed coverage of contingency management as part of California's section 1115 demonstration. In addition, CMCS is in discussions with several other states that have expressed interest in testing the use of this therapy to improve outcomes for people with SUDs through section 1115 demonstrations.

Providing Learning Collaboratives to Address Pressing Issues

CMCS supports state efforts to address pressing issues through affinity groups to facilitate peer to peer exchanges between states and provide expert resources. In this regard, CMCS is supporting an on-going affinity group focused on improving follow-up after hospitalization for mental illness.

Improving Quality Measurement
Actions:
Implementing Mandatory Reporting on Core MH and SUD Measures

CMCS is finalizing a proposed rule regarding mandatory annual state reporting requirements for the Child Core Set, the behavioral health measures on the Adult Core Set, and the Health Home Core Sets. The Bipartisan Budget Act of 2018 made reporting of the Child Core Set mandatory for states beginning in fiscal year (FY) 2024. Section 5001 of the SUPPORT Act made it mandatory for states to also report the adult behavioral health measures on the Adult Core Set beginning in FY 2024. In accordance with sections 1945(g) and 1945A(g)(1) of the Social Security Act, reporting on the Health Home Core Sets is required as a condition for providers to receive payment for health home services provided to certain individuals.

These enhanced reporting requirements will improve CMCS's ability to monitor the quality of care provided to beneficiaries with MH and/or SUD treatment needs. The Child Core Set includes a substantial number of important measures focused on MH conditions and SUDs. In addition, the health home benefit supports improved coordination of

care with a focus on individuals in need of MH and/or SUD treatment. The health home quality measures reflect this focus with a number of measures targeting MH and SUD treatment issues.

Through this rulemaking, CMCS will also establish requirements for stratified reporting of measures to support our efforts to improve equity by helping us to understand where disparities in access to and quality of care arise and how we can improve care for subpopulations of beneficiaries most at risk for facing barriers to accessing good quality MH and/or SUD treatment.

Analyzing and Publicizing Data on Key Topics
Actions:
Posting SUD and SMI/SED Section 1115 Demonstration Evaluation Rapid Cycle Reports

CMCS will continue to work with states to collect information to monitor the implementation of the SUD and SMI/SED section 1115 demonstrations on key performance metrics and study the impact of the SUD and SMI/SED section 1115 demonstrations. We will continue analyze these data and post rapid cycle reports under our federal evaluation that examine the effect of these policies on access to and quality of MH and SUD treatment. Reports posted so far highlight, for example, increased availability of medication assisted treatment (MAT) in residential treatment centers in SUD section 1115 states and other delivery system improvements in those demonstrations.

Developing and Posting the SUD Databook

CMCS annually posts a report on the number of Medicaid beneficiaries with SUDs, the services they received, the settings where they receive these services, the delivery systems that provide these services, and the progression of care based on analysis of claims data from the Transformed Medicaid Statistical Information System (T-MSIS). These reports provide an important resource for assessing access to treatment services and supports as well as highlighting opportunities for improving care for beneficiaries with SUDs.

Analyzing T-MSIS Data and Posting Findings Regarding Enrollees with MH Conditions

CMCS is developing resources using Medicaid T-MSIS claims and enrollment data to make information on access to treatment among individuals with MH conditions more accessible.
Conclusion
As demonstrated by the breadth and depth of these many activities and initiatives, ensuring access to high quality MH and SUD treatment services and supports is among the highest priorities of CMCS. Our overall MH and SUD strategy is focused on increasing access to prevention and treatment by improving coverage and integration, coordination, and parity as well as increasing engagement with and support of enrollees with MH conditions and SUDs, while ensuring the quality of care that Medicaid and CHIP enrollees receive. Central to these efforts are key overarching principles aimed at increasing equity by addressing disparities in access to care and promoting recovery. The goals and activities outlined above are only some key examples of the many ways that CMCS works every day to improve care for Medicaid and CHIP enrollees with MH conditions and/or SUDs.

Author

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CMS recommends the OIG spell this out the first time the term is used.

Author

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CMS would like to note that the regulations at 42 CFR 438 generally apply to MCOs, PIHPs, and PAHPs. When describing these regulations (throughout), it would be more accurate to include the other plan types, even though this audit is limited to MCOs.

Author

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Does the OIG intend to evaluate this in the study, and if so how will this be assessed? CMS notes that states and plans will likely not have this information.

Strategies To Improve Access to Maternal Health Care in Medicaid Managed Care OEI-05-22-00330

U.S. Department of Health and Human Services
Office of Inspector General
Design
November 2022, OEI-05-22-00330

Strategies To Improve Access to Maternal Health Care in Medicaid Managed Care

Objectives
To determine what standards State Medicaid agencies (States) have set for access to maternal health care in Medicaid managed care.
To assess oversight of access to maternal health care in Medicaid managed care by States and CMS.

To identify strategies for States and managed care organizations (MCOs) to increase access overall and reduce

disparities in access to maternal health care for people in Medicaid managed care.

Rationale

Pregnant people in the U.S. experience worse pregnancy outcomes than people in any other high-income country.[1, 2, 3] In 2020, 861 people in the U.S. died of pregnancy-related causes, and the overall maternal mortality rate was 23.8 per 100,000 live births.[4] This exceeds the 2018 overall maternal mortality rate of 17.4 per 100,000 live births, which was higher than that of any other peer country.[5] The coronavirus disease 2019 (COVID-19) pandemic further heightened the urgency of addressing these issues, as pregnant people may be more likely to experience severe morbidity or mortality related to COVID-19.[6] Furthermore, significant racial and geographic disparities in maternal health exist. In 2020, the maternal mortality rate for non-Hispanic Black pregnant people was 55.3 deaths per 100,000 live births— about 3 times higher than the rate for Hispanic and non-Hispanic White people.[7] From 2016–2018, the maternal mortality rate in rural areas was 24.4 per 100,000 live births, 1.6 times higher than the rate in urban areas.[8]

Timely access to maternal health care, or care needed during pregnancy and postpartum to ensure a pregnant person's physical and mental health, can improve outcomes for pregnant people.[9] Unfortunately, due to provider shortages, transportation challenges, systemic barriers, and other factors, many pregnant people lack timely access to adequate maternal health care. People who do not receive adequate prenatal and postpartum care face riskier deliveries, are five times more likely to die of pregnancy-related causes, and may be more vulnerable to complications that arise after childbirth, such as postpartum depression.[10, 11]

Improving access to maternal health care for people in Medicaid managed care could improve maternal health outcomes and reduce disparities in maternal health outcomes overall. Medicaid insures almost half of all U.S. births and most States require pregnant people in Medicaid to be enrolled in managed care.[12] Additionally, Medicaid disproportionately finances births among people of color. For example, in 2020, Medicaid financed 67 percent of births among American Indian or Alaska Native people and almost 65 percent of births among Black people, compared to only 29 percent of births among White people.[13] It also finances a disproportionate share of births in rural areas.[14]

This study will provide greater clarity for both CMS and States about how States and MCOs define and monitor access to care in Medicaid. It will also provide insight into the challenges that States and MCOs face in ensuring access to maternal health care, and strategies CMS and States can consider implementing to overcome those barriers. This study aligns with commitments by the Department of Health and Human Services (HHS) and the White House to address disparities in maternal health care and to improve maternal health access and outcomes in the United States.[15, 16]

Background

Maternal Health Care

Services. Maternal health care refers to care needed during pregnancy, childbirth, and postpartum to ensure a pregnant or postpartum person's physical and mental health.[17] Prenatal care, or care provided during pregnancy, includes services such as physical exams, screening for sexually transmitted infections, and ultrasounds.[18, 19] Postpartum care, or care provided after childbirth, includes services such as screening for postpartum depression and monitoring patients' recovery after childbirth.[20] Maternal health care also includes care that is medically necessary for pregnant or postpartum people but unrelated to pregnancy or childbirth, such as substance use disorder treatment, dental care, and the management of chronic conditions.[21] Maternal health care is important for identifying and treating conditions that develop during pregnancy, such as gestational diabetes, as well as preventing and addressing postpartum complications.[22, 23]

Providers. Both physicians, such as OB/GYNs, and non-physicians, such as midwives, doulas, and lactation consultants, deliver maternal health care services. While OB/GYNs and other physicians provide most maternal health care, services from non-physician providers can improve maternal health outcomes.[24, 25] For example, doula visits can lower rates of postpartum depression and anxiety.[26] Care from non-physician providers may also reduce racial disparities in maternal health outcomes, such as c-section rates.[27]

Non-physician providers also serve an important role in providing maternal health care services in regions with no or

limited obstetrical care. For example, in rural areas, where many counties lack an OB/GYN, midwives attend over 30 percent of births. By contrast, midwives attend less than 10 percent of births in the United States overall.28

Access to maternal health care. Access to maternal health care depends on the availability, accessibility, and acceptability of care.29, 30

The availability of care includes patients' ability to make timely appointments for necessary care. For people with insurance, care availability often depends on the size of their insurer's provider networks and the types of providers (i.e., specialties) the networks include.

The accessibility of care includes providers' physical proximity to patients, the extent to which provider locations are accessible to people with disabilities and to people with different levels of access to transportation, and whether providers can communicate with patients in their preferred languages.

The acceptability of care can depend on providers' backgrounds (e.g., their racial and ethnic backgrounds) relative to patients and their ability to provide culturally relevant services to patients without bias or discrimination.

Availability and accessibility are critical to maternal health care access because pregnant and postpartum people require frequent medical appointments and may need specialty care if their pregnancies are high-risk.31, 32 Acceptability is critical to maternal health care access because racism and discrimination from providers can contribute to chronic stress for people of color, which can worsen maternal health outcomes. 33

Systemic barriers such as racism and poverty disproportionately impede availability, accessibility, and acceptability for groups facing social and economic disadvantages.34 These systemic barriers influence social determinants of health, such as availability of adequate, affordable housing and childcare, which affect access to maternal health care and contribute to racial, ethnic, and socioeconomic disparities in maternal health outcomes.35

Exhibit 1: Access to maternal health care includes the availability, accessibility, and acceptability of care.

Maternal Health Care in Medicaid

The Federal government is deeply invested in the provision of maternal health care. Medicaid is a major insurer for pregnancy and postpartum care.36 It is the Nation's largest maternal health care payor, and in 2020 it financed more than 40 percent of births in the United States—over 1.5 million.37, 38

Federal regulations governing maternal health care in Medicaid.

Federal regulations require States to provide certain services for all pregnant people enrolled in Medicaid. Required services include pregnancy-related services—services that are necessary for the health of the pregnant person39 and fetus, or that have become necessary as a result of the person having been pregnant—and services for other conditions that might complicate a pregnancy.40 States must provide these services for at least 60 days following the end of a pregnancy.41

Beyond Federal requirements, States vary in their coverage of maternal health care. For example, States may cover—but are not required to cover—services deemed optional under Federal law, which include dental services, prenatal or postpartum home visits, and screenings or treatment for postpartum depression.42, 43 States also have the option to cover prenatal care for pregnant people before they formally determine if those people are eligible for Medicaid, though not all of them do.44, 45 Additionally, coverage may vary by provider type. While all States cover midwifery services of some kind, many States cover services only from certified nurse-midwives.46 States may use various authorities to expand maternal health coverage and improve access, such as section 1115 waivers, in-lieu-of services, and State Plan Amendments.47 Currently, only six States have expanded their Medicaid benefits to cover doula services, and most have done so using State Plan Amendments.48

Recent changes to maternal health coverage in Medicaid. Changes in Federal law have impacted Medicaid maternal health coverage. The 2021 American Rescue Plan Act gave States the option to extend Medicaid postpartum coverage up to one year postpartum.49 As of October 2022, 26 States have already implemented the extension and eight more States are planning to implement it.50 Additionally, some flexibilities related to the COVID-19 public health emergency influenced access to care. For instance, COVID-19 flexibilities relaxed restrictions on telehealth, which may have facilitated remote access to maternal health care for people in Medicaid.51,52

The role of managed care in providing maternal health care. Most States require pregnant people in Medicaid to be enrolled in managed care.53, 54 In Medicaid managed care, States contract with one or more MCOs to provide services

to the people enrolled.55 In many cases, larger "parent firms" own and operate multiple MCOs in different States.56 MCOs in Medicaid subcontract with or employ providers to build networks to provide services to enrollees.57

Federal regulations governing access in Medicaid managed care. Federal regulations require States to develop network adequacy standards for several types of providers in their managed care programs, including OB/GYNs.58 The goal of network adequacy standards is to ensure that Medicaid MCOs maintain provider networks sufficient to provide enrollees with access to covered services.59 States must consider elements related to access to care when developing their standards, such as the number, types, and location of providers in their States.60 According to a 2020 CMS Final Rule, States', states must develop a quantitative network adequacy standards must be quantitative.61 The previous policy, which the 2020 Final Rule amended, required States to develop time-and-distance standards specifically.62 CMS requires States to publish their network adequacy standards on their public websites.63

Federal regulations also require States and CMS to monitor access to care in Medicaid managed care programs. States must have monitoring systems for all managed care programs to track MCOs' performance, and must submit a report on each managed care program administered by the State to CMS.64, 65 The report must address the availability and accessibility of covered services within each MCO, including network adequacy standards.66 Additionally, States must create quality improvement plans that include access standards and procedures for monitoring the quality of health care and services by each MCO, and these quality plans are subject to monitoring by CMS.67, 68 Finally, CMS requires States with managed care programs to contract with an outside entity to complete an external quality review each year. As part of this process, the outside entity assesses whether each managed care plan ensures sufficient access to providers.69

States must also have methods to promote access and delivery of services in a culturally competent manner to all people in Medicaid, including those with diverse cultural and ethnic backgrounds and disabilities.70 In their managed care programs, States must ensure the ability of in-network providers to communicate with patients enrollees in their preferred languages.71

CMS Efforts To Improve Access and Maternal Health Care in Medicaid

CMS has ongoing efforts to improve access to care in Medicaid, which may impact maternal health care access. For example, CMS recently issued a Request for Information on access to care and coverage for people enrolled in Medicaid and the Children's Health Insurance Program (CHIP). CMS plans to use the results of the request to develop a more comprehensive access strategy for these programs.72 Additionally, in 2022 CMS issued a letter to State health officials detailing strategies and opportunities for States to address social determinants of health in Medicaid and CHIP. These strategies could improve access to maternal health care for people of color and other groups facing social or economic disadvantages.73

CMS is also specifically working to enhance maternal health care access and quality in Medicaid. In CMS's 2022 Maternity Care Action Plan, CMS identified coverage and access to care as a critical area for improvement and detailed its current initiatives aimed at increasing access.74 For example, CMS is planning to create a "birthing-friendly" hospital designation to communicate the availability of quality, safe maternal health care in hospitals.75 Another CMS project related to improving maternal health is the ongoing Maternal and Infant Health Initiative. Through this initiative, CMS offers technical assistance to States, including learning collaboratives on c-sections and postpartum care.76

Related Work

Past OIG reports examined State standards for access to care in Medicaid managed care and assessed access to behavioral health services in New Mexico's Medicaid managed care program.77, 78 OIG also has ongoing work assessing access to behavioral health care across Medicare fee-for-service, Medicare Advantage, and Medicaid managed care.79

Scope of Inspection

This study will determine what standards States have set for access to maternal health care and assess States' and CMS's oversight of access to maternal health care in Medicaid managed care. It will also describe challenges States and MCOs face that limit access to care and State and MCO strategies to improve access overall and reduce disparities in access to maternal health care for people in Medicaid managed care. We plan to collect data from all 41 State Medicaid agencies with managed care programs.a, 80 We also plan to interview CMS. Finally, we may conduct followup interviews with MCOs if we determine that they are in the best position to offer information necessary for impact.

a We are excluding Alabama, Alaska, Connecticut, Idaho, Maine, Montana, Oklahoma, South Dakota, Vermont, and Wyoming because they do not have comprehensive risk-based Medicaid managed care programs.

In this study, we are considering access to care to include the availability, accessibility, and acceptability of care. Factors such as appointment wait times, the time and distance that people enrollees must travel to reach providers, the number of providers available, and people's enrollees' level of comfort with available providers may influence access to care.
We will consider people's enrollee's access to care for which they are already eligible according to their State policies. We may include challenges States and/or MCOs face in reducing access barriers that arise during the enrollment process (e.g., delayed care due to the time required to enroll people). However, we will not assess access barriers that stem from State eligibility rules.

Standards
We will conduct this work in accordance with the Quality Standards for Inspection and Evaluation issued by the Council of the Inspectors General on Integrity and Efficiency.

Issue Questions
Objective 1: To identify State standards for access to maternal health care in Medicaid managed care.
What are States' quantitative network adequacy standards for OB/GYNs?
What are States' quantitative network adequacy standards for other maternal health care providers (e.g. doulas, midwives), if any?
Besides network adequacy standards for OB/GYNs and maternal health providers, what other access-related requirements do States impose for maternal health care (e.g., cultural awareness or language requirements)?
Objective 2: To assess oversight of access to maternal health care in Medicaid managed care by States and CMS.
How and to what extent do States and CMS monitor and assess maternal health care access—i.e., the availability, accessibility, and acceptability of maternal health care—among people in managed care, including disparities in access to care?
What data do States and MCOs collect on maternal health care access (e.g., perceptions of maternal health care access by people enrollees in Medicaid managed care, disparities in access, provider demographic information)?
How do States and MCOs analyze or use the data they collect on maternal health care access?
How do States enforce MCO compliance with State access requirements (e.g., through incentives or penalties)?

What challenges do States face in enforcing MCO compliance with access requirements?
What challenges does CMS face in enforcing State compliance with access requirements?
Objective 3: To identify strategies for States and MCOs to increase access overall and reduce disparities in access to maternal health care for people enrollees in Medicaid managed care.
To what extent do States and MCOs face challenges that limit access to maternal health care for people enrollees in Medicaid managed care and/or contribute to disparities in access to maternal health care (e.g. availability and diversity of providers, difficulty providing care for enrolleespeople in remote locations, specialty services for enrolleespeople with higher risk of complications, lengthy enrollment processes)?
What strategies (e.g., flexibilities, authorities, provisions) have States and MCOs used to improve access to maternal health care and/or to reduce disparities in access to maternal health care for enrolleespeople in Medicaid managed care? Specifically, what strategies have States and MCOs used to:
increase the number of maternal health care providers and the diversity of maternal health care providers included in managed care networks (e.g., by incentivizing providers to practice in shortage areas, developing the maternal health workforce, or covering care from alternative providers such as doulas and midwives)?
improve access to maternal health care for pregnant enrolleespeople located in remote areas (e.g., via telehealth)?
increase access to specialty services needed for enrollees people at higher risk of complications (e.g., mental health services, care for chronic conditions, and treatment for substance use disorders)?
improve timely access to prenatal care for enrolleespeople who qualify for Medicaid on the basis of pregnancy (e.g., by fasttracking their managed care enrollment)?

improve access to maternal health care for disparately impacted groups (e.g., by targeting services or working to address social determinants of health)? (Groups could be based on race, ethnicity, language, gender, disability status, or geographic location, for example.)
How, if at all, have States and/or MCOs evaluated the impact of these strategies on realized maternal health care access (i.e., use of services)?
What types of assistance or support from CMS would most help States and MCOs improve maternal health access and reduce disparities in Medicaid managed care?

Methodology
We will first conduct a survey with all 41 States with comprehensive risk-based managed care programs. This will enable us to compile the network adequacy standards and other access-related requirements for all States, and to identify high- level themes related to both oversight of access and challenges and strategies for improving access and reducing disparities. Next, we will conduct in-depth interviews with a select group of States to learn more about their experiences, focusing primarily on gathering more detail about their oversight, challenges, and strategies. Finally, we will interview CMS officials to further inform our analysis and recommendations. We may also conduct additional structured interviews with MCOs if our interviews with States or CMS suggest that doing so would be useful.

Data Sources
Survey to the 41 States with Medicaid managed care programs. We will start our data collection by surveying all 41 States with comprehensive risk-based Medicaid managed care programs. To compile a summary of all State network adequacy standards and other access standards related to maternal care, we will ask States what their standards are and how they monitor and enforce these standards. We will also ask States to provide a link to their publicly posted network adequacy standards. To understand how these standards operate in practice, we will also ask States to provide one or more of their managed care contracts and indicate where in the contract(s) the access standards are specified. Then, to identify the most common themes related to access to maternal health care in managed care, we will ask States briefly about the challenges they have faced and the strategies they have implemented to improve access and reduce disparities, and whether these strategies have been successful.
In-depth followup interviews with selected States. After we receive and analyze survey responses, we will select 4-10 States for structured, in-depth followup interviews. We will select States using their survey responses and publicly available information.
Survey responses: In our selection, we will prioritize States reporting challenges that are common or illustrative and States reporting strategies that are commonly used, innovative, or successful. We will also select States representing a range of different access-related managed care standards.
Publicly available information: We will also consider publicly available information, including (1) State maternal health statistics, such as maternal mortality rates;81 (2) State statistics on maternal health care access, such as the number or percentage of births occurring in counties with no or few maternal health care providers;82 (3) State racial, ethnic, and geographic diversity;83, 84 and (4) features of State Medicaid managed care programs, such as States' expansion status or coverage of midwifery or doula services.85 We will aim to select States diverse in maternal health outcomes, level of access to maternal health care, demographics, and Medicaid program features.

We will use these followup interviews to gather more detail from States about their experiences. The topics will depend partially on States' survey responses, but will focus on diving more deeply into State challenges and strategies. We may also request additional supporting documentation from States as part of these interviews, such as State quality strategies or guidance documents, as applicable.
Interview with CMS. Additionally, we will interview CMS officials for context on the approaches they are taking, including their oversight of States, and perspectives on what additional steps they could take to support States and MCOs. We will use their responses to better understand States' challenges and strategies and to develop appropriate recommendations.
Interviews with selected MCOs. We may conduct additional structured interviews with a small number of MCOs if we determine they are in the best position to offer the information needed to fully understand challenges and to form the most appropriate recommendations. If we do this, we may select a small number of MCOs operating in one or more of the States we interviewed and ask clarifying questions about State policies and their own challenges and strategies related to access to maternal health care.

Data Analysis
We will analyze survey responses to identify State standards, patterns across State standards, and oversight policies related to access to maternal health care in Medicaid managed care. We will review States' publicly posted network adequacy standards and the language in a sample of States' contracts with MCOs to understand how the standards are operationalized. We will also identify States' most frequently cited challenges and most promising strategies to improve access and reduce racial and geographic disparities. After interviewing select States, CMS, and possibly MCOs, we will synthesize their interview and survey responses to build a full picture of the most common challenges States are facing and to identify promising strategies that could help to improve access to maternal health care in managed care.

Limitations
In some cases, we will rely on self-reported information from States, MCOs, and CMS. However, we will use documents provided by these entities to confirm self-reported information when possible. For example, we will compare States' self-reported access standards from the survey with their publicly posted standards and the language included in their MCO contracts.

Criteria
Federal regulation requires coverage of prenatal care, delivery, postpartum care, and family planning, as well as services for conditions that
may threaten carrying the fetus to full term or the fetus' safe delivery. 42 CFR §440.210(a)(2)(i)-(ii)

Federal regulation also requires States to ensure that managed care plans maintain "sufficient" provider networks to provide adequate access to covered services for all enrollees. 42 CFR §438.68, §438.206

States may use a variety of authorities and flexibilities to cover non-clinical services that improve access to care indirectly. For instance, under Section 1905(a) State Plan authority, States may add peer supports or case management services to help coordinate care for people in their programs. Under Section 1115 waiver authority, States may propose pilot programs to address unmet social needs linked to health outcomes.86

The Managed Care final rule was updated in November 2020 and included issues relevant to maternal healthcare, such as network adequacy standards for obstetricians and gynecologists and culturally competent care. See https://www.federalregister.gov/documents/2020/11/13/2020-24758/medicaid-program-medicaid-and-childrens-health-insurance-program- chip-managed-care.

1 Commonwealth Fund, Maternal Mortality and Maternity Care in the United States Compared to 10 Other Developed Countries. Accessed at https://www.commonwealthfund.org/publications/issue-briefs/2020/nov/maternal-mortality-maternity-care-us-compared-10-countries on August 30, 2021.
2 Commonwealth Fund, Maternal Mortality in the United States: A Primer. Accessed at https://www.commonwealthfund.org/publications/issue-brief- report/2020/dec/maternal-mortality-united-states-primer on August 30, 2021.
3 Regine A. Douthard, Iman K. Martin, Theresa Chapple-McGruder, Ana Langer, and Soju Chang. "U.S. Maternal Mortality Within a Global Context: Historical Trends, Current State, and Future Directions" in Journal of Women's Health. Accessed at https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8020556/ on September 14, 2022.
4 CDC, Health E-Stats, Maternal Mortality Rates in the United States, 2020. Accessed at https://www.cdc.gov/nchs/data/hestat/maternal-mortality/2020/maternal-mortality- rates-2020.htm on July 12, 2022.
5 Commonwealth Fund, Maternal Mortality and Maternity Care in the United States Compared to 10 Other Developed Countries. (See Endnote 1 for URL information.)
6 CDC, Morbidity and Mortality Weekly Report, Update: Characteristics of Symptomatic Women of Reproductive Age with Laboratory-Confirmed SARS-CoV-2 Infection by Pregnancy Status – United States – January 22-October 3, 2020. Accessed at https://www.cdc.gov/mmwr/volumes/69/wr/mm6944e3.htm on September 6, 2022.
7 CDC, Health E-Stats, Maternal Mortality Rates in the United States, 2020. (See EN 4 for URL information.)
8 CDC, Pregnancy Mortality Surveillance System. Accessed at https://www.cdc.gov/reproductivehealth/maternal-mortality/pregnancy-mortality-surveillance-system.htm on September 6, 2022.
9 March of Dimes, "Nowhere to Go: Maternity Care Deserts Across the U.S. 2020 Report." Accessed at https://www.marchofdimes.org/materials/2020-Maternity-Care- Report.pdf on September 7, 2022.
10 CMS, Improving Access to Maternal Health Care in Rural Communities. September 3, 2019. Accessed at https://www.cms.gov/About-CMS/Agency- Information/OMH/equity-initiatives/rural-health/09032019-Maternal-Health-Care-in-Rural-Communities.pdf on October 12, 2022.
11 Maternal Health Task Force, Harvard Chan School Center of Excellence in Maternal and Child Health, Maternal Health in the United States. Accessed at https://www.mhtf.org/topics/maternal-health-in-the-united-states/ on September 1, 2021.
12 Kaiser Family Foundation, A View from the States: Key Medicaid Policy Changes: Results from a 50-State Medicaid Budget Survey for State Fiscal Years 2019 and 2020, Oct. 18, 2019. Accessed at https://www.kff.org/report-section/a-view-from-the-states-key-medicaid-policy-changes-delivery-systems/ on October 5, 2021.
13 CDC, National Vital Statistics Report, "Births: Final Data for 2020." Accessed at https://www.cdc.gov/nchs/data/nvsr/nvsr70/nvsr70-17.pdf on July 27, 2022.
14 MACPAC, Medicaid's Role in Financing Maternity Care. Accessed at on https://www.macpac.gov/wp-content/uploads/2020/01/Medicaid%E2%80%99s-Role-in-Financing- Maternity-Care.pdf August 26, 2022.
15 ASPE, HHS Initiative to Improve Maternal Health. Accessed at https://aspe.hhs.gov/topics/public-health/hhs-initiative-improve-maternal-health on September 7, 2022.
16 The White House, White House Blueprint for Addressing the Maternal Health Crisis. Accessed at https://www.whitehouse.gov/wp-content/uploads/2022/06/Maternal- Health-Blueprint.pdf on September 8, 2022.
17 HRSA, Healthy Women, Healthy Pregnancies, Healthy Futures: Action Plan to Improve Maternal Health in America. Accessed at https://aspe.hhs.gov/sites/default/files/private/aspe-files/264076/healthy-women-healthy-pregnancies-healthy-future-action-plan_0.pdf on October 6, 2022.
18 ACOG, Having A Baby. Accessed at https://www.acog.org/womens-health/faqs/having-a-baby on September 9, 2022.
19 ACOG, FAQs: Ultrasound Exams. Accessed at https://www.acog.org/womens-health/faqs/ultrasound-exams on October 6, 2022.

20 ACOG, Committee Opinion Number 736, May 2018. Accessed at https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2018/05/optimizing- postpartum-care on September 6, 2022.
21 ACOG, Committee Opinion Number 736, May 2018. (See EN 20 for URL information.)
22 CDC, Pregnancy and Oral Health. Accessed at https://www.cdc.gov/oralhealth/publications/features/pregnancy-and-oral-health.html on September 7, 2022.
23 Eunice Kennedy Shriver National Institute of Child Health and Human Development, What Health Problems Can Develop During Pregnancy? Accessed at https://www.nichd.nih.gov/health/topics/preconceptioncare/conditioninfo/health-problems on September 9, 2022.
24 CDC, Strategies to Prevent Obesity and Other Chronic Diseases: The CDC Guide to Strategies to Support Breastfeeding Mothers and Babies. Accessed at https://www.cdc.gov/breastfeeding/pdf/BF-Guide-508.pdf on September 13, 2022.
25 March of Dimes, "Nowhere to Go: Maternity Care Deserts Across the U.S. 2020 Report." (See EN 9 for URL information.)
26 April M. Falconi, Samantha G. Bromfield, Truc Tang, Demetria Malloy, Danae Blanco, Susan Disciglio, and Winnie Chi. "Doula Care Across the Maternity Care Continuum and Impact on Maternal Health: Evaluation of Doula Programs Across Three States Using Propensity Score Matching" in The Lancet. Accessed at https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(22)00261-9/fulltext#:~:text=Evidence%20collectively%20suggests%20that%20doulas,for%20maternal%20morbidity%20and%20mortality on September 9, 2022.
27 Katy Backes Kozhimannil, Rachel R. Hardeman, Laura B. Attanasio, Cori Blauer-Peterson, and Michelle O'Brien. "Doula Care, Birth Outcomes, and Costs Among Medicaid Beneficiaries" in American Journal of Public Health. Accessed at https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3617571/ on September 9, 2022.
28 CDC, "Issue Brief: Improving Access to Maternal Health Care in Rural Communities." Accessed at https://www.cms.gov/About-CMS/Agency-Information/OMH/equity- initiatives/rural-health/09032019-Maternal-Health-Care-in-Rural-Communities.pdf on September 7, 2022.
29 Our definition of access builds on definitions used by CMS and Mathematica, among others. For instance, see CMS, Promoting Access in Medicaid and CHIP Managed Care: A Toolkit for Ensuring Provider Network Adequacy and Service Availability.
30 CMS. Promoting Access in Medicaid and CHIP Managed Care: A Toolkit for Ensuring Provider Network Adequacy and Service Availability. Accessed at https://www.medicaid.gov/medicaid/downloads/adequacy-and-access-toolkit.pdf on September 6, 2022.
31 OASH, Office on Women's Health. Prenatal Care. Accessed at https://www.womenshealth.gov/a-z-topics/prenatal-care on September 6, 2022.
32 ACOG, Levels of Maternal Care [Obstetric care consensus], August 2019. Accessed at https://www.acog.org/clinical/clinical-guidance/obstetric-care- consensus/articles/2019/08/levels-of-maternal-care on September 13, 2022.

33 Urban Institute, Maternal Health Inequities during the COVID-19 Pandemic. Accessed at https://www.rwjf.org/content/dam/farm/reports/issue_briefs/2021/rwjf465431 on August 31, 2021.
34 Urban Institute, Maternal Health Inequities during the COVID-19 Pandemic. (See EN 32 for URL information).
35 Kaiser Family Foundation, Racial Disparities in Maternal and Infant Health: An Overview. Accessed at https://www.kff.org/report-section/racial-disparities-in-maternal-and- infant-health-an-overview-issue-brief/ on October 7, 2022.
36 MACPAC, Access in Brief: Pregnant Women and Medicaid. Accessed at https://www.macpac.gov/wp-content/uploads/2018/11/Pregnant-Women-and-Medicaid.pdf on October 7, 2022.
37 CDC, National Vital Statistics Report, "Births: Final Data for 2020." (See EN 13 for URL information).
38 Medicaid.gov, Prenatal and Postpartum Care: Postpartum Care. Accessed at https://www.medicaid.gov/state-overviews/scorecard/postpartum-care/index.html on October 7, 2022.
39 The regulation text uses the term "woman." Because people of different genders can become pregnant, we use

gender-neutral language throughout this document.
40 42 CFR § 440.210(a)(2)
41 42 CFR § 440.210(a)(3)
42 Medicaid.gov, Mandatory & Optional Medicaid Benefits. Accessed at https://www.medicaid.gov/medicaid/benefits/mandatory-optional-medicaid-benefits/index.html on September 12, 2022.
43 Kaiser Family Foundation, Medicaid Coverage of Pregnancy-Related Services: Findings from a 2021 State Survey, May 19, 2022. Accessed at https://www.kff.org/report- section/medicaid-coverage-of-pregnancy-related-services-findings-from-a-2021-state-survey-report/ on July 27, 2022.
44 Kaiser Family Foundation, Presumptive Eligibility in Medicaid and CHIP. Accessed at https://www.kff.org/health-reform/state-indicator/presumptive-eligibility-in-medicaid- chip/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D on September 13, 2022.
45 MACPAC, Pregnant Women. Accessed at https://www.macpac.gov/subtopic/pregnant-women/#:~:text=Presumptive%20eligibility%20allows%20women%20to,is%20not%20subsequently%20determined%20eligible on September 13, 2022.
46 NASHP, Midwife Medicaid Reimbursement Policies by State. Accessed at Midwife Medicaid Reimbursement Policies by State - The National Academy for State Health Policy (nashp.org) on August 26, 2022.
47 CMS, RE: Opportunities in Medicaid and CHIP to Address Social Determinants of Health (SDOH). Accessed at https://www.medicaid.gov/federal-policy- guidance/downloads/sho21001.pdf on September 13, 2022.
48 Georgetown University Health Policy Institute Center for Children and Families, Doula Services in Medicaid: State Progress in 2022. Accessed at https://ccf.georgetown.edu/2022/06/02/doula-services-in-medicaid-state-progress-in-2022/ on August 26, 2022.
49 American Rescue Plan Act of 2021, P.L. No. 117-2 (enacted Mar. 11, 2021).

50 Kaiser Family Foundation, Medicaid Postpartum Coverage Extension Tracker. Accessed at https://www.kff.org/medicaid/issue-brief/medicaid-postpartum-coverage- extension-tracker/ on August 26, 2022.
51 Office of the Assistant Secretary for Planning and Evaluation, "Issue Brief: State Medicaid Telehealth Policies Before and During the COVID-19 Public Health Emergency." Accessed at https://aspe.hhs.gov/sites/default/files/documents/eb9e147935a2663441a9488e36eea6cb/medicaid-telehealth-brief.pdf on September 9, 2022.
52 Urban Institute, Maternal Health Inequities during the COVID-19 Pandemic. (See EN 33 for URL information).
53 Kaiser Family Foundation, 10 Things to Know about Medicaid Managed Care. Accessed at https://www.kff.org/medicaid/issue-brief/10-things-to-know-about-medicaid- managed-care/ on August 26, 2022.
54 Kaiser Family Foundation, A View from the States: Key Medicaid Policy Changes: Results from a 50-State Medicaid Budget Survey for State Fiscal Years 2019 and 2020, Oct. 18, 2019. Accessed at https://www.kff.org/report-section/a-view-from-the-states-key-medicaid-policy-changes-delivery-systems/ on October 5, 2021.
55 MACPAC, Managed Care Overview. Accessed at https://www.macpac.gov/subtopic/managed-care-overview/#:~:text=Medicaid%20managed%20care%20plans%20link,care%20coordination%20and%20health%20education on September 7, 2022.
56 Kaiser Family Foundation, 10 Things to Know about Medicaid Managed Care. (See EN 43 for URL information.)
57 MACPAC, Managed Care Overview. (See EN 55 for URL information).
58 42 CFR § 438.68(b)(1)(ii)
59 42 CFR § 438.206(b)(1)
60 42 CFR § 438.68(c)(iv)(vi)
61 42 CFR § 438.68(b)(1)
62 81 Fed. Reg. 27497 (May 6, 2016)
63 42 CFR § 438.68(2)(e)
64 42 CFR § 438.66(a)
65 42 CFR § 438.66(e)(1)

66 42 CFR § 438.66(e)(2)(vi)
67 42 CFR § 438.340(b)(1)
68 42 CFR § 438.340(c)(3)(i)
69 Medicaid.gov, Quality of Care External Quality Review. Accessed at https://www.medicaid.gov/medicaid/quality-of-care/medicaid-managed-care/quality-of-care-external- quality-review/index.html on September 8, 2022.
70 42 CFR § 440.262

71 42 CFR § 438.68(c)(1)(vii)
72 CMS, Biden-Harris Administration Announces Request for Information on Access to Care and Coverage for People Enrolled in Medicaid and CHIP. Accessed at https://www.cms.gov/newsroom/press-releases/biden-harris-administration-announces-request-information-access-care-and-coverage-people-enrolled on September 2, 2022.
73 CMS, RE: Opportunities in Medicaid and CHIP to Address Social Determinants of Health (SDOH). (See EN 47 for URL information).
74 CMS, Cross-Cutting Initative: CMS Maternity Care Action Plan. Accessed at https://www.cms.gov/files/document/cms-maternity-care-action-plan.pdf on September 28, 2022.
75 CMS, Fact Sheet: FY 2023 Hospital Inpatient Prospective Payment System (IPPS) and Long Term Care Hospitals (LTCH PPS) Final Rule – CMS-1771-F Maternal Health. Accessed at https://www.cms.gov/newsroom/fact-sheets/fy-2023-hospital-inpatient-prospective-payment-system-ipps-and-long-term-care-hospitals-ltch-pps-1 on September 14, 2022.
76 Medicaid.gov, Maternal & Infant Health Care Quality. Accessed at https://www.medicaid.gov/medicaid/quality-of-care/improvement-initiatives/maternal-infant-health- care-quality/index.html on September 8, 2022.
77 OIG, State Standards for Access to Care in Medicaid Managed Care (OEI-02-11-00320), September 2014.
78 OIG, Provider Shortages and Limited Availability of Behavioral Health Services in New Mexico's Medicaid Managed Care (OEI-02-17-00490), September 2019.
79 OIG, Availability of Behavioral Health in Medicare Fee-For-Service, Medicare Advantage, and Medicaid Managed Care [work plan item], December 2021. Accessed at https://oig.hhs.gov/reports-and-publications/workplan/summary/wp-summary-0000644.asp on August 12, 2022.
80 Kaiser Family Foundation, 10 Things to Know about Medicaid Managed Care. (See EN 53 for URL information).
81 Kaiser Family Foundation, Maternal Deaths and Mortality Rates per 100,000 Live Births. Accessed at https://www.kff.org/other/state-indicator/maternal-deaths-and- mortality-rates-per-100000-live-births/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D on September 7, 2022.
82 March of Dimes, Peri Stats. Accessed at https://www.marchofdimes.org/peristats/ on September 7, 2022.
83 CDC, National Vital Statistics Report, “Births: Final Data for 2020.” (See EN 11 for URL information).
84 CDC, Fertility Rates by State. Accessed at https://www.cdc.gov/nchs/pressroom/sosmap/fertility_rate/fertility_rates.htm#print on September 8, 2022.
85 Georgetown University Health Policy Institute Center for Children and Families, Doula Services in Medicaid: State Progress in 2022. (See EN 48 for URL information).
86 Kaiser Family Foundation, Medicaid Authorities and Options to Address Social Determinants of Health (SDOH), Aug. 5, 2021. Accessed at https://www.kff.org/medicaid/issue-brief/medicaid-authorities-and-options-to-address-social-determinants-of-health-sdoh/ on April 8, 2022.

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Strategies To Improve Access to Maternal Health Care in Medicaid Managed Care

Objectives

To determine what standards State Medicaid agencies (States) have set for access to maternal health care in Medicaid managed care.

To assess oversight of access to maternal health care in Medicaid managed care by States and CMS.

To identify strategies for States and managed care organizations (MCOs) to increase access overall and reduce disparities in access to maternal health care for people in Medicaid managed care.

Rationale

Pregnant people in the U.S. experience worse pregnancy outcomes than people in any other high-income country.[1, 2, 3] In 2020, 861 people in the U.S. died of pregnancy-related causes, and the overall maternal mortality rate was 23.8 per 100,000 live births.[4] This exceeds the 2018 overall maternal mortality rate of 17.4 per 100,000 live births, which was higher than that of any other peer country.[5] The coronavirus disease 2019 (COVID-19) pandemic further heightened the urgency of addressing these issues, as pregnant people may be more likely to experience severe morbidity or mortality related to COVID-19.[6] Furthermore, significant racial and geographic disparities in maternal health exist. In 2020, the maternal mortality rate for non-Hispanic Black pregnant people was 55.3 deaths per 100,000 live births— about 3 times higher than the rate for Hispanic and non-Hispanic White people.[7] From 2016–2018, the maternal mortality rate in rural areas was 24.4 per 100,000 live births, 1.6 times higher than the rate in urban areas.[8] Timely access to maternal health care, or care needed during pregnancy and postpartum to ensure a pregnant person's physical and mental health, can improve outcomes for pregnant people.[9] Unfortunately, due to provider shortages, transportation challenges, systemic barriers, and other factors, many pregnant people lack timely access to adequate maternal health care. People who do not receive adequate prenatal and postpartum care face riskier deliveries, are five times more likely to die of pregnancy-related causes, and may be more vulnerable to complications that arise after childbirth, such as postpartum depression.[10, 11]

Improving access to maternal health care for people in Medicaid managed care could improve maternal health outcomes and reduce disparities in maternal health outcomes overall. Medicaid insures almost half of all U.S. births and most States require pregnant people in Medicaid to be enrolled in managed care.[12] Additionally, Medicaid disproportionately

finances births among people of color. For example,
in 2020, Medicaid financed 67 percent of births among American Indian or Alaska Native people and almost 65 percent of births among Black people, compared to only 29 percent of births among White people.13 It also finances a disproportionate share of births in rural areas.14
This study will provide greater clarity for both CMS and States about how States and MCOs define and monitor access to care in Medicaid. It will also provide insight into the challenges that States and MCOs face in ensuring access to maternal health care, and strategies CMS and States can consider implementing to overcome those barriers. This study aligns with commitments by the Department of Health and Human Services (HHS) and the White House to address disparities in maternal health care and to improve maternal health access and outcomes in the United States.15, 16

Background

Maternal Health Care

Services. Maternal health care refers to care needed during pregnancy, childbirth, and postpartum to ensure a pregnant or postpartum person's physical and mental health.17 Prenatal care, or care provided during pregnancy, includes services such as physical exams, screening for sexually transmitted infections, and ultrasounds.18, 19 Postpartum care, or care provided after childbirth, includes services such as screening for postpartum depression and monitoring patients' recovery after childbirth.20 Maternal health care also includes care that is medically necessary for pregnant or postpartum people but unrelated to pregnancy or childbirth, such as substance use disorder treatment, dental care, and the management of chronic conditions.21 Maternal health care is important for identifying and treating conditions that develop during pregnancy, such as gestational diabetes, as well as preventing and addressing postpartum complications.22, 23
Providers. Both physicians, such as OB/GYNs, and non-physicians, such as midwives, doulas, and lactation consultants, deliver maternal health care services. While OB/GYNs and other physicians provide most maternal health care, services from
non-physician providers can improve maternal health outcomes.24, 25 For example, doula visits can lower rates of postpartum depression and anxiety.26 Care from non-physician providers may also reduce racial disparities in maternal health outcomes, such as c-section rates.27

Non-physician providers also serve an important role in providing maternal health care services in regions with no or limited obstetrical care. For example, in rural areas, where many counties lack an OB/GYN, midwives attend over 30 percent of births. By contrast, midwives attend less than 10 percent of births in the United States overall.28
Access to maternal health care. Access to maternal health care depends on the availability, accessibility, and acceptability of care.29, 30
The availability of care includes patients' ability to make timely appointments for necessary care. For people with insurance, care availability often depends on the size of their provider networks and the types of providers (i.e., specialties) the networks include.
The accessibility of care includes providers' physical proximity to patients, the extent to which provider locations are accessible to people with disabilities and to people with different levels of access to transportation, and whether providers can communicate with patients in their preferred languages.
The acceptability of care can depend on providers' backgrounds (e.g., their racial and ethnic backgrounds) relative to patients and their ability to provide culturally relevant services to patients without bias or discrimination.
Availability and accessibility are critical to maternal health care access because pregnant and postpartum people require frequent medical appointments and may need specialty care if their pregnancies are high-risk.31, 32 Acceptability is critical to maternal health care access because racism and discrimination from providers can contribute to chronic stress for people of color, which can worsen maternal health outcomes. 33
Systemic barriers such as racism and poverty disproportionately impede availability, accessibility, and acceptability for groups facing social and economic disadvantages.34 These systemic barriers influence social determinants of health, such as availability of adequate, affordable housing and childcare, which affect access to maternal health care and contribute to racial, ethnic, and socioeconomic disparities in maternal health outcomes.35

Exhibit 1: Access to maternal health care includes the availability, accessibility, and acceptability of care.

Maternal Health Care in Medicaid

The Federal government is deeply invested in the provision of maternal health care. Medicaid is a major insurer for pregnancy and postpartum.36 It is the Nation's largest maternal health care payor, and in 2020 it financed more than 40 percent of births in the United States—over 1.5 million.37, 38

Federal regulations governing maternal health care in Medicaid.

Federal regulations require States to provide certain services for all pregnant people enrolled in Medicaid. Required services include pregnancy-related services—services that are necessary for the health of the pregnant person39 and fetus, or that have become necessary as a result of the person having been pregnant—and services for other conditions that might complicate a pregnancy.40 States must provide these services for at least 60 days following the end of a pregnancy.41

Beyond Federal requirements, States vary in their coverage of maternal health care. For example, States may cover—but are not required to cover—services deemed optional under Federal law, which include dental services, prenatal or postpartum home visits, and screenings or treatment for postpartum depression.42, 43 States also have the option to cover prenatal care for pregnant people before they formally determine if those people are eligible for Medicaid, though not all of them do.44, 45 Additionally, coverage may vary by provider type. While all States cover midwifery services of some kind, many States cover services only from certified nurse-midwives.46 States may use various authorities to expand maternal health coverage and improve access, such as section 1115 waivers, in-lieu-of services, and State Plan Amendments.47 Currently, only six States have expanded their Medicaid benefits to cover doula services, and most have done so using State Plan Amendments.48

Recent changes to maternal health coverage in Medicaid.

Changes in Federal law have impacted Medicaid maternal health coverage. The 2021 American Rescue Plan Act gave States the option to extend Medicaid postpartum coverage up to one year postpartum.49 As of October 2022, 26 States have already implemented the extension and eight more States are planning to implement it.50 Additionally, some flexibilities related to the COVID-19 public health emergency influenced access to care. For instance, COVID-19 flexibilities relaxed restrictions on telehealth, which may have facilitated remote access to maternal health care for people in Medicaid.51,52

The role of managed care in providing maternal health care.

Most States require pregnant people in Medicaid to be enrolled in managed care.53, 54 In Medicaid managed care, States contract with one or more MCOs to provide services to the people enrolled.55 In many cases, larger "parent firms" own and operate multiple MCOs in different States.56 MCOs in Medicaid subcontract with or employ providers to build networks to provide services to enrollees.57

Federal regulations governing access in Medicaid managed care.

Federal regulations require States to develop network adequacy standards for several types of providers in their managed care programs, including OB/GYNs.58 The goal of network adequacy standards is to ensure that Medicaid MCOs maintain provider networks sufficient to provide enrollees with access to covered services.59 States must consider elements related to access to care when developing their standards, such as the number, types, and location of providers in their States.60 According to a 2020 CMS Final Rule, States' network adequacy standards must be quantitative.61 The previous policy, which the 2020 Final Rule amended, required States to develop time-and-distance standards specifically.62 CMS requires States to publish their network adequacy standards on public websites.63

Federal regulations also require States and CMS to monitor access to care in Medicaid managed care. States must have monitoring systems for all managed care programs to track MCOs' performance, and must submit a report on each managed care program administered by the State to CMS.64, 65 The report must address the availability and accessibility of covered services within each MCO, including network adequacy standards.66 Additionally, States must create quality improvement plans that include access standards and procedures for monitoring the quality of health care and services by each MCO, and these quality plans are subject to monitoring by CMS.67, 68 Finally, CMS requires States with managed care programs to contract with an outside entity to complete an external quality review each year. As part of this process, the outside entity assesses whether each managed care plan ensures sufficient access to providers.69

States must also have methods to promote access and delivery of services in a culturally competent manner to all people in Medicaid, including those with diverse cultural and ethnic backgrounds and disabilities.70 In their managed care programs, States must ensure the ability of in-network providers to communicate with patients in their preferred languages.71

CMS Efforts To Improve Access and Maternal Health Care in Medicaid

CMS has ongoing efforts to improve access to care in Medicaid, which may impact maternal health care access. For example, CMS recently issued a Request for Information on access to care and coverage for people enrolled in Medicaid and the Children's Health Insurance Program (CHIP). CMS plans to use the results of the request to develop a more comprehensive access strategy for these programs.72 Additionally, in 2022 CMS issued a letter to State health officials detailing strategies and opportunities for States to address social determinants of health in Medicaid and CHIP. These strategies could improve access to maternal health care for people of color and other groups facing social or economic disadvantages.73

CMS is also specifically working to enhance maternal health care access and quality in Medicaid. In CMS's 2022 Maternity Care Action Plan, CMS identified coverage and access to care as a critical area for improvement and detailed its current initiatives aimed at increasing access.74 For example, CMS is planning to create a "birthing-friendly" hospital designation to communicate the availability of quality, safe maternal health care in hospitals.75 Another CMS project related to improving maternal health is the ongoing Maternal and Infant Health Initiative. Through this initiative, CMS offers technical assistance to States, including learning collaboratives on c-sections and postpartum care.76

Related Work

Past OIG reports examined State standards for access to care in Medicaid managed care and assessed access to behavioral health services in New Mexico's Medicaid managed care program.77, 78 OIG also has ongoing work assessing access to behavioral health care across Medicare fee-for-service, Medicare Advantage, and Medicaid managed care.79

Scope of Inspection

This study will determine what standards States have set for access to maternal health care and assess States' and CMS's oversight of access to maternal health care in Medicaid managed care. It will also describe challenges States and MCOs face that limit access to care and State and MCO strategies to improve access overall and reduce disparities in access to maternal health care for people in Medicaid managed care. We plan to collect data from all 41 State Medicaid agencies with managed care programs.a, 80 We also plan to interview CMS. Finally, we may conduct followup interviews with MCOs if we determine that they are in the best position to offer information necessary for impact.

a We are excluding Alabama, Alaska, Connecticut, Idaho, Maine, Montana, Oklahoma, South Dakota, Vermont, and Wyoming because they do not have comprehensive risk-based Medicaid managed care programs.

In this study, we are considering access to care to include the availability, accessibility, and acceptability of care. Factors such as appointment wait times, the time and distance that people must travel to reach providers, the number of providers available, and people's level of comfort with available providers may influence access to care.

We will consider people's access to care for which they are already eligible according to their State policies. We may include challenges States and/or MCOs face in reducing access barriers that arise during the enrollment process (e.g., delayed care due to the time required to enroll people). However, we will not assess access barriers that stem from State eligibility rules.

Standards

We will conduct this work in accordance with the Quality Standards for Inspection and Evaluation issued by the Council of the Inspectors General on Integrity and Efficiency.

Issue Questions

Objective 1: To identify State standards for access to maternal health care in Medicaid managed care.

What are States' quantitative network adequacy standards for OB/GYNs?

What are States' quantitative network adequacy standards for other maternal health care providers (e.g. doulas, midwives), if any?

Besides network adequacy standards for OB/GYNs and maternal health providers, what other access-related

requirements do States impose for maternal health care (e.g., cultural awareness or language requirements)?
Objective 2: To assess oversight of access to maternal health care in Medicaid managed care by States and CMS.
How and to what extent do States and CMS monitor and assess maternal health care access—i.e., the availability, accessibility, and acceptability of maternal health care—among people in managed care, including disparities in access to care?
What data do States and MCOs collect on maternal health care access (e.g., perceptions of maternal health care access by people in Medicaid, disparities in access, provider demographic information)?
How do States and MCOs analyze or use the data they collect on maternal health care access?
How do States enforce MCO compliance with State access requirements (e.g., through incentives or penalties)?

What challenges do States face in enforcing MCO compliance with access requirements?
What challenges does CMS face in enforcing State compliance with access requirements?
Objective 3: To identify strategies for States and MCOs to increase access overall and reduce disparities in access to maternal health care for people in Medicaid managed care.
To what extent do States and MCOs face challenges that limit access to maternal health care for people in Medicaid managed care and/or contribute to disparities in access to maternal health care (e.g. availability and diversity of providers, difficulty providing care for people in remote locations, specialty services for people with higher risk of complications, lengthy enrollment processes)?
What strategies (e.g., flexibilities, authorities, provisions) have States and MCOs used to improve access to maternal health care and/or to reduce disparities in access to maternal health care for people in Medicaid managed care? Specifically, what strategies have States and MCOs used to:
increase the number of maternal health care providers and the diversity of maternal health care providers included in managed care networks (e.g., by incentivizing providers to practice in shortage areas, developing the maternal health workforce, or covering care from alternative providers such as doulas and midwives)?
improve access to maternal health care for pregnant people located in remote areas (e.g., via telehealth)?
increase access to specialty services needed for people at higher risk of complications (e.g., mental health services, care for chronic conditions, and treatment for substance use disorders)?
improve timely access to prenatal care for people who qualify for Medicaid on the basis of pregnancy (e.g., by fasttracking their managed care enrollment)?
improve access to maternal health care for disparately impacted groups (e.g., by targeting services or working to address social determinants of health)? (Groups could be based on race, ethnicity, language, gender, disability status, or geographic location, for example.)
How, if at all, have States and/or MCOs evaluated the impact of these strategies on realized maternal health care access (i.e., use of services)?
What types of assistance or support from CMS would most help States and MCOs improve maternal health access and reduce disparities in Medicaid managed care?

Methodology
We will first conduct a survey with all 41 States with comprehensive risk-based managed care programs. This will enable us to compile the network adequacy standards and other access-related requirements for all States, and to identify high- level themes related to both oversight of access and challenges and strategies for improving access and reducing disparities. Next, we will conduct in-depth interviews with a select group of States to learn more about their experiences, focusing primarily on gathering more detail about their oversight, challenges, and strategies. Finally, we will interview CMS officials to further inform our analysis and recommendations. We may also conduct additional structured interviews with MCOs if our interviews with States or CMS suggest that doing so would be useful.

Data Sources
Survey to the 41 States with Medicaid managed care programs. We will start our data collection by surveying all 41 States with comprehensive risk-based Medicaid managed care programs. To compile a summary of all State network adequacy standards and other access standards related to maternal care, we will ask States what their standards are and how they monitor and enforce these standards. We will also ask States to provide a link to their publicly posted network adequacy standards. To understand how these standards operate in practice, we will also ask States to provide one or more of their managed care contracts and indicate where in the contract(s) the access standards are specified. Then, to identify the most common themes related to access to maternal health care in managed care, we will ask States briefly

about the challenges they have faced and the strategies they have implemented to improve access and reduce disparities, and whether these strategies have been successful.

In-depth followup interviews with selected States. After we receive and analyze survey responses, we will select 4-10 States for structured, in-depth followup interviews. We will select States using their survey responses and publicly available information.

Survey responses: In our selection, we will prioritize States reporting challenges that are common or illustrative and States reporting strategies that are commonly used, innovative, or successful. We will also select States representing a range of different access-related managed care standards.

Publicly available information: We will also consider publicly available information, including (1) State maternal health statistics, such as maternal mortality rates;81 (2) State statistics on maternal health care access, such as the number or percentage of births occurring in counties with no or few maternal health care providers;82 (3) State racial, ethnic, and geographic diversity;83, 84 and (4) features of State Medicaid managed care programs, such as States' expansion status or coverage of midwifery or doula services.85 We will aim to select States diverse in maternal health outcomes, level of access to maternal health care, demographics, and Medicaid program features.

We will use these followup interviews to gather more detail from States about their experiences. The topics will depend partially on States' survey responses, but will focus on diving more deeply into State challenges and strategies. We may also request additional supporting documentation from States as part of these interviews, such as State quality strategies or guidance documents, as applicable.

Interview with CMS. Additionally, we will interview CMS officials for context on the approaches they are taking, including their oversight of States, and perspectives on what additional steps they could take to support States and MCOs. We will use their responses to better understand States' challenges and strategies and to develop appropriate recommendations.

Interviews with selected MCOs. We may conduct additional structured interviews with a small number of MCOs if we determine they are in the best position to offer the information needed to fully understand challenges and to form the most appropriate recommendations. If we do this, we may select a small number of MCOs operating in one or more of the States we interviewed and ask clarifying questions about State policies and their own challenges and strategies related to access to maternal health care.

Data Analysis

We will analyze survey responses to identify State standards, patterns across State standards, and oversight policies related to access to maternal health care in Medicaid managed care. We will review States' publicly posted network adequacy standards and the language in a sample of States' contracts with MCOs to understand how the standards are operationalized. We will also identify States' most frequently cited challenges and most promising strategies to improve access and reduce racial and geographic disparities. After interviewing select States, CMS, and possibly MCOs, we will synthesize their interview and survey responses to build a full picture of the most common challenges States are facing and to identify promising strategies that could help to improve access to maternal health care in managed care.

Limitations

In some cases, we will rely on self-reported information from States, MCOs, and CMS. However, we will use documents provided by these entities to confirm self-reported information when possible. For example, we will compare States' self-reported access standards from the survey with their publicly posted standards and the language included in their MCO contracts.

Criteria
Federal regulation requires coverage of prenatal care, delivery, postpartum care, and family planning, as well as services for conditions that
may threaten carrying the fetus to full term or the fetus' safe delivery. 42 CFR §440.210(a)(2)(i)-(ii)

Federal regulation also requires States to ensure that managed care plans maintain "sufficient" provider networks to provide adequate access to covered services for all enrollees. 42 CFR §438.68, §438.206

States may use a variety of authorities and flexibilities to cover non-clinical services that improve access to care indirectly. For instance, under Section 1905(a) State Plan authority, States may add peer supports or case management services to help coordinate care for people in their programs. Under Section 1115 waiver authority, States may propose pilot programs to address unmet social needs linked to health outcomes.86

The Managed Care final rule was updated in November 2020 and included issues relevant to maternal healthcare, such as network adequacy standards for obstetricians and gynecologists and culturally competent care. See https://www.federalregister.gov/documents/2020/11/13/2020-24758/medicaid-program-medicaid-and-childrens-health-insurance-program- chip-managed-care.

1 Commonwealth Fund, Maternal Mortality and Maternity Care in the United States Compared to 10 Other Developed Countries. Accessed at https://www.commonwealthfund.org/publications/issue-briefs/2020/nov/maternal-mortality-maternity-care-us-compared-10-countries on August 30, 2021.
2 Commonwealth Fund, Maternal Mortality in the United States: A Primer. Accessed at https://www.commonwealthfund.org/publications/issue-brief- report/2020/dec/maternal-mortality-united-states-primer on August 30, 2021.
3 Regine A. Douthard, Iman K. Martin, Theresa Chapple-McGruder, Ana Langer, and Soju Chang. "U.S. Maternal Mortality Within a Global Context: Historical Trends, Current State, and Future Directions" in Journal of Women's Health. Accessed at https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8020556/ on September 14, 2022.
4 CDC, Health E-Stats, Maternal Mortality Rates in the United States, 2020. Accessed at https://www.cdc.gov/nchs/data/hestat/maternal-mortality/2020/maternal-mortality- rates-2020.htm on July 12, 2022.
5 Commonwealth Fund, Maternal Mortality and Maternity Care in the United States Compared to 10 Other Developed Countries. (See Endnote 1 for URL information.)
6 CDC, Morbidity and Mortality Weekly Report, Update: Characteristics of Symptomatic Women of Reproductive Age with Laboratory-Confirmed SARS-CoV-2 Infection by Pregnancy Status – United States – January 22-October 3, 2020. Accessed at https://www.cdc.gov/mmwr/volumes/69/wr/mm6944e3.htm on September 6, 2022.
7 CDC, Health E-Stats, Maternal Mortality Rates in the United States, 2020. (See EN 4 for URL information.)
8 CDC, Pregnancy Mortality Surveillance System. Accessed at https://www.cdc.gov/reproductivehealth/maternal-mortality/pregnancy-mortality-surveillance-system.htm on September 6, 2022.
9 March of Dimes, "Nowhere to Go: Maternity Care Deserts Across the U.S. 2020 Report." Accessed at https://www.marchofdimes.org/materials/2020-Maternity-Care- Report.pdf on September 7, 2022.
10 CMS, Improving Access to Maternal Health Care in Rural Communities. September 3, 2019. Accessed at

https://www.cms.gov/About-CMS/Agency- Information/OMH/equity-initiatives/rural-health/09032019-Maternal-Health-Care-in-Rural-Communities.pdf on October 12, 2022.
11 Maternal Health Task Force, Harvard Chan School Center of Excellence in Maternal and Child Health, Maternal Health in the United States. Accessed at https://www.mhtf.org/topics/maternal-health-in-the-united-states/ on September 1, 2021.
12 Kaiser Family Foundation, A View from the States: Key Medicaid Policy Changes: Results from a 50-State Medicaid Budget Survey for State Fiscal Years 2019 and 2020, Oct. 18, 2019. Accessed at https://www.kff.org/report-section/a-view-from-the-states-key-medicaid-policy-changes-delivery-systems/ on October 5, 2021.
13 CDC, National Vital Statistics Report, "Births: Final Data for 2020." Accessed at https://www.cdc.gov/nchs/data/nvsr/nvsr70/nvsr70-17.pdf on July 27, 2022.
14 MACPAC, Medicaid's Role in Financing Maternity Care. Accessed at on https://www.macpac.gov/wp-content/uploads/2020/01/Medicaid%E2%80%99s-Role-in-Financing- Maternity-Care.pdf August 26, 2022.
15 ASPE, HHS Initiative to Improve Maternal Health. Accessed at https://aspe.hhs.gov/topics/public-health/hhs-initiative-improve-maternal-health on September 7, 2022.
16 The White House, White House Blueprint for Addressing the Maternal Health Crisis. Accessed at https://www.whitehouse.gov/wp-content/uploads/2022/06/Maternal- Health-Blueprint.pdf on September 8, 2022.
17 HRSA, Healthy Women, Healthy Pregnancies, Healthy Futures: Action Plan to Improve Maternal Health in America. Accessed at https://aspe.hhs.gov/sites/default/files/private/aspe-files/264076/healthy-women-healthy-pregnancies-healthy-future-action-plan_0.pdf on October 6, 2022.
18 ACOG, Having A Baby. Accessed at https://www.acog.org/womens-health/faqs/having-a-baby on September 9, 2022.
19 ACOG, FAQs: Ultrasound Exams. Accessed at https://www.acog.org/womens-health/faqs/ultrasound-exams on October 6, 2022.
20 ACOG, Committee Opinion Number 736, May 2018. Accessed at https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2018/05/optimizing- postpartum-care on September 6, 2022.
21 ACOG, Committee Opinion Number 736, May 2018. (See EN 20 for URL information.)
22 CDC, Pregnancy and Oral Health. Accessed at https://www.cdc.gov/oralhealth/publications/features/pregnancy-and-oral-health.html on September 7, 2022.
23 Eunice Kennedy Shriver National Institute of Child Health and Human Development, What Health Problems Can Develop During Pregnancy? Accessed at https://www.nichd.nih.gov/health/topics/preconceptioncare/conditioninfo/health-problems on September 9, 2022.
24 CDC, Strategies to Prevent Obesity and Other Chronic Diseases: The CDC Guide to Strategies to Support Breastfeeding Mothers and Babies. Accessed at https://www.cdc.gov/breastfeeding/pdf/BF-Guide-508.pdf on September 13, 2022.
25 March of Dimes, "Nowhere to Go: Maternity Care Deserts Across the U.S. 2020 Report." (See EN 9 for URL information.)
26 April M. Falconi, Samantha G. Bromfield, Truc Tang, Demetria Malloy, Danae Blanco, Susan Disciglio, and Winnie Chi. "Doula Care Across the Maternity Care Continuum and Impact on Maternal Health: Evaluation of Doula Programs Across Three States Using Propensity Score Matching" in The Lancet. Accessed at https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(22)00261-9/fulltext#:~:text=Evidence%20collectively%20suggests%20that%20doulas,for%20maternal%20morbidity%20and%20mortality on September 9, 2022.
27 Katy Backes Kozhimannil, Rachel R. Hardeman, Laura B. Attanasio, Cori Blauer-Peterson, and Michelle O'Brien. "Doula Care, Birth Outcomes, and Costs Among Medicaid Beneficiaries" in American Journal of Public Health. Accessed at https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3617571/ on September 9, 2022.
28 CDC, "Issue Brief: Improving Access to Maternal Health Care in Rural Communities." Accessed at https://www.cms.gov/About-CMS/Agency-Information/OMH/equity- initiatives/rural-health/09032019-Maternal-Health-Care-in-Rural-Communities.pdf on September 7, 2022.

29 Our definition of access builds on definitions used by CMS and Mathematica, among others. For instance, see CMS, Promoting Access in Medicaid and CHIP Managed Care: A Toolkit for Ensuring Provider Network Adequacy and Service Availability.
30 CMS. Promoting Access in Medicaid and CHIP Managed Care: A Toolkit for Ensuring Provider Network Adequacy and Service Availability. Accessed at https://www.medicaid.gov/medicaid/downloads/adequacy-and-access-toolkit.pdf on September 6, 2022.
31 OASH, Office on Women's Health. Prenatal Care. Accessed at https://www.womenshealth.gov/a-z-topics/prenatal-care on September 6, 2022.
32 ACOG, Levels of Maternal Care [Obstetric care consensus], August 2019. Accessed at https://www.acog.org/clinical/clinical-guidance/obstetric-care- consensus/articles/2019/08/levels-of-maternal-care on September 13, 2022.

33 Urban Institute, Maternal Health Inequities during the COVID-19 Pandemic. Accessed at https://www.rwjf.org/content/dam/farm/reports/issue_briefs/2021/rwjf465431 on August 31, 2021.
34 Urban Institute, Maternal Health Inequities during the COVID-19 Pandemic. (See EN 32 for URL information).
35 Kaiser Family Foundation, Racial Disparities in Maternal and Infant Health: An Overview. Accessed at https://www.kff.org/report-section/racial-disparities-in-maternal-and- infant-health-an-overview-issue-brief/ on October 7, 2022.
36 MACPAC, Access in Brief: Pregnant Women and Medicaid. Accessed at https://www.macpac.gov/wp-content/uploads/2018/11/Pregnant-Women-and-Medicaid.pdf on October 7, 2022.
37 CDC, National Vital Statistics Report, "Births: Final Data for 2020." (See EN 13 for URL information).
38 Medicaid.gov, Prenatal and Postpartum Care: Postpartum Care. Accessed at https://www.medicaid.gov/state-overviews/scorecard/postpartum-care/index.html on October 7, 2022.
39 The regulation text uses the term "woman." Because people of different genders can become pregnant, we use gender-neutral language throughout this document.
40 42 CFR § 440.210(a)(2)
41 42 CFR § 440.210(a)(3)
42 Medicaid.gov, Mandatory & Optional Medicaid Benefits. Accessed at https://www.medicaid.gov/medicaid/benefits/mandatory-optional-medicaid-benefits/index.html on September 12, 2022.
43 Kaiser Family Foundation, Medicaid Coverage of Pregnancy-Related Services: Findings from a 2021 State Survey, May 19, 2022. Accessed at https://www.kff.org/report- section/medicaid-coverage-of-pregnancy-related-services-findings-from-a-2021-state-survey-report/ on July 27, 2022.
44 Kaiser Family Foundation, Presumptive Eligibility in Medicaid and CHIP. Accessed at https://www.kff.org/health-reform/state-indicator/presumptive-eligibility-in-medicaid- chip/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D on September 13, 2022.
45 MACPAC, Pregnant Women. Accessed at https://www.macpac.gov/subtopic/pregnant-women/#:~:text=Presumptive%20eligibility%20allows%20women%20to,is%20not%20subsequently%20determined%20eligible on September 13, 2022.
46 NASHP, Midwife Medicaid Reimbursement Policies by State. Accessed at Midwife Medicaid Reimbursement Policies by State - The National Academy for State Health Policy (nashp.org) on August 26, 2022.
47 CMS, RE: Opportunities in Medicaid and CHIP to Address Social Determinants of Health (SDOH). Accessed at https://www.medicaid.gov/federal-policy- guidance/downloads/sho21001.pdf on September 13, 2022.
48 Georgetown University Health Policy Institute Center for Children and Families, Doula Services in Medicaid: State Progress in 2022. Accessed at https://ccf.georgetown.edu/2022/06/02/doula-services-in-medicaid-state-progress-in-2022/ on August 26, 2022.
49 American Rescue Plan Act of 2021, P.L. No. 117-2 (enacted Mar. 11, 2021).

50 Kaiser Family Foundation, Medicaid Postpartum Coverage Extension Tracker. Accessed at https://www.kff.org/medicaid/issue-brief/medicaid-postpartum-coverage- extension-tracker/ on August 26, 2022.
51 Office of the Assistant Secretary for Planning and Evaluation, "Issue Brief: State Medicaid Telehealth Policies Before and During the COVID-19 Public Health Emergency." Accessed at https://aspe.hhs.gov/sites/default/files/documents/eb9e147935a2663441a9488e36eea6cb/medicaid-telehealth-brief.pdf on September 9, 2022.
52 Urban Institute, Maternal Health Inequities during the COVID-19 Pandemic. (See EN 33 for URL information).
53 Kaiser Family Foundation, 10 Things to Know about Medicaid Managed Care. Accessed at https://www.kff.org/medicaid/issue-brief/10-things-to-know-about-medicaid- managed-care/ on August 26, 2022.
54 Kaiser Family Foundation, A View from the States: Key Medicaid Policy Changes: Results from a 50-State Medicaid Budget Survey for State Fiscal Years 2019 and 2020, Oct. 18, 2019. Accessed at https://www.kff.org/report-section/a-view-from-the-states-key-medicaid-policy-changes-delivery-systems/ on October 5, 2021.
55 MACPAC, Managed Care Overview. Accessed at https://www.macpac.gov/subtopic/managed-care-overview/#:~:text=Medicaid%20managed%20care%20plans%20link,care%20coordination%20and%20health%20education on September 7, 2022.
56 Kaiser Family Foundation, 10 Things to Know about Medicaid Managed Care. (See EN 43 for URL information.)
57 MACPAC, Managed Care Overview. (See EN 55 for URL information).
58 42 CFR § 438.68(b)(1)(ii)
59 42 CFR § 438.206(b)(1)
60 42 CFR § 438.68(c)(iv)(vi)
61 42 CFR § 438.68(b)(1)
62 81 Fed. Reg. 27497 (May 6, 2016)
63 42 CFR § 438.68(2)(e)
64 42 CFR § 438.66(a)
65 42 CFR § 438.66(e)(1)
66 42 CFR § 438.66(e)(2)(vi)
67 42 CFR § 438.340(b)(1)
68 42 CFR § 438.340(c)(3)(i)
69 Medicaid.gov, Quality of Care External Quality Review. Accessed at https://www.medicaid.gov/medicaid/quality-of-care/medicaid-managed-care/quality-of-care-external- quality-review/index.html on September 8, 2022.
70 42 CFR § 440.262

71 42 CFR § 438.68(c)(1)(vii)
72 CMS, Biden-Harris Administration Announces Request for Information on Access to Care and Coverage for People Enrolled in Medicaid and CHIP. Accessed at https://www.cms.gov/newsroom/press-releases/biden-harris-administration-announces-request-information-access-care-and-coverage-people-enrolled on September 2, 2022.
73 CMS, RE: Opportunities in Medicaid and CHIP to Address Social Determinants of Health (SDOH). (See EN 47 for URL information).
74 CMS, Cross-Cutting Initative: CMS Maternity Care Action Plan. Accessed at https://www.cms.gov/files/document/cms-maternity-care-action-plan.pdf on September 28, 2022.
75 CMS, Fact Sheet: FY 2023 Hospital Inpatient Prospective Payment System (IPPS) and Long Term Care Hospitals (LTCH PPS) Final Rule – CMS-1771-F Maternal Health. Accessed at https://www.cms.gov/newsroom/fact-sheets/fy-2023-hospital-inpatient-prospective-payment-system-ipps-and-long-term-care-hospitals-ltch-pps-1 on September 14, 2022.
76 Medicaid.gov, Maternal & Infant Health Care Quality. Accessed at https://www.medicaid.gov/medicaid/quality-of-

care/improvement-initiatives/maternal-infant-health- care-quality/index.html on September 8, 2022.
77 OIG, State Standards for Access to Care in Medicaid Managed Care (OEI-02-11-00320), September 2014.
78 OIG, Provider Shortages and Limited Availability of Behavioral Health Services in New Mexico's Medicaid Managed Care (OEI-02-17-00490), September 2019.
79 OIG, Availability of Behavioral Health in Medicare Fee-For-Service, Medicare Advantage, and Medicaid Managed Care [work plan item], December 2021. Accessed at https://oig.hhs.gov/reports-and-publications/workplan/summary/wp-summary-0000644.asp on August 12, 2022.
80 Kaiser Family Foundation, 10 Things to Know about Medicaid Managed Care. (See EN 53 for URL information).
81 Kaiser Family Foundation, Maternal Deaths and Mortality Rates per 100,000 Live Births. Accessed at https://www.kff.org/other/state-indicator/maternal-deaths-and- mortality-rates-per-100000-live-births/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D on September 7, 2022.
82 March of Dimes, Peri Stats. Accessed at https://www.marchofdimes.org/peristats/ on September 7, 2022.
83 CDC, National Vital Statistics Report, “Births: Final Data for 2020.” (See EN 11 for URL information).
84 CDC, Fertility Rates by State. Accessed at https://www.cdc.gov/nchs/pressroom/sosmap/fertility_rate/fertility_rates.htm#print on September 8, 2022.
85 Georgetown University Health Policy Institute Center for Children and Families, Doula Services in Medicaid: State Progress in 2022. (See EN 48 for URL information).
86 Kaiser Family Foundation, Medicaid Authorities and Options to Address Social Determinants of Health (SDOH), Aug. 5, 2021. Accessed at https://www.kff.org/medicaid/issue-brief/medicaid-authorities-and-options-to-address-social-determinants-of-health-sdoh/ on April 8, 2022.

Author

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CMS recommends the OIG spell this out the first time the term is used.

Author

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CMS would like to note that the regulations at 42 CFR 438 generally apply to MCOs, PIHPs, and PAHPs. When describing these regulations (throughout), it would be more accurate to include the other plan types, even though this audit is limited to MCOs.

Author

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Does the OIG intend to evaluate this in the study, and if so how will this be assessed? CMS notes that states and plans will likely not have this information.

Strategies To Improve Access to Maternal Health Care in Medicaid Managed Care OEI-05-22-00330

U.S. Department of Health and Human Services
Office of Inspector General
Design
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Strategies To Improve Access to Maternal Health Care in Medicaid Managed Care

Objectives
To determine what standards State Medicaid agencies (States) have set for access to maternal health care in Medicaid managed care.
To assess oversight of access to maternal health care in Medicaid managed care by States and CMS.

To identify strategies for States and managed care organizations (MCOs) to increase access overall and reduce

disparities in access to maternal health care for people in Medicaid managed care.

Rationale

Pregnant people in the U.S. experience worse pregnancy outcomes than people in any other high-income country.[1, 2, 3] In 2020, 861 people in the U.S. died of pregnancy-related causes, and the overall maternal mortality rate was 23.8 per 100,000 live births.[4] This exceeds the 2018 overall maternal mortality rate of 17.4 per 100,000 live births, which was higher than that of any other peer country.[5] The coronavirus disease 2019 (COVID-19) pandemic further heightened the urgency of addressing these issues, as pregnant people may be more likely to experience severe morbidity or mortality related to COVID-19.[6] Furthermore, significant racial and geographic disparities in maternal health exist. In 2020, the maternal mortality rate for non-Hispanic Black pregnant people was 55.3 deaths per 100,000 live births— about 3 times higher than the rate for Hispanic and non-Hispanic White people.[7] From 2016–2018, the maternal mortality rate in rural areas was 24.4 per 100,000 live births, 1.6 times higher than the rate in urban areas.[8]

Timely access to maternal health care, or care needed during pregnancy and postpartum to ensure a pregnant person's physical and mental health, can improve outcomes for pregnant people.[9] Unfortunately, due to provider shortages, transportation challenges, systemic barriers, and other factors, many pregnant people lack timely access to adequate maternal health care. People who do not receive adequate prenatal and postpartum care face riskier deliveries, are five times more likely to die of pregnancy-related causes, and may be more vulnerable to complications that arise after childbirth, such as postpartum depression.[10, 11]

Improving access to maternal health care for people in Medicaid managed care could improve maternal health outcomes and reduce disparities in maternal health outcomes overall. Medicaid insures almost half of all U.S. births and most States require pregnant people in Medicaid to be enrolled in managed care.[12] Additionally, Medicaid disproportionately finances births among people of color. For example, in 2020, Medicaid financed 67 percent of births among American Indian or Alaska Native people and almost 65 percent of births among Black people, compared to only 29 percent of births among White people.[13] It also finances a disproportionate share of births in rural areas.[14]

This study will provide greater clarity for both CMS and States about how States and MCOs define and monitor access to care in Medicaid. It will also provide insight into the challenges that States and MCOs face in ensuring access to maternal health care, and strategies CMS and States can consider implementing to overcome those barriers. This study aligns with commitments by the Department of Health and Human Services (HHS) and the White House to address disparities in maternal health care and to improve maternal health access and outcomes in the United States.[15, 16]

Background

Maternal Health Care

Services. Maternal health care refers to care needed during pregnancy, childbirth, and postpartum to ensure a pregnant or postpartum person's physical and mental health.[17] Prenatal care, or care provided during pregnancy, includes services such as physical exams, screening for sexually transmitted infections, and ultrasounds.[18, 19] Postpartum care, or care provided after childbirth, includes services such as screening for postpartum depression and monitoring patients' recovery after childbirth.[20] Maternal health care also includes care that is medically necessary for pregnant or postpartum people but unrelated to pregnancy or childbirth, such as substance use disorder treatment, dental care, and the management of chronic conditions.[21] Maternal health care is important for identifying and treating conditions that develop during pregnancy, such as gestational diabetes, as well as preventing and addressing postpartum complications.[22, 23]

Providers. Both physicians, such as OB/GYNs, and non-physicians, such as midwives, doulas, and lactation consultants, deliver maternal health care services. While OB/GYNs and other physicians provide most maternal health care, services from non-physician providers can improve maternal health outcomes.[24, 25] For example, doula visits can lower rates of postpartum depression and anxiety.[26] Care from non-physician providers may also reduce racial disparities in maternal health outcomes, such as c-section rates.[27]

Non-physician providers also serve an important role in providing maternal health care services in regions with no or

limited obstetrical care. For example, in rural areas, where many counties lack an OB/GYN, midwives attend over 30 percent of births. By contrast, midwives attend less than 10 percent of births in the United States overall.28

Access to maternal health care. Access to maternal health care depends on the availability, accessibility, and acceptability of care.29, 30

The availability of care includes patients' ability to make timely appointments for necessary care. For people with insurance, care availability often depends on the size of their insurer's provider networks and the types of providers (i.e., specialties) the networks include.

The accessibility of care includes providers' physical proximity to patients, the extent to which provider locations are accessible to people with disabilities and to people with different levels of access to transportation, and whether providers can communicate with patients in their preferred languages.

The acceptability of care can depend on providers' backgrounds (e.g., their racial and ethnic backgrounds) relative to patients and their ability to provide culturally relevant services to patients without bias or discrimination.

Availability and accessibility are critical to maternal health care access because pregnant and postpartum people require frequent medical appointments and may need specialty care if their pregnancies are high-risk.31, 32 Acceptability is critical to maternal health care access because racism and discrimination from providers can contribute to chronic stress for people of color, which can worsen maternal health outcomes. 33

Systemic barriers such as racism and poverty disproportionately impede availability, accessibility, and acceptability for groups facing social and economic disadvantages.34 These systemic barriers influence social determinants of health, such as availability of adequate, affordable housing and childcare, which affect access to maternal health care and contribute to racial, ethnic, and socioeconomic disparities in maternal health outcomes.35

Exhibit 1: Access to maternal health care includes the availability, accessibility, and acceptability of care.

Maternal Health Care in Medicaid

The Federal government is deeply invested in the provision of maternal health care. Medicaid is a major insurer for pregnancy and postpartum care.36 It is the Nation's largest maternal health care payor, and in 2020 it financed more than 40 percent of births in the United States—over 1.5 million.37, 38

Federal regulations governing maternal health care in Medicaid.

Federal regulations require States to provide certain services for all pregnant people enrolled in Medicaid. Required services include pregnancy-related services—services that are necessary for the health of the pregnant person39 and fetus, or that have become necessary as a result of the person having been pregnant—and services for other conditions that might complicate a pregnancy.40 States must provide these services for at least 60 days following the end of a pregnancy.41

Beyond Federal requirements, States vary in their coverage of maternal health care. For example, States may cover—but are not required to cover—services deemed optional under Federal law, which include dental services, prenatal or postpartum home visits, and screenings or treatment for postpartum depression.42, 43 States also have the option to cover prenatal care for pregnant people before they formally determine if those people are eligible for Medicaid, though not all of them do.44, 45 Additionally, coverage may vary by provider type. While all States cover midwifery services of some kind, many States cover services only from certified nurse-midwives.46 States may use various authorities to expand maternal health coverage and improve access, such as section 1115 waivers, in-lieu-of services, and State Plan Amendments.47 Currently, only six States have expanded their Medicaid benefits to cover doula services, and most have done so using State Plan Amendments.48

Recent changes to maternal health coverage in Medicaid. Changes in Federal law have impacted Medicaid maternal health coverage. The 2021 American Rescue Plan Act gave States the option to extend Medicaid postpartum coverage up to one year postpartum.49 As of October 2022, 26 States have already implemented the extension and eight more States are planning to implement it.50 Additionally, some flexibilities related to the COVID-19 public health emergency influenced access to care. For instance, COVID-19 flexibilities relaxed restrictions on telehealth, which may have facilitated remote access to maternal health care for people in Medicaid.51,52

The role of managed care in providing maternal health care. Most States require pregnant people in Medicaid to be enrolled in managed care.53, 54 In Medicaid managed care, States contract with one or more MCOs to provide services

to the people enrolled.55 In many cases, larger "parent firms" own and operate multiple MCOs in different States.56 MCOs in Medicaid subcontract with or employ providers to build networks to provide services to enrollees.57

Federal regulations governing access in Medicaid managed care. Federal regulations require States to develop network adequacy standards for several types of providers in their managed care programs, including OB/GYNs.58 The goal of network adequacy standards is to ensure that Medicaid MCOs maintain provider networks sufficient to provide enrollees with access to covered services.59 States must consider elements related to access to care when developing their standards, such as the number, types, and location of providers in their States.60 According to a 2020 CMS Final Rule, States', states must develop a quantitative network adequacy standards must be quantitative.61 The previous policy, which the 2020 Final Rule amended, required States to develop time-and-distance standards specifically.62 CMS requires States to publish their network adequacy standards on their public websites.63

Federal regulations also require States and CMS to monitor access to care in Medicaid managed care programs. States must have monitoring systems for all managed care programs to track MCOs' performance, and must submit a report on each managed care program administered by the State to CMS.64, 65 The report must address the availability and accessibility of covered services within each MCO, including network adequacy standards.66 Additionally, States must create quality improvement plans that include access standards and procedures for monitoring the quality of health care and services by each MCO, and these quality plans are subject to monitoring by CMS.67, 68 Finally, CMS requires States with managed care programs to contract with an outside entity to complete an external quality review each year. As part of this process, the outside entity assesses whether each managed care plan ensures sufficient access to providers.69

States must also have methods to promote access and delivery of services in a culturally competent manner to all people in Medicaid, including those with diverse cultural and ethnic backgrounds and disabilities.70 In their managed care programs, States must ensure the ability of in-network providers to communicate with patients enrollees in their preferred languages.71

CMS Efforts To Improve Access and Maternal Health Care in Medicaid

CMS has ongoing efforts to improve access to care in Medicaid, which may impact maternal health care access. For example, CMS recently issued a Request for Information on access to care and coverage for people enrolled in Medicaid and the Children's Health Insurance Program (CHIP). CMS plans to use the results of the request to develop a more comprehensive access strategy for these programs.72 Additionally, in 2022 CMS issued a letter to State health officials detailing strategies and opportunities for States to address social determinants of health in Medicaid and CHIP. These strategies could improve access to maternal health care for people of color and other groups facing social or economic disadvantages.73

CMS is also specifically working to enhance maternal health care access and quality in Medicaid. In CMS's 2022 Maternity Care Action Plan, CMS identified coverage and access to care as a critical area for improvement and detailed its current initiatives aimed at increasing access.74 For example, CMS is planning to create a "birthing-friendly" hospital designation to communicate the availability of quality, safe maternal health care in hospitals.75 Another CMS project related to improving maternal health is the ongoing Maternal and Infant Health Initiative. Through this initiative, CMS offers technical assistance to States, including learning collaboratives on c-sections and postpartum care.76

Related Work

Past OIG reports examined State standards for access to care in Medicaid managed care and assessed access to behavioral health services in New Mexico's Medicaid managed care program.77, 78 OIG also has ongoing work assessing access to behavioral health care across Medicare fee-for-service, Medicare Advantage, and Medicaid managed care.79

Scope of Inspection

This study will determine what standards States have set for access to maternal health care and assess States' and CMS's oversight of access to maternal health care in Medicaid managed care. It will also describe challenges States and MCOs face that limit access to care and State and MCO strategies to improve access overall and reduce disparities in access to maternal health care for people in Medicaid managed care. We plan to collect data from all 41 State Medicaid agencies with managed care programs.a, 80 We also plan to interview CMS. Finally, we may conduct followup interviews with MCOs if we determine that they are in the best position to offer information necessary for impact.

a We are excluding Alabama, Alaska, Connecticut, Idaho, Maine, Montana, Oklahoma, South Dakota, Vermont, and Wyoming because they do not have comprehensive risk-based Medicaid managed care programs.

In this study, we are considering access to care to include the availability, accessibility, and acceptability of care. Factors such as appointment wait times, the time and distance that people enrollees must travel to reach providers, the number of providers available, and people's enrollees' level of comfort with available providers may influence access to care.
We will consider people's enrollee's access to care for which they are already eligible according to their State policies. We may include challenges States and/or MCOs face in reducing access barriers that arise during the enrollment process (e.g., delayed care due to the time required to enroll people). However, we will not assess access barriers that stem from State eligibility rules.

Standards
We will conduct this work in accordance with the Quality Standards for Inspection and Evaluation issued by the Council of the Inspectors General on Integrity and Efficiency.

Issue Questions
Objective 1: To identify State standards for access to maternal health care in Medicaid managed care.
What are States' quantitative network adequacy standards for OB/GYNs?
What are States' quantitative network adequacy standards for other maternal health care providers (e.g. doulas, midwives), if any?
Besides network adequacy standards for OB/GYNs and maternal health providers, what other access-related requirements do States impose for maternal health care (e.g., cultural awareness or language requirements)?
Objective 2: To assess oversight of access to maternal health care in Medicaid managed care by States and CMS.
How and to what extent do States and CMS monitor and assess maternal health care access—i.e., the availability, accessibility, and acceptability of maternal health care—among people in managed care, including disparities in access to care?
What data do States and MCOs collect on maternal health care access (e.g., perceptions of maternal health care access by people enrollees in Medicaid managed care, disparities in access, provider demographic information)?
How do States and MCOs analyze or use the data they collect on maternal health care access?
How do States enforce MCO compliance with State access requirements (e.g., through incentives or penalties)?

What challenges do States face in enforcing MCO compliance with access requirements?
What challenges does CMS face in enforcing State compliance with access requirements?
Objective 3: To identify strategies for States and MCOs to increase access overall and reduce disparities in access to maternal health care for people enrollees in Medicaid managed care.
To what extent do States and MCOs face challenges that limit access to maternal health care for people enrollees in Medicaid managed care and/or contribute to disparities in access to maternal health care (e.g. availability and diversity of providers, difficulty providing care for enrolleespeople in remote locations, specialty services for enrolleespeople with higher risk of complications, lengthy enrollment processes)?
What strategies (e.g., flexibilities, authorities, provisions) have States and MCOs used to improve access to maternal health care and/or to reduce disparities in access to maternal health care for enrolleespeople in Medicaid managed care? Specifically, what strategies have States and MCOs used to:
increase the number of maternal health care providers and the diversity of maternal health care providers included in managed care networks (e.g., by incentivizing providers to practice in shortage areas, developing the maternal health workforce, or covering care from alternative providers such as doulas and midwives)?
improve access to maternal health care for pregnant enrolleespeople located in remote areas (e.g., via telehealth)?
increase access to specialty services needed for enrollees people at higher risk of complications (e.g., mental health services, care for chronic conditions, and treatment for substance use disorders)?
improve timely access to prenatal care for enrolleespeople who qualify for Medicaid on the basis of pregnancy (e.g., by fasttracking their managed care enrollment)?

improve access to maternal health care for disparately impacted groups (e.g., by targeting services or working to address social determinants of health)? (Groups could be based on race, ethnicity, language, gender, disability status, or geographic location, for example.)
How, if at all, have States and/or MCOs evaluated the impact of these strategies on realized maternal health care access (i.e., use of services)?
What types of assistance or support from CMS would most help States and MCOs improve maternal health access and reduce disparities in Medicaid managed care?

Methodology
We will first conduct a survey with all 41 States with comprehensive risk-based managed care programs. This will enable us to compile the network adequacy standards and other access-related requirements for all States, and to identify high- level themes related to both oversight of access and challenges and strategies for improving access and reducing disparities. Next, we will conduct in-depth interviews with a select group of States to learn more about their experiences, focusing primarily on gathering more detail about their oversight, challenges, and strategies. Finally, we will interview CMS officials to further inform our analysis and recommendations. We may also conduct additional structured interviews with MCOs if our interviews with States or CMS suggest that doing so would be useful.

Data Sources
Survey to the 41 States with Medicaid managed care programs. We will start our data collection by surveying all 41 States with comprehensive risk-based Medicaid managed care programs. To compile a summary of all State network adequacy standards and other access standards related to maternal care, we will ask States what their standards are and how they monitor and enforce these standards. We will also ask States to provide a link to their publicly posted network adequacy standards. To understand how these standards operate in practice, we will also ask States to provide one or more of their managed care contracts and indicate where in the contract(s) the access standards are specified. Then, to identify the most common themes related to access to maternal health care in managed care, we will ask States briefly about the challenges they have faced and the strategies they have implemented to improve access and reduce disparities, and whether these strategies have been successful.
In-depth followup interviews with selected States. After we receive and analyze survey responses, we will select 4-10 States for structured, in-depth followup interviews. We will select States using their survey responses and publicly available information.
Survey responses: In our selection, we will prioritize States reporting challenges that are common or illustrative and States reporting strategies that are commonly used, innovative, or successful. We will also select States representing a range of different access-related managed care standards.
Publicly available information: We will also consider publicly available information, including (1) State maternal health statistics, such as maternal mortality rates;81 (2) State statistics on maternal health care access, such as the number or percentage of births occurring in counties with no or few maternal health care providers;82 (3) State racial, ethnic, and geographic diversity;83, 84 and (4) features of State Medicaid managed care programs, such as States' expansion status or coverage of midwifery or doula services.85 We will aim to select States diverse in maternal health outcomes, level of access to maternal health care, demographics, and Medicaid program features.

We will use these followup interviews to gather more detail from States about their experiences. The topics will depend partially on States' survey responses, but will focus on diving more deeply into State challenges and strategies. We may also request additional supporting documentation from States as part of these interviews, such as State quality strategies or guidance documents, as applicable.
Interview with CMS. Additionally, we will interview CMS officials for context on the approaches they are taking, including their oversight of States, and perspectives on what additional steps they could take to support States and MCOs. We will use their responses to better understand States' challenges and strategies and to develop appropriate recommendations.
Interviews with selected MCOs. We may conduct additional structured interviews with a small number of MCOs if we determine they are in the best position to offer the information needed to fully understand challenges and to form the most appropriate recommendations. If we do this, we may select a small number of MCOs operating in one or more of the States we interviewed and ask clarifying questions about State policies and their own challenges and strategies related to access to maternal health care.

Data Analysis
We will analyze survey responses to identify State standards, patterns across State standards, and oversight policies related to access to maternal health care in Medicaid managed care. We will review States' publicly posted network adequacy standards and the language in a sample of States' contracts with MCOs to understand how the standards are operationalized. We will also identify States' most frequently cited challenges and most promising strategies to improve access and reduce racial and geographic disparities. After interviewing select States, CMS, and possibly MCOs, we will synthesize their interview and survey responses to build a full picture of the most common challenges States are facing and to identify promising strategies that could help to improve access to maternal health care in managed care.

Limitations
In some cases, we will rely on self-reported information from States, MCOs, and CMS. However, we will use documents provided by these entities to confirm self-reported information when possible. For example, we will compare States' self-reported access standards from the survey with their publicly posted standards and the language included in their MCO contracts.

Criteria
Federal regulation requires coverage of prenatal care, delivery, postpartum care, and family planning, as well as services for conditions that
may threaten carrying the fetus to full term or the fetus' safe delivery. 42 CFR §440.210(a)(2)(i)-(ii)

Federal regulation also requires States to ensure that managed care plans maintain "sufficient" provider networks to provide adequate access to covered services for all enrollees. 42 CFR §438.68, §438.206

States may use a variety of authorities and flexibilities to cover non-clinical services that improve access to care indirectly. For instance, under Section 1905(a) State Plan authority, States may add peer supports or case management services to help coordinate care for people in their programs. Under Section 1115 waiver authority, States may propose pilot programs to address unmet social needs linked to health outcomes.86

The Managed Care final rule was updated in November 2020 and included issues relevant to maternal healthcare, such as network adequacy standards for obstetricians and gynecologists and culturally competent care. See https://www.federalregister.gov/documents/2020/11/13/2020-24758/medicaid-program-medicaid-and-childrens-health-insurance-program- chip-managed-care.

1 Commonwealth Fund, Maternal Mortality and Maternity Care in the United States Compared to 10 Other Developed Countries. Accessed at https://www.commonwealthfund.org/publications/issue-briefs/2020/nov/maternal-mortality-maternity-care-us-compared-10-countries on August 30, 2021.
2 Commonwealth Fund, Maternal Mortality in the United States: A Primer. Accessed at https://www.commonwealthfund.org/publications/issue-brief- report/2020/dec/maternal-mortality-united-states-primer on August 30, 2021.
3 Regine A. Douthard, Iman K. Martin, Theresa Chapple-McGruder, Ana Langer, and Soju Chang. "U.S. Maternal Mortality Within a Global Context: Historical Trends, Current State, and Future Directions" in Journal of Women's Health. Accessed at https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8020556/ on September 14, 2022.
4 CDC, Health E-Stats, Maternal Mortality Rates in the United States, 2020. Accessed at https://www.cdc.gov/nchs/data/hestat/maternal-mortality/2020/maternal-mortality- rates-2020.htm on July 12, 2022.
5 Commonwealth Fund, Maternal Mortality and Maternity Care in the United States Compared to 10 Other Developed Countries. (See Endnote 1 for URL information.)
6 CDC, Morbidity and Mortality Weekly Report, Update: Characteristics of Symptomatic Women of Reproductive Age with Laboratory-Confirmed SARS-CoV-2 Infection by Pregnancy Status – United States – January 22-October 3, 2020. Accessed at https://www.cdc.gov/mmwr/volumes/69/wr/mm6944e3.htm on September 6, 2022.
7 CDC, Health E-Stats, Maternal Mortality Rates in the United States, 2020. (See EN 4 for URL information.)
8 CDC, Pregnancy Mortality Surveillance System. Accessed at https://www.cdc.gov/reproductivehealth/maternal-mortality/pregnancy-mortality-surveillance-system.htm on September 6, 2022.
9 March of Dimes, "Nowhere to Go: Maternity Care Deserts Across the U.S. 2020 Report." Accessed at https://www.marchofdimes.org/materials/2020-Maternity-Care- Report.pdf on September 7, 2022.
10 CMS, Improving Access to Maternal Health Care in Rural Communities. September 3, 2019. Accessed at https://www.cms.gov/About-CMS/Agency- Information/OMH/equity-initiatives/rural-health/09032019-Maternal-Health-Care-in-Rural-Communities.pdf on October 12, 2022.
11 Maternal Health Task Force, Harvard Chan School Center of Excellence in Maternal and Child Health, Maternal Health in the United States. Accessed at https://www.mhtf.org/topics/maternal-health-in-the-united-states/ on September 1, 2021.
12 Kaiser Family Foundation, A View from the States: Key Medicaid Policy Changes: Results from a 50-State Medicaid Budget Survey for State Fiscal Years 2019 and 2020, Oct. 18, 2019. Accessed at https://www.kff.org/report-section/a-view-from-the-states-key-medicaid-policy-changes-delivery-systems/ on October 5, 2021.
13 CDC, National Vital Statistics Report, "Births: Final Data for 2020." Accessed at https://www.cdc.gov/nchs/data/nvsr/nvsr70/nvsr70-17.pdf on July 27, 2022.
14 MACPAC, Medicaid's Role in Financing Maternity Care. Accessed at on https://www.macpac.gov/wp-content/uploads/2020/01/Medicaid%E2%80%99s-Role-in-Financing- Maternity-Care.pdf August 26, 2022.
15 ASPE, HHS Initiative to Improve Maternal Health. Accessed at https://aspe.hhs.gov/topics/public-health/hhs-initiative-improve-maternal-health on September 7, 2022.
16 The White House, White House Blueprint for Addressing the Maternal Health Crisis. Accessed at https://www.whitehouse.gov/wp-content/uploads/2022/06/Maternal- Health-Blueprint.pdf on September 8, 2022.
17 HRSA, Healthy Women, Healthy Pregnancies, Healthy Futures: Action Plan to Improve Maternal Health in America. Accessed at https://aspe.hhs.gov/sites/default/files/private/aspe-files/264076/healthy-women-healthy-pregnancies-healthy-future-action-plan_0.pdf on October 6, 2022.
18 ACOG, Having A Baby. Accessed at https://www.acog.org/womens-health/faqs/having-a-baby on September 9, 2022.
19 ACOG, FAQs: Ultrasound Exams. Accessed at https://www.acog.org/womens-health/faqs/ultrasound-exams on October 6, 2022.

20 ACOG, Committee Opinion Number 736, May 2018. Accessed at https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2018/05/optimizing- postpartum-care on September 6, 2022.
21 ACOG, Committee Opinion Number 736, May 2018. (See EN 20 for URL information.)
22 CDC, Pregnancy and Oral Health. Accessed at https://www.cdc.gov/oralhealth/publications/features/pregnancy-and-oral-health.html on September 7, 2022.
23 Eunice Kennedy Shriver National Institute of Child Health and Human Development, What Health Problems Can Develop During Pregnancy? Accessed at https://www.nichd.nih.gov/health/topics/preconceptioncare/conditioninfo/health-problems on September 9, 2022.
24 CDC, Strategies to Prevent Obesity and Other Chronic Diseases: The CDC Guide to Strategies to Support Breastfeeding Mothers and Babies. Accessed at https://www.cdc.gov/breastfeeding/pdf/BF-Guide-508.pdf on September 13, 2022.
25 March of Dimes, "Nowhere to Go: Maternity Care Deserts Across the U.S. 2020 Report." (See EN 9 for URL information.)
26 April M. Falconi, Samantha G. Bromfield, Truc Tang, Demetria Malloy, Danae Blanco, Susan Disciglio, and Winnie Chi. "Doula Care Across the Maternity Care Continuum and Impact on Maternal Health: Evaluation of Doula Programs Across Three States Using Propensity Score Matching" in The Lancet. Accessed at https://www.thelancet.com/journals/eclinm/article/PIIS2589-5370(22)00261-9/fulltext#:~:text=Evidence%20collectively%20suggests%20that%20doulas,for%20maternal%20morbidity%20and%20mortality on September 9, 2022.
27 Katy Backes Kozhimannil, Rachel R. Hardeman, Laura B. Attanasio, Cori Blauer-Peterson, and Michelle O'Brien. "Doula Care, Birth Outcomes, and Costs Among Medicaid Beneficiaries" in American Journal of Public Health. Accessed at https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3617571/ on September 9, 2022.
28 CDC, "Issue Brief: Improving Access to Maternal Health Care in Rural Communities." Accessed at https://www.cms.gov/About-CMS/Agency-Information/OMH/equity- initiatives/rural-health/09032019-Maternal-Health-Care-in-Rural-Communities.pdf on September 7, 2022.
29 Our definition of access builds on definitions used by CMS and Mathematica, among others. For instance, see CMS, Promoting Access in Medicaid and CHIP Managed Care: A Toolkit for Ensuring Provider Network Adequacy and Service Availability.
30 CMS. Promoting Access in Medicaid and CHIP Managed Care: A Toolkit for Ensuring Provider Network Adequacy and Service Availability. Accessed at https://www.medicaid.gov/medicaid/downloads/adequacy-and-access-toolkit.pdf on September 6, 2022.
31 OASH, Office on Women's Health. Prenatal Care. Accessed at https://www.womenshealth.gov/a-z-topics/prenatal-care on September 6, 2022.
32 ACOG, Levels of Maternal Care [Obstetric care consensus], August 2019. Accessed at https://www.acog.org/clinical/clinical-guidance/obstetric-care- consensus/articles/2019/08/levels-of-maternal-care on September 13, 2022.

33 Urban Institute, Maternal Health Inequities during the COVID-19 Pandemic. Accessed at https://www.rwjf.org/content/dam/farm/reports/issue_briefs/2021/rwjf465431 on August 31, 2021.
34 Urban Institute, Maternal Health Inequities during the COVID-19 Pandemic. (See EN 32 for URL information).
35 Kaiser Family Foundation, Racial Disparities in Maternal and Infant Health: An Overview. Accessed at https://www.kff.org/report-section/racial-disparities-in-maternal-and- infant-health-an-overview-issue-brief/ on October 7, 2022.
36 MACPAC, Access in Brief: Pregnant Women and Medicaid. Accessed at https://www.macpac.gov/wp-content/uploads/2018/11/Pregnant-Women-and-Medicaid.pdf on October 7, 2022.
37 CDC, National Vital Statistics Report, "Births: Final Data for 2020." (See EN 13 for URL information).
38 Medicaid.gov, Prenatal and Postpartum Care: Postpartum Care. Accessed at https://www.medicaid.gov/state-overviews/scorecard/postpartum-care/index.html on October 7, 2022.
39 The regulation text uses the term "woman." Because people of different genders can become pregnant, we use

gender-neutral language throughout this document.
40 42 CFR § 440.210(a)(2)
41 42 CFR § 440.210(a)(3)
42 Medicaid.gov, Mandatory & Optional Medicaid Benefits. Accessed at https://www.medicaid.gov/medicaid/benefits/mandatory-optional-medicaid-benefits/index.html on September 12, 2022.
43 Kaiser Family Foundation, Medicaid Coverage of Pregnancy-Related Services: Findings from a 2021 State Survey, May 19, 2022. Accessed at https://www.kff.org/report- section/medicaid-coverage-of-pregnancy-related-services-findings-from-a-2021-state-survey-report/ on July 27, 2022.
44 Kaiser Family Foundation, Presumptive Eligibility in Medicaid and CHIP. Accessed at https://www.kff.org/health-reform/state-indicator/presumptive-eligibility-in-medicaid- chip/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D on September 13, 2022.
45 MACPAC, Pregnant Women. Accessed at https://www.macpac.gov/subtopic/pregnant-women/#:~:text=Presumptive%20eligibility%20allows%20women%20to,is%20not%20subsequently%20determined%20eligible on September 13, 2022.
46 NASHP, Midwife Medicaid Reimbursement Policies by State. Accessed at Midwife Medicaid Reimbursement Policies by State - The National Academy for State Health Policy (nashp.org) on August 26, 2022.
47 CMS, RE: Opportunities in Medicaid and CHIP to Address Social Determinants of Health (SDOH). Accessed at https://www.medicaid.gov/federal-policy- guidance/downloads/sho21001.pdf on September 13, 2022.
48 Georgetown University Health Policy Institute Center for Children and Families, Doula Services in Medicaid: State Progress in 2022. Accessed at https://ccf.georgetown.edu/2022/06/02/doula-services-in-medicaid-state-progress-in-2022/ on August 26, 2022.
49 American Rescue Plan Act of 2021, P.L. No. 117-2 (enacted Mar. 11, 2021).

50 Kaiser Family Foundation, Medicaid Postpartum Coverage Extension Tracker. Accessed at https://www.kff.org/medicaid/issue-brief/medicaid-postpartum-coverage- extension-tracker/ on August 26, 2022.
51 Office of the Assistant Secretary for Planning and Evaluation, "Issue Brief: State Medicaid Telehealth Policies Before and During the COVID-19 Public Health Emergency." Accessed at https://aspe.hhs.gov/sites/default/files/documents/eb9e147935a2663441a9488e36eea6cb/medicaid-telehealth-brief.pdf on September 9, 2022.
52 Urban Institute, Maternal Health Inequities during the COVID-19 Pandemic. (See EN 33 for URL information).
53 Kaiser Family Foundation, 10 Things to Know about Medicaid Managed Care. Accessed at https://www.kff.org/medicaid/issue-brief/10-things-to-know-about-medicaid- managed-care/ on August 26, 2022.
54 Kaiser Family Foundation, A View from the States: Key Medicaid Policy Changes: Results from a 50-State Medicaid Budget Survey for State Fiscal Years 2019 and 2020, Oct. 18, 2019. Accessed at https://www.kff.org/report-section/a-view-from-the-states-key-medicaid-policy-changes-delivery-systems/ on October 5, 2021.
55 MACPAC, Managed Care Overview. Accessed at https://www.macpac.gov/subtopic/managed-care-overview/#:~:text=Medicaid%20managed%20care%20plans%20link,care%20coordination%20and%20health%20education on September 7, 2022.
56 Kaiser Family Foundation, 10 Things to Know about Medicaid Managed Care. (See EN 43 for URL information.)
57 MACPAC, Managed Care Overview. (See EN 55 for URL information).
58 42 CFR § 438.68(b)(1)(ii)
59 42 CFR § 438.206(b)(1)
60 42 CFR § 438.68(c)(iv)(vi)
61 42 CFR § 438.68(b)(1)
62 81 Fed. Reg. 27497 (May 6, 2016)
63 42 CFR § 438.68(2)(e)
64 42 CFR § 438.66(a)
65 42 CFR § 438.66(e)(1)

66 42 CFR § 438.66(e)(2)(vi)
67 42 CFR § 438.340(b)(1)
68 42 CFR § 438.340(c)(3)(i)
69 Medicaid.gov, Quality of Care External Quality Review. Accessed at https://www.medicaid.gov/medicaid/quality-of-care/medicaid-managed-care/quality-of-care-external- quality-review/index.html on September 8, 2022.
70 42 CFR § 440.262

71 42 CFR § 438.68(c)(1)(vii)
72 CMS, Biden-Harris Administration Announces Request for Information on Access to Care and Coverage for People Enrolled in Medicaid and CHIP. Accessed at https://www.cms.gov/newsroom/press-releases/biden-harris-administration-announces-request-information-access-care-and-coverage-people-enrolled on September 2, 2022.
73 CMS, RE: Opportunities in Medicaid and CHIP to Address Social Determinants of Health (SDOH). (See EN 47 for URL information).
74 CMS, Cross-Cutting Initative: CMS Maternity Care Action Plan. Accessed at https://www.cms.gov/files/document/cms-maternity-care-action-plan.pdf on September 28, 2022.
75 CMS, Fact Sheet: FY 2023 Hospital Inpatient Prospective Payment System (IPPS) and Long Term Care Hospitals (LTCH PPS) Final Rule – CMS-1771-F Maternal Health. Accessed at https://www.cms.gov/newsroom/fact-sheets/fy-2023-hospital-inpatient-prospective-payment-system-ipps-and-long-term-care-hospitals-ltch-pps-1 on September 14, 2022.
76 Medicaid.gov, Maternal & Infant Health Care Quality. Accessed at https://www.medicaid.gov/medicaid/quality-of-care/improvement-initiatives/maternal-infant-health- care-quality/index.html on September 8, 2022.
77 OIG, State Standards for Access to Care in Medicaid Managed Care (OEI-02-11-00320), September 2014.
78 OIG, Provider Shortages and Limited Availability of Behavioral Health Services in New Mexico's Medicaid Managed Care (OEI-02-17-00490), September 2019.
79 OIG, Availability of Behavioral Health in Medicare Fee-For-Service, Medicare Advantage, and Medicaid Managed Care [work plan item], December 2021. Accessed at https://oig.hhs.gov/reports-and-publications/workplan/summary/wp-summary-0000644.asp on August 12, 2022.
80 Kaiser Family Foundation, 10 Things to Know about Medicaid Managed Care. (See EN 53 for URL information).
81 Kaiser Family Foundation, Maternal Deaths and Mortality Rates per 100,000 Live Births. Accessed at https://www.kff.org/other/state-indicator/maternal-deaths-and- mortality-rates-per-100000-live-births/?currentTimeframe=0&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D on September 7, 2022.
82 March of Dimes, Peri Stats. Accessed at https://www.marchofdimes.org/peristats/ on September 7, 2022.
83 CDC, National Vital Statistics Report, “Births: Final Data for 2020.” (See EN 11 for URL information).
84 CDC, Fertility Rates by State. Accessed at https://www.cdc.gov/nchs/pressroom/sosmap/fertility_rate/fertility_rates.htm#print on September 8, 2022.
85 Georgetown University Health Policy Institute Center for Children and Families, Doula Services in Medicaid: State Progress in 2022. (See EN 48 for URL information).
86 Kaiser Family Foundation, Medicaid Authorities and Options to Address Social Determinants of Health (SDOH), Aug. 5, 2021. Accessed at https://www.kff.org/medicaid/issue-brief/medicaid-authorities-and-options-to-address-social-determinants-of-health-sdoh/ on April 8, 2022.

FW: FW: FW: KHN Morning Briefing: Aug. 4, 2022
From:
"Mann, Cindy" <CMann@manatt.com>

Sent:
8/4/2022 11:16:20 AM -0400

To:
"Tsai, Daniel (CMS/OA)" <Daniel.Tsai@cms.hhs.gov>

Subject:
FW: FW: FW: KHN Morning Briefing: Aug. 4, 2022

Attachments:
Hospitals serving Black patients get less financial help, study shows _ Modern Healthcare.pdf

This was flagged in today*s KFF report so you may well have seen it (we are also doing a close look at data in three states on this point, as well as our ongoing NYC safety net work). Relates to both access work and directed payment issues.

And someday I*d love to hear more about TN. Excellent result all things considered.

Cindy Mann

Partner

_____

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August 03, 2022 02:37 PM

Hospitals serving Black patients get less financial help, study shows

CAROLINE HUDSON

MH Illustration/Getty Images

Researchers compiled data from Medicare and the AHA on 5,740 hospitals.

Hospitals serving a higher proportion of Black patients receive less financial support for providing care compared with those serving a lower proportion, according to a recent study from physician-researchers at the University of California Los Angeles and Princeton, Johns Hopkins and Harvard universities

UPDATED 19 HOURS AGO

The peer-reviewed study compiled data from Medicare and the American Hospital Association on 5,740 hospitals from 2016 to 2018. Of those hospitals, 574 were defined as "Black-serving," or those in the top 10% for the highest share of Black patients among Medicare inpatients. Most of the Black-serving hospitals were concentrated in Southern and/or urban environments.

Total reimbursements, which includes payments from patients and insurers for patient care per day, were an average of 21.6% lower at the Black-serving hospitals, researchers found. The hospitals serving more Black patients averaged a loss of $17 per patient each day, compared with an average profit of $126 per patient day among the study's other hospitals. Mean profits were $111 lower per patient day at Black-serving hospitals, once adjusted for the variety in cases and facilities.

Much of the disparity stems from reimbursement rates and often leads to lower standards of care at hospitals with fewer resources, said Dr. Gracie Himmelstein, study author and an internal medicine resident at UCLA. Medicaid discharges accounted for 14.2% of discharges at Black-serving hospitals, compared with 9.5% at the other facilities, according to the study. Medicaid, in general, reimburses providers at a lower rate than Medicare or private agencies.

Medicaid reimbursements have been a contentious issue for years, with states battling over whether to accept the financial hit of expanded coverage. The COVID-19 pandemic has further highlighted the disparities created in government-funded coverage options.

"These differences in reimbursement rates from different insurances are not created in a vacuum, and the sort of racial dynamics of these programs are well-known," Himmelstein said. "What we're seeing here is this disparate impact."

She sees the disparity play out in her day-to-day work. Himmelstein, who also works at a private facility, attributes the different standards of care to different reimbursement rates and limited resources.

Himmelstein said the same trends are likely happening among other minority populations, although the Medicaid data is not as comprehensive for those demographics.

Inline Play

Creator: Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) Chrome/103.0.0.0 Safari/537.36
Producer: Skia/PDF m103
CreationDate: 2022-08-04 13:46:31
ModDate: 2022-08-04 13:46:31

Appointment Title:
FW: [External] Dan Tsai/Cindy Mann/Anne Karl meeting

Organizer:
Mann, Cindy

Attendees:
Howe, Rory (CMS/CMCS); Tsai, Daniel (CMS/CMCS); Karl, Anne O.

Location:
https://manatt.zoom.us/j/ (b)(6) ?pwd=alJCNnpHdnZmWWpnZXV6S3ZwbWNpZz09

Start Time:
2/14/2023 8:30:00 PM +0000

End Time:
2/14/2023 9:00:00 PM +0000

Reminder Time:
N/A

Reminder Set:
false

Duration:
30 minutes

Is Recurring:
false

Reccurrance Pattern:

Response Status:
3

Busy Status:
Busy

Attachments:
image001.jpg

-----Original Appointment-----
From: Mann, Cindy <CMann@manatt.com>
Sent: Tuesday, February 14, 2023 10:34 AM
To: Mann, Cindy; Tsai, Daniel (CMS/CMCS); Karl, Anne O.
Subject: [External] Dan Tsai/Cindy Mann/Anne Karl meeting
When: Tuesday, February 14, 2023 3:30 PM-4:00 PM (UTC-05:00) Eastern Time (US & Canada).
Where: https://manatt.zoom.us/j/ (b)(6) ?pwd=alJCNnpHdnZmWWpnZXV6S3ZwbWNpZz09

Hi there,

Cindy Mann, Manatt is inviting you to a scheduled Zoom meeting.

Join Zoom Meeting

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US: +13052241968, (b)(6) or +13092053325, (b)(6)

Meeting URL:

https://manatt.zoom.us/j/ (b)(6) wd=alJCNnpHdnZmWWpnZXV6S3ZwbWNpZz09

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Join by Telephone

For higher quality, dial a number based on your current location.

Dial:

US: +1 305 224 1968 or +1 309 205 3325 or +1 312 626 6799 or +1 646 931 3860 or +1 929 205 6099 or +1 301 715 8592 or +1 386 347 5053 or +1 507 473 4847 or +1 564 217 2000 or +1 669 444 9171 or +1 669 900 6833 or +1 689 278 1000 or +1 719 359 4580 or +1 253 205 0468 or +1 253 215 8782 or +1 346 248 7799 or +1 360 209 5623 or 888 788 0099 (Toll Free) or 877 853 5247 (Toll Free)

Meeting ID:

(b)(6)

Passcode:

(b)(6)

International numbers

Join from an H.323/SIP room system

H.323:

162.255.37.11 (US West)
162.255.36.11 (US East)

Meeting ID:

(b)(6)

Passcode:

(b)(6)

SIP:

(b)(6) @zoomcrc.com

Passcode:

(b)(6)

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
200 Independence Avenue SW
Washington, DC 20201

Office of Strategic Operations and Regulatory Affairs

June 27, 2023

To: Chiquita Brooks-LaSure
Administrator

Through: Kathleen Cantwell, Director
Hannah Katch, Senior OA Advisor

From: Farooq Khan, Technical Advisor

SUBJECT: Meeting with Center on Budget and Policy Priorities (CBPP)
DATE: Wednesday, June 28, 2023; 1:00pm – 1:30pm
PLACE: Zoom

Purpose: C BPP requests to meet with the Administrator to discuss how the organization can support CMS's efforts in the next phases of unwinding the Medicaid continuous coverage provision. CBPP is interested in collaborating with CMS to use the Consolidated Appropriations Act, 2023 authority to hold states' accountable for continuous enrollment since the PHE has ended and to do outreach efforts to affected beneficiaries to gain coverage.

CMS Meeting Attendees: OA: Hannah Katch, Eden Tesfaye; CMCS: Dan Tsai

External Participants:
Sarah Lueck, Vice President for Health Policy
Allison Orris, Senior Fellow for Health Policy
Jennifer Wagner, Director of Medicaid Eligibility and Enrollment for Health Policy

CMS Information:
1. About CBPP – p.1
2. Issues for Discussion – p.1
3. CMS General Background – p.1
4. Issue #1: CMS Enforcement Action Against States that are Not Compliant with Renewal Requirements – p.1
5. Issues #2: Resources to Support Communications and Outreach Efforts – p.2

CBPP'S Information:
6. Participants' Biographies – p.3

Appendix:
7. OGC Analysis – p.4
8. Pre-development Decision Memo: Corrective Action and Enforcement Authority to Support State Compliance with Federal Medicaid and CHIP Renewal Requirements Interim Final Rule (CMS-2447-IFC) – p.5
9. CBPP Medicaid Unwinding & State Accountability White Paper – p.7

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distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.
CMS Administrator Meeting with
Center on Budget and Policy Priorities (CBPP)
June 28, 2023

About CBPP
CBPP is a nonpartisan research and policy institute. CBPP advances federal and state policies designed to reduce poverty and inequality, and to restore fiscal responsibility in equitable and effective ways. CBPP applies deep expertise in budget and tax issues and in programs and policies that help low-income people, in order to help inform debates and achieve better policy outcomes.

Issues for Discussion
CBPP requests to meet with the Administrator to discuss how the organization can support CMS's efforts in the next phases of unwinding the Medicaid continuous coverage provision. CBPP is interested in collaborating with CMS to use the Consolidated Appropriations Act (CAA), 2023 authority to hold states' accountable for continuous enrollment since the PHE has ended and to do outreach efforts to affected beneficiaries to gain coverage.

CMS General Background
The expiration of the continuous enrollment condition authorized by the Families First Coronavirus Response Act (FFCRA) presents the single largest health coverage transition event since the first open enrollment period of the Affordable Care Act. As a condition of receiving a temporary 6.2 percentage point Federal Medical Assistance Percentage (FMAP) increase under the FFCRA, states were required to maintain enrollment of nearly all Medicaid enrollees during the COVID-19 Public Health Emergency. The CAA delinked the end of the FFCRA's Medicaid continuous enrollment condition from the end of the COVID-19 Public Health Emergency. As a

result, the Medicaid continuous enrollment condition ended on March 31, 2023. States are resuming normal operations, including restarting full Medicaid and CHIP eligibility renewals and terminations of coverage for individuals who are no longer eligible. Beginning April 1, 2023, states may terminate Medicaid enrollment for individuals no longer eligible. States will have up to 12 months to return to normal eligibility and enrollment operations.

CMCS meets with a group of advocates biweekly to discuss unwinding issues. CBPP participates in these meetings, specifically Allison Orris, and Jennifer Wagner. CBPP has been an active participant in these meetings. CBPP has issued numerous briefs, reports and other materials on Unwinding.

CBPP Position
Issue #1: CMS Enforcement Action Against States that are Not Compliant with Renewal Requirements
CBPP urges CMS to use CAA authority to pursue corrective action plans (CAPs) when states are not in compliance with redetermination requirements and to require states to pause procedural terminations if necessary to protect coverage.

Issues #2: Resources to Support Communications and Outreach Efforts
CBPP urges CMS to work with HHS and the White House to commit needed resources to support a massive communications and outreach effort.

CMS Response
• The Biden Administration is committed to maximizing number of people with affordable, high-quality coverage. We have been doing that work since day one, including by increasing the number of people that will be auto-renewed and encouraging states to take up a variety of strategies to ensure renewing Medicaid coverage is as easy as possible. We have a comprehensive monitoring approach: CMS/HHS teams are meeting constantly with states to review metrics and state level information to ensure the rules are followed. CMS has a robust monitoring strategy in place and will continue reviewing data, state activity, and other reliable information during the continuous enrollment unwinding period. If issues are identified, CMS will work with states to understand root-cause of issues, adjust mitigation plans or require states to adopt new mitigation strategies to address new issues identified. Where we find states not following federal rules, we will act swiftly with all levers at our disposal to ensure eligible Medicaid enrollees retain coverage they are entitled to. Congress laid out the parameters that we have to follow throughout this process, including for implementing CAPs, imposing civil monetary penalties (CMPs), and the process for pausing renewals. CMS will not hesitate to use the enforcement tools established by Congress if issues are not addressed/sufficient mitigations are not implemented.

• CMS has spent the past 2 years preparing states for unwinding, including increasing outreach efforts through healthcare.gov, and stakeholder meetings with health plans, providers, civil rights and advocacy organizations. This effort has included hundreds of hours of working sessions and technical assistance to states; hundreds of pieces of guidance, best practices,

new flexibilities, and toolkits for partners in seven languages; dozens of new federal flexibilities to streamline and automate renewals and improve outreach regarding contact information, as well as working with the FCC to allow health plans to send text messages. We conducted "Kitchen cabinet" meetings across the country with local stakeholders and advocates. CMS also provided direct-to-consumer media in 10 states over the past several quarters to encourage consumers to update their contact information. CMS has engaged in unprecedented efforts to facilitate Medicaid-to- Marketplace transitions, including: open-enrollment-style outreach campaign, via direct email, phone, and text; direct Navigator outreach to individuals; as well as reminder letters and Direct Assister-to-Consumer Outreach.

• On June 12, 2023, HHS sent a letter to governors, encouraging states to use all available options to streamline Medicaid and CHIP redeterminations and prevent eligible enrollees from losing coverage due to procedural issues. To date, CMS has approved 188 waivers to help states and territories renew Medicaid coverage for eligible enrollees since the COVID-19 pandemic's continuous enrollment requirement ended March 31.

Participants' Biographies

Sarah Lueck, Vice President for Health Policy
Sarah Lueck is leads CBPP's work on Medicaid, the ACA, and other health care issues, with a focus on advancing policies that make health coverage more accessible and affordable for low-income people and reduce racial and ethnic health disparities. Before joining the Center, Lueck was a reporter for nine years in the Washington bureau of The Wall Street Journal. For much of that time, she wrote about health policy, including Medicare prescription-drug legislation, state and federal proposals to modify Medicaid, and the efforts of health care companies to influence policy changes.

Allison Orris, Senior Fellow for Health Policy
Allison Orris specializes in Medicaid and other health programs with a focus on policies to make coverage and health care services available and affordable for people with low incomes. She held various senior roles at CMS during the drafting, passage, and implementation of the ACA. While at CMS, Orris led Medicaid Section 1115 demonstration negotiations with states to advance Medicaid expansion and delivery system reforms. Orris previously worked as the Associate Administrator of OMB's Office of Information and Regulatory Affairs, serving as a presidentially appointed member of the bipartisan Commission on Evidence-Based Policymaking.

Jennifer Wagner, Director of Medicaid Eligibility and Enrollment for Health Policy
Jennifer Wagner joined CBPP in 2015 and is a member of the health team. She primarily focuses on Medicaid eligibility and enrollment issues, including the policy, operations, and technology that affects the enrollment experience for clients and staff. Wagner also coordinates with SNAP and TANF staff to analyze opportunities to improve access and advance coordination with

Medicaid.

Appendix

OGC Analysis
• Ethics Division – OGC-Ethics has no specific comments on this meeting beyond the caveats for meetings with outside entities and a reminder that appointees may not accept gifts from registered lobbyists or lobbying organizations. Any gifts offered should be cleared through the Ethics Division.
• CMS Division – OGC-CMS Division has no legal comments.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
200 Independence Avenue, SW
Washington, DC 20201
OFFICE OF THE ADMINISTRATOR
DATE: 06/15/2023
TO: Xavier Becerra, Secretary
Through: Elizabeth J. Gramling, Executive Secretary
Rachel Pryor, Counselor to the Secretary
FROM: Chiquita Brooks-LaSure, Administrator
SUBJECT: PRE-DEVELOPMENT DECISION – Corrective Action and Enforcement Authority to Support State Compliance with Federal Medicaid and Children's Health Insurance Program (CHIP) Renewal Requirements Interim Final Rule (CMS-2447-IFC)
RECOMMENDED REGULATORY ACTION
CMS recommends that the Secretary approve the development of this new Interim Final Rule with Comment Period (IFC).

PROPOSED SCHEDULE OF DEVELOPMENT
Step Date Notes
Begin HHS Clearance July 2023
Begin Office of Management and Budget (OMB)
Clearance
August 2023
HHS/IOS Review and Secretarial Approval September 2023
OFR publication September 2023
Notable Timing Factors and Administration Priorities:
CMS recommends an expedited timeline for this IFC to ensure that we have the authority to use new tools, created under the Consolidated Appropriations Act of 2023 (CAA, 2023), to enforce unwinding redetermination and reporting requirements for states as soon as possible within the limited time range the enforcement authority is in effect. Importantly, states began initiating renewals of eligibility in February and terminations and transitions to new coverage in April of 2023. If states are non-compliant with certain redetermination or reporting requirements, interested parties will expect CMS to use new CAA enforcement tools as early as possible to prevent violations, in particular inappropriate terminations. The new enforcement authority created under the CAA, 2023 allows CMS to require noncompliant states to submit a corrective action plan, and if needed, to suspend procedural terminations and impose civil monetary penalties. This new time-limited authority is already in effect as of April 1, 2023, and will expire on June 30, 2024. CMS has already received letters from more than 100 interested organizations and several members of Congress exhorting CMS to take aggressive action to enforce CAA requirements to protect beneficiary coverage during the unwinding period. OGC has advised that CMS will need to issue a

rule to support enforcement of these requirements to minimize legal risk to the agency. Given these factors, we recommend implementing these statutory authorities in an IFC on an expedited basis.

BACKGROUND

On December 29, 2022, President Biden signed the CAA, 2023 into law as Public Law #117-328. Section 5131(a)(2)(C) of the CAA, 2023 separates the end of the continuous enrollment condition from the end of the COVID-19 PHE by amending section 6008(b)(3) of the Families First Coronavirus Response Act (FFCRA) to end continuous Medicaid enrollment as a condition for claiming the temporary Federal Medical Assistance Percentage (FMAP) increase on March 31, 2023. This means that, starting April 1, 2023, states claiming the temporary FMAP increase will no longer be required to maintain the enrollment of a Medicaid beneficiary for whom the state completes a renewal that no longer meets Medicaid eligibility requirements.

CMS has been working with states to plan for the initiation of these renewals since well before the passage of the CAA, 2023. CMS released numerous pieces of state guidance, including, most recently, COVID-19 Public Health Emergency Unwinding Frequently Asked Questions for State Medicaid and CHIP Agencies [1]; CMCS Informational Bulletin: Key Dates Related to the Medicaid Continuous Enrollment Condition Provisions in the Consolidated Appropriations Act, 2023 [2]; and SHO# 23-002, RE: Medicaid Continuous Enrollment Condition Changes, Conditions for Receiving the FFCRA Temporary FMAP Increase, Reporting Requirements, and Enforcement Provisions in the Consolidated Appropriations Act, 2023 [3], outlining states' responsibilities to unwind from the continuous enrollment condition and resume normal operations. And in the first quarter of 2023, CMS ramped up technical assistance to identify and create mitigation plans for states to support their ability to receive the temporary increased FMAP under the CAA, 2023. In addition, CMS has launched significant new monitoring efforts to track state unwinding plans and implementation activities.

Section 1902(tt)(2) of the Social Security Act (added by section 5131(b) of the CAA, 2023) gives CMS new authority to enforce these unwinding requirements and to hold states accountable for

minimizing inappropriate terminations of eligible enrollees. In addition to already existing authority to impose a corrective action plan (CAP) under section 1904 of the Social Security Act, section 1902(tt) gives CMS specific new authority to impose CAPs for states that fail to comply with federal redetermination or new CAA data reporting requirements. For states that fail to submit or implement a CAP within required timeframes, CMS may require states to suspend all procedural terminations of eligibility and/or impose civil monetary penalties (CMPs) of not more than $100,000 per day until the state comes into compliance with the unwinding requirements. We plan to outline these new requirements for states in more detail in the IFC.
We propose to add this new IFC to the Fall 2023 Unified Reg Agenda.
ISSUES
Since the statutory language in the CAA, 2023, allows that CMS "may" impose CMPs and/or "may" suspend terminations, we believe this allows some discretion in determining whether to impose CMPs and the appropriate amount in cases of a violation. CMS is proposing to outline in
1 https://www.medicaid.gov/federal-policy-guidance/downloads/covid-19-unwinding-faqs-oct-2022.pdf
2 https://www.medicaid.gov/federal-policy-guidance/downloads/cib010523.pdf
3 https://www.medicaid.gov/federal-policy-guidance/downloads/sho23002.pdf

the IFC mitigating/aggravating factors that would influence the decision of whether to impose a penalty and the amount of such penalty, or to pursue a suspension of terminations or other actions allowable under existing enforcement authority under section 1904. We received initial consultation from OGC, who recommended that, were CMS to consider such mitigating/aggravating factors in states without outlining them in rulemaking, we would open the agency to more risk than if a stricter interpretation of the statute were implemented without such discretion. CMS believes Congress purposefully gave the agency such discretion as they drafted the statute, using "may" instead of "shall," and so propose to memorialize that discretion in rulemaking so that CMS may use it without risk of legal action from states.
Noteworthy Elements about Equity:
Even as the COVID-19 pandemic wanes, Medicaid and CHIP enrollees remain among the most vulnerable populations, and so limiting unnecessary loss of health coverage or churn between programs is critical to supporting continued access to care. Unwinding poses a substantial risk of loss of coverage if states don't provide fair and compliant reviews and follow new CAA, 2023 outreach requirements designed to mitigate these losses. Communities of color are at a disproportionate risk of loss of coverage. According to ASPE, 4 more than half of those expected to lose Medicaid during unwinding are people of color, including nearly 5 million Latinos, more than 2 million African Americans, and almost 1 million Asian Americans and Pacific Islanders. With the extra threat of CMS enforcement action under this proposed IFC, states may be more motivated to implement their unwinding plans to meet all federal requirements and limit inappropriate terminations of current Medicaid and CHIP enrollees, thereby protecting coverage for these communities.
Novel Elements to Consider:
Historically, CMS has not had the authority to suspend procedural terminations of eligibility or to impose CMPs on noncompliant states, so this will be the first time the agency will be able to exercise this authority. We rely on maintaining good working relationships with states and the provision of intensive technical assistance, which has largely achieved the desired results of bringing states into compliance. CMS has only infrequently requested corrective action plans from noncompliant states, and in even rarer instances, used its authority to withhold federal financial participation (FFP). 5
Outstanding Questions:
CMS is still exploring the operational mechanism for collecting CMPs from states, whether via the CMS-64 or by billing states directly or via the Treasury.
ANTICIPATED STAKEHOLDER REACTION

We anticipate states will welcome CMS' consideration of mitigating factors before moving straight to compliance action, suspension of terminations, or full CMPs. We anticipate positive Congressional reception to this rulemaking as it shows that CMS is taking seriously the authority Congress granted the agency under the CAA, 2023.

4 Assistant Secretary for Planning and Evaluation (August 19, 2022). Unwinding the Medicaid Continuous Enrollment Provision: Projected Enrollment Effects and Policy Approaches. (Available at: https://aspe.hhs.gov/sites/default/files/documents/a892859839a80f8c3b9a1df1fcb79844/aspe-end-mcaid-continuous-coverage.pdf).

5 42 CFR § 430.35 - Withholding of payment for failure to comply with Federal requirements. (Available at: https://www.law.cornell.edu/cfr/text/42/430.35).

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Medicaid Unwinding & State Accountability

Thank you for meeting with us to discuss where things stand and where CMS is headed on unwinding the Medicaid continuous coverage protection. We appreciate the work you and your team have done to help states prepare for and implement Medicaid unwinding, as well as the work CMS is doing now to investigate the coverage losses we have seen during the initial months. We value your team's partnership and transparency and look forward to continuing to work together.

We are eager to discuss our recommendations about work CMS could undertake now to be ready to address even deeper coverage losses in months to come. We wish to focus on two areas:

Prepare Now to Use the Consolidated Appropriations Act, 2023 (CAA) Authority

Despite the extensive guidance, waivers, and technical assistance you have provided to states, there is a substantial risk that millions of eligible enrollees will lose coverage during unwinding. We support your initial approach to pursue voluntary mitigation plans with states to enable them to use alternative strategies to approximate compliance with redetermination regulations. Even so, we are concerned that mitigation plans will not keep eligible people from losing coverage in some states. Congress was aware of the risk to eligible enrollees when, in the CAA, it provided you with authority to hold states accountable for keeping eligible people enrolled during unwinding. We urge CMS to use the CAA authority to pursue corrective action plans (CAPs) when states are not in compliance with redetermination requirements and to require states to pause procedural terminations if necessary to protect coverage. This authority will only keep eligible people covered if CAPs are initiated in a timely manner as soon as there is evidence that states are struggling to comply with applicable requirements. We understand that the timeline to initiate, implement, and take action under a CAP can be long and we therefore urge you to lay the groundwork now to pursue CAPs, potentially in a matter of months. Considering the rapid pace of renewals during unwinding, any delay in action will mean a substantial number of eligible enrollees losing coverage. Demonstrating early that you are committed to enforcement is important. It will help encourage states to commit resources to help improve their processes and systems. And it will reassure the public that the Administration is prepared to take decisive action to protect people's coverage.

Invest in a Large-Scale, Cross-Government Communications Effort

The early unwinding evidence points to a lack of awareness among Medicaid enrollees about the steps they need to take to retain coverage. We commend CMS for redoubling its communications efforts and reaching out to partner with an all hand on deck message. We urge CMS to work with the Department and the White House to commit needed resources to support a massive communications and outreach effort. The types of campaigns we have seen in the past related to ACA enrollment and Connecting Kids to Coverage are necessary now to continue getting the word out.

Author: CMS
Company: Center For Medicaid Services
CreationDate: 2023-06-27 13:58:32
Creator: Acrobat PDFMaker 22 for Word
ModDate: 2023-06-27 14:00:54
Producer: Adobe PDF Library 22.3.90
SourceModified: D:20230627135633

CMS 2439-F: Medicaid and CHIP Quality Rating System (MAC QRS) and External Quality Review (EQR) – OCD awareness table
July 27, 2023

We would like to flag two things for OCD:
As of Monday 7/24/23, the comment log from the contractor (Ripple) had not been delivered due to software issues. Therefore some of the numbers of comments in the table below may be tweaked once we receive the final log and reconcile it with our own team's comment log. We do believe we captured the majority of the comments and do not expect the recommendations to change.
We also note we received many thoughtful suggestions for how to reduce the overall burden of the QRS on states and plans. The team is diligently working to implement as many of these suggestions as possible within our current clearance timeline. We may need additional input from OCD on recommended changes that are identified from this work in the coming weeks.
MAC QRS: General Rule & Applicability (§?438.505) We received 58 comments on returned mail from 64 commenters, including 3 states.

Provision Title
Proposed Provisions/Preamble discussion
Comments in Support
Comments Opposing
Recommendation

MAC QRS: General Rule & Applicability
438.505(a)(2)

Each State contracting with an applicable managed care plan to furnish services to Medicaid beneficiaries must implement a managed care quality rating system by the end of the fourth calendar year following the effective date of the final rule published in the federal register.
All comment letters acknowledge the utility and need for a Medicaid and CHIP quality rating system.

58 letters offer their explicit strong support for the MAC QRS as a one-stop-shop. These letters represent 64 advocacy organizations, 4 pharmaceutical companies, 5 provider organizations, 5 health plans or associations, 3 hospitals, and 3 states (WI, MA, MI).
We received no comments opposing implementation of the MAC QRS.

However, we did receive comments questioning whether the MAC QRS is the best use of Medicaid resources at the moment, especially in small states or those with a small number of managed care plans (NAMD, VT, NH, Families USA).
We recommend moving forward with the requirement to implement the MAC QRS and we are working to implement the many thoughtful recommendations from the comments on how we could reduce the burden of implementation.

MAC QRS: General Rule & Applicability and Website Display (§§?438.505) (§?438.520)) We received 95 comments on returned mail from 95 commenters, including 10 states.

MAC QRS: General Rule & Applicability

MAC QRS: Website Display
438.505(a)(2); 438.520(a)(1)-(5)

Phase 1: States must implement a MAC QRS website by the end of the 4th calendar year following the final rule that includes the website display component identified in 438.520(a)(1)-(5).

As a reminder, we added one more year to the implementation date in the NPRM. (The 2020 final rule indicates 3 years for implementation.)

Phase 2: No earlier than two years after Phase 1, States must implement the additional interactive features identified in 438.520(a)(6).
These interactive features include a searchable formulary and provider directory, and additional stratifiers such as rural/urban status, disability, and language of the enrollee.
40 health care and patient advocacy organizations requested that the implementation of the MAC QRS be accelerated 1-2 years. These comments note strong support for the website and the need for patients to have access to the information.

11 states explicitly or implicity support the feasibility of the timeline:
5 states explicitly indicate that the proposed QRS timelines are feasible (NY, MA, NM, TN, WI).
3 states explicitly address timeline concerns on other aspects of the NPRM, but do not mention the QRS as part of those concerns (CA, MI, NC).
3 additional states comment extensively, detailing their concerns on the QRS, but do not include the timeline as a concern (OR, PA, TX).

37 advocacy and patient organizations explicitly noted their strong support for Phase 2 (more interactive features) and requested we modify our proposal to require implementation "no later than 2 years" after Phase 1 as opposed to the proposal of "no earlier than 2 years" after Phase 1.
5 states (AZ, IN, NH, RI, VT) express that the proposed timeline is not feasible due to the time, financial, and personnel investments that will be required. These states urge CMS to provide financial assistance to support additional personnel and administrative burdens associated with the QRS and to provide an additional year in each phase of implementation.

NAMD requests extending the implementation deadline an additional year in each phase of implementation, with an optional extension for states who face "significant barriers during implementation." 3 states (RI, VT, NH) support NAMD's optional extension proposal. Elevance Health and the Healthcare Leadership Council recommend implementing a voluntary performance year prior to implementation, effectively adding an additional year to Phase 1.

2 health plans (AmeriHealth, CareFirst) and 3 health plan associations (AHIP, MHPA, National MLTSS Health Plan Association) encourage CMS to allow states flexibility to implement the MAC QRS website by providing additional resources and time.

AHIP and AmeriHealth suggest that CMS phase in the initial set of mandatory measures over time, beginning with a smaller set in the initial year.

The National MLTSS Health Plan Association and CVS Health and the state of Wisconsin encourage CMS to considering forgoing Phase 2 altogether.
We recommend maintaining the proposed implementation dates for both phases, but we recommend adding an option for states to request an exemption for specific website design components and methodology requirements.

Under the exemption policy, all states would implement a MAC QRS by the implementation date, but some states may include fewer Phase 1 requirements if they have been granted exemptions, including exemptions for displaying mandatory measures. The exemption policy would be available for Phase 2, once we set a date for implementation.

The exemption could be for a year at a time.

EQR Results – Report Due Date (§§?438.364(c)) We received 14 comments on returned mail from 14 commenters, including 8 states.
Provision Title
Proposed Provisions/Preamble discussion
Comments in Support
Comments Opposing
Recommendation(s)

External Quality Review Results – Annual Report Due Date
We proposed to change the due date for states to submit EQR reports from April 30th to December 31st -- representing a 4 month earlier deadline than is currently in place. We believed this proposed change would align better with the HEDIS timeframes because the EQR performance measurement activity could then follow the HEDIS audit and would have resulted in data being at most 1 year old at the time the reports are posted on the State's website.

We proposed that States would come into compliance with this new due date by December 31, 2025.
5 comments from non-state organizations, including an MCO (Centene), two advocacy groups (Consortium for Constitutes with Disabilities and Kansas Action for Children), NCQA, and Georgetown Health Policy Institute offered general support; however, Georgetown seemed to misunderstand the proposal as providing more time to complete the reports. NCQA commented that this change would allow the states that use HEDIS for its performance measurement platform to incorporate the most recent performance rates into their submitted reports, leading to better comparability across states.

3 states supported this proposal (CA, IN, MA). IN didn't provide specific support for this proposal but rather generally supported quality reporting proposals. CA noted that additional costs would likely occur, there could be a gap in data reported to CMS, and EQRO contracts would need to be restructured. MA appreciated the effort to make the reports more actionable and noted that some of the measures may not make the "cut-off" date and would have to be included in the following year's report.
5 states (AZ, CO, FL, MI, NM) and the National Association of Medicaid Directors (NAMD) specifically opposed the proposal citing the burden and time constraints. State commenters noted how it would be challenging to complete all the required EQR activities, and for EQROs to complete their analysis and compilation of results by December 31. One state (NM) detailed out their process of reviewing and approving the EQR reports before finalizing, noting that the four mandatory activities take place throughout the year, the state review begins in January and entails 3 levels of leadership review, making the December 31 date very difficult.

NAMD commented that Medicaid agencies oppose this change and that it would be extremely challenging to complete mandatory EQR activities.

We recommend not finalizing this proposed change and maintaining the current annual due date of April 30. We believe the burden this policy would impose on states outweighs the benefits of posting reports 4 months earlier than they are currently posted.

Though initially there was some concern about CMS' ability to aggregate the data by the September 30th due date given the increasing use of managed care, we believe there are ways to streamline this aggregation process through future standardization of reports and electronic reporting.

CBPP health memo
From:
Sarah Lueck <lueck@cbpp.org>

Sent:
10/25/2022 10:31:29 AM -0400

To:
"Brooks-LaSure, Chiquita (CMS/OA)" <Chiquita.Brooks-LaSure@cms.hhs.gov>; "Montz, Ellen (CMS/CCIIO)" <Ellen.Montz@cms.hhs.gov>; "Tsai, Daniel (CMS/CMCS)" <Daniel.Tsai@cms.hhs.gov>

CC:
"Ellis (she/her), Kyla (CMS/OA)" <Kyla.Ellis@cms.hhs.gov>; Allison Orris <aorris@cbpp.org>; Shelby Gonzales <gonzales@cbpp.org>

Subject:
CBPP health memo

Attachments:
Final - Health - Executive Actions (10.24.22).pdf

Hello * I hope you*re all doing well. Sharon Parrott has recently talked with colleagues in the Administration, and we are following up with a memo laying out our priorities for executive action in Medicaid and the marketplaces, which we want to be sure you have. Please let us know if you would like to discuss any of this further; in some cases we have more detailed information and recommendations that we could provide.

Thanks very much,
Sarah

Sarah Lueck
Vice President for Health Policy
Center on Budget and Policy Priorities
202-408-1080
Cell (b)(6)
lueck@cbpp.org
she/her

TO: Interested Parties

FROM: The Center on Budget and Policy Priorities

RE: Health Policy Recommendations for Executive Action

DATE: October 24, 2022

With just over two years remaining in the current term, it is imperative that HHS and CMS continue the rulemaking initiatives it has started so that key rules are finalized well ahead of the Congressional Review Act deadline in spring of 2024. Current rulemaking on Medicaid eligibility and enrollment and anticipated rulemaking on Medicaid access standards are key priorities to finalize, as is finalizing the Section 1557 antidiscrimination rule and issuing the annual Notice of Benefit and Payment Parameters (NBPP) for health insurance marketplaces and plans. Particularly in light of threats to private enforcement of the Medicaid entitlement as the Supreme Court considers the Talevski case, having clear regulatory standards in place will enable CMS to properly enforce Medicaid requirements.

This memo focuses on additional health care executive actions that we recommend the administration pursue, including:

High Priority Recommendations
1. ** Modify immigration-related eligibility standards in regulations and guidance so people with Deferred Action for Childhood Arrivals (DACA) and people granted Special Immigrant Juvenile (SIJ) status can enroll in affordable health coverage programs;
2. ** Expand Affordable Care Act marketplace special enrollment periods;
3. ** Update regulations to ensure that states that transition to running their own ACA health insurance marketplaces carry out the required functions;
4. ** Codify the “objectives of the Medicaid program” in regulation;
5. ** Issue and finalize regulations to address key managed care access and program integrity issues;
6. ** Improve Medicaid ex parte redetermination rates; and
7. ** Issue guidance to clarify that Medicaid data can be shared with WIC for targeted outreach
Additional Marketplace Recommendations
8. Update regulations to permanently stop terminations of people's premium tax credits for "failure to reconcile" previous PTCs on their tax returns;

Memo
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9. Issue regulations to protect people from plans that fail to provide ACA consumer protections
10. Issue regulations to help more eligible workers access affordable marketplace coverage and subsidies; and
11. Issue regulations to reduce the number of plans offered in the marketplaces to simplify people's ability to compare their options and enroll

Additional Medicaid Recommendations
12. Update guidance to restructure Medicaid program integrity audits and other oversight of state activities to include a focus on making sure eligible people get covered;
13. Finalize guidance to improve care transitions for people leaving jail or prison; and
14. Leadership from OMB and DPC on cross-program policy, especially regarding Medicaid and SNAP

HIGH PRIORITY RECOMMENDATIONS

1. ** Modify Immigration-related Eligibility Standards in Regulations and Guidance so People with Deferred Action for Childhood Arrivals (DACA) and People Granted Special Immigrant Juvenile (SIJ) status can Enroll in Affordable Health Coverage Programs

Today, people with DACA status are excluded from health insurance affordability programs, including the ACA marketplaces, Medicaid, CHIP, and people with SIJ status face difficulties getting the correct eligibility determination. To promote access to coverage, HHS should eliminate the special exclusion of people with DACA from coverage programs. In addition, HHS should clarify in regulations and guidance that individuals granted SIJ status meet the eligibility requirement for enrollment in Medicaid, CHIP, and the marketplaces as individuals who are lawfully present or residing.

Problem: After DACA was created in 2012, the Obama Administration issued policy guidance and an interim final rule that specifically excluded people with DACA from eligibility for ACA marketplace coverage and enrollment in optional state coverage that states can adopt for lawfully residing children and pregnant people under Medicaid and the Children's Health Insurance Program. [1] As a result, the almost 800,000 people who've had DACA status have been barred from obtaining access to these vital programs, even though all other people with a deferred action immigration status — along with all other immigrants who have a status that makes them lawfully present — are eligible for coverage. In 2019, a survey of people with DACA found that about half did not have access to

1 In general, people who are lawfully present in the United States – including people granted deferred action and other temporary immigration statuses – are eligible to enroll in marketplace coverage (including subsidized coverage). People granted deferred action and other temporary immigration statuses can also be eligible for Medicaid and CHIP when states adopt the option to cover all immigrant children and/or pregnant people who are lawfully residing in the U.S.

employment-related health insurance. [2] Authorizing people with DACA to enroll in insurance affordability programs would greatly improve their ability to access health coverage.

In addition, people applying for SIJ meet the immigration-related eligibility requirements for ACA marketplace coverage and the lawfully residing Medicaid and CHIP programs. However, people who

have been granted SIJ are not included in lists of the statuses that the marketplace uses to determine whether someone is lawfully present or that Medicaid and CHIP use for eligibility related to the state optional coverage for children and pregnant people who have lawfully residing statuses. Years ago, people used to receive SIJ and lawful permanent status nearly simultaneously, which allowed people granted SIJ to remain eligible for health insurance affordability programs as lawful permanent residents (green card holders). However, due to backlogs in processing green card applications, many people who are granted SIJ now wait years for lawful permanent resident status. This has resulted in some people being blocked from coverage (especially in state Medicaid and CHIP programs). While some people with SIJ are today getting deferred action during the delayed processing time, there is still confusion in state agencies about whether people with SIJ are eligible and a future administration could stop providing deferred action. We believe that adding SIJ grantees to the lists of qualified statuses when the DACA change is made will ensure people maintain access to affordable coverage.

Recommended Action: HHS can take two key actions to address these problems:

• Rescind and replace the August 28, 2012 Centers for Medicare & Medicaid Services ("CMS") State Health Official Letter ("SHO") #12-002, "Individuals with Deferred Action for Childhood Arrivals," [3] with an updated SHO clarifying that people with DACA and people granted SIJ are eligible for Medicaid and CHIP under the state option to cover lawfully residing pregnant people and children.

• Propose and then finalize a change that includes people with DACA and people granted SIJ as lawfully present in the next Proposed Notice of Benefit and Payment Parameters Rule (the "Proposed NBPP Rule" that HHS issues every year with details about the operation of the marketplaces).

Legal Authority: People received "deferred action" status long before DACA was created and all others with this status have been deemed to meet the lawfully present and lawfully residing standards. The exclusion of people with DACA was a policy choice — not a legal requirement — that is out of step with the existing policy. HHS did not provide sufficient justification for this exclusion at the time and should change it. The exclusion of people with SIJ is a result of backlogs in

2 Tom Wong et al., "DACA Recipients' Livelihoods, Families and Sense of Security Are at Stake This November," Center for American Progress, September 19, 2019, available at: https://www.americanprogress.org/issues/immigration/news/2019/09/19/474636/daca-recipients-livelihoods-families-sense-security-stake-november/. And 61 percent of individuals eligible for DACA had health coverage based on the 2017 Current Population Survey. "Key Facts on Individuals Eligible for the Deferred Action for Childhood Arrivals (DACA) Program," Kaiser Family Foundation, February 1, 2018, available at: https://www.kff.org/disparities-policy/fact-sheet/key-facts-on-individuals-eligible-for-the-deferred-action-for-childhood-arrivals-daca-program/.

3 Centers for Medicare & Medicaid Services, Center for Medicaid and CHIP Services, SHO #12-002, "Individuals with Deferred Action for Childhood Arrivals," August 28, 2012, https://www.medicaid.gov/Federal-Policy-Guidance/Downloads/SHO-12-002.Pdf.

processing immigration applications as explained above, there is no legal reason to exclude this group, who are lawfully present/residing in the country, from eligibility.

2. ** Expand Affordable Care Act Marketplace Special Enrollment Periods

The Biden Administration should update marketplace regulations to ensure it is as easy as possible for more people — particularly those with low incomes — to enroll in ACA marketplace coverage

throughout the year, after the annual open enrollment period is over. During the pandemic, marketplaces have been more open to individuals and families than ever before, and this has helped spur record enrollment. As emergency measures eventually phase out, it is critical to maintain a structure that emphasizes access, recognizes the complexity of people's lives, and avoids unnecessary restrictions.

Problem: Millions of people are eligible for marketplace coverage and significant financial assistance to reduce their premiums and deductibles, yet they remain uninsured. With enhanced premium tax credits (PTCs) now extended through 2025, almost everyone below 250 percent of the federal poverty level can obtain a plan at zero or very low cost to them. [4] In 2021, the average monthly premium for a lowest cost plan for a family of four at 250 percent FPL was $1 in 2021. [5] People up to 250 percent FPL are also eligible for financial assistance (cost-sharing reductions) that reduce their deductibles and other out-of-pocket costs.

The Biden Administration has taken numerous actions to expand enrollment in the ACA marketplaces, including changing regulations to lengthen the annual open enrollment period, expanding the special enrollment periods (SEPs) that allow people to buy a plan at other times of the year under certain conditions, creating a low-income SEP, and simplifying the SEP eligibility verification process. The Administration should maintain and build on these policies to help address ongoing barriers to access. Any potential risk there might be (and we are unaware of evidence of any significant negative impact on the risk pool) would be outweighed by the benefit of expanding coverage.

Recommended Action: CMS should update the NBPP to make two key changes on a permanent basis:

• Extend and expand the low-income SEP by modifying existing regulations at §45 C.F.R. 155.420(d)(16) so that this SEP is required for all exchanges (not optional), available to people up to 250 percent FPL (instead of 150 percent as under current rules), and not contingent on the person having a zero-dollar premium plan available to them. The low-income SEP that CMS implemented in 2022 allows people with incomes up to 150 percent of the federal poverty level to enroll in or change marketplace plans once per month, provided they have access to a plan that, with premium tax credits, costs them $0 per month.

4 "Count Estimates of Zero- and Low-Premium Plan Availability, HealthCare.gov States Pre- and Post-ARP," Office of the Assistant Secretary for Planning and Evaluation, HHS, April 12, 2021, https://aspe.hhs.gov/reports/count-estimates-zero-low-premium-plan-availability-healthcaregov-states-pre-post-arp.
5 Plan Year Qualified Health Plan Choice and Premiums in HealthCare.gov States, CMS, October 25, 2021, https://www.cms.gov/CCIIO/Resources/Data-Resources/Downloads/2022QHPPremiumsChoiceReport.pdf.

The concern typically raised about easing SEP enrollment is that this will result in adverse selection (that people will wait until they get sick to buy coverage). But this concern is less applicable to lower-income consumers who would be eligible for an expanded low-income SEP. For people eligible for zero-premium plans, there is no financial reason to "game the system" by waiting to enroll until they are sick, since there is no cost to enrolling during the open enrollment period. Instead, it is likely that many in this group are unaware that affordable coverage is available to them or miss deadlines to enroll because their attention is consumed by other challenges. And given the low cost of their premiums, it is likely that people helped by the

low-income SEP would maintain their coverage once they have it, rather than dropping it after an immediate health issue has passed.

• Retain the extended enrollment deadline during the Medicaid "continuous coverage" unwinding period. During the public health emergency, people losing other health coverage (including employer coverage, Medicaid, etc.) since January 2020 are eligible to enroll in the federally run marketplace, HealthCare.gov, even if they miss the usual 60-day deadline that typically applies after coverage loss. This extended deadline should remain in place after the PHE officially ends to make the often-challenging transition from Medicaid to marketplace coverage as simple as possible for the millions of people expected to lose Medicaid during unwinding of the "continuous coverage" provision. For at least a year (and probably longer) after normal Medicaid eligibility determinations resume, HealthCare.gov should ensure through regulations or guidance that the usual 60-day deadline for enrolling in the marketplace after loss of other coverage (or, at a minimum, after loss of Medicaid or CHIP coverage) does not apply.
Legal Authority: Section 2702 of the Public Health Services Act (as added by the ACA) and section 1311(c)(6) of the Affordable Care Act direct the Secretary to provide special enrollment periods. CMS regularly modifies and amends regulations related to special enrollment in regulated commercial markets, including in the ACA marketplaces, as part of the annual Notice of Benefit and Payment Parameters regulations.

3. **Update Regulations to Ensure that States that Transition to Running Their Own ACA Health Insurance Marketplaces Carry Out the Required Functions
Increasingly, states that have opposed the ACA are considering transitioning from relying on the federally facilitated marketplace (FFM) to running their own state-based marketplace (SBM). (Texas is one state where this appears likely to come up in the legislature this session.) The federal government must update its regulations to strengthen standards, enforcement, and transparency around such transitions, to help ensure the quality of service that states would provide and to protect people's access to affordable coverage and federal financial assistance.
Problem: Even states with the best of intentions have experienced bumpy transitions to running their own SBMs (New Mexico is a recent example). States that have worked to undermine the ACA could attempt to operate SBMs in a manner that harms people's access to coverage — and they increasingly are being targeted by marketplace technology vendors for transitions. Unless states are held accountable, they could greatly reduce investment in the navigator program and other consumer assistance that connects people with coverage and helps them with enrollment. Or a state

could do a poor job with eligibility and enrollment processes and fail to ensure people are efficiently routed to the coverage program they are eligible for, particularly if the state wanted to cut back Medicaid rolls and spending. A state seeking to increase privatization could make the marketplace website less prominent or user-friendly and give greater emphasis to a thicket of private web brokers and insurers, eliminating the "one-stop shop" nature of the marketplace much like Georgia sought to do under its now-suspended 1332 waiver.
Recommended Action: HHS should update marketplace regulations, and issue related guidance to establish clear standards for SBMs. HHS should:
• Clarify in regulations that states must enforce their own ACA market reforms if they want to run an SBM. (Texas, for example, does not currently do this, yet ensuring that plans meet ACA standards is a core component of certifying marketplace plans, which is a required function of a health insurance marketplace.)
• Strengthen the SBM approval process, by issuing regulations to make exchange "blueprints" submitted by states open to public comment prior to approval and requiring states to once again supply documentation about how they will carry out required functions (during the

Trump administration, this was loosened via sub-regulatory guidance to require attestation rather than documentation).
• Through regulations, set quantitative standards and reporting requirements for key functions including the call center, the website, the navigator program, and other forms of consumer assistance including brokers and agents. Ensure that SBMs must detail any plans to utilize direct enrollment/enhanced direct enrollment through private entities. (Such standards could be applied consistently to state-based marketplaces and the federally facilitated marketplace.)
• Strengthen conflict of interest rules for marketplace governing and advisory boards, for example to ensure that insurance industry representatives must recuse themselves from votes that could impact revenue to insurers they represent.
• Update regulations to clarify that if a state running an SBM fails to adequately perform required functions, HHS will withdraw its approval of the SBM and reinstate the FFM/HealthCare.gov.
Legal Authority: HHS has ample authority under the ACA to issue regulations and guidance that establish insurance marketplace standards and functions, set marketplace plan requirements, and ensure the integrity of insurance marketplaces, including those run by a state.

4. ** Codify the "Objectives of the Medicaid Program" in Regulation

To insulate Biden Administration actions on Section 1115 demonstrations from legal challenge and to create guardrails for future administrations, CMS should issue regulations to articulate the "objectives" of the Medicaid program. Enshrining Medicaid objectives in regulations and establishing related guardrails to ensure that only waivers that meet those objectives may be approved could help prevent the approval of coverage-constraining waivers in the future, such as those that feature work requirements or lockouts, or at a minimum force a new administration to undo the regulations before trying to approve waivers that are inconsistent with Medicaid's statutory purposes.

Problem: Section 1115 of the Social Security Act empowers the Secretary of HHS to approve experimental, pilot, or demonstration projects that are likely to assist in promoting the objectives of Medicaid and CHIP. The Secretary uses Section 1115 to waive otherwise applicable provisions of the Medicaid statute to give states flexibility to implement programs that meet state needs, consistent with the objectives of the Medicaid program. While the objectives of the program have historically been understood to include expanding coverage or access to care, the previous administration encouraged the use of demonstrations to make it harder for low-income people to qualify for Medicaid coverage by creating new eligibility requirements, such as work requirements and lockouts. Demonstrations that included work requirements were struck down in court on the grounds they would not promote a key objective of the Medicaid statute — furnishing "medical assistance" or health coverage to the needy — and because the Secretary failed to consider the demonstration's impact on coverage. However, these court decisions were vacated after the Biden Administration withdrew authority for approved work requirements. Today, the objectives of the program are not defined in statute, regulation, or by the courts, which leaves open the possibility that a future administration could issue new guidance encouraging work requirement waivers and approve such waivers based on a different interpretation of program objectives.

Recommended Action: CMS should promulgate a regulation that requires that section 1115 demonstrations promote the objectives of Medicaid, with a definition of the objectives of Medicaid based primarily in the purpose of the program identified in section 1901 of the Social Security Act, namely, to furnish medical assistance, rehabilitation, and other services. CMS should also ensure that

the new definition of the objectives of Medicaid explicitly affirms the Medicaid entitlement and open-ended matching payment structure. To prevent the statute from being contorted to support damaging work requirement waivers, as it was during the previous administration, CMS's definition should also clarify that the clause "rehabilitation and other services to help such families and individuals attain or retain capability for independence or self-care" cannot be interpreted to allow demonstrations that "promote independence" if they do not furnish services or if they reduce access to health services.

CMS's regulation should further operationalize the definition of the objectives of Medicaid by creating 1115 "guardrails" that ensure demonstrations promote, not undercut, the purpose of Medicaid. Such guardrails should include a prohibition on approving demonstrations that are likely to reduce the number of individuals covered by Medicaid in a state; reduce available services; reduce affordability; or otherwise reduce access to care.

In the interest of expediency, CMS could include Medicaid objectives in the context of forthcoming proposed regulations on in-lieu-of-services.

Legal Authority: Section 1901 of the Act sets out a broad purpose of the Medicaid act and section 1115 sets out the authority of the Secretary to approve demonstrations to test initiatives that are likely to promote the objectives of the Medicaid program. Section 1102 provides the Secretary with authority to publish rules as may be necessary to the efficient administration of the functions "with which [he] is charged" under the Social Security Act. Section 1102 is the authority that HHS has used to outline regulatory standards for "State Organization and General Administration" in 42

C.F.R. Part 431, including regulations regarding demonstration transparency regulations that were issued to implement ACA provisions.

5. ** Issue and Finalize Regulations to Address Key Managed Care Access and Program Integrity Issues

CMS should utilize the forthcoming Medicaid managed care rule to implement improvements across a variety of dimensions, including not only access but also network adequacy and data transparency. Enhancing data collection and reporting requirements in the managed care regulations would simultaneously advance health equity and ensure efficient program administration.

Problem. Approximately 90 percent of Medicaid enrollees now receive services through managed care, yet data about how funds are being spent and the quality of care that enrollees receive is scant. Meanwhile, health disparities continue to persist among the Medicaid population. These disparities are often exacerbated by challenges enrollees have in accessing providers and receiving timely care. Without high quality data about the quality of care that individuals receive, it is difficult for policymakers to target interventions or to ensure that dollars are being spent as efficiently as possible.

Recommended Action. CMS is working on updating managed care regulations, which will include provisions to implement the access provisions of Section 1902(a)(30)(A). We agree these provisions (as well as corresponding fee-for-service rules) are of utmost importance and should be a top administration priority to facilitate CMS enforcement of access standards; this is particularly important in light of both recent Supreme Court decisions preventing providers from enforcing payment rate adequacy and anticipated Court action to foreclose private rights of action, too.

As part of the managed care regulations, CMS should also take the opportunity to include other provisions that will ensure that enrollees receive high quality services. For example, CMS should revise the managed care regulations to:

• Create a unified strategy for monitoring Medicaid access and quality across delivery systems. Medicaid beneficiaries receiving benefits through the fee-for-service and managed care delivery systems have the same entitlement to access to high-quality care. While we recommend a single set of access and quality measures across delivery systems, the data

should be disaggregated by delivery system, geographic region, and race/ethnicity. The data should also be publicly available in order to facilitate appropriate oversight.
• Align minimum Medicaid network adequacy standards with those in the Marketplace and require enhanced network adequacy reporting;
• Require MCOs to report, and states to post, EPSDT screening and treatment data stratified by race/ethnicity
• Require CMS to maintain an MCO performance dashboard; and require states to post annual medical loss ratio (MLR) reports for each MCO; and
• Develop an MCO-specific performance dashboard, including child and maternal health measures stratified by race/ethnicity.
Over time, CMS should require states to meet minimum performance standards and be transparent about performance improvement plans. However, this will require significant transition time for

states. It may also require some flexibility to work with states or adjust measures for states with different geographic challenges, such as states with very rural areas. Working to develop data needed to identify and reduce disparities is essential to advancing not just health equity but also program integrity in Medicaid.
Finally, as discussed above we also encourage CMS to use the Medicaid managed care rule as the vehicle to finalize regulations spelling out the objectives of the Medicaid program.
Legal Authority. In general, Section 1902(a)(4) of the Act requires that states provide for methods of administration that the Secretary finds necessary for proper and efficient operation of the state plan. CMS has utilized this authority to issue managed care regulations at 42 C.F.R Part 438 and can build on that authority to implement these provisions. In addition, enhanced data collection requirements are supported by Section 1903(i)(25), which prohibits payment to a state unless a state provides enrollee encounter data required by CMS.

6. ** Improve Ex Parte Redetermination Rates
Federal regulations require states to attempt to renew eligibility on an ex parte basis, that is, automatically using available electronic data sources, without burdening enrollees whenever possible. Despite requirements, there is wide variation among states in the percentage of individuals whose eligibility is determined on an ex parte basis, leading to gaps in eligibility. The recently proposed Medicaid eligibility and enrollment rule takes important steps to address some of these barriers, but CMS can issue additional guidance, set performance standards in regulation, and pursue enhanced oversight to ensure that states are appropriately redetermining eligibility on an ex parte basis.
Problem: Of the roughly 28.9 million uninsured people who remain uninsured, about 7.3 million are eligible for Medicaid but not enrolled. Each additional step in an enrollment or renewal process and each additional request for paperwork reduces the number of people who enroll or stay enrolled. Despite the current rules that require that states renew coverage without requesting information from enrollees when they have information from data and other sources showing ongoing eligibility, there is great variation in how states implement this policy. Some states automatically renew few if any enrollees and others automatically renew over 75 percent. Requiring people unnecessarily to return paperwork or provide additional documentation to renew eligibility is a particularly problematic barrier to coverage that CMS should address.
Recommended Action: CMS should take a number of steps to improve compliance with ex parte renewal requirements, including:
• Issue guidance allowing ex parte renewal even if no income or asset data is returned from available sources. Under the Trump Administration, CMS significantly restricted the availability of ex parte renewals by instructing states to request information from enrollees with no countable income or assets when available databases don’t show any information; by restricting the use of ex parte renewals for enrollees without countable income or assets,

eligible people have lost coverage due to procedural reasons. CMS guidance should allow ex parte renewals unless data sources suggest the enrollee is no longer eligible. This provision would reduce burdens on people experiencing homelessness.

• Propose regulations to require states to meet performance standards related to ex parte success rates, with CMS providing intensive TA for states that fail to meet standards. Having standards in place will set a benchmark for states to meet and will help stakeholders identify gaps and opportunities for progress and hold states accountable. Standards also will provide a basis for CMS enforcement of standards going forward.
• Undertake enhanced oversight to ensure states are meeting existing regulatory requirements related to renewals including ex parte renewals for all populations, sending pre-populated renewal forms, and accepting applications and renewals by phone and online. CMS should identify states that aren't meeting these requirements and place them on a corrective action plan.

Legal Authority: Sections 1902(a)(4)(A) and (a)(19) of the Social Security Act provide CMS with authority to ensure the proper and efficient administration of the program and that eligibility is determined in a manner consistent with simplicity of administration and best interests of beneficiaries.

7. ** Guidance to Clarify that Medicaid Data can be Shared with WIC for Targeted Outreach

In recent years, more than 40 percent of eligible individuals have missed out on the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), despite the program's well documented dietary, health, and developmental benefits. [6] Targeted outreach to Medicaid enrollees, who are automatically income-eligible for WIC but often not participating, has been shown to increase WIC enrollment, [7] yet many state Medicaid agencies are hesitant to share data with state WIC agencies that could facilitate this targeted outreach.

Problem: A lack of clarity around data-sharing rules has prevented some state Medicaid agencies from sharing data on their enrollees with WIC agencies for targeted outreach. While many agencies do share data to determine the extent of cross-enrollment in both programs or to allow WIC staff to document Medicaid enrollment, many agencies are hesitant to share Medicaid enrollee data that WIC staff could use to conduct targeted outreach to Medicaid enrollees likely eligible for WIC. This is a missed opportunity to increase WIC participation, which could improve health outcomes for Medicaid enrollees and potentially reduce striking racial disparities in maternal and child health.

6 For more information about the research evidence on WIC's effectiveness, see Steven Carlson and Zoë Neuberger, "WIC Works: Addressing the Nutrition and Health Needs of Low-Income Families for More Than Four Decades," CBPP, updated January 27, 2021, www.cbpp.org/wicworks;Reviewing the Evidence for Maternal Health and WIC, U.S. Department of Agriculture's Food and Nutrition Service, Report to Congress, July 2021, https://fns-prod.azureedge.net/sites/default/files/resource-files/Reviewing-Evidence-Maternal-Health.pdf; and Maternal and Childhood Outcomes Associated with the Special Supplemental Nutrition Program for Women, Infants and Children (WIC), Research
Protocol, Agency for Healthcare Research and Quality, amended May 14, 2021, https://effectivehealthcare.ahrq.gov/products/outcomes-nutrition/protocol.

7 Jess Maneely and Zoë Neuberger, "Using Data Matching and Targeted Outreach to Enroll Families With Young Children in WIC," CBPP, January 5, 2021, https://www.cbpp.org/research/food-assistance/using-data-matching-and-targeted-outreach-to-enroll-families-with-young.

11

Recommended Action: HHS should issue guidance, akin to draft guidance the Center on Budget and Policy Priorities shared with CMS and FNS in February 2022 or to the agency's Toolkit on Data Sharing for Child Welfare Agencies and Medicaid, 8 to clarify that state Medicaid agencies can share data with WIC agencies to support data sharing for WIC enrollment, and to encourage Medicaid agencies to work with WIC agencies to develop their WIC outreach and enrollment plans. The guidance should clarify that shared data be limited to the minimum amount of information needed to determine the eligibility category (ex: age, pregnancy status, or date of delivery for postpartum individuals) and contact the individual, a parent, or a guardian.

Legal Authority: The Social Security Act restricts the sharing of Medicaid data "concerning applicants or recipients to purposes directly connected with the administration of the [state] plan." 9 Regulations further define those purposes and include "providing services for beneficiaries" as one of the four allowable purposes for which information can be shared. 10 State Medicaid plans must ensure that states coordinate the operation of their Medicaid programs with WIC, including by notifying enrollees potentially eligible for WIC of the benefits available through WIC. 11 As noted, individuals enrolled in Medicaid are considered income-eligible for WIC. This recognition of the importance of cross-enrollment and the benefits of WIC to the health of women and children makes it clear that sharing data for WIC outreach and enrollment is for the purpose of providing services for beneficiaries and thereby a purpose directly connected with the administration of the state plan. In addition, under the Health Insurance Portability and Accountability Act of 1996 Privacy Rule, the state Medicaid agency is permitted to share with the WIC agency individually identifiable information related to Medicaid eligibility and enrollment because such sharing is expressly authorized by the statutory and regulatory provisions noted above. 12

ADDITIONAL MARKETPLACE RECOMMENDATIONS

8. Update Regulations to Permanently Stop Terminations of People's Premium Tax Credits for "Failure to Reconcile" Previous PTCs on Their Tax Returns

Some marketplace consumers are denied financial assistance at open enrollment or mid-year if the IRS determines that they did not reconcile any advanced premium tax credit (APTC) received in the prior year against actual income. While this practice was paused during the pandemic, CMS should update marketplace regulations to permanently eliminate this practice to avoid creating gaps in coverage.

8 U.S. Department of Health and Human Services Administration for Children and Families (ACF) and Centers for Medicare & Medicaid Services (CMS), "Toolkit on Data Sharing for Child Welfare Agencies and Medicaid," January 20, 2022, https://www.acf.hhs.gov/sites/default/files/documents/cb/data-sharing-and-medicaid-toolkit.pdf.

9 42 U.S.C. 1396a(a)(7)(A)(i).

10 The other purposes include establishing eligibility, determining the amount of medical assistance, and conducting or assisting investigations, prosecutions, or civil or criminal proceedings related to the administration of the plan. 42 C.F.R. 431.302.

11 42 U.S.C. 1396a(a)(11)(C) and 42 U.S.C. 1396a(a)(53).

12 P.L. 104-191; 45 C.F.R. 164.512(k)(6).

Problem: To receive an APTC, an enrollee typically must reconcile any APTC they received in the most recent tax year. On the marketplace application, people are asked to attest to having reconciled a previous APTC; this attestation is then verified against IRS records during periodic checks. If a consumer is believed not to have reconciled, their financial assistance may be stopped mid-year, or they may be denied financial assistance at open enrollment. In plan years 2021 and 2022, citing the impact of the Covid-19 pandemic, CMS did not act on data from the Internal Revenue Service (IRS) for consumers who have failed to file tax returns and reconcile a previous year's advance payments of the premium tax credit (APTC) and with the premium tax credit (PTC) allowed for the year. CMS will continue not to act on these data for plan year 2023. [13]
The issues with "failure to reconcile" (FTR) are not limited to the pandemic period, however. The policy is poorly implemented, likely because it is inherently challenging to administer. For one, many people are flagged unnecessarily, in part because the data transferred to the marketplace by the IRS is not fully up to date and may not capture people who filed their tax return late or by mail. Also, the HealthCare.gov FTR question is faulty: some people enrolling for the 2020 plan year reported that they were denied financial assistance due to FTR when they'd never received an APTC before. There is no need to withhold affordable coverage as a tax enforcement measure when the IRS has all its standard tax enforcement tools available.

Recommended Action: CMS should update the marketplace rules to eliminate the FTR process for future years. Instead, CMS should defer to the IRS for enforcement. When a person who has claimed APTC doesn't file or submits their tax return without reconciling APTC, the taxpayer receives a notice of their need to reconcile (a 12C letter). The IRS also can reconcile the APTC by issuing a substitute return (an IRS-generated return prepared for non-filers with a filing requirement) or through the collections process, with standard financial penalties.

Legal Authority: "Failure to reconcile" is not a statutory requirement and the Administration can eliminate it by changing 45 C.F.R. §155.305(f)(4) through an upcoming marketplace rule.

9. Issue regulations to protect people from plans that fail to provide ACA consumer protections

HHS, Treasury, and the Department of Labor should issue regulations to prevent short-term, limited duration insurance (STLDI) from being marketed as an alternative to comprehensive coverage. DOL should also bring association health plans (AHPs) back into compliance with regulations governing the small group market and tighten standards for excepted benefits and forms of "non insurance" that masquerade as comprehensive plans.

Problem: Trump Administration rules and policies, as well as the elimination of the individual mandate penalty in Congress, prompted troubling growth in STLDI and AHPs that do not meet ACA standards. Other types of subpar health plans, such as Farm Bureau plans, have been defined by a number of states to be "not insurance" under state law and therefore not subject to the ACA and other federal health insurance regulations. Subpar plans expose more people to the health and

13 "Failure to File and Reconcile (FTR) Operations Flexibilities for Plan Year 2023," Center for Consumer Information and Oversight, CMS, July 18, 2022, https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/FTR-flexibilities-2023.pdf.

financial risk the ACA aimed to address — they typically exclude coverage of pre-existing conditions, for example [14] — and they drive premiums for comprehensive coverage higher than they would otherwise be, [15] as subpar plans lure healthier people out of the regular insurance market.

Recommended Action: We recommend that HHS, Treasury, and DOL update rules to adopt the following policies, several of which are discussed in more detail in a 2020 Brookings analysis. [16]

- Redefine short-term plans as those lasting less than three months, as was the case in federal rules prior to changes the Trump Administration finalized in 2018. [17] The revised rules should clarify that a plan does not qualify as a short-term plan if it is "stacked" together with other short-term policies, a loophole that short-term plan sellers have been able to use in some states to get around duration limits.
- Clarify the definition of "excepted benefits" to ensure that insurers and brokers involved in the subpar plans market cannot sell excepted benefit policies (such as fixed and hospital indemnity plans) as a cheaper alternative to ACA plans. A revised, tighter definition of excepted benefits (so that only plans that truly should be exempted from federal law are "excepted") should ensure that indemnity, accident-only, and specified disease policies are no longer able to mimic traditional health insurance; for example, the definition could prevent fixed indemnity plans from setting different payments for different services. The new rules should be written broadly enough to ensure that new types of plans that may emerge in the future cannot exploit the excepted benefits loophole.
- Bar entities approved to conduct Direct Enrollment (DE) and Enhanced Direct Enrollment (EDE) from selling subpar plans. CMS should prohibit web brokers that sell subpar plans from becoming DE/EDE entities approved to enroll people through the ACA marketplaces. Brokers that provide customer service for DE/EDE entities should also be prohibited from selling subpar plans, as several DE/EDE entities collect information to direct people to a broker call center, where the broker is not held to DE/EDE standards. In addition, web brokers should be prohibited from collecting, using, and selling personal information for future marketing of subpar plans.
- Strengthen rules for AHPs and single employer plans. The Trump Administration rule changes broadening the availability of AHPs should be reversed [18] , Obama-era "look

14 "Under-Covered: How 'Insurance-Like' Products are Leaving Patients Exposed," Report Authored by 30 Patient Advocacy Groups, March 2021, https://www.lls.org/advocate/under-covered-how-insurance-products-are-leaving-patients-exposed.
15 "How CBO and JCT Analyzed Coverage Effects of New Rules for Association Health Plans and Short-Term Plans," Congressional Budget Office, January 31, 2019, https://www.cbo.gov/publication/54915.
16 Christen Linke Young, "Taking a broader view of 'junk insurance,'" USC-Brookings Schaeffer Initiative for Health Policy, July 2020, https://www.brookings.edu/research/taking-a-broader-view-of-junk-insurance/.
17 Short-Term Limited Duration Insurance Rule, 83 F.R. 38212, August 3, 2018, https://www.federalregister.gov/documents/2018/08/03/2018-16568/short-term-limited-duration-insurance.
18 "Definition of 'Employer' Under Section 3(5) of ERISA-Association Health Plans," 83 F.R. 28912, June 21, 2018, https://www.federalregister.gov/documents/2018/06/21/2018-12992/definition-of-employer-under-section-35-of-erisa-association-health-plans. https://www.federalregister.gov/documents/2018/06/21/2018-12992/definition-of-employer-under-section-35-of-erisa-association-health-plans

through" guidance should be codified (or at least re-issued) [19], and new protections related to associations and similar arrangements should be instituted.
• Eliminate the "not insurance" loophole. The federal government could bring unregulated subpar coverage such as Farm Bureau plans under ACA standards and other federal requirements by more broadly interpreting who is considered a health insurance issuer under the federal definition. A health insurance issuer subject to the ACA requirements is one that is "licensed to engage in the business of insurance in a state and which is subject to state law which regulates insurance." State authorization or certification of Farm Bureau plans could be viewed as a form of licensure.

Legal Authority: HHS/Treasury/DOL have authority to change the definition of STLDI and clarify the definition of excepted benefits through rulemaking. HHS/CMS has the authority, through regulation, to modify the rules that set certification standards for DE/EDE entities. This can be done in the annual Notice on Benefit and Payment Parameters through amendments to 45 C.F.R. §155.220-221 and §156.1230. DOL has the authority to strengthen rules for AHPs and single employer plans through amendments to 29 C.F.R. §2510.3-5.

10. Issue Regulations to Help More Eligible Workers Access Affordable Marketplace Coverage and Subsidies

DOL should issue regulations to update the Notice to Employees of Coverage Options [20] (also known as the 18B notice) to require employers to disclose information about the affordability and accessibility of employer-sponsored coverage, and should enforce employers' compliance with these requirements. These actions would enable workers to enroll in more affordable health coverage.
Problem: Some uninsured workers have employer coverage offers that don't meet ACA standards for affordability or benefits but have trouble understanding their offers and reporting them to the marketplace to determine whether they are eligible for premium tax credits. This is highly consequential for low-paid workers and their families, who may be offered health coverage that is not affordable or adequate but might not know they could get a better deal in the marketplaces.

DOL currently requires employers to disclose to new employees whether a plan meets minimum value, but disclosing information about plans' affordability and waiting periods is optional. In addition, DOL does not appear to enforce this provision.
Recommended Action: DOL should issue regulations that:
• Require employers to include information that is currently optional in the 18B notice, including information about the cost of the lowest-cost plan, whether there are wellness programs that discount that cost, or whether the employee is subject to a waiting period;

19 Application of Individual and Group Market Requirements under Title XXVII of the Public Health Service Act when Insurance Coverage Is Sold to, or through, Associations, CMS Insurance Standards Bulletin Series, September 1, 2011, https://www.cms.gov/cciio/resources/files/downloads/association_coverage_9_1_2011.pdf.
20 Notice to Employees of Coverage Options, Employee Benefits Security Administration web page, https://www.dol.gov/agencies/ebsa/laws-and-regulations/laws/affordable-care-act/for-employers-and-advisers/coverage-options-notice.

• Work with CMS to conform the content of the 18B notice and the Employer Coverage Tool, [21] which HHS recommends (but does not require) that employers complete;
• Institute fines or penalties for failure to comply with the 18B notification requirement;

• Explore whether it has the authority to require the 18B notice to be provided annually to all employees and, if not, seek legislative authority to do so;
• Audit a sample of 18B notices to ensure their accuracy; and,
• Provide employees with an avenue to challenge the accuracy of the tools their employers provide.

Until rules guarantee employees annual, personalized, and reliable information on coverage offers, marketplace verification of employer offers should remain suspended, and employees should be held harmless for any errors that occur.

Legal Authority: Employers are required under section 18B of the Fair Labor Standards Act to give new hires a form with certain information about their coverage, and DOL has statutory authority to issue regulations regarding this form. No statutory or regulatory provision requires employers to complete the Employer Coverage Tool. [22]

11. Issue Regulations to Reduce the Number of Plans Offered in the Marketplaces to Simplify People's Ability to Compare Their Options and Enroll

People looking for a plan at HealthCare.gov typically have dozens of plans to choose from, and in some cases the plans are not very different from each other. Too many choices can be overwhelming and allowing the proliferation to continue is unnecessary. HHS should issue regulations to limit the number of plan an insurer can offer in each metal level within a plan service area and to re-establish a "meaningful difference" requirement.

Problem: Having too many marketplace plans to choose from makes it difficult for people to comparison shop and decide what's best for them, and the complexity can even deter people from enrolling at all. Some insurers offer near-identical plans with very subtle differences. The Administration is taking the important step of requiring insurers to offer standardized plans in the marketplace for 2023; this is a step toward a more transparent marketplace and reverses a rollback by the Trump Administration. But without a limit on the number of non-standardized plans insurers can offer, people looking for coverage at HealthCare.gov will have even more plans to consider and will have difficulty understanding the tradeoffs between one plan versus another.

Recommended Action: Issue regulations to limit the number of plans an insurer can offer in each metal level within a plan service area. HHS/CMS should also re-institute a "meaningful difference" standard that is more stringent than the one in place during the Obama administration, to ensure that available plans have significant differences that are plain to see and easy to understand.

21 Employer Coverage Tool available on CMS website: https://www.healthcare.gov/downloads/employer-coverage-tool.pdf.
22 See Section 218b of P.L. 89-601, https://uscode.house.gov/view.xhtml?path=/prelim@title29/chapter8&edition=prelim#:~:text=%C2%A7218b.%20Notice%20to%20employees.

Legal Authority: HHS/CMS has the authority, through regulation, to limit the number of plans insurers can offer and/or to implement a meaningful difference standard in the federally run marketplace. This could be done in the annual Notice of Benefit and Payment Parameters through amendments to §45 C.F.R. Part 156, which contains standards and requirements for insurers offering marketplace plans.

ADDITIONAL MEDICAID RECOMMENDATIONS

12. Update Guidance to Restructure Medicaid Program Integrity Audits and Other Oversight of State Activities to Include a Focus on Making Sure Eligible People Get Covered

Alongside existing measures of improper payments, the Biden Administration should enhance oversight of compliance with performance standards related to program access and use program integrity audits and other existing oversight mechanisms for CMS oversight of state programs to monitor: (1) Medicaid take-up among eligible people and (2) state compliance with regulations and guidance aimed at simplifying the eligibility and enrollment process.

Problem: About 7.3 million of the 28.9 million uninsured are eligible for Medicaid. Many of these people were likely enrolled at some point, and others likely tried to enroll and experienced barriers in the enrollment process. Yet current program integrity activities focus almost entirely on whether people are being properly enrolled, and whether they are remaining enrolled after they are no longer eligible. The Trump Administration defined program integrity solely as preventing ineligible people from receiving coverage and pressed states to institute additional eligibility checks and paperwork requirements, contributing to large (pre-pandemic) enrollment declines [23] for children and adults and increases in uninsured rates. [24]

Recommended Action: Once the recently proposed eligibility and enrollment proposed rule is finalized, the Biden Administration should follow up with guidance, including guidance related to PERM and MEQC reviews, to reiterate that its focus on program integrity includes covering all those who are eligible, and it should refresh guidance and operational policy about program integrity reviews to make clear that states will be held accountable with respect to that goal. For example, CMS should ensure that program integrity audits and other oversight activities (e.g., PERM) measure errors in both the number of people who are enrolled in Medicaid improperly and institute measures of eligible people who are not enrolled.

CMS has already taken an important step in shifting its with proposals in the recently released Medicaid eligibility and enrollment proposed rule. CMS should finalize the rule and then update

23 Matt Broaddus, Research Note: Medicaid Enrollment Decline Among Adults and Children Too Large to Be Explained By Falling Employment, CBPP, July 17, 2019, https://www.cbpp.org/research/health/medicaid-enrollment-decline-among-adults-and-children-too-large-to-be-explained-by.

24 Matt Broaddus and Aviva Aron-Dine, Uninsured Rates Rose Again in 2019, Further Eroding Earlier Progress, CBPP, September 15, 2020, https://www.cbpp.org/research/health/uninsured-rate-rose-again-in-2019-further-eroding-earlier-progress.

PERM/MEQC operational protocols and state guidance to reflect the updated regulations. CMS should undertake enhanced monitoring and oversight to enforce compliance with minimum timeliness and performance standards to assure that states are conducting eligibility and enrollment processes in a manner that is both accurate and timely. In addition, any forthcoming regulations or guidance related to ex parte renewals (see above) should be incorporated into program integrity activities. An enhanced focus on data transparency, oversight, and enforcement of updated regulations and guidance will help assure that people who are eligible can gain and retain coverage.

Legal Authority: Sections 1902(a)(4)(A) and (a)(19) of the Social Security Act provide CMS with authority to ensure the proper and efficient administration of the program and that eligibility is

determined in a manner consistent with simplicity of administration and best interests of beneficiaries. In addition, CMS has broad authority pursue Medicaid program integrity under Section 1936 of the Act. Finally, regulations promulgated to establish standards for MEQC (42 C.F.R. §§ 431.800-836) et seq.) and PERM (42 C.F.R. §§ 421.950-1010) provide a basis on which CMS may provide additional subregulatory guidance consistent with the regulations.

13. Finalize Guidance to Improve Care Transitions for People Leaving Jail or Prison
CMS should issue clear guidance, and approve Section 1115 demonstrations consistent with such guidance, to test how providing limited "in-reach" Medicaid services to individuals who are incarcerated but nearing release can close gaps in care for people returning home from jail or prison.

Problem: While people in prison and jail have high rates of behavioral and chronic health conditions, they often go without needed health care before reentry and do not connect with community-based care once they return home. Medicaid can play an important role in closing the gaps in care for people returning home from jail or prison by beginning the transition to community care before reentry. But such "in-reach" services, in which community-based providers meet with people before they are released, are rare due to the lack of reliable funding. In addition, states and communities still have much to learn about how to build and sustain the partnerships and infrastructure to deliver these in-reach services on an ongoing basis.'

Recommended Action: In the absence of legislative action to authorize the provision of certain health care services for incarcerated people, CMS should issue guidance on parameters for Section 1115 demonstration projects that would improve care transitions for people returning home from jail or prison; CMS could issue this guidance in conjunction with approving pending demonstration requests. To date, more than ten states have proposed such demonstrations, but the proposals vary widely, illustrating the need for clear guidance.

Demonstration guidance should allow states to draw down federal funds for a limited set of services that are necessary for successful transition in the final months prior to release (i.e., 30-90 days), including, at minimum, case management and care coordination. Other high-impact services could include medication services such as psychotropic medications and medication-assisted treatment for substance use disorders, behavioral health counseling, and initial consultations with primary and specialty providers. Services could also include recovery supports, such as peer supports, tenancy supports, and supported employment services.

Demonstrations should focus on covering in-reach services, meaning services delivered by community-based care providers, which are best suited to help people transition to community-based care and connect with other services and resources that are critical to health and preventing recidivism, such as housing and employment services. The guidance should also require states to establish that pre-release services are additive rather than refinancing existing services or shifting the cost of correctional care from county and state governments to the federal government. CMS should also adopt monitoring and reporting requirements to ensure that implementation efforts are focused on improving connection to community-based care during reentry.

Legal Authority: The SUPPORT Act required HHS to issue guidance on how states can design Section 1115 demonstrations to provide services to justice-involved individuals before release to support reentry and Section 1115 of the Act gives the Secretary authority to approve demonstrations that test interventions to promote the objectives of Medicaid, including coverage.

14. Leadership from OMB and DPC on cross-program policy, especially regarding Medicaid and SNAP

We recommend that the White House, through OMB and DPC, take on more proactive leadership for ensuring the federal government is coordinated on policy that spans across federal agencies. The ending of the Public Health Emergency makes improved collaboration particularly urgent for Medicaid and SNAP.

Problem: Almost all SNAP recipients also qualify for Medicaid (except for adults in states that have not implemented the Medicaid expansion). And, in the majority of states, SNAP and Medicaid application and certification activities are integrated and performed by the same state officials. A longstanding challenge has existed at the federal level in coordinating policy decisions and communications with states across the two federal agencies (FNS and CMS). Lack of coordination leads to administrative inefficiencies and is a lost opportunity for coordinated enrollment approaches. It is understandable that each agency prioritizes its specific programs, but the low-income families and individuals as well as state agencies pay the price for the lack of coordination, through lost benefits and added administrative cost.

We know that the separate federal agencies have been making efforts to work together, but we think a broader government-wide effort is needed. With only about two years left in this term, it is important for the Administration to make progress in coordinating policy, technology, and guidance, both as a way of improving outcomes now and as a way of trying to create a lasting infrastructure for such coordination.

Recommended Action: We think that high-level leadership within the Executive Office of the President needs to put pressure on the federal agencies to work together more effectively, to share information, and to issue joint guidance to state agencies. In addition to the WIC example in the next section, here are some examples of areas where we see opportunities:

• A transparent collaboration process: To help states that jointly administer Medicaid and SNAP, it would be helpful for the agencies to create a process to jointly answer state questions about policy, including the "unwinding," to develop solutions for integrated states where program policies conflict, and to strategize mitigation approaches for struggling states

that don't incentivize states to prioritize one program over the other. Where possible, agency representatives could present together on calls with state agencies and issue joint guidance on policy and operational matters that affect both programs.

• Coordination on regulations and guidance: OMB could build into its regulatory process a step for agencies to inform each other about upcoming regulations that could have an impact on beneficiaries or stakeholders in other programs. The recently proposed Medicaid regulation on enrollment practices has provisions that would directly conflict with SNAP rules. But the agency did not acknowledge these conflicts in the preamble or make an attempt to help states deal with assessing or addressing the conflicts.

• Text message guidance: Many states have been making increased use of text messaging during the pandemic, but there is confusion about what each program allows. FNS/CMS (and ACF for TANF, foster care, and child care) could issue joint guidance encouraging agencies to use text messaging to communicate with clients about renewals, returned mail, and other required actions, when appropriate. The guidance could explain that the Telephone Consumer Protection Act (TCPA) does not apply to state governments (and address the challenges for county-administered states) and specify that opting in to messaging is not required. The guidance also could address TCPA's applicability to managed care organizations and other state contractors as well as cellular carrier requirements.

• Using SNAP information to determine eligibility for Medicaid: Many of the lowest income households participate in both Medicaid and SNAP and for many cases SNAP will have more recent income information than Medicaid has. Joint FNS/CMS guidance to encourage agencies to use SNAP information to verify eligibility for Medicaid at renewal by using SNAP as a data source, through Express Lane Eligibility, through a waiver during unwinding, or through the SNAP state plan option could help states prioritize their efforts. The agencies could also facilitate sharing of best practices and technical assistance to states (directly or through civic tech partners) to help states work through data management and other challenges that limit implementation of these approaches.

• Verification guidance: The agencies could issue joint guidance encouraging the use of data sources to verify eligibility and minimize requests for information to clients at application and renewal. Specific information about allowable uses of data sources (including their age) and promoting a "one touch" approach to case processing could encourage states to streamline eligibility determinations and reduce the amount of time eligibility workers spend on each case. A specific need is to fix a long-standing problem where states have access to the Work Number for verifying income through CMS's data hub but cannot use the information for SNAP.
• Shared services: The agencies could explore opportunities to provide shared services that state and local agencies could choose to participate in. This could include a text messaging module or an ex parte module that states could send their enrollment information through

and receive an indication of whether the case is eligible to be renewed ex parte or if the enrollee must submit a renewal form.

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FW: FW: CBPP health memo
From:
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Sent:
10/28/2022 6:09:30 PM -0400

To:
"Tsai, Daniel (CMS/CMCS)" <Daniel.Tsai@cms.hhs.gov>

Subject:
FW: FW: CBPP health memo

Attachments:
Final - Health - Executive Actions (10.24.22).pdf

Hi Dan. Hope all is well with you. With some guilt about flagging a long email on a Friday afternoon, I wanted to make sure you saw this memo that my colleague, Sarah, shared earlier this week. The origin is a conversation that CBPP*s President had with folks at the White House, who asked us to put our ideas down * most of these should not be a surprise.

If it would be helpful to talk about any of these, please let me know.

Have a good weekend,
Allison

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From: Sarah Lueck <lueck@cbpp.org>
Sent: Tuesday, October 25, 2022 10:31 AM
To: chiquita.brooks-lasure@cms.hhs.gov; Montz, Ellen (CMS/CCIIO) <Ellen.Montz@cms.hhs.gov>; daniel.tsai@cms.hhs.gov
Cc: Kyla.ellis@cms.hhs.gov; Allison Orris <aorris@cbpp.org>; Shelby Gonzales <gonzales@cbpp.org>
Subject: CBPP health memo

Hello * I hope you*re all doing well. Sharon Parrott has recently talked with colleagues in the Administration, and we are following up with a memo laying out our priorities for executive action in Medicaid and the marketplaces, which we want to be sure you have. Please let us know if you would like to discuss any of this further; in some cases we have more detailed information and recommendations that we could provide.

Thanks very much,
Sarah

Sarah Lueck
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Center on Budget and Policy Priorities
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TO: Interested Parties

FROM: The Center on Budget and Policy Priorities

RE: Health Policy Recommendations for Executive Action

DATE: October 24, 2022

With just over two years remaining in the current term, it is imperative that HHS and CMS continue the rulemaking initiatives it has started so that key rules are finalized well ahead of the Congressional Review Act deadline in spring of 2024. Current rulemaking on Medicaid eligibility and enrollment and anticipated rulemaking on Medicaid access standards are key priorities to finalize, as is finalizing the Section 1557 antidiscrimination rule and issuing the annual Notice of Benefit and Payment Parameters (NBPP) for health insurance marketplaces and plans. Particularly in light of threats to private enforcement of the Medicaid entitlement as the Supreme Court considers the Talevski case, having clear regulatory standards in place will enable CMS to properly enforce Medicaid requirements.

This memo focuses on additional health care executive actions that we recommend the administration pursue, including:

High Priority Recommendations
1. ** Modify immigration-related eligibility standards in regulations and guidance so people with Deferred Action for Childhood Arrivals (DACA) and people granted Special Immigrant Juvenile (SIJ) status can enroll in affordable health coverage programs;
2. ** Expand Affordable Care Act marketplace special enrollment periods;
3. ** Update regulations to ensure that states that transition to running their own ACA health insurance marketplaces carry out the required functions;
4. ** Codify the “objectives of the Medicaid program” in regulation;
5. ** Issue and finalize regulations to address key managed care access and program integrity issues;
6. ** Improve Medicaid ex parte redetermination rates; and
7. ** Issue guidance to clarify that Medicaid data can be shared with WIC for targeted outreach
Additional Marketplace Recommendations
8. Update regulations to permanently stop terminations of people's premium tax credits for "failure to reconcile" previous PTCs on their tax returns;

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9. Issue regulations to protect people from plans that fail to provide ACA consumer protections
10. Issue regulations to help more eligible workers access affordable marketplace coverage and subsidies; and
11. Issue regulations to reduce the number of plans offered in the marketplaces to simplify people's ability to compare their options and enroll

Additional Medicaid Recommendations
12. Update guidance to restructure Medicaid program integrity audits and other oversight of state activities to include a focus on making sure eligible people get covered;
13. Finalize guidance to improve care transitions for people leaving jail or prison; and
14. Leadership from OMB and DPC on cross-program policy, especially regarding Medicaid and SNAP

HIGH PRIORITY RECOMMENDATIONS

1. ** Modify Immigration-related Eligibility Standards in Regulations and Guidance so People with Deferred Action for Childhood Arrivals (DACA) and People Granted Special Immigrant Juvenile (SIJ) status can Enroll in Affordable Health Coverage Programs

Today, people with DACA status are excluded from health insurance affordability programs, including the ACA marketplaces, Medicaid, CHIP, and people with SIJ status face difficulties getting the correct eligibility determination. To promote access to coverage, HHS should eliminate the special exclusion of people with DACA from coverage programs. In addition, HHS should clarify in regulations and guidance that individuals granted SIJ status meet the eligibility requirement for enrollment in Medicaid, CHIP, and the marketplaces as individuals who are lawfully present or residing.

Problem: After DACA was created in 2012, the Obama Administration issued policy guidance and an interim final rule that specifically excluded people with DACA from eligibility for ACA marketplace coverage and enrollment in optional state coverage that states can adopt for lawfully residing children and pregnant people under Medicaid and the Children's Health Insurance Program. [1] As a result, the almost 800,000 people who've had DACA status have been barred from obtaining access to these vital programs, even though all other people with a deferred action immigration status — along with all other immigrants who have a status that makes them lawfully present — are eligible for coverage. In 2019, a survey of people with DACA found that about half did not have access to

1 In general, people who are lawfully present in the United States – including people granted deferred action and other temporary immigration statuses – are eligible to enroll in marketplace coverage (including subsidized coverage). People granted deferred action and other temporary immigration statuses can also be eligible for Medicaid and CHIP when states adopt the option to cover all immigrant children and/or pregnant people who are lawfully residing in the U.S.

employment-related health insurance. [2] Authorizing people with DACA to enroll in insurance affordability programs would greatly improve their ability to access health coverage.

In addition, people applying for SIJ meet the immigration-related eligibility requirements for ACA marketplace coverage and the lawfully residing Medicaid and CHIP programs. However, people who

have been granted SIJ are not included in lists of the statuses that the marketplace uses to determine whether someone is lawfully present or that Medicaid and CHIP use for eligibility related to the state optional coverage for children and pregnant people who have lawfully residing statuses. Years ago, people used to receive SIJ and lawful permanent status nearly simultaneously, which allowed people granted SIJ to remain eligible for health insurance affordability programs as lawful permanent residents (green card holders). However, due to backlogs in processing green card applications, many people who are granted SIJ now wait years for lawful permanent resident status. This has resulted in some people being blocked from coverage (especially in state Medicaid and CHIP programs). While some people with SIJ are today getting deferred action during the delayed processing time, there is still confusion in state agencies about whether people with SIJ are eligible and a future administration could stop providing deferred action. We believe that adding SIJ grantees to the lists of qualified statuses when the DACA change is made will ensure people maintain access to affordable coverage.

Recommended Action: HHS can take two key actions to address these problems:

• Rescind and replace the August 28, 2012 Centers for Medicare & Medicaid Services ("CMS") State Health Official Letter ("SHO") #12-002, "Individuals with Deferred Action for Childhood Arrivals," [3] with an updated SHO clarifying that people with DACA and people granted SIJ are eligible for Medicaid and CHIP under the state option to cover lawfully residing pregnant people and children.

• Propose and then finalize a change that includes people with DACA and people granted SIJ as lawfully present in the next Proposed Notice of Benefit and Payment Parameters Rule (the "Proposed NBPP Rule" that HHS issues every year with details about the operation of the marketplaces).

Legal Authority: People received "deferred action" status long before DACA was created and all others with this status have been deemed to meet the lawfully present and lawfully residing standards. The exclusion of people with DACA was a policy choice — not a legal requirement — that is out of step with the existing policy. HHS did not provide sufficient justification for this exclusion at the time and should change it. The exclusion of people with SIJ is a result of backlogs in

2 Tom Wong et al., "DACA Recipients' Livelihoods, Families and Sense of Security Are at Stake This November," Center for American Progress, September 19, 2019, available at: https://www.americanprogress.org/issues/immigration/news/2019/09/19/474636/daca-recipients-livelihoods-families-sense-security-stake-november/. And 61 percent of individuals eligible for DACA had health coverage based on the 2017 Current Population Survey. "Key Facts on Individuals Eligible for the Deferred Action for Childhood Arrivals (DACA) Program," Kaiser Family Foundation, February 1, 2018, available at: https://www.kff.org/disparities-policy/fact-sheet/key-facts-on-individuals-eligible-for-the-deferred-action-for-childhood-arrivals-daca-program/.

3 Centers for Medicare & Medicaid Services, Center for Medicaid and CHIP Services, SHO #12-002, "Individuals with Deferred Action for Childhood Arrivals," August 28, 2012, https://www.medicaid.gov/Federal-Policy-Guidance/Downloads/SHO-12-002.Pdf.

processing immigration applications as explained above, there is no legal reason to exclude this group, who are lawfully present/residing in the country, from eligibility.

2. ** Expand Affordable Care Act Marketplace Special Enrollment Periods

The Biden Administration should update marketplace regulations to ensure it is as easy as possible for more people — particularly those with low incomes — to enroll in ACA marketplace coverage

throughout the year, after the annual open enrollment period is over. During the pandemic, marketplaces have been more open to individuals and families than ever before, and this has helped spur record enrollment. As emergency measures eventually phase out, it is critical to maintain a structure that emphasizes access, recognizes the complexity of people's lives, and avoids unnecessary restrictions.

Problem: Millions of people are eligible for marketplace coverage and significant financial assistance to reduce their premiums and deductibles, yet they remain uninsured. With enhanced premium tax credits (PTCs) now extended through 2025, almost everyone below 250 percent of the federal poverty level can obtain a plan at zero or very low cost to them. [4] In 2021, the average monthly premium for a lowest cost plan for a family of four at 250 percent FPL was $1 in 2021. [5] People up to 250 percent FPL are also eligible for financial assistance (cost-sharing reductions) that reduce their deductibles and other out-of-pocket costs.

The Biden Administration has taken numerous actions to expand enrollment in the ACA marketplaces, including changing regulations to lengthen the annual open enrollment period, expanding the special enrollment periods (SEPs) that allow people to buy a plan at other times of the year under certain conditions, creating a low-income SEP, and simplifying the SEP eligibility verification process. The Administration should maintain and build on these policies to help address ongoing barriers to access. Any potential risk there might be (and we are unaware of evidence of any significant negative impact on the risk pool) would be outweighed by the benefit of expanding coverage.

Recommended Action: CMS should update the NBPP to make two key changes on a permanent basis:

• Extend and expand the low-income SEP by modifying existing regulations at §45 C.F.R. 155.420(d)(16) so that this SEP is required for all exchanges (not optional), available to people up to 250 percent FPL (instead of 150 percent as under current rules), and not contingent on the person having a zero-dollar premium plan available to them. The low-income SEP that CMS implemented in 2022 allows people with incomes up to 150 percent of the federal poverty level to enroll in or change marketplace plans once per month, provided they have access to a plan that, with premium tax credits, costs them $0 per month.

4 "Count Estimates of Zero- and Low-Premium Plan Availability, HealthCare.gov States Pre- and Post-ARP," Office of the Assistant Secretary for Planning and Evaluation, HHS, April 12, 2021, https://aspe.hhs.gov/reports/count-estimates-zero-low-premium-plan-availability-healthcaregov-states-pre-post-arp.
5 Plan Year Qualified Health Plan Choice and Premiums in HealthCare.gov States, CMS, October 25, 2021, https://www.cms.gov/CCIIO/Resources/Data-Resources/Downloads/2022QHPPremiumsChoiceReport.pdf.

The concern typically raised about easing SEP enrollment is that this will result in adverse selection (that people will wait until they get sick to buy coverage). But this concern is less applicable to lower-income consumers who would be eligible for an expanded low-income SEP. For people eligible for zero-premium plans, there is no financial reason to "game the system" by waiting to enroll until they are sick, since there is no cost to enrolling during the open enrollment period. Instead, it is likely that many in this group are unaware that affordable coverage is available to them or miss deadlines to enroll because their attention is consumed by other challenges. And given the low cost of their premiums, it is likely that people helped by the

low-income SEP would maintain their coverage once they have it, rather than dropping it after an immediate health issue has passed.

• Retain the extended enrollment deadline during the Medicaid "continuous coverage" unwinding period. During the public health emergency, people losing other health coverage (including employer coverage, Medicaid, etc.) since January 2020 are eligible to enroll in the federally run marketplace, HealthCare.gov, even if they miss the usual 60-day deadline that typically applies after coverage loss. This extended deadline should remain in place after the PHE officially ends to make the often-challenging transition from Medicaid to marketplace coverage as simple as possible for the millions of people expected to lose Medicaid during unwinding of the "continuous coverage" provision. For at least a year (and probably longer) after normal Medicaid eligibility determinations resume, HealthCare.gov should ensure through regulations or guidance that the usual 60-day deadline for enrolling in the marketplace after loss of other coverage (or, at a minimum, after loss of Medicaid or CHIP coverage) does not apply.
Legal Authority: Section 2702 of the Public Health Services Act (as added by the ACA) and section 1311(c)(6) of the Affordable Care Act direct the Secretary to provide special enrollment periods. CMS regularly modifies and amends regulations related to special enrollment in regulated commercial markets, including in the ACA marketplaces, as part of the annual Notice of Benefit and Payment Parameters regulations.

3. **Update Regulations to Ensure that States that Transition to Running Their Own ACA Health Insurance Marketplaces Carry Out the Required Functions
Increasingly, states that have opposed the ACA are considering transitioning from relying on the federally facilitated marketplace (FFM) to running their own state-based marketplace (SBM). (Texas is one state where this appears likely to come up in the legislature this session.) The federal government must update its regulations to strengthen standards, enforcement, and transparency around such transitions, to help ensure the quality of service that states would provide and to protect people's access to affordable coverage and federal financial assistance.
Problem: Even states with the best of intentions have experienced bumpy transitions to running their own SBMs (New Mexico is a recent example). States that have worked to undermine the ACA could attempt to operate SBMs in a manner that harms people's access to coverage — and they increasingly are being targeted by marketplace technology vendors for transitions. Unless states are held accountable, they could greatly reduce investment in the navigator program and other consumer assistance that connects people with coverage and helps them with enrollment. Or a state

could do a poor job with eligibility and enrollment processes and fail to ensure people are efficiently routed to the coverage program they are eligible for, particularly if the state wanted to cut back Medicaid rolls and spending. A state seeking to increase privatization could make the marketplace website less prominent or user-friendly and give greater emphasis to a thicket of private web brokers and insurers, eliminating the "one-stop shop" nature of the marketplace much like Georgia sought to do under its now-suspended 1332 waiver.
Recommended Action: HHS should update marketplace regulations, and issue related guidance to establish clear standards for SBMs. HHS should:
• Clarify in regulations that states must enforce their own ACA market reforms if they want to run an SBM. (Texas, for example, does not currently do this, yet ensuring that plans meet ACA standards is a core component of certifying marketplace plans, which is a required function of a health insurance marketplace.)
• Strengthen the SBM approval process, by issuing regulations to make exchange "blueprints" submitted by states open to public comment prior to approval and requiring states to once again supply documentation about how they will carry out required functions (during the

Trump administration, this was loosened via sub-regulatory guidance to require attestation rather than documentation).
• Through regulations, set quantitative standards and reporting requirements for key functions including the call center, the website, the navigator program, and other forms of consumer assistance including brokers and agents. Ensure that SBMs must detail any plans to utilize direct enrollment/enhanced direct enrollment through private entities. (Such standards could be applied consistently to state-based marketplaces and the federally facilitated marketplace.)
• Strengthen conflict of interest rules for marketplace governing and advisory boards, for example to ensure that insurance industry representatives must recuse themselves from votes that could impact revenue to insurers they represent.
• Update regulations to clarify that if a state running an SBM fails to adequately perform required functions, HHS will withdraw its approval of the SBM and reinstate the FFM/HealthCare.gov.
Legal Authority: HHS has ample authority under the ACA to issue regulations and guidance that establish insurance marketplace standards and functions, set marketplace plan requirements, and ensure the integrity of insurance marketplaces, including those run by a state.

4. ** Codify the "Objectives of the Medicaid Program" in Regulation

To insulate Biden Administration actions on Section 1115 demonstrations from legal challenge and to create guardrails for future administrations, CMS should issue regulations to articulate the "objectives" of the Medicaid program. Enshrining Medicaid objectives in regulations and establishing related guardrails to ensure that only waivers that meet those objectives may be approved could help prevent the approval of coverage-constraining waivers in the future, such as those that feature work requirements or lockouts, or at a minimum force a new administration to undo the regulations before trying to approve waivers that are inconsistent with Medicaid's statutory purposes.

Problem: Section 1115 of the Social Security Act empowers the Secretary of HHS to approve experimental, pilot, or demonstration projects that are likely to assist in promoting the objectives of Medicaid and CHIP. The Secretary uses Section 1115 to waive otherwise applicable provisions of the Medicaid statute to give states flexibility to implement programs that meet state needs, consistent with the objectives of the Medicaid program. While the objectives of the program have historically been understood to include expanding coverage or access to care, the previous administration encouraged the use of demonstrations to make it harder for low-income people to qualify for Medicaid coverage by creating new eligibility requirements, such as work requirements and lockouts. Demonstrations that included work requirements were struck down in court on the grounds they would not promote a key objective of the Medicaid statute — furnishing "medical assistance" or health coverage to the needy — and because the Secretary failed to consider the demonstration's impact on coverage. However, these court decisions were vacated after the Biden Administration withdrew authority for approved work requirements. Today, the objectives of the program are not defined in statute, regulation, or by the courts, which leaves open the possibility that a future administration could issue new guidance encouraging work requirement waivers and approve such waivers based on a different interpretation of program objectives.

Recommended Action: CMS should promulgate a regulation that requires that section 1115 demonstrations promote the objectives of Medicaid, with a definition of the objectives of Medicaid based primarily in the purpose of the program identified in section 1901 of the Social Security Act, namely, to furnish medical assistance, rehabilitation, and other services. CMS should also ensure that

the new definition of the objectives of Medicaid explicitly affirms the Medicaid entitlement and open-ended matching payment structure. To prevent the statute from being contorted to support damaging work requirement waivers, as it was during the previous administration, CMS's definition should also clarify that the clause "rehabilitation and other services to help such families and individuals attain or retain capability for independence or self-care" cannot be interpreted to allow demonstrations that "promote independence" if they do not furnish services or if they reduce access to health services.

CMS's regulation should further operationalize the definition of the objectives of Medicaid by creating 1115 "guardrails" that ensure demonstrations promote, not undercut, the purpose of Medicaid. Such guardrails should include a prohibition on approving demonstrations that are likely to reduce the number of individuals covered by Medicaid in a state; reduce available services; reduce affordability; or otherwise reduce access to care.

In the interest of expediency, CMS could include Medicaid objectives in the context of forthcoming proposed regulations on in-lieu-of-services.

Legal Authority: Section 1901 of the Act sets out a broad purpose of the Medicaid act and section 1115 sets out the authority of the Secretary to approve demonstrations to test initiatives that are likely to promote the objectives of the Medicaid program. Section 1102 provides the Secretary with authority to publish rules as may be necessary to the efficient administration of the functions "with which [he] is charged" under the Social Security Act. Section 1102 is the authority that HHS has used to outline regulatory standards for "State Organization and General Administration" in 42

C.F.R. Part 431, including regulations regarding demonstration transparency regulations that were issued to implement ACA provisions.

5. ** Issue and Finalize Regulations to Address Key Managed Care Access and Program Integrity Issues

CMS should utilize the forthcoming Medicaid managed care rule to implement improvements across a variety of dimensions, including not only access but also network adequacy and data transparency. Enhancing data collection and reporting requirements in the managed care regulations would simultaneously advance health equity and ensure efficient program administration.

Problem. Approximately 90 percent of Medicaid enrollees now receive services through managed care, yet data about how funds are being spent and the quality of care that enrollees receive is scant. Meanwhile, health disparities continue to persist among the Medicaid population. These disparities are often exacerbated by challenges enrollees have in accessing providers and receiving timely care. Without high quality data about the quality of care that individuals receive, it is difficult for policymakers to target interventions or to ensure that dollars are being spent as efficiently as possible.

Recommended Action. CMS is working on updating managed care regulations, which will include provisions to implement the access provisions of Section 1902(a)(30)(A). We agree these provisions (as well as corresponding fee-for-service rules) are of utmost importance and should be a top administration priority to facilitate CMS enforcement of access standards; this is particularly important in light of both recent Supreme Court decisions preventing providers from enforcing payment rate adequacy and anticipated Court action to foreclose private rights of action, too.

As part of the managed care regulations, CMS should also take the opportunity to include other provisions that will ensure that enrollees receive high quality services. For example, CMS should revise the managed care regulations to:

• Create a unified strategy for monitoring Medicaid access and quality across delivery systems. Medicaid beneficiaries receiving benefits through the fee-for-service and managed care delivery systems have the same entitlement to access to high-quality care. While we recommend a single set of access and quality measures across delivery systems, the data

should be disaggregated by delivery system, geographic region, and race/ethnicity. The data should also be publicly available in order to facilitate appropriate oversight.
• Align minimum Medicaid network adequacy standards with those in the Marketplace and require enhanced network adequacy reporting;
• Require MCOs to report, and states to post, EPSDT screening and treatment data stratified by race/ethnicity
• Require CMS to maintain an MCO performance dashboard; and require states to post annual medical loss ratio (MLR) reports for each MCO; and
• Develop an MCO-specific performance dashboard, including child and maternal health measures stratified by race/ethnicity.
Over time, CMS should require states to meet minimum performance standards and be transparent about performance improvement plans. However, this will require significant transition time for

states. It may also require some flexibility to work with states or adjust measures for states with different geographic challenges, such as states with very rural areas. Working to develop data needed to identify and reduce disparities is essential to advancing not just health equity but also program integrity in Medicaid.
Finally, as discussed above we also encourage CMS to use the Medicaid managed care rule as the vehicle to finalize regulations spelling out the objectives of the Medicaid program.
Legal Authority. In general, Section 1902(a)(4) of the Act requires that states provide for methods of administration that the Secretary finds necessary for proper and efficient operation of the state plan. CMS has utilized this authority to issue managed care regulations at 42 C.F.R Part 438 and can build on that authority to implement these provisions. In addition, enhanced data collection requirements are supported by Section 1903(i)(25), which prohibits payment to a state unless a state provides enrollee encounter data required by CMS.

6. ** Improve Ex Parte Redetermination Rates
Federal regulations require states to attempt to renew eligibility on an ex parte basis, that is, automatically using available electronic data sources, without burdening enrollees whenever possible. Despite requirements, there is wide variation among states in the percentage of individuals whose eligibility is determined on an ex parte basis, leading to gaps in eligibility. The recently proposed Medicaid eligibility and enrollment rule takes important steps to address some of these barriers, but CMS can issue additional guidance, set performance standards in regulation, and pursue enhanced oversight to ensure that states are appropriately redetermining eligibility on an ex parte basis.
Problem: Of the roughly 28.9 million uninsured people who remain uninsured, about 7.3 million are eligible for Medicaid but not enrolled. Each additional step in an enrollment or renewal process and each additional request for paperwork reduces the number of people who enroll or stay enrolled. Despite the current rules that require that states renew coverage without requesting information from enrollees when they have information from data and other sources showing ongoing eligibility, there is great variation in how states implement this policy. Some states automatically renew few if any enrollees and others automatically renew over 75 percent. Requiring people unnecessarily to return paperwork or provide additional documentation to renew eligibility is a particularly problematic barrier to coverage that CMS should address.
Recommended Action: CMS should take a number of steps to improve compliance with ex parte renewal requirements, including:
• Issue guidance allowing ex parte renewal even if no income or asset data is returned from available sources. Under the Trump Administration, CMS significantly restricted the availability of ex parte renewals by instructing states to request information from enrollees with no countable income or assets when available databases don’t show any information; by restricting the use of ex parte renewals for enrollees without countable income or assets,

eligible people have lost coverage due to procedural reasons. CMS guidance should allow ex parte renewals unless data sources suggest the enrollee is no longer eligible. This provision would reduce burdens on people experiencing homelessness.

• Propose regulations to require states to meet performance standards related to ex parte success rates, with CMS providing intensive TA for states that fail to meet standards. Having standards in place will set a benchmark for states to meet and will help stakeholders identify gaps and opportunities for progress and hold states accountable. Standards also will provide a basis for CMS enforcement of standards going forward.
• Undertake enhanced oversight to ensure states are meeting existing regulatory requirements related to renewals including ex parte renewals for all populations, sending pre-populated renewal forms, and accepting applications and renewals by phone and online. CMS should identify states that aren't meeting these requirements and place them on a corrective action plan.

Legal Authority: Sections 1902(a)(4)(A) and (a)(19) of the Social Security Act provide CMS with authority to ensure the proper and efficient administration of the program and that eligibility is determined in a manner consistent with simplicity of administration and best interests of beneficiaries.

7. ** Guidance to Clarify that Medicaid Data can be Shared with WIC for Targeted Outreach

In recent years, more than 40 percent of eligible individuals have missed out on the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), despite the program's well documented dietary, health, and developmental benefits. [6] Targeted outreach to Medicaid enrollees, who are automatically income-eligible for WIC but often not participating, has been shown to increase WIC enrollment, [7] yet many state Medicaid agencies are hesitant to share data with state WIC agencies that could facilitate this targeted outreach.

Problem: A lack of clarity around data-sharing rules has prevented some state Medicaid agencies from sharing data on their enrollees with WIC agencies for targeted outreach. While many agencies do share data to determine the extent of cross-enrollment in both programs or to allow WIC staff to document Medicaid enrollment, many agencies are hesitant to share Medicaid enrollee data that WIC staff could use to conduct targeted outreach to Medicaid enrollees likely eligible for WIC. This is a missed opportunity to increase WIC participation, which could improve health outcomes for Medicaid enrollees and potentially reduce striking racial disparities in maternal and child health.

6 For more information about the research evidence on WIC's effectiveness, see Steven Carlson and Zoë Neuberger, "WIC Works: Addressing the Nutrition and Health Needs of Low-Income Families for More Than Four Decades," CBPP, updated January 27, 2021, www.cbpp.org/wicworks;Reviewing the Evidence for Maternal Health and WIC, U.S. Department of Agriculture's Food and Nutrition Service, Report to Congress, July 2021, https://fns-prod.azureedge.net/sites/default/files/resource-files/Reviewing-Evidence-Maternal-Health.pdf; and Maternal and Childhood Outcomes Associated with the Special Supplemental Nutrition Program for Women, Infants and Children (WIC), Research
Protocol, Agency for Healthcare Research and Quality, amended May 14, 2021, https://effectivehealthcare.ahrq.gov/products/outcomes-nutrition/protocol.

7 Jess Maneely and Zoë Neuberger, "Using Data Matching and Targeted Outreach to Enroll Families With Young Children in WIC," CBPP, January 5, 2021, https://www.cbpp.org/research/food-assistance/using-data-matching-and-targeted-outreach-to-enroll-families-with-young.

11

Recommended Action: HHS should issue guidance, akin to draft guidance the Center on Budget and Policy Priorities shared with CMS and FNS in February 2022 or to the agency's Toolkit on Data Sharing for Child Welfare Agencies and Medicaid, 8 to clarify that state Medicaid agencies can share data with WIC agencies to support data sharing for WIC enrollment, and to encourage Medicaid agencies to work with WIC agencies to develop their WIC outreach and enrollment plans. The guidance should clarify that shared data be limited to the minimum amount of information needed to determine the eligibility category (ex: age, pregnancy status, or date of delivery for postpartum individuals) and contact the individual, a parent, or a guardian.

Legal Authority: The Social Security Act restricts the sharing of Medicaid data "concerning applicants or recipients to purposes directly connected with the administration of the [state] plan." 9 Regulations further define those purposes and include "providing services for beneficiaries" as one of the four allowable purposes for which information can be shared. 10 State Medicaid plans must ensure that states coordinate the operation of their Medicaid programs with WIC, including by notifying enrollees potentially eligible for WIC of the benefits available through WIC. 11 As noted, individuals enrolled in Medicaid are considered income-eligible for WIC. This recognition of the importance of cross-enrollment and the benefits of WIC to the health of women and children makes it clear that sharing data for WIC outreach and enrollment is for the purpose of providing services for beneficiaries and thereby a purpose directly connected with the administration of the state plan. In addition, under the Health Insurance Portability and Accountability Act of 1996 Privacy Rule, the state Medicaid agency is permitted to share with the WIC agency individually identifiable information related to Medicaid eligibility and enrollment because such sharing is expressly authorized by the statutory and regulatory provisions noted above. 12

ADDITIONAL MARKETPLACE RECOMMENDATIONS

8. Update Regulations to Permanently Stop Terminations of People's Premium Tax Credits for "Failure to Reconcile" Previous PTCs on Their Tax Returns

Some marketplace consumers are denied financial assistance at open enrollment or mid-year if the IRS determines that they did not reconcile any advanced premium tax credit (APTC) received in the prior year against actual income. While this practice was paused during the pandemic, CMS should update marketplace regulations to permanently eliminate this practice to avoid creating gaps in coverage.

8 U.S. Department of Health and Human Services Administration for Children and Families (ACF) and Centers for Medicare & Medicaid Services (CMS), "Toolkit on Data Sharing for Child Welfare Agencies and Medicaid," January 20, 2022, https://www.acf.hhs.gov/sites/default/files/documents/cb/data-sharing-and-medicaid-toolkit.pdf.

9 42 U.S.C. 1396a(a)(7)(A)(i).

10 The other purposes include establishing eligibility, determining the amount of medical assistance, and conducting or assisting investigations, prosecutions, or civil or criminal proceedings related to the administration of the plan. 42 C.F.R. 431.302.

11 42 U.S.C. 1396a(a)(11)(C) and 42 U.S.C. 1396a(a)(53).

12 P.L. 104-191; 45 C.F.R. 164.512(k)(6).

Problem: To receive an APTC, an enrollee typically must reconcile any APTC they received in the most recent tax year. On the marketplace application, people are asked to attest to having reconciled a previous APTC; this attestation is then verified against IRS records during periodic checks. If a consumer is believed not to have reconciled, their financial assistance may be stopped mid-year, or they may be denied financial assistance at open enrollment. In plan years 2021 and 2022, citing the impact of the Covid-19 pandemic, CMS did not act on data from the Internal Revenue Service (IRS) for consumers who have failed to file tax returns and reconcile a previous year's advance payments of the premium tax credit (APTC) and with the premium tax credit (PTC) allowed for the year. CMS will continue not to act on these data for plan year 2023. [13]
The issues with "failure to reconcile" (FTR) are not limited to the pandemic period, however. The policy is poorly implemented, likely because it is inherently challenging to administer. For one, many people are flagged unnecessarily, in part because the data transferred to the marketplace by the IRS is not fully up to date and may not capture people who filed their tax return late or by mail. Also, the HealthCare.gov FTR question is faulty: some people enrolling for the 2020 plan year reported that they were denied financial assistance due to FTR when they'd never received an APTC before. There is no need to withhold affordable coverage as a tax enforcement measure when the IRS has all its standard tax enforcement tools available.

Recommended Action: CMS should update the marketplace rules to eliminate the FTR process for future years. Instead, CMS should defer to the IRS for enforcement. When a person who has claimed APTC doesn't file or submits their tax return without reconciling APTC, the taxpayer receives a notice of their need to reconcile (a 12C letter). The IRS also can reconcile the APTC by issuing a substitute return (an IRS-generated return prepared for non-filers with a filing requirement) or through the collections process, with standard financial penalties.

Legal Authority: "Failure to reconcile" is not a statutory requirement and the Administration can eliminate it by changing 45 C.F.R. §155.305(f)(4) through an upcoming marketplace rule.

9. Issue regulations to protect people from plans that fail to provide ACA consumer protections

HHS, Treasury, and the Department of Labor should issue regulations to prevent short-term, limited duration insurance (STLDI) from being marketed as an alternative to comprehensive coverage. DOL should also bring association health plans (AHPs) back into compliance with regulations governing the small group market and tighten standards for excepted benefits and forms of "non insurance" that masquerade as comprehensive plans.

Problem: Trump Administration rules and policies, as well as the elimination of the individual mandate penalty in Congress, prompted troubling growth in STLDI and AHPs that do not meet ACA standards. Other types of subpar health plans, such as Farm Bureau plans, have been defined by a number of states to be "not insurance" under state law and therefore not subject to the ACA and other federal health insurance regulations. Subpar plans expose more people to the health and

13 "Failure to File and Reconcile (FTR) Operations Flexibilities for Plan Year 2023," Center for Consumer Information and Oversight, CMS, July 18, 2022, https://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/FTR-flexibilities-2023.pdf.

financial risk the ACA aimed to address — they typically exclude coverage of pre-existing conditions, for example [14] — and they drive premiums for comprehensive coverage higher than they would otherwise be, [15] as subpar plans lure healthier people out of the regular insurance market.

Recommended Action: We recommend that HHS, Treasury, and DOL update rules to adopt the following policies, several of which are discussed in more detail in a 2020 Brookings analysis. [16]

- Redefine short-term plans as those lasting less than three months, as was the case in federal rules prior to changes the Trump Administration finalized in 2018. [17] The revised rules should clarify that a plan does not qualify as a short-term plan if it is "stacked" together with other short-term policies, a loophole that short-term plan sellers have been able to use in some states to get around duration limits.
- Clarify the definition of "excepted benefits" to ensure that insurers and brokers involved in the subpar plans market cannot sell excepted benefit policies (such as fixed and hospital indemnity plans) as a cheaper alternative to ACA plans. A revised, tighter definition of excepted benefits (so that only plans that truly should be exempted from federal law are "excepted") should ensure that indemnity, accident-only, and specified disease policies are no longer able to mimic traditional health insurance; for example, the definition could prevent fixed indemnity plans from setting different payments for different services. The new rules should be written broadly enough to ensure that new types of plans that may emerge in the future cannot exploit the excepted benefits loophole.
- Bar entities approved to conduct Direct Enrollment (DE) and Enhanced Direct Enrollment (EDE) from selling subpar plans. CMS should prohibit web brokers that sell subpar plans from becoming DE/EDE entities approved to enroll people through the ACA marketplaces. Brokers that provide customer service for DE/EDE entities should also be prohibited from selling subpar plans, as several DE/EDE entities collect information to direct people to a broker call center, where the broker is not held to DE/EDE standards. In addition, web brokers should be prohibited from collecting, using, and selling personal information for future marketing of subpar plans.
- Strengthen rules for AHPs and single employer plans. The Trump Administration rule changes broadening the availability of AHPs should be reversed [18] , Obama-era "look

14 "Under-Covered: How 'Insurance-Like' Products are Leaving Patients Exposed," Report Authored by 30 Patient Advocacy Groups, March 2021, https://www.lls.org/advocate/under-covered-how-insurance-products-are-leaving-patients-exposed.
15 "How CBO and JCT Analyzed Coverage Effects of New Rules for Association Health Plans and Short-Term Plans," Congressional Budget Office, January 31, 2019, https://www.cbo.gov/publication/54915.
16 Christen Linke Young, "Taking a broader view of 'junk insurance,'" USC-Brookings Schaeffer Initiative for Health Policy, July 2020, https://www.brookings.edu/research/taking-a-broader-view-of-junk-insurance/.
17 Short-Term Limited Duration Insurance Rule, 83 F.R. 38212, August 3, 2018, https://www.federalregister.gov/documents/2018/08/03/2018-16568/short-term-limited-duration-insurance.
18 "Definition of 'Employer' Under Section 3(5) of ERISA-Association Health Plans," 83 F.R. 28912, June 21, 2018, https://www.federalregister.gov/documents/2018/06/21/2018-12992/definition-of-employer-under-section-35-of-erisa-association-health-plans. https://www.federalregister.gov/documents/2018/06/21/2018-12992/definition-of-employer-under-section-35-of-erisa-association-health-plans

through" guidance should be codified (or at least re-issued) [19], and new protections related to associations and similar arrangements should be instituted.
• Eliminate the "not insurance" loophole. The federal government could bring unregulated subpar coverage such as Farm Bureau plans under ACA standards and other federal requirements by more broadly interpreting who is considered a health insurance issuer under the federal definition. A health insurance issuer subject to the ACA requirements is one that is "licensed to engage in the business of insurance in a state and which is subject to state law which regulates insurance." State authorization or certification of Farm Bureau plans could be viewed as a form of licensure.

Legal Authority: HHS/Treasury/DOL have authority to change the definition of STLDI and clarify the definition of excepted benefits through rulemaking. HHS/CMS has the authority, through regulation, to modify the rules that set certification standards for DE/EDE entities. This can be done in the annual Notice on Benefit and Payment Parameters through amendments to 45 C.F.R. §155.220-221 and §156.1230. DOL has the authority to strengthen rules for AHPs and single employer plans through amendments to 29 C.F.R. §2510.3-5.

10. Issue Regulations to Help More Eligible Workers Access Affordable Marketplace Coverage and Subsidies

DOL should issue regulations to update the Notice to Employees of Coverage Options [20] (also known as the 18B notice) to require employers to disclose information about the affordability and accessibility of employer-sponsored coverage, and should enforce employers' compliance with these requirements. These actions would enable workers to enroll in more affordable health coverage.
Problem: Some uninsured workers have employer coverage offers that don't meet ACA standards for affordability or benefits but have trouble understanding their offers and reporting them to the marketplace to determine whether they are eligible for premium tax credits. This is highly consequential for low-paid workers and their families, who may be offered health coverage that is not affordable or adequate but might not know they could get a better deal in the marketplaces.

DOL currently requires employers to disclose to new employees whether a plan meets minimum value, but disclosing information about plans' affordability and waiting periods is optional. In addition, DOL does not appear to enforce this provision.
Recommended Action: DOL should issue regulations that:
• Require employers to include information that is currently optional in the 18B notice, including information about the cost of the lowest-cost plan, whether there are wellness programs that discount that cost, or whether the employee is subject to a waiting period;

19 Application of Individual and Group Market Requirements under Title XXVII of the Public Health Service Act when Insurance Coverage Is Sold to, or through, Associations, CMS Insurance Standards Bulletin Series, September 1, 2011, https://www.cms.gov/cciio/resources/files/downloads/association_coverage_9_1_2011.pdf.
20 Notice to Employees of Coverage Options, Employee Benefits Security Administration web page, https://www.dol.gov/agencies/ebsa/laws-and-regulations/laws/affordable-care-act/for-employers-and-advisers/coverage-options-notice.

• Work with CMS to conform the content of the 18B notice and the Employer Coverage Tool, [21] which HHS recommends (but does not require) that employers complete;
• Institute fines or penalties for failure to comply with the 18B notification requirement;

• Explore whether it has the authority to require the 18B notice to be provided annually to all employees and, if not, seek legislative authority to do so;
• Audit a sample of 18B notices to ensure their accuracy; and,
• Provide employees with an avenue to challenge the accuracy of the tools their employers provide.

Until rules guarantee employees annual, personalized, and reliable information on coverage offers, marketplace verification of employer offers should remain suspended, and employees should be held harmless for any errors that occur.

Legal Authority: Employers are required under section 18B of the Fair Labor Standards Act to give new hires a form with certain information about their coverage, and DOL has statutory authority to issue regulations regarding this form. No statutory or regulatory provision requires employers to complete the Employer Coverage Tool. [22]

11. Issue Regulations to Reduce the Number of Plans Offered in the Marketplaces to Simplify People's Ability to Compare Their Options and Enroll

People looking for a plan at HealthCare.gov typically have dozens of plans to choose from, and in some cases the plans are not very different from each other. Too many choices can be overwhelming and allowing the proliferation to continue is unnecessary. HHS should issue regulations to limit the number of plan an insurer can offer in each metal level within a plan service area and to re-establish a "meaningful difference" requirement.

Problem: Having too many marketplace plans to choose from makes it difficult for people to comparison shop and decide what's best for them, and the complexity can even deter people from enrolling at all. Some insurers offer near-identical plans with very subtle differences. The Administration is taking the important step of requiring insurers to offer standardized plans in the marketplace for 2023; this is a step toward a more transparent marketplace and reverses a rollback by the Trump Administration. But without a limit on the number of non-standardized plans insurers can offer, people looking for coverage at HealthCare.gov will have even more plans to consider and will have difficulty understanding the tradeoffs between one plan versus another.

Recommended Action: Issue regulations to limit the number of plans an insurer can offer in each metal level within a plan service area. HHS/CMS should also re-institute a "meaningful difference" standard that is more stringent than the one in place during the Obama administration, to ensure that available plans have significant differences that are plain to see and easy to understand.

21 Employer Coverage Tool available on CMS website: https://www.healthcare.gov/downloads/employer-coverage-tool.pdf.
22 See Section 218b of P.L. 89-601, https://uscode.house.gov/view.xhtml?path=/prelim@title29/chapter8&edition=prelim#:~:text=%C2%A7218b.%20Notice%20to%20employees.

Legal Authority: HHS/CMS has the authority, through regulation, to limit the number of plans insurers can offer and/or to implement a meaningful difference standard in the federally run marketplace. This could be done in the annual Notice of Benefit and Payment Parameters through amendments to §45 C.F.R. Part 156, which contains standards and requirements for insurers offering marketplace plans.

ADDITIONAL MEDICAID RECOMMENDATIONS

12. Update Guidance to Restructure Medicaid Program Integrity Audits and Other Oversight of State Activities to Include a Focus on Making Sure Eligible People Get Covered

Alongside existing measures of improper payments, the Biden Administration should enhance oversight of compliance with performance standards related to program access and use program integrity audits and other existing oversight mechanisms for CMS oversight of state programs to monitor: (1) Medicaid take-up among eligible people and (2) state compliance with regulations and guidance aimed at simplifying the eligibility and enrollment process.

Problem: About 7.3 million of the 28.9 million uninsured are eligible for Medicaid. Many of these people were likely enrolled at some point, and others likely tried to enroll and experienced barriers in the enrollment process. Yet current program integrity activities focus almost entirely on whether people are being properly enrolled, and whether they are remaining enrolled after they are no longer eligible. The Trump Administration defined program integrity solely as preventing ineligible people from receiving coverage and pressed states to institute additional eligibility checks and paperwork requirements, contributing to large (pre-pandemic) enrollment declines [23] for children and adults and increases in uninsured rates. [24]

Recommended Action: Once the recently proposed eligibility and enrollment proposed rule is finalized, the Biden Administration should follow up with guidance, including guidance related to PERM and MEQC reviews, to reiterate that its focus on program integrity includes covering all those who are eligible, and it should refresh guidance and operational policy about program integrity reviews to make clear that states will be held accountable with respect to that goal. For example, CMS should ensure that program integrity audits and other oversight activities (e.g., PERM) measure errors in both the number of people who are enrolled in Medicaid improperly and institute measures of eligible people who are not enrolled.

CMS has already taken an important step in shifting its with proposals in the recently released Medicaid eligibility and enrollment proposed rule. CMS should finalize the rule and then update

23 Matt Broaddus, Research Note: Medicaid Enrollment Decline Among Adults and Children Too Large to Be Explained By Falling Employment, CBPP, July 17, 2019, https://www.cbpp.org/research/health/medicaid-enrollment-decline-among-adults-and-children-too-large-to-be-explained-by.

24 Matt Broaddus and Aviva Aron-Dine, Uninsured Rates Rose Again in 2019, Further Eroding Earlier Progress, CBPP, September 15, 2020, https://www.cbpp.org/research/health/uninsured-rate-rose-again-in-2019-further-eroding-earlier-progress.

PERM/MEQC operational protocols and state guidance to reflect the updated regulations. CMS should undertake enhanced monitoring and oversight to enforce compliance with minimum timeliness and performance standards to assure that states are conducting eligibility and enrollment processes in a manner that is both accurate and timely. In addition, any forthcoming regulations or guidance related to ex parte renewals (see above) should be incorporated into program integrity activities. An enhanced focus on data transparency, oversight, and enforcement of updated regulations and guidance will help assure that people who are eligible can gain and retain coverage.

Legal Authority: Sections 1902(a)(4)(A) and (a)(19) of the Social Security Act provide CMS with authority to ensure the proper and efficient administration of the program and that eligibility is

determined in a manner consistent with simplicity of administration and best interests of beneficiaries. In addition, CMS has broad authority pursue Medicaid program integrity under Section 1936 of the Act. Finally, regulations promulgated to establish standards for MEQC (42 C.F.R. §§ 431.800-836) et seq.) and PERM (42 C.F.R. §§ 421.950-1010) provide a basis on which CMS may provide additional subregulatory guidance consistent with the regulations.

13. Finalize Guidance to Improve Care Transitions for People Leaving Jail or Prison
CMS should issue clear guidance, and approve Section 1115 demonstrations consistent with such guidance, to test how providing limited "in-reach" Medicaid services to individuals who are incarcerated but nearing release can close gaps in care for people returning home from jail or prison.

Problem: While people in prison and jail have high rates of behavioral and chronic health conditions, they often go without needed health care before reentry and do not connect with community-based care once they return home. Medicaid can play an important role in closing the gaps in care for people returning home from jail or prison by beginning the transition to community care before reentry. But such "in-reach" services, in which community-based providers meet with people before they are released, are rare due to the lack of reliable funding. In addition, states and communities still have much to learn about how to build and sustain the partnerships and infrastructure to deliver these in-reach services on an ongoing basis.'

Recommended Action: In the absence of legislative action to authorize the provision of certain health care services for incarcerated people, CMS should issue guidance on parameters for Section 1115 demonstration projects that would improve care transitions for people returning home from jail or prison; CMS could issue this guidance in conjunction with approving pending demonstration requests. To date, more than ten states have proposed such demonstrations, but the proposals vary widely, illustrating the need for clear guidance.

Demonstration guidance should allow states to draw down federal funds for a limited set of services that are necessary for successful transition in the final months prior to release (i.e., 30-90 days), including, at minimum, case management and care coordination. Other high-impact services could include medication services such as psychotropic medications and medication-assisted treatment for substance use disorders, behavioral health counseling, and initial consultations with primary and specialty providers. Services could also include recovery supports, such as peer supports, tenancy supports, and supported employment services.

Demonstrations should focus on covering in-reach services, meaning services delivered by community-based care providers, which are best suited to help people transition to community-based care and connect with other services and resources that are critical to health and preventing recidivism, such as housing and employment services. The guidance should also require states to establish that pre-release services are additive rather than refinancing existing services or shifting the cost of correctional care from county and state governments to the federal government. CMS should also adopt monitoring and reporting requirements to ensure that implementation efforts are focused on improving connection to community-based care during reentry.

Legal Authority: The SUPPORT Act required HHS to issue guidance on how states can design Section 1115 demonstrations to provide services to justice-involved individuals before release to support reentry and Section 1115 of the Act gives the Secretary authority to approve demonstrations that test interventions to promote the objectives of Medicaid, including coverage.

14. Leadership from OMB and DPC on cross-program policy, especially regarding Medicaid and SNAP

We recommend that the White House, through OMB and DPC, take on more proactive leadership for ensuring the federal government is coordinated on policy that spans across federal agencies. The ending of the Public Health Emergency makes improved collaboration particularly urgent for Medicaid and SNAP.

Problem: Almost all SNAP recipients also qualify for Medicaid (except for adults in states that have not implemented the Medicaid expansion). And, in the majority of states, SNAP and Medicaid application and certification activities are integrated and performed by the same state officials. A longstanding challenge has existed at the federal level in coordinating policy decisions and communications with states across the two federal agencies (FNS and CMS). Lack of coordination leads to administrative inefficiencies and is a lost opportunity for coordinated enrollment approaches. It is understandable that each agency prioritizes its specific programs, but the low-income families and individuals as well as state agencies pay the price for the lack of coordination, through lost benefits and added administrative cost.

We know that the separate federal agencies have been making efforts to work together, but we think a broader government-wide effort is needed. With only about two years left in this term, it is important for the Administration to make progress in coordinating policy, technology, and guidance, both as a way of improving outcomes now and as a way of trying to create a lasting infrastructure for such coordination.

Recommended Action: We think that high-level leadership within the Executive Office of the President needs to put pressure on the federal agencies to work together more effectively, to share information, and to issue joint guidance to state agencies. In addition to the WIC example in the next section, here are some examples of areas where we see opportunities:

• A transparent collaboration process: To help states that jointly administer Medicaid and SNAP, it would be helpful for the agencies to create a process to jointly answer state questions about policy, including the "unwinding," to develop solutions for integrated states where program policies conflict, and to strategize mitigation approaches for struggling states

that don't incentivize states to prioritize one program over the other. Where possible, agency representatives could present together on calls with state agencies and issue joint guidance on policy and operational matters that affect both programs.

• Coordination on regulations and guidance: OMB could build into its regulatory process a step for agencies to inform each other about upcoming regulations that could have an impact on beneficiaries or stakeholders in other programs. The recently proposed Medicaid regulation on enrollment practices has provisions that would directly conflict with SNAP rules. But the agency did not acknowledge these conflicts in the preamble or make an attempt to help states deal with assessing or addressing the conflicts.

• Text message guidance: Many states have been making increased use of text messaging during the pandemic, but there is confusion about what each program allows. FNS/CMS (and ACF for TANF, foster care, and child care) could issue joint guidance encouraging agencies to use text messaging to communicate with clients about renewals, returned mail, and other required actions, when appropriate. The guidance could explain that the Telephone Consumer Protection Act (TCPA) does not apply to state governments (and address the challenges for county-administered states) and specify that opting in to messaging is not required. The guidance also could address TCPA's applicability to managed care organizations and other state contractors as well as cellular carrier requirements.

• Using SNAP information to determine eligibility for Medicaid: Many of the lowest income households participate in both Medicaid and SNAP and for many cases SNAP will have more recent income information than Medicaid has. Joint FNS/CMS guidance to encourage agencies to use SNAP information to verify eligibility for Medicaid at renewal by using SNAP as a data source, through Express Lane Eligibility, through a waiver during unwinding, or through the SNAP state plan option could help states prioritize their efforts. The agencies could also facilitate sharing of best practices and technical assistance to states (directly or through civic tech partners) to help states work through data management and other challenges that limit implementation of these approaches.

• Verification guidance: The agencies could issue joint guidance encouraging the use of data sources to verify eligibility and minimize requests for information to clients at application and renewal. Specific information about allowable uses of data sources (including their age) and promoting a "one touch" approach to case processing could encourage states to streamline eligibility determinations and reduce the amount of time eligibility workers spend on each case. A specific need is to fix a long-standing problem where states have access to the Work Number for verifying income through CMS's data hub but cannot use the information for SNAP.
• Shared services: The agencies could explore opportunities to provide shared services that state and local agencies could choose to participate in. This could include a text messaging module or an ex parte module that states could send their enrollment information through

and receive an indication of whether the case is eligible to be renewed ex parte or if the enrollee must submit a renewal form.

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Request for Meeting with NY Safety Net Hospital Coalition
From:
"Brown, LaRay" <LaBrown@INTERFAITHMEDICAL.org>

Sent:
11/10/2022 9:52:27 AM -0500

To:
"Tsai, Daniel (CMS/CMCS)" <Daniel.Tsai@cms.hhs.gov>

CC:
"Briskin, Perrie (CMS/CMCS)" <Perrie.Briskin@cms.hhs.gov>; "Katch (she/her), Hannah (CMS/OA)" <Hannah.Katch@cms.hhs.gov>; WBernstein@manatt.com; MMcNamara@manatt.com; CMann@manatt.com; ccantrell@manatt.com

Subject:
Request for Meeting with NY Safety Net Hospital Coalition

Attachments:
SNH Coalition CMS Directed Payment Letter.pdf

Director Tsai,

On behalf of the New York Safety Net Hospital Coalition, please find attached here a letter requesting a meeting with you to discuss how directed payment authority can help address the structural inequities and gaps in how safety net hospitals are financed. This issue is of critical importance to our Coalition and we are eager to partner with CMS and New York State to build more stability and predictability in how safety net hospitals are funded so we can better serve our patients and communities.

I look forward to hearing from you soon and hope that we are able to find some time to discuss further.

Sincerely,
LaRay Brown

November 8, 2022

Submitted Electronically
Daniel Tsai
Deputy Administrator and Director
Center for Medicaid and CHIP Services (CMCS)
7500 Security Boulevard
Baltimore, Maryland 21244-1850

cc: Perrie Briskin

Re: New York Safety Net Hospital Coalition Request for a Meeting on Directed Payment Program for Safety Net Hospitals

Dear Dan,

In light of CMS' intent to address directed payment authority in the context of its revisions to the Medicaid managed care regulations, the New York Safety Net Hospital Coalition (hereafter, "the Coalition") is requesting a meeting with Director Tsai to discuss the potential for directed payment authority to help states address the structural gaps in financing faced by safety net hospitals serving low-income people in communities of color.

As background, the Coalition formed in 2021 in response to the urgent need for significant, structural payment reforms for safety net hospitals in New York. The seven members of the Coalition are significant providers of care for low-income patients, each with at least 36 percent of inpatient and outpatient services covered by Medicaid or uninsured. Few of our patients are commercially-insured, representing less than 20 percent of the patient mix. We serve historically marginalized neighborhoods which are home to more than 4.7 million New Yorkers where up to 76 percent of the residents are people of color, including Black and Latinx residents. The neighborhoods served by our hospitals have also experienced disproportionately higher rates of COVID-related hospitalizations and deaths compared to other areas in New York City.

The fundamental, structural challenge facing our hospitals is that Medicaid pays our facilities 61 cents for every dollar we spend on care. [i] Since we see few commercial patients, we are unable to cross-subsidize with more favorable commercial rates that other facilities receive, which can be up to seven times greater than the Medicaid and commercial rates that our hospitals receive for the same services. [ii] As a result of continued underpayment, our hospitals remain in financial distress and we are unable to invest in our facilities. The average age of physical plant for safety net hospitals in the City is 19 years, compared to 11 years for other hospitals in the City and nationwide. [iii] An aging physical plant is not just a cosmetic issue, it manifests itself through care infrastructure that does not meet the current standards of medical care, crowded emergency departments, HVAC systems in need of repair, and generally substandard conditions. We also lack funding to invest in new care models, such as virtual care, to ensure that low-income patients have equitable access to care. In short, decades of underinvestment in the safety net have created a self-reinforcing disparity where commercially insured patients seek care at wealthier hospitals with upgraded facilities, leaving safety net hospitals with even fewer resources to address these critical needs.

New York State has taken steps to address the structural failures in the Medicaid financing system, but more is needed. The state's Directed Payment Template (DPT) program, which directs Medicaid managed care plans to provide enhanced payment rates to designated classes of hospitals, has been evolving. [iv] With CMS approval, New York recently implemented a DPT program for safety net hospitals

with at least 36 percent of services attributed to Medicaid across both inpatient and outpatient settings.

This was an important step, but it does not fully address the need of all safety net hospitals that serve significant volumes of Medicaid and uninsured patients, particularly in outpatient settings. For example, even after accounting for enhanced rates under the DPT program, the Medicaid rates for three Coalition safety net hospitals only cover 48-81 percent of costs for outpatient clinic services and 45-67 percent of costs for ED services. Furthermore, enhanced rates under the DPT program do not fully cover the costs associated with delivering inpatient psychiatric services, which are sorely needed in our communities. v

We emphasize these points not to criticize the DPT program as a mechanism, which is critical to providing funding to our facilities, but rather highlight that without sufficient funding we are unable to cover the costs of services delivered to Medicaid beneficiaries and invest in our infrastructure and services needed by the community.

The Coalition plans to work with New York State during the upcoming legislative session to further evolve the DPT program and is eager to engage with CMS on this issue. As CMS considers regulatory action for the DPT program, the Coalition requests a meeting to share our data and discuss the importance of the program to our hospitals and how it might evolve to better meet the needs of hospitals like ours. Given the priorities of the Biden Administration, we are confident that CMS does not intend to limit states' flexibility to take meaningful steps forward to improve access and quality for safety net hospitals that serve low-income populations and communities of color, but acknowledge that issues arising across all states on the DPT program are complex and challenging. We are eager to partner with both the State and CMS on this critical issue to build more stability and predictability in how safety net hospitals are funded so that we can better serve our patients and communities.

We appreciate your consideration of these important issues to our hospitals and communities and hope that we can find time to discuss them further. Please contact Chris Cantrell (ccantrell@manatt.com) who can coordinate a meeting on behalf of the Coalition CEOs. We look forward to hearing from you soon.

Sincerely,

LaRay Brown
CEO, One Brooklyn Health System
Chair, New York Safety Net Hospital Coalition

Kenneth Gibbs
CEO, Maimonides Medical Center

Bruce Flanz
CEO, Medisys Health Network

Mitchell Katz
CEO, NYC Health + Hospitals

David Perlstein
CEO, SBH Health System

Gerard Walsh
CEO, St. John's Episcopal Hospital

Ramón Rodriguez
CEO, Wyckoff Heights Medical Center

i Healthcare Association of New York State, Statewide Report, February 2022. Available at: https://www.hanys.org/government_affairs/community_benefit/docs/statewide/statewide.pdf
ii Based on an analysis of Citywide and Manhattan estimated commercial allowed amounts based on data compiled and maintained by FAIR
Health, Inc. FAIR Health is not responsible for any of the opinions or conclusions expressed herein. Data (c) 2021 FAIR Health, Inc.
iii King, D., et al., "A closer look at U.S. health care infrastructure," Health Facilities Management. January 2018. Available at:
https://www.hfmmagazine.com/articles/3239-a-closer-look-at-infrastructure#:~:text=For%20example%2C%20the%20median%20average,2004%2C%20and%208.6%20in%201994
iv Several hospitals that were not part of the State's DPT program last year, including NYC Health + Hospitals, are now part of the Coalition and
working to advance the proposal for financing reform that would address the needs of a broader class of safety net hospitals.
v Based on Coalition analysis of hospital financials.

Author: Paulsen, Michael
Company: Manatt Phelps Phillips LLP
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Producer: Adobe PDF Library 22.3.39

Center for Medicaid and CHIP Services – Mental Health and Substance Use Disorder Strategy
Introduction
As the largest single source of funding for mental health (MH) and substance use disorder (SUD) treatment and support services,

1 The Medicaid and CHIP Payment and Access Commission. Behavioral Health in the Medicaid Program – People, Use, and Expenditure. Report to Congress, Chapter 4. June 2015. https://www.macpac.gov/wp-content/uploads/2015/06/June-2015-Report-to-Congress-on-Medicaid-and-CHIP.pdf

1
Medicaid along with the Children's Health Insurance Program (CHIP) underpin delivery of care for MH conditions and SUDs across the United States and provide critical support for millions of people with these conditions. Improving access to good quality MH and SUD treatment is among the highest priorities of the Centers for Medicare & Medicaid Services (CMS) and is integral to the Center for Medicaid and CHIP Services' (CMCS') partnership with states to provide health care coverage. CMCS also collaborates closely with other federal agencies, particularly the Substance Abuse and Mental Health Services Administration (SAMHSA), to improve the quality and availability of MH and SUD services for Medicaid and CHIP enrollees.
Medicaid and CHIP can provide coverage for a full array of services and supports for people with MH conditions and SUDs, including services that generally are not covered by other health care programs or plans. This feature of Medicaid and CHIP is particularly critical for individuals with more serious MH conditions and/or SUDs who are more likely to be enrolled in Medicaid and CHIP.

2 Saunder H, Rudowitz R. Demographics and Health Insurance Coverage of Nonelderly Adults with Mental Illness and Substance Use Disorders in 2020. Kaiser Family Foundation Brief. June 2022. https://www.kff.org/medicaid/issue-brief/demographics-and-health-insurance-coverage-of-nonelderly-adults-with-mental-illness-and-substance-use-disorders-in-2020/

2
In addition, special protections incorporated into Medicaid and CHIP, including the mandatory Medicaid Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit, provide assurance that enrollees struggling with serious MH conditions or SUDs have coverage for the care they need.
As highlighted in a recent CMCS Informational Bulletin "Leveraging Medicaid, CHIP, and Other Federal Programs in the Delivery of Behavioral Health Services for Children and Youth", the mandatory EPSDT benefit requires coverage of all medically necessary care for children and adolescents under the age of 21 enrolled in Medicaid, including coverage of prevention, screening, assessment, and treatment services for MH conditions and SUDs. This clarification is critically important since MH and SUD conditions are among the most prevalent health conditions affecting children,

3 Whitney DG, Peterson MD. US national and state-level prevalence of mental health disorders and disparities of mental health care use in children. JAMA Pediatr,173(2):389-391 (2019). https://jamanetwork.com/journals/jamapediatrics/fullarticle/2724377 ; Bitsko RH, Claussen AH, Lichstein J, et al. Mental Health Surveillance Among Children — United States, 2013–2019. MMWR Suppl 2022;71(Suppl-2):1–42 (Feb. 2022). https://www.cdc.gov/mmwr/volumes/71/su/su7102a1.htm?s_cid=su7102a1_w .

3

and Medicaid and CHIP provide health care coverage for about half of the children and adolescents in the U.S.

4 Alker J, Brooks T. Millions of Children May Lose Medicaid: What Can be Done to Help Prevent them from Becoming Uninsured. Georgetown University Health Policy Institute Center for Children and Families Report. Feb. 17, 2022. https://ccf.georgetown.edu/2022/02/17/millions-of-children-may-lose-medicaid-what-can-be-done-to-help-prevent-them-from-becoming-uninsured .

4

Coverage of MH and SUD treatment and services through Medicaid and CHIP was expanded and strengthened by the Affordable Care Act. One key outcome of this expansion has been significantly improved access to MH and SUD treatment among low-income adults.

5 Guth L, Ammula M. Building on the Evidence Base: Studies on the Effect of Medicaid Expansion, February 2020 to March 2021. Kaiser Family Foundation Report. May 6, 2021. https://www.kff.org/report-section/building-on-the-evidence-base-studies-on-the-effects-of-medicaid-expansion-february-2020-to-march-2021-report/ .

5

These individuals are among a number of groups at heightened risk of MH conditions and SUDs who depend on Medicaid and CHIP.

Ethnic and racial minorities and people with disabilities also experience higher rates of MH conditions and SUDs than the general population. These groups also rely on Medicaid to a higher degree than other forms of coverage.

6 Donohue JM, Cole ES, James CV, et a. The US Medicaid Program: Coverage, Financing, Reforms, and Implications for Health Equity. JAMA, 328(11):1085–1099 (2022). https://jamanetwork.com/journals/jama/fullarticle/2796374

6

Thus, addressing disparities in coverage and access to MH and SUD treatment and services, with the goal of increasing equity, is central to CMCS' mission.

Another hallmark of Medicaid and CHIP, coverage of home and community-based services (HCBS), is particularly essential for individuals with more serious MH conditions and SUDs. States' HCBS programs are vital safety net programs that promote community engagement in treatment, which is fundamental for improving outcomes for individuals with MH conditions or SUDs. Beyond providing clinical services and treatment, HCBS include social supports to address basic human needs, including linkages and services to support stable housing, access to food, and assurance of transportation. These services support individuals with more serious MH conditions and SUDs in their homes and communities and enable them to pursue self-identified goals. Ultimately, HCBS covered by Medicaid and CHIP provide a foundation for recovery among people with mental illnesses and/or SUDs by providing hope and a sense of purpose.

Improving engagement in treatment for MH and SUD services is also critical for improving physical health care outcomes among these high need populations.

7 Chapel JM, Ritchey MD, Zhang D, et al. Prevalence and Medical Costs of Chronic Diseases Among Adult Medicaid Beneficiaries. American Journal of Preventive Medicine, 53(6):S143-S154 (2017). https://www.ajpmonline.org/article/S0749-3797(17)30426-9/fulltext .

7
Individuals with MH conditions or SUDs have high rates of co-occurring physical health conditions that drive much of the elevated cost of treating these individuals.

8Melek SP, Norris DT, Paulus J, et al. Potential economic impact of integrated medical-behavioral healthcare. Milliman Research Report. Jan. 2018. https://www.milliman.com/-/media/milliman/importedfiles/uploadedfiles/insight/2018/potential-economic-impact-integrated-healthcare.ashx

8
Medicaid and CHIP policies aimed at improving integration of MH and SUD services with primary care, like the recent policy clarification encouraging coverage of interprofessional consultations, such as by MH and SUD treatment specialists for primary care and other providers, can help engage individuals in treatment by offering a more familiar care setting. In addition, this support for more integrated care can also improve outcomes for physical health conditions and help manage health care costs associated with individuals with MH conditions and SUDs.
Unfortunately, the COVID-19 pandemic has had a particularly detrimental impact on mental health and substance use.

9 Panchal N, Saunders H, Rudowitz R, et al. The Implications of Covid-19 for Mental Health and Substance Use. Kaiser Family Foundation Issue Brief. Updated March 20, 2023. https://www.kff.org/health-reform/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/

9
The increased need for MH and SUD treatment has occurred at a time when capacity to provide these services and supports has decreased. Currently, provider workforce shortages are common with nearly half of the U.S. population living in a mental health workforce shortage area.

10 Health Resources and Services Administration, Health Workforce Shortage Areas Dashboard. Accessed April 2023. https://data.hrsa.gov/topics/health-workforce/shortage-areas .

10

Rural areas are especially impacted by shortages of MH and SUD providers, given that individuals living in those areas experience similar and by some estimates higher rates of MH conditions and SUDs.

11 The Medicaid and CHIP Payment and Access Commission, Issue Brief: Medicaid and Rural Health, April 2021. https://www.macpac.gov/wp-content/uploads/2021/04/Medicaid-and-Rural-Health.pdf

11
Consequently, individuals in these areas generally have less access to treatment services or supports for these conditions.

12 Mack B, Whetsell H, Graves JM. Mental Health in Rural Areas. National Rural Health Association Policy Brief. Feb 2022. https://www.ruralhealth.us/NRHA/media/Emerge_NRHA/Advocacy/Policy%20documents/NRHA-Mental-health-in-rural-areas-policy-brief-2022.pdf

12

Children and adolescents have been particularly affected by the impact of COVID-19 on MH and substance use.

13 Centers for Disease Control and Prevention. Youth Risk Behavior Survey Data: 2011-2021. https://www.cdc.gov/healthyyouth/data/yrbs/pdf/YRBS_Data-Summary-Trends_Report2023_508.pdf .

13

Pediatric emergency department (ED) visits for mental health conditions increased throughout the pandemic.

14 Radhakrishnan L, Leeb RT, Bitsko RH, et al. Pediatric Emergency Department Visits Associated with Mental Health Conditions Before and During the COVID-19 Pandemic — United States, January 2019–January 2022. MMWR Morb Mortal Wkly Rep, 71:319–324 (2022). http://dx.doi.org/10.15585/mmwr.mm7108e2

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Moreover, ED boarding, which occurs when people wait for extended periods in these settings for access mental health treatment, was common before the pandemic

15 McEnany FB, Ojugbele O, Doherty JR, et al. Pediatric Mental Health Boarding. Pediatrics. 146(4) (Oct 2020). https://publications.aap.org/pediatrics/issue/146/4

15

and now has also increased.

16 Ibeziako P, Kaufman K, Scheer KN, et al. Pediatric Mental Health Presentations and Boarding: First Year of the Covid-19 Pandemic. Hosp Pediatrics, 12(9): 751-760 (2022).

16

Of further concern, adults and adolescents with serious mental illness (SMI) and/or SUD – particularly those from marginalized groups – continue to experience high rates of incarceration. Millions of individuals with SMI and SUDs are booked into jail every year; many for minor crimes such as loitering or vagrancy.

17 Balfour ME, Stephenson AH, Winsky J, et al. Cops, clinicians, or both? Collaborative approaches to responding to behavioral health emergencies. National Association of State Mental Health Program Directors Paper. Aug 2020. https://www.nasmhpd.org/sites/default/files/2020paper11.pdf.

17
They tend to stay in jail far longer than other individuals and often do not receive needed MH or SUD treatment.

18 Balfour ME, Stephenson AH, Winsky J, et al. Cops, clinicians, or both? Collaborative approaches to responding to behavioral health emergencies. National Association of State Mental Health Program Directors Paper. Aug 2020. https://www.nasmhpd.org/sites/default/files/2020paper11.pdf.

18
Disciplinary or legal actions are a frequent response to children and adolescents struggling with mental health or substance use disorders.

19 Fabelo T, Thompson MD, Plotkin M, et al. (2011). Breaking schools' rules: A statewide study of how school discipline relates to students' success and juvenile justice involvement. Council of State Governments Justice Center. 2011. https://csgjusticecenter.org/wp-content/uploads/2020/01/Breaking_Schools_Rules_Report_Final.pdf ; Mallett CA. The School-to-Prison Pipeline: A Critical Review of the Punitive Paradigm Shift. Child and Adolescent Social Work Journal, 33(1), 15–24 (April 2015). https://link.springer.com/article/10.1007/s10560-015-0397-1

19
Tragically, nearly 70 percent of children in the juvenile justice system have a diagnosable MH condition or SUD.

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To help address these issues, CMCS has engaged in a multifaceted approach to strengthen coverage of MH and SUD treatment in Medicaid and CHIP across all care delivery systems. As a part of this effort, CMCS released a Request for Information (RFI) from February 17, 2022, to April 18, 2022, that asked the public for suggestions on increasing access in Medicaid and CHIP. Major themes in the public comments included the need to improve network adequacy for MH and SUD providers and to support greater transparency in coverage policies including payment rates.
Accordingly, CMCS has prioritized developing new strategies for improving participation of MH and SUD providers in Medicaid and CHIP. To further that objective, the recent Access and Managed Care Notices of Proposed Rulemaking propose significant regulatory changes aimed at improving access to MH and SUD treatment services and supports.
Moreover, as the public health emergency (PHE) winds down, maintaining health care coverage is critical for ensuring access to MH and SUD treatment services and supports. Since March 2020, as a condition of receiving temporary, increased federal Medicaid matching funds, states have been required to maintain enrollment of nearly all Medicaid enrollees. This continuous enrollment condition ended on March 31, 2023, and states are returning to normal eligibility and enrollment operations. States will have 12 months to initiate and 14 months to complete redeterminations for everyone enrolled in Medicaid and CHIP. This process is commonly referred to as "unwinding". CMCS is working

proactively with state Medicaid and CHIP agencies and other stakeholders to ensure that people stay connected to coverage either by remaining enrolled in Medicaid or CHIP, if they are still eligible, or transitioning to another coverage option, such as Marketplace coverage.

CMCS also has a number of initiatives underway aimed at making MH and SUD treatment more readily available where people regularly go to seek care, including non-specialized health care settings such as primary care, and other non-traditional settings, such as schools, jails and prisons, as well as through programs that address health-related social needs (HRSN). Increased availability of MH and SUD treatment services and supports in these non-specialized and non-traditional settings can encourage engagement in MH and SUD treatment and reduce the stigma associated with these conditions.

As an illustration of this dynamic, when mental health care is available in school settings, youth are far more likely to be identified early and to initiate and complete care.

21 Rones M, Hoagwood K. (2000). School-based mental health services: A research review. Clinical Child and Family Psychology Review, 3(4), 223-241. https://pubmed.ncbi.nlm.nih.gov/11225738/ ; Burns B J, Costello E J, Angold A, et al. Children's mental health service use across service sectors. Health Affairs, 14(3), 147-159 (1995). https://www.healthaffairs.org/doi/10.1377/hlthaff.14.3.147

21

School-based MH and SUD programs incorporating prevention, early intervention, and graduated levels of treatment services and supports have been associated with enhanced academic performance,

22 Greenberg M, Weissberg, R., O'Brien M, et al. Enhancing school-based prevention and youth development through coordinated social, emotional, and academic learning. American Psychologist, 58: 466 (2003). https://psycnet.apa.org/fulltext/2003-05959-009.pdf .

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23 Zins JE, Bloodworth MR, Weissberg R P, et al. The scientific based linking social and emotional learning to school success. In Zins J, Weissberg R, Wang M, et al. (Eds.). Building academic success on social and emotional learning: What does the research say? (pp. 3-22). NY: Teachers College Press (2004). https://www.researchgate.net/publication/242224840_The_Scientific_Base_Linking_Social_and_Emotional_Learning_to_School_Success

23

decreased need for special education,

24 Bruns E J, Walwrath C, Glass-Siegel M, et al. School-based mental health services in Baltimore: Association with school climate and special education referrals. Behavior Modification, 28, 491-512(2004). https://pubmed.ncbi.nlm.nih.gov/15186512/

24

fewer disciplinary encounters,

25 Jennings J, Pearson G, Harris M. Implementing and maintaining school-based mental health services in a large, urban school district. Journal of School Health, 70, 201-206 (2000). https://onlinelibrary.wiley.com/doi/epdf/10.1111/j.1746-1561.2000.tb06473.x

25
increased engagement with school,

26 Greenberg MT, Domitrovich CE, Graczyk PA, et al. The study of implementation in school-based prevention interventions: Theory, research, and practice (Vol. 3). Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration. 2005. https://www.academia.edu/28690843/The_study_of_implementation_in_school_based_preventive_interventions_Theory_research_and_practice

26
and elevated rates of graduation.

27 Lehr C A, Johnson DR, Bremer CD, et al. Essential tools: Increasing rates of school completion: Moving from policy and research to practice. University of Minnesota, Institute on Community Integration, National Center on Secondary Education and Transition. 2004. https://conservancy.umn.edu/bitstream/handle/11299/172999/dropout.pdf?sequence=1&isAllowed=y

27

CMCS actions to bolster Medicaid and CHIP support for enrollees with mental health conditions or SUDs are outlined in the following strategy. Priorities include improving coverage and integration to increase access to prevention and treatment services. CMCS is also focused on encouraging engagement in care through increased availability of HCBS and coverage of non-traditional services and settings where individuals with mental illnesses and/or SUDs are often found. In addition, CMCS has numerous actions geared toward improving quality of care. Woven throughout these priority areas is a commitment to advancing equity and promoting integrated, whole-person care.
Strategy Overview
In summary, the three overarching goals with prioritized strategies that guide CMCS's actions to improve treatment and support for Medicaid and CHIP beneficiaries with MH conditions and/or SUDs are --
Increase Access to Prevention and Treatment by
Improving Coverage of MH and SUD Screening and Therapies and Promoting Parity
Supporting Integration and Coordination of MH and SUD Treatment with Other Health Care
Improve Engagement in Care by
Increasing Treatment and Support in Home and Community-Based Settings
Supporting Access to MH and SUD Services through Non-Traditional Settings
Enhance Quality of Care by
Encouraging Implementation of Evidence-Based Practices
Enhancing Quality Measurement
Analyzing and Publicizing Data on Key Topics
Prioritized Activities

Some high priority actions underway or under development for each of these goals and strategies are outlined below.
Increase Access to Prevention and Treatment
Strategies:
Improving Coverage of MH and SUD Treatment and Promoting Parity
Actions:
Supporting Connections to Health Care Coverage

Engagement with States on Unwinding:
CMCS has prioritized ensuring that individuals who were covered by Medicaid and CHIP during the COVID-19 PHE are connected to continued health care coverage as the Medicaid continuous enrollment condition ends. Maintaining health care coverage for the more than 92 million individuals enrolled in Medicaid and CHIP is critical, especially for those with MH conditions and SUDs. As we have seen in states that expanded Medicaid under the Affordable Care Act, a significant benefit of expanded health care coverage is improved access to MH and SUD treatment.

28 Guth L, Ammula M. Building on the Evidence Base: Studies on the Effect of Medicaid Expansion, February 2020 to March 2021, Kaiser Family Foundation Report. May 6, 2021. https://www.kff.org/report-section/building-on-the-evidence-base-studies-on-the-effects-of-medicaid-expansion-february-2020-to-march-2021-report/ .

Similarly, ensuring continued enrollment of eligible individuals will be essential for maintaining access to MH and SUD services for millions of low-income adults and youth.

Connecting Kids to Coverage Campaign:
The Connecting Kids to Coverage National Campaign is a national outreach and enrollment initiative that reaches out to families with children and teens eligible for Medicaid and provides a full range of outreach and enrollment materials (including customizable posters and flyers, social media messaging, as well as radio and TV public service announcements, videos featuring successful outreach strategies, and outreach strategy and social media guides). These materials can help states, community organizations, schools, health care providers and others organize and conduct successful outreach activities. Campaign resources include a radio media tour, which is conducted annually. This year, the radio media tour focused on Medicaid and CHIP coverage of mental health services. Information about the mental health initiative is available at: https://www.insurekidsnow.gov/initiatives/mental-health/index.html.

Increasing Network Adequacy and Participation by MH and SUD Treatment Providers

Managed Care and Access Rulemaking:
Significant new requirements included in the recently proposed rules on “Assuring Access to Medicaid Services” and “Managed Care Access, Finance, and Quality”, published on April 27, 2023 demonstrate CMCS’ strong commitment to improving access to MH and SUD services. These proposed regulatory changes are focused on strengthening access to and quality of care in Medicaid and CHIP by establishing certain national standards for timely access to care under managed care plans, through which a majority of Medicaid beneficiaries receive benefits. These rules would also establish transparency for Medicaid and CHIP payment rates for providers, other access standards for transparency and accountability, and options to empower beneficiary choice. Proposed managed care maximum appointment wait time standards for managed care plans that apply to outpatient MH and SUD services and requirements for secret shopper surveys to assess appointment wait times and provider directory accuracy. In addition, states would be required to submit an annual payment analysis for managed care and biennial payment analysis for fee-for-service that compares payment rates for certain services, including outpatient MH and SUD services as a proportion of Medicare’s payment rates.

Improved Reimbursement through Section 1115 Demonstrations:
CMCS has incorporated provisions in certain section 1115 demonstrations, including those that address HRSN, Designated State Health Programs, and Health Equity, that require states to assess and make progress on closing the gap

between that state's Medicaid payment rates and Medicare rates for certain types of services, including MH and SUD services. These types of provisions have been included, for example, in Section 1115 demonstrations for Oregon and Massachusetts.

Demonstration to Increase SUD Provider Capacity:
Through this initiative, CMCS has been working with states to improve SUD treatment provider participation in Medicaid and will issue, in collaboration with federal agency partners, three reports to Congress over the next few years on findings from this initiative that ends in September 2024.

Ensuring Compliance with Mental Health Parity and Addiction Equity Act and Other Requirements

CMCS is developing new tools and processes to improve oversight of parity compliance and continues to work with states to enforce parity requirements. In addition, CMS continues to work closely with states to ensure coverage of services to prevent, diagnose, and treat a broad range of MH and SUD symptoms and disorders in every state's CHIP program as called for by the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment Act (SUPPORT Act). CMCS requires that states incorporate age appropriate, validated screening tools, such as those recommended by the American Academy of Pediatrics and the United States Preventive Services Taskforce, and that the behavioral health services are provided in a culturally and linguistically appropriate manner.

Improving Implementation of Early Periodic Screening, Diagnostic and Treatment Services Requirements (EPSDT)

The Bipartisan Safer Communities Act (BSCA) requires CMS to review states' compliance with the Medicaid EPSDT benefit, provide technical assistance to states, issue guidance on best practices, and provide a report to Congress on its findings by June of 2024 Through these activities, CMCS will actively engage with states to ensure they are complying with the EPSDT benefit, including ensuring that states are providing children and adolescents with MH conditions and SUDs access to all medically necessary care. CMCS recently issued an information bulletin reminding states of their obligation to cover mental health and SUD services under EPSDT.
Supporting Integration and Coordination of MH and SUD Treatment with Other Health Care
Actions:
Encouraging Support for Use of Health Information Technology (HIT) among MH and SUD Treatment Providers

As a component of the Section 1115 demonstrations focused on SMI and serious emotional (SED) disturbance, CMCS requires states to develop plans for implementing HIT to support improvements to delivery of mental health care through those demonstrations. In addition, the State Medicaid Directors Letter (SMDL) regarding section 1115 demonstration opportunities to support community reentry and improve care transitions for individuals who were incarcerated (also discussed below) encourages states to consider supporting improvements in HIT to improve care transitions as part of those demonstrations. CMCS will also issue new technical guidance in collaboration with federal partners on how states can receive enhanced federal financial participation for qualified activities (e.g., 90 percent and 75 percent) for HIT systems that support care delivery by MH and SUD treatment providers.
Supporting Continued and Improved Coverage of Telehealth

By the end of 2023, CMCS will issue additional guidance for states on use of telehealth to provide services coverable by Medicaid and CHIP, which has been shown to be particularly effective for improving access to MH and SUD treatment.

29 Mace S, Boccanelli A, Dormond M. The Use of Telehealth within Behavioral Health Settings: Utilization, Opportunities, and Challenges. Behavioral Health Workforce Research Center, University of Michigan, (March 2018) https://behavioralhealthworkforce.org/wp-content/uploads/2018/05/Telehealth-Full-Paper_5.17.18-clean.pdf ; Bashshur RL, Shannon GW, Bashshur N, et al. The empirical evidence for telemedicine interventions in mental disorders. Telemed J E Health, 22(2): 7-113 (Jan. 2016). https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4744872/ ; Lin L, Casteel D, Shigekawa E, et al. Telemedicine-delivered treatment interventions for substance use disorders: A systematic review. Journal of Substance Abuse Treatment, 101: 38-49 (June 2019). https://www.sciencedirect.com/science/article/pii/S0740547218304288?via%3Dihub

This guidance will build on the "State Medicaid & CHIP Telehealth Toolkit: Policy Considerations for States Expanding Use of Telehealth" and a supplement that were developed by CMCS during the COVID-19 PHE.

Increasing Availability of MH and SUD Treatment through Interprofessional Consultation

CMCS will build on new guidance on coverage and reimbursement for interprofessional consultations. Through direct technical assistance and engagement with state Medicaid agencies, CMCS is focused on raising awareness about opportunities this policy creates for improving integration of MH and SUD treatment into additional settings including primary care and pediatricians' offices, EDs, and school-based health centers as well as the potential to mitigate workforce shortages by better leveraging the existing supply of MH and SUD specialists.

Improve Engagement in Care
Strategies:
Increasing Treatment and Support in Home and Community-Based Settings
Actions:
Funding a Continuum of Crisis Stabilization Services

Mobile Crisis Intervention Services Grants and State Plan Amendments:
As authorized in the American Rescue Plan, CMCS provided $15 million in planning grants to 20 states to support implementation of Medicaid qualifying community-based mobile crisis intervention services. CMCS continues to engage regularly with states awarded planning grants and extended the deadline for using these funds until September 2023. As part of these efforts, CMCS is working with a number of states to implement state plan amendments to qualify for temporary enhanced federal Medicaid funding for mobile crisis intervention services. Foundational to these efforts has been a State Health Official Letter issued by CMCS specifying the requirements for mobile crisis intervention services to be eligible for the temporary increased federal matching funds and also describing a number of additional ways states may support crisis services for Medicaid and CHIP beneficiaries.

Guidance and Technical Assistance on Medicaid & CHIP Support for Crisis Services
CMCS is partnering with SAMHSA to develop and issue additional guidance on Medicaid and CHIP support for crisis stabilization services as well as working together to establish a technical assistance center on this topic and develop a compendium of best practices.

Support for Crisis Response by Certified Community Behavioral Health Clinics
CMCS is working with SAMHSA to expand availability of Certified Community Behavioral Health Clinics (CCBHCs) nationwide (described below). As part of this work, we are proposing a new payment policy to encourage states to improve support for crisis response services by CCBHCs including mobile units and facility-based walk-in/urgent care services at CCBHCs. CMCS is incorporating this new policy into technical guidance and resources for the CCBHC demonstration.

Expanding the CCBHC Demonstration

In the CCBHC demonstration, participating state Medicaid programs receive enhanced federal funding for clinics that meet specific federal criteria including offering comprehensive services and evidence-based programs, improving care coordination, and reporting quality measures. CMCS is actively collaborating with SAMHSA and the Department of Health and Human Services (HHS) Office of the Assistant Secretary for Planning and Evaluation to expand the demonstration as authorized in the BSCA and will start engaging with planning grant awardees in spring/summer of 2023 as these states prepare to apply for the demonstration in 2024. As a part of this effort, CMCS is developing and updating guidance on prospective payment system options including the performance measures and policies for the quality bonus component of these reimbursement methodologies.
Strengthening Support for HCBS

Many Medicaid-supported HCBS programs focus on assisting individuals with MH and SUD conditions, including through the rehabilitative services and section 1915(i) state plan authorities, section 1915(c) waivers, and other authorities. With enhanced and more flexible federal funding for HCBS under section 9817 of the American Rescue Plan (ARP), many states have offered a broader range of community-based services for people with MH conditions and SUDs, helped to stabilize provider workforce challenges, improved quality of care, and funded establishment of additional crisis stabilization services and programs. CMCS will continue to support state efforts and, accordingly, CMCS recently extended the deadline for states to use the additional federal funding from section 9817 of the ARP from March 2024 to March 2025.

Increasing Awareness of Medicaid Coverage of Peer Supports

CMCS has a long-standing policy specifying that states have the option to provide Medicaid coverage of peer supports as part of MH and SUD services. This policy confirmed state discretion to determine critical aspects of how peer supports are covered, including training and certification requirements and how peer support providers must be supervised. CMCS will continue promoting existing options states have for providing Medicaid coverage of peer support services.

Supporting Access to MH and SUD Services through Non-Traditional Settings and Services

Actions:

Improving Connections to Care and Support for Individuals Leaving Jails and Prisons

CMCS recently established a ground-breaking policy that will support improved access to care, including MH and SUD treatment for individuals leaving jails or prisons. This policy is outlined in an SMDL issued on April 17, 2023 that specifies how states may access federal match through a section 1115 demonstration for short-term services in these settings, which is otherwise generally not permissible. California's reentry demonstration initiative amendment was approved on January 31, 2023, and 14 additional states have proposed similar demonstrations to CMCS. CMCS will support state implementation of this new section 1115 opportunity. In addition, CMCS will work with other federal partners, including Department of Justice and the Department of Housing and Urban Development, to raise awareness among different other sectors, including criminal justice and housing agencies at the state level, to support people leaving jails and prisons. Given high rates of incarceration of people with MH and SUD conditions, CMCS will ensure these state demonstrations include attention to improving access to MH and SUD treatment.

Increasing Support for Youth Leaving Juvenile Justice Settings

The Consolidated Appropriations Act, 2023 (CAA, 2023) included two key provisions for supporting youth leaving juvenile justice settings: "Medicaid and CHIP Requirements for Health Screenings, Referrals, and Case Management Services for Eligible Juveniles in Public Institutions" (Section 5121) and "Removal of Limitations on Federal Financial Participation for Inmates Who Are Eligible Juveniles Pending Disposition of Charges" (Sec. 5122), with both provisions going into effect in 2025. To implement these provisions, CMCS will also develop and issue guidance on maintaining enrollment and covering services for incarcerated youth prior to release. These provisions prohibit termination of eligibility for CHIP among youth while incarcerated, which was already prohibited by section 1001 of the SUPPORT Act for Medicaid

1 See SMD #21-002, Implementation of At-Risk Youth Medicaid Protections for Inmates of Public Institutions, available at https://www.medicaid.gov/Federal-Policy-Guidance/Downloads/smd21002.pdf.

, and require both Medicaid and CHIP programs to cover screening and diagnostic services and targeted case management services in the 30 days prior to release. Additionally, Medicaid must provide targeted case management in the 30 days after release for individuals following adjudication. In addition, the CAA gives states the option to provide full Medicaid and CHIP coverage for juveniles incarcerated pending disposition of charges. These recent changes will be critical for improving access to MH and SUD services among youth in the juvenile justice system who have high

rates of these conditions

30 Skowyra KR, Cocozza JJ. Blueprint for change: A comprehensive model for the identification and treatment of youth with mental health needs in contact with the juvenile justice system. The National Center for Mental Health and Juvenile Justice. (2006). https://ihbtohio.org/wp-content/uploads/2019/10/Blueprint_for_Change_A_Comprehensive_Model_for_the_Identification_and_Treatment_of_Youth_with_Mental_Health_Needs_in_Contact_with_the_Juvenile_Justice_Network.pdf

30
. Disciplinary or legal actions are a frequent response to children and adolescents struggling with MH or SUD.

31 Fabelo T, Thompson MD, Plotkin M, et al. Breaking schools' rules: A statewide study of how school discipline relates to students' success and juvenile justice involvement. Council of State Governments Justice Center. 2011. https://csgjusticecenter.org/wp-content/uploads/2020/01/Breaking_Schools_Rules_Report_Final.pdf; Mallett CA. The School-to-Prison Pipeline: A Critical Review of the Punitive Paradigm Shift. Child and Adolescent Social Work Journal, 33(1), 15–24 (April 2015). https://link.springer.com/article/10.1007/s10560-015-0397-1

31

Promoting School-Based Services including MH and SUD Prevention and Treatment

CMCS released "Delivering Service in School-Based Settings: A Comprehensive Guide to Medicaid Services and Administrative Claiming" as well as an overview of the Guide to provide guidance to states and schools to simplify and streamline Medicaid and CHIP requirements for claiming for school-based health care. In addition, CMCS will award grants to states and establish an on-going technical assistance center in coordination with the Department of Education as authorized by Congress in the BSCA to support Medicaid and CHIP coverage of school-based services. Providing MH and SUD services in school-based settings is critical for improving access to these services for children and adolescents, and these new resources will include attention to this important issue. These initiatives build on additional earlier guidance encouraging states to leverage Medicaid to support availability of a full array of covered health services in schools including mental health treatment for children enrolled in Medicaid as well as two joint letters by the Secretaries of Health and Human Services and Education highlighting these opportunities for Governors.

Improving Connections with Supports to Address HRSN

Through section 1115 demonstrations and managed care in-lieu-of services and settings (ILOSs) focused on HRSNs, CMCS will engage with state agencies regarding federal programs that can help address needs for longer-term housing support, recovery support including peer support, and other needs among beneficiaries served by these programs. A number of states have section 1115 demonstration initiative underway to provide coverage of HRSNs offering critical support for Medicaid and CHIP enrollees. Furthermore, CMCS published a SMDL on January 4, 2023 to highlight how ILOSs could be utilized as an innovative option for states to address HRSN in managed care, thus broadening availability of this policy option. CMCS previously issued a State Health Official letter on "Opportunities in Medicaid and CHIP to Address Social Determinants of Health" and more recently a guide for addressing HRSN in Section 1115 demonstrations.

Furthermore, CHIP Health Services Initiatives (HSIs) have been developed by states to meet HRSNs and behavioral health needs for low-income children in a variety of settings. CMCS will work to raise awareness about the opportunities these HRSN programs offer to engage more effectively with individuals in need of MH or SUD treatment,

who often disproportionately face the burden of unmet HRSNs.

Enhance Quality of Care
Strategies:
Encouraging Implementation of Evidence-Based Practices
Actions:
Leveraging Medicaid, CHIP, and Other Federal Programs in the Delivery of Behavioral Health Services for Children and Youth

As state Medicaid and CHIP officials and other stakeholders continue to raise alarm regarding the lack of adequate capacity to address the needs of children and adolescents struggling with MH conditions and SUDs, CMCS is directly engaging with states to promote implementation of best practices highlighted in the informational bulletin issued in August of 2022 on "Leveraging Medicaid, CHIP, and Other Federal Programs in the Delivery of Behavioral Health Services for Children and Youth".

Working with States on SUD and SMI/SED Section 1115 Demonstration Initiatives

CMCS has drawn on section 1115 authority to support initiatives aimed at encouraging states to increase availability of a full continuum of care for adults with SMI and children with SED as well as for beneficiaries with SUDs. CMCS continues to actively engage with states developing and implementing these section 1115 demonstrations to ensure these states are implementing the evidence-based practices highlighted in the SMI/SED Section 1115 SMDL and the SUD section 1115 SMDL as ways for states to achieve demonstration milestones and improve outcomes among beneficiaries. Currently 35 states

32 AK, CA, CO, CT, DC, DE, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MT, NC, NE, NH, NJ, NM, NV, OH, OK, OR, PA, RI, UT, VA, VT, WA, WI, WV

32
are participating in SUD focused demonstrations, and 11 states

33 AL, DC, ID, IN, MD, NH, NM, OK, UT, VT, WA

33
in SMI /SED focused demonstrations.

Both initiatives offer flexibility regarding statutory exclusions of certain types of specialized treatment facilities in exchange for commitments from states to implement delivery system reforms designed to improve access to a full continuum of care and evidence-based services and programs. In both the SMI/SED and SUD section 1115 initiatives, states are also expected to report on a defined set of quality measures and conduct rigorous evaluations of these initiatives.

For the SUD section 1115 demonstrations, expectations for participating states include requiring availability of medication assisted treatment to individuals in residential treatment settings, use of nationally recognized expert standards to set provider qualifications, expanded access to naloxone to reverse opioid overdoses, and improvements in care coordination and access to physical healthcare as well as increased use of prescription drug monitoring programs.

CMCS actively works with states engaged in our SMI/SED section 1115 initiative to ensure implementation of a broad range of improvements to these states' MH delivery systems, in addition to allowing coverage of services during short-

term stays for acute care in specialized inpatient and residential treatment facilities that are ordinarily excluded from Medicaid coverage. These required delivery system enhancements are focused on improving discharge planning and care coordination when transitioning out of inpatient and residential treatment stays, and include assessment of housing needs; requiring follow-up contact within 72 hours; prevent or decrease lengths of stay in emergency departments; improving availability of crisis stabilization services and intensive outpatient programs; increasing use of evidence-based patient assessment tools; and implementing strategies to engage individuals in treatment, including through supported employment and supported education and increased integration and availability of services specialized to address the needs of children and adolescents.

Supporting State Efforts to Improve Access to Contingency Management

Contingency management is an evidence-based treatment for a variety of SUDs that incorporates therapeutically focused incentives aimed at promoting recovery, including through abstinence from substance use and engagement in treatment.

34 Ginley MK, Pfund RA, Rash CJ, Zajac K. Long-term efficacy of contingency management treatment based on objective indicators of abstinence from illicit substance use up to 1 year following treatment: A meta-analysis. J Consult Clin Psychol, 89(1):58-71 (2021). https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8034391/; Petry NM, Alessi SM, Olmstead TA, Rash CJ, Zajac K. Contingency management treatment for substance use disorders: How far has it come, and where does it need to go? Psychology of Addictive Behaviors, 31(8):897 (2017). https://psycnet.apa.org/fulltext/2017-27173-001.pdf

The evidence of effectiveness of this treatment modality is compelling and it is especially important as a treatment option for stimulant use disorders that represent an increasing cause of overdose deaths. CMCS has allowed coverage of contingency management as part of California's section 1115 demonstration. In addition, CMCS is in discussions with several other states that have expressed interest in testing the use of this therapy to improve outcomes for people with SUDs through section 1115 demonstrations.

Providing Learning Collaboratives to Address Pressing Issues

CMCS supports state efforts to address pressing issues through affinity groups to facilitate peer to peer exchanges between states and provide expert resources. In this regard, CMCS is supporting an on-going affinity group focused on improving follow-up after hospitalization for mental illness.

Improving Quality Measurement
Actions:
Implementing Mandatory Reporting on Core MH and SUD Measures

CMCS is finalizing a proposed rule regarding mandatory annual state reporting requirements for the Child Core Set, the behavioral health measures on the Adult Core Set, and the Health Home Core Sets. The Bipartisan Budget Act of 2018 made reporting of the Child Core Set mandatory for states beginning in fiscal year (FY) 2024. Section 5001 of the SUPPORT Act made it mandatory for states to also report the adult behavioral health measures on the Adult Core Set beginning in FY 2024. In accordance with sections 1945(g) and 1945A(g)(1) of the Social Security Act, reporting on the Health Home Core Sets is required as a condition for providers to receive payment for health home services provided to certain individuals.

These enhanced reporting requirements will improve CMCS's ability to monitor the quality of care provided to beneficiaries with MH and/or SUD treatment needs. The Child Core Set includes a substantial number of important measures focused on MH conditions and SUDs. In addition, the health home benefit supports improved coordination of

care with a focus on individuals in need of MH and/or SUD treatment. The health home quality measures reflect this focus with a number of measures targeting MH and SUD treatment issues.

Through this rulemaking, CMCS will also establish requirements for stratified reporting of measures to support our efforts to improve equity by helping us to understand where disparities in access to and quality of care arise and how we can improve care for subpopulations of beneficiaries most at risk for facing barriers to accessing good quality MH and/or SUD treatment.

Analyzing and Publicizing Data on Key Topics
Actions:
Posting SUD and SMI/SED Section 1115 Demonstration Evaluation Rapid Cycle Reports

CMCS will continue to work with states to collect information to monitor the implementation of the SUD and SMI/SED section 1115 demonstrations on key performance metrics and study the impact of the SUD and SMI/SED section 1115 demonstrations. We will continue analyze these data and post rapid cycle reports under our federal evaluation that examine the effect of these policies on access to and quality of MH and SUD treatment. Reports posted so far highlight, for example, increased availability of medication assisted treatment (MAT) in residential treatment centers in SUD section 1115 states and other delivery system improvements in those demonstrations.

Developing and Posting the SUD Databook

CMCS annually posts a report on the number of Medicaid beneficiaries with SUDs, the services they received, the settings where they receive these services, the delivery systems that provide these services, and the progression of care based on analysis of claims data from the Transformed Medicaid Statistical Information System (T-MSIS). These reports provide an important resource for assessing access to treatment services and supports as well as highlighting opportunities for improving care for beneficiaries with SUDs.

Analyzing T-MSIS Data and Posting Findings Regarding Enrollees with MH Conditions

CMCS is developing resources using Medicaid T-MSIS claims and enrollment data to make information on access to treatment among individuals with MH conditions more accessible.
Conclusion
As demonstrated by the breadth and depth of these many activities and initiatives, ensuring access to high quality MH and SUD treatment services and supports is among the highest priorities of CMCS. Our overall MH and SUD strategy is focused on increasing access to prevention and treatment by improving coverage and integration, coordination, and parity as well as increasing engagement with and support of enrollees with MH conditions and SUDs, while ensuring the quality of care that Medicaid and CHIP enrollees receive. Central to these efforts are key overarching principles aimed at increasing equity by addressing disparities in access to care and promoting recovery. The goals and activities outlined above are only some key examples of the many ways that CMCS works every day to improve care for Medicaid and CHIP enrollees with MH conditions and/or SUDs.

Section 1115 regulations needed on objectives
From:
Joan Alker <jca25@georgetown.edu>

Sent:
2/27/2023 10:38:24 AM -0500

To:
"Tsai, Daniel (CMS/CMCS)" <Daniel.Tsai@cms.hhs.gov>; "Katch (she/her), Hannah (CMS/OA)" <Hannah.Katch@cms.hhs.gov>

CC:
Allison Orris <aorris@cbpp.org>; Leo Cuello <lc1247@georgetown.edu>

Subject:
Section 1115 regulations needed on objectives

Attachments:
CBPP CCF Memo to CMS re Medicaid objectices 02.24.2023 .docx

Hi Dan and Hannah,
I hope you are both well.

A while back you will recall that you (and the Administrator) met with a subset of the Medicaid waiver taskforce about the need to promulgate Section 1115 regulations.

You raised many good questions and the attached memo is an attempt to answer them -- with credit to Leo Cuello and Allison Orris for the drafting.

Please let us know if you have any further questions or comments,
Best,
Joan

Joan Alker
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Follow me on Twitter

Memorandum

TO: Chiquita Brooks-LaSure, Administrator, CMS
Dan Tsai, Deputy Administrator and Director, CMCS

FROM: CBPP and Georgetown CCF

RE: Regulations on the objectives of Medicaid

DATE: February 24, 2023

Thank you for meeting with us on December 1, 2022. You and your team raised numerous important questions, which we address below. While we appreciate the concerns you raised about timing and capacity to pursue rulemaking on the objectives of Medicaid, we continue to believe it is important to implement regulations on the objectives of Medicaid to leave the program better than you found it. We suggest updating regulations at 42 C.F.R. Part 430 (general Medicaid regulations not specific to demonstrations) to explicitly state the purpose of the Medicaid program is to furnish coverage and that initiatives that are reasonably expected to reduce Medicaid enrollment, services, or affordability do not promote Medicaid's objectives.

Would such a regulation actually be effective?

No regulation can perfectly or definitively settle a matter. But a regulation defining the objectives of Medicaid would help protect the Medicaid program. As you know, from 2018 to 2020 the courts were a pivotal source of protection for Medicaid. It is indisputable that regulations defining the objectives of Medicaid would add legal arguments against coverage-constraining demonstrations, providing a new tool for the administration to turn to in denying problematic proposals and for advocates to use in challenging future approvals that would reduce services, benefits, or affordability. It is important to remember that although the legal results from 2018 to 2020 were ultimately favorable, this outcome was not assured due to the lack of standards defining the objectives of Medicaid. Proposals for work requirements, enrollment limits, etc. are likely to reappear in future administrations and new regulations could improve the chances of success in future litigation.

Looking ahead, we are also concerned that states could request – and future administrations could approve – demonstrations seeking to waive bedrock Medicaid features such as the categorical eligibility structure or the right to prompt coverage. We also urge you not to let the perfect be the enemy of the good; we recognize that the slim regulatory standard we are suggesting as a starting point would not protect against every possible problem, such as the recent Georgia demonstration, but a regulation protecting the vast majority of enrollees (e.g., traditional populations) and services would be incredibly valuable. (The Georgia demonstration could be addressed through a more detailed standard.)

It is true that a future administration could attempt to ignore the regulation in pursuit of harmful waivers. Bad administrations will pursue bad policy. The question is: when they do, will there be a standard to enforce against them? Undoubtedly, those seeking to stop harmful policy will be on a better legal footing with a regulation in place. If a future administration tries to evade or attack the regulations, they would need to expend time and human capital to do so; revisiting the regulations could open them up to litigation, which could succeed or, at least, delay their agenda. Time is a critical unit of analysis; a new regulation would increase the chances that time could again favor stability in Medicaid, as it did during the Trump administration.

Is a regulation defining the objectives of Medicaid on solid legal footing?

A regulation could be written and designed to be on solid legal footing. We suggest two broad considerations. First, the regulation should be presented as an attempt to summarize and codify legal standards that guide current Medicaid policy. Not every piece of regulation is intended to "interpret" statute. CMS could explain its rationale is to update the regulation and summarize for stakeholders how caselaw and the statute constrains its interpretation of Medicaid's

purpose and how CMS operationalizes the legal standards in statute and caselaw. CMS can point to states' and other stakeholders' confusion about the purpose of Medicaid, concern that states may waste resources designing demonstrations it cannot approve, and present the regulation as an attempt to clarify and bring together the legal standards. CMS's regulation would restate and be consistent with the approach of nearly all reviewing courts, which have found that section 1901 is unambiguously based on promoting coverage.

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Second, the location of CMS's new definition should be in a Medicaid C.F.R. part of wide applicability –Part 430. Such a design would mean that the provision was not specifically tied to Section 1115, insulating it from undue scrutiny. CMS could describe all of the reasons why the purpose of Medicaid needs clarification – consistent with recent (and, per the HHS regulatory agenda, anticipated) updates to policy on In Lieu of Services (ILOS).

Would a regulation constrain this administration?

The purpose of Medicaid as described in section 1901 is to help furnish coverage, including "other services to help … families and individuals attain or retain capability for independence or self-care." CMS could frame a regulation around a broad definition of services, and constrain only the reduction of services. Such regulations would strengthen the basis for demonstration priorities that are – under the status quo – vulnerable to legal challenge, such as demonstrations covering new services responsive to HRSNs. At the same time, they would also strengthen future Administrators' hand in saying no to coverage constraining policies. When there is a hostile administration, the regulations will constrain that administration with respect to harmful demonstrations and/or rescinding your policies.

We understand that your legal counsel may be wary of advancing these regulations for fear they would constrain CMS, but they are exclusively focused on preserving the power of CMS – this CMS and any future CMS – above and beyond policy considerations. In your role as stewards of the Medicaid program, we urge you to take steps to ensure Medicaid policy advances the priorities of this administration (and Congress), and which are clearly stated in Executive Orders: to promote quality coverage for lower income individuals. Core policy objectives should sit above "discretion." Regulations on Medicaid objectives would strengthen your litigation position as well as your Section 1115 demonstration agenda as a matter of policy, politics, Congressional oversight, and public messaging.

FW: FW: Section 1115 regulations needed on objectives
From:
"Tsai, Daniel (CMS/CMCS)" <EXCHANGELABS/EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/RECIPIENTS/9674B3F2D2F04614A448D4A931C5F8C5-DANIEL.TSAI>

Sent:
3/2/2023 11:16:38 AM -0500

To:
"Rashid, Mehreen (CMS/CMCS)" <ExchangeLabs/Exchange Administrative Group (FYDIBOHF23SPDLT)/Recipients/78e13db058634373808c32291b7f9d54-mehreen.ras>; "Kostesich, Jennifer (CMS/CMCS)" <ExchangeLabs/Exchange Administrative Group (FYDIBOHF23SPDLT)/Recipients/89e3c753e50846cb8494c4b8def182f2-jennifer.ko>; "Decaro, Teresa (CMS/CMCS)" <ExchangeLabs/Exchange Administrative Group (FYDIBOHF23SPDLT)/Recipients/f08493b06d784356b6fd5ee1657a8534-teresa.deca>; annemarie.costello@cms.hhs.gov; Sara Vitolo (CMS/FCHCO) (Sara.Vitolo@cms.hhs.gov)

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"Hebert, Krista (CMS/CMCS)" <ExchangeLabs/Exchange Administrative Group (FYDIBOHF23SPDLT)/Recipients/0b148a6fd68747f0a945dae0400eaa20-5a111bae-e4>; Perrie Briskin (CMS/OA) (perrie.briskin@cms.hhs.gov)

Subject:
FW: FW: Section 1115 regulations needed on objectives

Attachments:
CBPP CCF Memo to CMS re Medicaid objectices 02.24.2023 .docx

FYI – just mentioned to the team

From: Joan Alker <jca25@georgetown.edu>
Sent: Monday, February 27, 2023 10:38 AM
To: Tsai, Daniel (CMS/CMCS) <Daniel.Tsai@cms.hhs.gov>; Katch (she/her), Hannah (CMS/OA) <Hannah.Katch@cms.hhs.gov>
Cc: Allison Orris <aorris@cbpp.org>; Leo Cuello <lc1247@georgetown.edu>
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Joan Alker
Executive Director, Research Professor

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Would a regulation constrain this administration?

The purpose of Medicaid as described in section 1901 is to help furnish coverage, including "other services to help … families and individuals attain or retain capability for independence or self-care." CMS could frame a regulation around a broad definition of services, and constrain only the reduction of services. Such regulations would strengthen the basis for demonstration priorities that are – under the status quo – vulnerable to legal challenge, such as demonstrations covering new services responsive to HRSNs. At the same time, they would also strengthen future Administrators' hand in saying no to coverage constraining policies. When there is a hostile administration, the regulations will constrain that administration with respect to harmful demonstrations and/or rescinding your policies.

We understand that your legal counsel may be wary of advancing these regulations for fear they would constrain CMS, but they are exclusively focused on preserving the power of CMS – this CMS and any future CMS – above and beyond policy considerations. In your role as stewards of the Medicaid program, we urge you to take steps to ensure Medicaid policy advances the priorities of this administration (and Congress), and which are clearly stated in Executive Orders: to promote quality coverage for lower income individuals. Core policy objectives should sit above "discretion." Regulations on Medicaid objectives would strengthen your litigation position as well as your Section 1115 demonstration agenda as a matter of policy, politics, Congressional oversight, and public messaging.

Meeting Title:
[INTERNAL] ACBL Mtg w/Georgetown University's Medicaid Section 1115 Waiver Task Force

From:
CMS Administrator <CMSAdministrator@cms.hhs.gov>

Sent:
11/7/2022 3:55:11 PM +0000

To:
(b)(6) (she/her), Administrator (CMS/OA)" (b)(6) "Ellis (she/her), Kyla (CMS/OA)" <Kyla.Ellis@cms.hhs.gov>; "McLemore, Monica (CMS/OSORA)" <Monica.McLemore@cms.hhs.gov>; "Khan, Farooq (CMS/OSORA)" <Farooq.Khan@cms.hhs.gov>; "Tsai, Daniel (CMS/CMCS)" <Daniel.Tsai@cms.hhs.gov>

Attendees:
(b)(6) Kyla Ellis (CMS/) (kyla.ellis@cms.hhs.gov); McLemore, Monica (CMS/OSORA); Khan, Farooq (CMS/OSORA); Tsai, Daniel (CMS/CMCS)

Location:
Zoom Link to be Included

Start Time:
12/1/2022 6:30:00 PM +0000

End Time:
12/1/2022 7:00:00 PM +0000

Duration:
30 minutes

Reminder Time:
12/1/2022 6:30:00 PM +0000

Is Recurring:
false

Recurrence Type:
Not

Recurrence Pattern:

Response Status:
5

Busy Status:
Tentative

Attachments:
External Meeting Request: Medicaid Section 1115 Waiver Task Force*Georgetown University

External Meeting Request: Medicaid Section 1115 Waiver Task Force*Georgetown University
From:
"McLemore, Monica (CMS/OSORA)" <Monica.McLemore@cms.hhs.gov>

Sent:
11/2/2022 12:21:56 PM -0400

To:
"Neal, Phaedra (CMS/OA)" <Phaedra.Neal@cms.hhs.gov>

CC:
"Khan, Farooq (CMS/OSORA)" <Farooq.Khan@cms.hhs.gov>

Subject:
External Meeting Request: Medicaid Section 1115 Waiver Task Force/Georgetown University

Attachments:
Letter to Secretary to Improve 1115 Waiver Process.pdf

Hi Phaedra,

Georgetown University has provided the following availability for representatives of the Medicaid Waiver Task Force to meet with the Administrator. Please let me know if any of these work for a 30-minute slot:
Friday, November 18 from 12-1 or 2-2:30
Monday, November 28 from 11-12:30 or 1:30-2
Tuesday, November 29 from 12:30-4pm
Thursday, December 1 from 1-5pm

Meeting Participants:
Joan Alker, Co-Founder, Center for Children and Families
Allexa Gardner, Research Associate, Center for Children and Families
Others TBD

Contact:
Joan Alker
Executive Director, Research Professor
Center for Children and Families
Georgetown University McCourt School of Public Policy
(202)306-8383
jca25@georgetown.edu

The Medicaid Waiver Task Force, comprised of fifty-one organizations representing patient, provider, and advocacy groups, undersigned a letter to Secretary Becerra, dated 8/17/2022 (attached), urging CMS to strengthen the current regulations to ensure that section 1115 demonstrations promote coverage and improve the transparency of the process of approving, amending, and renewing demonstrations. As a follow-up to the letter, the group requests a virtual meeting with the Administrator and Dan Tsai to discuss this matter.

Thanks,
Monica

August 17, 2022

Secretary Xavier Becerra
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

Re: Recommended Regulatory Actions for Section 1115 Medicaid Demonstration Process

Dear Secretary Becerra,

The undersigned organizations write to urge you to promulgate regulations regarding the section 1115 Medicaid demonstration process. A substantial and growing portion of Medicaid is funded through section 1115 and there is a critical need to develop a regulatory framework that clarifies the parameters of the authority, clears up confusion among states and courts, strengthens the transparency rules, and protects the integrity of the Medicaid program. This is among the most important things the administration can do for the long-term security of the Medicaid program and the millions of people who rely on the program for their health insurance.

CMS must set out a definition of "the objectives of Medicaid" and establish related principles to avoid harmful demonstration and waiver approvals, such as work requirements or premiums in Medicaid. CMS's regulation should address several specific and important problems in the 1115 process.

Defining the Objectives of Medicaid for Purposes of Section 1115 Demonstrations

CMS should promulgate a regulation which requires that section 1115 demonstrations promote the objectives of Medicaid, with a definition of the objectives of Medicaid based primarily in the purpose of the program identified in section 1901, namely to furnish medical assistance, rehabilitation, and other services. CMS should also ensure that the new definition of the objectives of Medicaid explicitly affirms the Medicaid entitlement and open-ended matching payment structure.

CMS's definition should also clarify that the clause "rehabilitation and other services to help such families and individuals attain or retain capability for independence or self-care" cannot be interpreted to allow demonstrations that "promote independence" if they do not furnish services or if they reduce access to services.

CMS Should Create 1115 Guardrails for Promoting the Objectives of Medicaid

CMS's regulation should further operationalize the definition of the objectives of Medicaid by creating 1115 "guardrails," similar to the section 1332 guardrails, that ensure demonstrations promote, not undercut, the purpose of Medicaid. Such guardrails should include:

1. Demonstrations cannot be approved if they would likely reduce the number of individuals covered by Medicaid in a state, or otherwise reduce the number of individuals who have health insurance in the state.

2. Demonstrations cannot be approved if they would likely reduce the available services, or amount, duration, and scope of any services, provided to Medicaid enrollees; this includes maintaining access to community-based services.

3. Demonstrations cannot be approved if they would reduce the affordability of services for enrollees, including cost-sharing, premiums, and any other costs, unless they comply with the standards in section 1916(f).
4. Demonstrations should not otherwise reduce access to care, such as by making application, enrollment, or renewal more difficult.

CMS should require that all demonstrations meet all four guardrails for the full population eligible for the demonstration and for specific sub-populations when the guardrail impacts are disaggregated by race/ethnicity and other factors. Existing regulations should be supplemented to require that state applications for section 1115 demonstrations include specific and disaggregated estimates for each of the guardrails as well as a comprehensive equity assessment, explaining the effect the proposal would likely have on health coverage and access to care.

Protecting the Integrity and Transparency of the Demonstration Process

We recommend that CMS's regulation additionally make three changes to strengthen demonstration processes.

First, the regulation should require the full transparency process (including notice and comments) for all 1115 demonstrations that would impact eligibility, enrollment, benefits, cost-sharing, or financing – including new applications, extensions, and amendments. Adding amendments is key as so many states have existing section 1115 demonstrations and major changes are frequently made through amendments. Just like CMS's current regulations include slightly different requirements for new applications and extensions, new regulations could specify reasonable requirements for significant amendments that balance transparency with states' needs to make timely changes. Meaningful changes to eligibility, benefits, cost-sharing, enrollment or financing all require public comment in our view.

Second, the permissible exceptions to the transparency process in the case of a public health emergency needs to be tightened up. The regulation should clarify or strengthen existing regulations to prevent pretextual exemptions from the transparency process. Exemption from the transparency process should be very rare, and only used for demonstrations that are directly related to emergency response (i.e., not just coincidentally contemporaneous) and when use of a comment period would materially delay such emergency response.

Third, CMS's regulation should set clear standards for the duration of demonstrations, not to exceed five years. Section 1115 authorizes "experimental, pilot, or demonstration" projects. Ten years are generally not needed to assess the value of an experiment, and ten years is a long time to have an unsuccessful waiver in place. Ten years also creates the possibility that an outgoing administration can bind a new administration for the entirety of its two terms. Some ten-year approvals do not comport with the statute. We recommend that, consistent with long-standing practice, CMS should implement an unambiguous 5-year limit for new demonstrations, extensions, and amendments.

Thank you for your consideration of our views. If you have questions, please contact Joan Alker (jca25@georgetown.edu) or Allison Orris (aorris@cbpp.org).

American Academy of Family Physicians
American Academy of Pediatrics
American Association on Health and Disability
American Cancer Society Cancer Action Network

American College of Obstetricians and Gynecologists
American Heart Association
American Lung Association
Arthritis Foundation
Asian & Pacific Islander American Health Forum (APIAHF)
Autism Society of America
Autistic Self Advocacy Network
Black Mamas Matter Alliance
CancerCare
Catholic Health Association of the United States
Center for Disability Rights
Center for Law and Social Policy (CLASP)
Center on Budget and Policy Priorities
Community Catalyst
Cystic Fibrosis Foundation
Easterseals
Epilepsy Foundation
Families USA
First Focus on Children
Georgetown University Center for Children and Families
Hemophilia Federation of America
Justice in Aging
Lakeshore Foundation
March of Dimes
Medical Transportation Access Coalition
Medicare Rights Center
NASTAD
National Alliance on Mental Illness
National Association for Children's Behavioral Health
National Association of Community Health Centers
National Association of Pediatric Nurse Practitioners
National Disability Rights Network (NDRN)
National Family Planning & Reproductive Health Association
National Health Care for the Homeless Council
National Health Law Program
National Immigration Law Center
National Multiple Sclerosis Society
National Network for Arab American Communities (NNAAC)
National Organization for Rare Disorders
National Partnership for Women & Families
National Patient Advocate Foundation

Physicians for Reproductive Health
Primary Care Development Corporation
The Arc of the United States
The Leukemia & Lymphoma Society
UnidosUS
Union for Reform Judaism

Author: Microsoft Office User
CreationDate: 2022-08-17 21:18:40
Creator: Microsoft Word
ModDate: 2022-11-02 14:07:46

1155 15 th Street, N.W., Suite 600 | Washington, DC 20005
Tel. 202.204.7508 | www.communityplans.net
Christopher D. Palmieri, Chair | Margaret A. Murray, Chief Executive Officer
November 3, 2022

Chiquita Brooks-LaSure, Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services

Submitted via electronic submission

Re: Make Your Voice Heard: Promoting Efficiency and Equity Within CMS Programs

ACAP is a national association of 74 not-for profit health plans. ACAP health plans provide coverage to over 23 million individuals enrolled in Medicaid, the Children's Health Insurance Program (CHIP), Medicare Special Needs Plans for dually eligible individuals, and Qualified Health Plans (QHPs) serving the health insurance Marketplaces. Twenty-five of our plans are D-SNPs, 10 are MMP plans, and 24 are MLTSS plans. Collectively, ACAP plans enroll over one-third of the total MMP enrollment nationwide. ACAP plans are members of their communities, partnering with states to improve the health and well-being of their members who rely upon Medicare and managed long-term care services and supports.

ACAP appreciates this opportunity to respond to CMS's RFI seeking public input on accessing healthcare and related challenges, understanding provider experiences, advancing health equity, and assessing the impact of waivers and flexibilities provided in response to the COVID-19 Public Health Emergency (PHE). Specifically, we would like to discuss:

- ACAP plans' current work to advance health equity;
- Medicaid policies and efforts to help advance health equity, including demographic data collection, mandatory quality reporting for maternal health in Medicaid/CHIP, race/ethnicity, and language data for the National Committee for Quality Assurance, and continuous eligibility; and
- Medicare policies that help advance health equity, including the SDOH Adjustment for Integrated D-SNPs, changes to the Star Ratings program, and expanding eligibility for the frailty adjuster to HIDE-SNPs.

ACAP Plans Advance Health Equity for their Medicaid and Medicare Enrollees

ACAP stands firmly against all forms of discrimination in health care. In our 2022 report, ACAP Pathway to Improve Health Equity, we discuss in detail how ACAP's Medicaid and Medicare member plans have forged efforts to end discrimination and close gaps in coverage and care for people who live with disabilities, for people of color, for people whose primary language is not English, and for LGBTQI+ individuals. They have engaged in advocacy, implemented programming, and adopted enterprise-level policies to address barriers to health

care, increase training for providers, and ultimately, decrease disparities in care for LGBTQI+ individuals. 1

For example, ACAP plan Amida Care, which specializes in comprehensive health coverage and coordinated care to New York City Medicaid members with chronic conditions, has developed a model of care to provide individualized attention and support to people living with HIV/AIDS and other complex health conditions. Viral load suppression among Amida Care members has increased from 64 percent in 2016 to more than 80 percent in 2019. Of Amida Care's transgender members living with HIV, 93 percent are virally suppressed. The plan has also observed decreased numbers of emergency room visits, decreased average length of stay in hospitals, and generally lower utilization of intensive care resources, which has produced significant cost savings to New York State. 2

Another ACAP member, AmeriHealth Caritas DC, fills a unique need by providing medical coverage to low-income District residents who are not eligible for Medicare or Medicaid and who have no other form of health insurance. These residents include undocumented individuals, a group largely made up of racial and ethnic minority immigrants who are especially vulnerable to the impacts of the COVID-19 pandemic. By providing comprehensive health coverage through the DC Healthcare Alliance, AmeriHealth Caritas DC provides vital help to a disproportionately at-risk subpopulation with limited resources. AmeriHealth Caritas DC has been involved in several innovative programs to address racial and ethnic disparities. The plan's "Wellness Circles," which are programs designed to increase participant health literacy and improve disease control, have achieved measurable improvements in health. 61% of participants with diabetes or hypertension reduced their HbA1c levels, and 55% of participants lowered their blood pressure. Even more impressive, longitudinal data indicate that the Wellness Circles have helped create long-term improvements in health for participants. 3

Other plan initiatives address culturally and linguistically appropriate services: CenCal Health of Santa Barbara, California, developed a bicultural, bilingual Member Services Department to assist members and partnered with local community organizations to advance health messaging. Texas Children's Health Plan of Houston mandated intensive cultural competency training for all care coordinators to ensure that all individuals receive culturally respectful assistance. 4 ACAP recognizes that working to reduce health disparities and to

1 Association for Community Affiliated Plans, "Safety Net Health Plan Initiatives to Improve LGBTQI+ Health Equity," 2021.
2 Association for Community Affiliated Plans, "Safety Net Health Plan Initiatives to Improve LGBTQI+ Health Equity," 2021.
3 Association for Community Affiliated Plans, "The Role of Medicaid Health Plans in Addressing Racial and Health Disparities," 2021.
4 Melendez, M., Ubri, P., Leitz, S., and Nye, T, "Framework for Advancing Health Equity in State Medicaid Programs," 2021.

make progress toward health equity is embedded in its member Safety Net Health Plans' commitment to serve their members appropriately and effectively. 5

This year also saw the launch of the ACAP Center for SDOH Innovation, which provides a rich portfolio of shared services to facilitate and demonstrate the leadership of ACAP-member Safety Net Health Plans in the field of social determinants of health. The Center provides for a wide array of services for health plans in nurturing and disseminating best practices in the field of SDOH; it will develop tools and resources for policymakers, thought leaders and others in the health care space. The Center also includes a focus on the intersection of SDOH and health equity.

ACAP D-SNPs Advance Health Equity

ACAP has also documented our D-SNP members' work to advance health equity by improving the SDOH needs of their dually eligible enrollees. In our 2020 report, Addressing Social Determinants of Health Through Dual-Eligible Special Needs Plans: Gap Analysis and Policy Development, we detail how our plans assess, prioritize, and address SDOH needs by identify gaps and implementing interventions:

- Assess – Our plans use some combination of assessment tools, such as Health Risk Assessments (HRAs), data analytics or other information technologies, and care managers or referral coordinators to assess need.
- Prioritize – With information gathered through assessment tools, information technologies, and care management platforms, plans take time to comprehensively understand members' SDOH needs. Through active engagement, they understand how members prioritize their own SDOH needs and what SDOH-related interventions will have the greatest effect on those needs and the members' clinical outcomes.
- Identified Gaps in Meeting Member SDOH Needs – D-SNP plans cite challenges in coordinating SDOH-related services for dually eligible beneficiaries receiving their services through Medicaid, and in offering more permanent solutions to those with housing, social isolation, or transportation needs when they lack resources and funding.
- Interventions to Address SDOH Needs – Some ACAP D-SNPs use vendor-developed web applications or their own databases of community services and supports within their care management models to help address SDOH needs. Plans also leverage external partners and community-based organizations to help to address members' needs. 6

ACAP's D-SNP members also rapidly ramped up efforts in innovative ways to address their enrollees' SDOH needs that were exacerbated during the COVID-19 pandemic. To assess

5 Association for Community Affiliated Plans, "ACAP Pathway to Improve Health Equity," 2022.
6 Association for Community Affiliated Plans, "Addressing Social Determinants of Health Through Dual-Eligible Special Needs Plans: Gap Analysis and Policy Development," 2020.

unmet needs, all ACAP plans that responded to CHCS' Gap Analysis Survey cited conducting enrollee outreach, often prioritizing high-risk enrollees. Unmet needs were also identified through enrollee interactions with care management staff or through referrals from community-based organizations and social service agencies. 7

Before the pandemic, plans already faced difficulties in finding the right community vehicles to increase engagement with disengaged populations. These difficulties were worsened with the arrival of COVID-19, particularly as congregate and other in-home supports were no longer available or offered limited access. The pandemic also hindered access to safe transportation options, which are critically important to dually eligible individuals' ability to get to work, grocery stores, or other daily activities in addition to medical appointments. 8 According to the Gap Analysis Survey, prior to the pandemic, plans report that their enrollees' greatest social risk factors were housing instability, food insecurity, and a lack of transportation. During the pandemic, food and social isolation were the areas of greatest need, followed by housing, basic supplies, and personal protective equipment. 9

Plans stepped up quickly to address these needs and protect dually eligible beneficiaries. To combat food insecurity, plans described many initiatives, such as the development or expansion of emergency meal programs; the coordination and delivery of food/personal supplies from local food banks; the expansion of a Fresh Food Farmacy program; the creation of food pickup events; and the identification of community resources for food assistance. 10

To advance the health equity of dually eligible individuals, ACAP plans also stepped up contracting efforts with CBOs to provide services to their enrollees and began using innovative platforms, such as Unite Us to create and track referrals. Another plan expanded connections to organizations such as United Way and its 2-1-1 program to help enrollees access support for emergency basic needs. Other plans signed new contracts with providers for emergency meal service coordination and to help combat social isolation. Plans also cited delivering PPE and basic supplies to enrollees' homes and increasing outreach efforts to combat social isolation. 11

7 Center for Health Care Strategies, "Addressing Social Needs Amid the COVID-19 Pandemic: A Survey of Dual Eligible Special Needs Plans," 2021.
8 Association for Community Affiliated Plans, "Addressing Social Determinants of Health Through Dual-Eligible Special Needs Plans: Gap Analysis and Policy Development," 2020.
9 Center for Health Care Strategies, "Addressing Social Needs Amid the COVID-19 Pandemic: A Survey of Dual Eligible Special Needs Plans," 2021.
10 Center for Health Care Strategies, "Addressing Social Needs Amid the COVID-19 Pandemic: A Survey of Dual Eligible Special Needs Plans," 2021.
11 Center for Health Care Strategies, "Addressing Social Needs Amid the COVID-19 Pandemic: A Survey of Dual Eligible Special Needs Plans," 2021.

During the pandemic, plans cited an inability to bear the sole responsibility of funding interventions that targeted member SDOH needs, so they identified ways to combine funding

with other organizations. One plan invested in a community housing partner that can directly fund housing services, paying the organization a per-member-per-month fee to support plan members who met criteria for an unstable housing situation. Through this initiative, the plan improved the quality of life for their members, as evidenced by housing indicators (decreasing the length of time individuals were homeless, the time it takes to receive a housing voucher, etc.) and health-related outcomes (significant decreases in unplanned care, etc.). 12

Other ACAP plans utilized alternative funding options in addition to the SSBCI pathway. They reported focusing on specific quality improvement activities, which are counted as medical or clinical expenses, to address SDOH needs exacerbated by the pandemic, or using administrative funds for individuals needing social supports. Administrative dollars can pay for care management and disease management activities that are not part of covered services. 13

Medicaid Policies and Efforts to Help Advance Health Equity

ACAP supports Medicaid policies and efforts to help advance health equity, including demographic data collection, mandatory quality reporting for maternal health in Medicaid/CHIP, improving race/ethnicity and language data for NCQA, and continuous eligibility.

Enhancing Medicaid Demographic Data Collection

Given that data are the lifeblood of actionable efforts to improve health equity, ACAP supports the recommendations of NORC, The Commonwealth Fund, and NCQA regarding the need to "standardize race and ethnicity data collection efforts in federal programs." 14

ACAP recommends that CMS issue a report analyzing required efforts by State Medicaid Agencies to identify, evaluate, and reduce health disparities. Additionally, ACAP recommends that the Administration work with Congress either to appropriate funding for Section 4302 of the Affordable Care Act or have the appropriation requirement removed from the statute to enable the Department of Health and Human Services to fully implement the requirements in Section 4302, which sets standards for data collection and analysis on demographic characteristics in Federally funded programs.

12 Association for Community Affiliated Plans, "Addressing Social Determinants of Health Through Dual-Eligible Special Needs Plans: Gap Analysis and Policy Development," 2020.
13 Association for Community Affiliated Plans, "Addressing Social Determinants of Health Through Dual-Eligible Special Needs Plans: Gap Analysis and Policy Development," 2020.
14 Melendez, M., Ubri, P., Leitz, S., and Nye, T. Framework for Advancing Health Equity in State Medicaid Programs. 2021.

The scarcity of data is a major barrier to implementing targeted health equity efforts. By implementing these two initial steps to collect and share existing data regarding health disparities experienced by Medicaid program recipients and to standardize demographic data collection, short-term progress can be made in the effort toward improving health equity.

Mandating Maternal Health Quality Reporting in Medicaid and CHIP

In 2018, Congress enacted the Bipartisan Budget Act, which requires states to report data to CMS on the core set of pediatric quality measures for Medicaid and CHIP starting in 2024. Later that year, Congress also passed the SUPPORT Act, which further required states to report on the behavioral health measures in the Adult Core Measures Set starting in 2024.

The recently published proposed rule on mandatory core set reporting proposes to require that certain measures be stratified by delivery system and by selected demographic factors. ACAP is supportive of such efforts in order to advance health equity and to provide fine-grained detail that will help policymakers, plans, and others assess disparities in health access and outcomes. Because Congress has not yet required states to report on the other, non-behavioral health adult core measures – including several focused on maternal health – we are unlikely to acquire a full picture of maternal health in the Medicaid and CHIP programs.

The failure to identify and address disparities in intermediate measures of care – for instance, whether new mothers receive proper checkups after delivery – can contribute to significant downstream disparities in outcomes. For example, according to the U.S. Center for Disease Control's Pregnancy Mortality Surveillance System, considerable racial and ethnic disparities in pregnancy-related mortality exist. From 2014 to 2017, the pregnancy-related mortality ratios were most significant for non-Hispanic Black women at 41.7 deaths per 100,000 live births and non-Hispanic American Indian or Alaska Native women at 28.3 deaths per 100,000 live births. 15 Accordingly, ACAP urges Congress to also require states to report on all remaining adult core measures, which include several measures related to maternal health.

Improving Race/Ethnicity and Language Data for NCQA

NCQA currently requires health plans that seek to earn or maintain accreditation to report on two HEDIS quality measures that evaluate the racial and ethnic and language diversity of a health plans' enrollees. The measures evaluate the completeness of health plan data regarding the race and ethnicity and language preferences of its members. ACAP is undergoing analysis of the completion of the data of its member health plans. The goal is to understand the current performance related to the completeness of the data measures across the health plans. NCQA is currently refining its reporting requirements to provide a clearer picture of the completeness of race, ethnicity, and language data.

15 Coalition Letter to Congress. Make 12-Month Pregnant/Postpartum Continuous Medicaid Eligibility Permanent. May 20, 2021.

While most health plans note that they receive most of their race and ethnicity data from their state agency, a recent analysis of those data in CMS Medicaid (T-MSIS) analytic files shows that two-thirds of states were missing more than 10 percent of race or ethnicity data, while less than one-third (15) received a "low concern" rating. 16

Going forward, under the auspices of the ACAP Health Equity Learning Collaborative, ACAP will work to support its member Safety Net Health Plans to address challenges in data

collection and reporting and improve member plan performance. We will evaluate the available data to establish a baseline performance level, and then set an appropriate goal for improvement. Plans with less-complete data will learn promising practices from plans that have demonstrated a higher level of success in capturing race, ethnicity, and language data. Understanding the unique challenges across its member Safety Net Health Plans will also help ACAP to further refine and expand on its recommendations for improvement.

ACAP is committed to continuing to measure and evaluate member plan performance with regard to race, ethnicity, and language data collection and reporting to accurately evaluate disparities in health equity, and to support improvement efforts.

Mandating Continuous Eligibility

Medicaid and CHIP enrollees are often unjustly disenrolled from the program owing to paperwork complexities, or minor, often temporary, fluctuations in income. ACAP is a staunch advocate for continuous eligibility for all people enrolled in Medicaid and CHIP. Although ACAP recognizes that coverage alone will not eradicate disparities in health outcomes, it considers continuous eligibility to be an important tool toward achieving this goal. Although some progress has been made in this arena, particularly with the enactment of legislation to ensure coverage during the COVID-19 pandemic, there is still more work to do to ensure people have access to the care that they need.

An October 2021 Medicaid and CHIP Access and Payment Commission (MACPAC) analysis shows that 7 percent of adults churn off their Medicaid and CHIP coverage in a year; studies have found that most who lost Medicaid were either still eligible or became eligible again within just a few months. Children are not immune; the MACPAC report found that 8 percent of children on Medicaid and CHIP churned each year. MACPAC further found that beneficiaries of color are more likely to churn than White beneficiaries: 9.4 percent of non-Hispanic, Black beneficiaries and 8.4 percent of Hispanic lost coverage in a year, compared to 8 percent of White beneficiaries. [17]

16 State Health Access Data Assistance Center (SHADAC). Race/ Ethnicity Data in CMS Medicaid (T-MSIS) Analytic Files Updated December 2021 – Features 2019 Data.
17 Medicaid and CHIP Access and Payment Commission (MACPAC). An Updated Look at Rates of Churn and Continuous Coverage in Medicaid and CHIP. October 2021.

This eligibility churn leads to costly bureaucratic burden for state eligibility systems, lost reimbursement for our nation's safety net providers, and most importantly, missed care for people and financial hardship for their families. [18] A 2020 George Washington University study commissioned by ACAP found that nearly 600,000 children on Medicaid would have access to preventive care visits and nearly 175,000 children would get needed specialty care if Congress were to mandate 12-month continuous eligibility for children in Medicaid and CHIP. [19] A Unidos report highlighted the fact that Latino children are more likely to receive their health coverage through Medicaid/CHIP; enacting 12-month continuous eligibility for children would increase access to coverage and care and address health inequities for Latino children. [20]

ACAP calls on Congress to enact permanent, national 12-month continuous eligibility for everyone covered by Medicaid and CHIP. States have an existing option to provide continuous eligibility for children, but only about half of states have implemented this policy in their own Medicaid and CHIP programs. The U.S. House of Representatives included 12-month continuous eligibility provisions for children as part of the Build Back Better Act it passed in 2021.

ACAP also strongly urges Congress to enact continuous eligibility during pregnancy and for 12 months postpartum; such provisions were also included in the Build Back Better Act. Medicaid pays for nearly half of all births in the United States. Unfortunately, Medicaid enrollees are 82 percent more likely to experience maternal mortality and morbidity than people who are privately insured. 21 The Affordable Care Act's expansion of the Medicaid program has been associated with significant improvements in maternal health outcomes, particularly for non-Hispanic Black women, and for all women during the period beginning 60 days after birth, when Medicaid eligibility currently ends for many postpartum individuals.

Still, far too many people fall into coverage and care gaps either during their pregnancies or in the months following birth, jeopardizing their health, and exacerbating maternal racial and ethnic inequities. Providing stable health care coverage to everyone eligible for Medicaid and CHIP, including pregnant and postpartum individuals, has long been a top priority for Medicaid health plans. States were recently given the option to provide 12 months continuous postpartum coverage and about half of all states have adopted this option.

18 Liu, H., and Ku, L. The Rand Blog. Twelve-Month Continuous Eligibility for Medicaid Adults Can Stabilize Coverage with a Modest Cost Increase. Published December 8, 2021.
19 Leighton Ku and Erin Brantley, Continuous Medicaid Eligibility for Children and Their Health, Center for Health Policy and Research at the George Washington University. May 2020.
20 Whitener, K., and Snider, M. Advancing Health Equity for Children and Adults with a Critical Tool: Medicaid and Children's Health Insurance Program Continuous Coverage. Georgetown University Center for Children and Families and Unidos US.
21 Heberlein, Martha. Medicaid and CHIP Payment and Access Commission. Maternal Morbidity among Women in Medicaid. January 24, 2020.

However, this option is temporary and voluntary; as such, ACAP urges Congress to enact mandatory and permanent 12 months continuous postpartum coverage for all Medicaid and CHIP enrollees.

Importance of Medicaid Continuous Eligibility for Dually Eligible Beneficiaries

Dually eligible beneficiaries are at risk of losing their Medicaid coverage if they do not submit renewal paperwork on time or if they experience a change in eligibility due to a change in income or assets. Most dual-eligible beneficiaries churn because of missed renewal forms or other administrative barriers, causing them to erroneously lose their Medicaid coverage, and therefore their access to Medicaid benefits and integrated care programs. One study found that 29.1% of new dual eligible beneficiaries lost coverage for at least 1 month

during their first year of coverage, and 21.1% lost coverage for more than 3 months. 22 Providing continuous Medicaid eligibility for dually eligible beneficiaries for 12 months would allow these individuals to retain Medicaid eligibility for a full year, thus ensuring their access to and continuity of care are stable.

Making dually eligible beneficiaries continuously eligible for Medicaid for 12 months to combat churning is extremely important to their health outcomes. Many dual eligible beneficiaries have complex health and behavioral health needs and may utilize LTSS, but gaps in Medicaid coverage can cause needs to go unmet and can increase health needs down the line. 23 Gaps in coverage can also create a financial strain for beneficiaries, who are already low-income, because they will incur the cost of Medicaid-covered services and will no longer have Medicaid assisting with their Medicare cost-sharing. 24 Losing Medicaid coverage can disrupt continuity of care and can cause a beneficiary to fall off their integrated care plan (if they are enrolled in one) and lose access to that network. 25

Moreover, continuous Medicaid eligibility can improve health equity for all dually eligible individuals, including those that are persons of color. Forty-eight percent of dual-eligible beneficiaries are people of color, compared to 21.1% of Medicare-only beneficiaries. 26 Non-White Medicaid beneficiaries are more likely to churn than White beneficiaries: in a 12-month period, 9.4% of Black beneficiaries and 8.4% of Hispanic beneficiaries lost and regained coverage, compared to 8% of White beneficiaries. 27 Additionally, Black, Hispanic,

22 Jhamirah Howard, "Loss of Medicare-Medicaid Dual Eligible Status: Frequency, Contributing Factors and Implications," U.S. Department of Health and Human Services, 2019.
23 Erin Weir Lakhmani, "When The Public Health Emergency Ends: What Will It Mean For Dually Eligible Individuals?," Health Affairs, 2022.
24 Erin Weir Lakhmani et al., "Preventing and Addressing Unnecessary Medicaid Eligibility Churn Among Dually Eligible Individuals: Opportunities for States," Integrated Care Resource Center, 2022.
25 Erin Weir Lakhmani, "When The Public Health Emergency Ends: What Will It Mean For Dually Eligible Individuals?," Health Affairs, 2022.
26 CMS Medicare-Medicaid Coordination Office, "Data Analysis Brief: Medicare-Medicaid Dual Enrollment 2006 through 2019," 2020.
27 MACPAC, "An Updated Look at Rates of Churn and Continuous Coverage in Medicaid and CHIP," 2021.

and Indigenous individuals are more likely to live in poverty and to experience income volatility, leading to temporary fluctuations in income that can result in unjust churn. 28 People of color are also more likely to experience unstable housing or employment situations, which can cause one to miss renewal forms or experience other administrative barriers to responding to requests from state Medicaid agencies. 29 Providing continuous eligibility allows dual-eligible beneficiaries of color to have their health needs addressed, which can help reduce health disparities and advance health equity. 30

The recently published CMS proposed rule on Streamlining Eligibility & Enrollment proposes to align renewal timeframes for those exempt from Modified Adjusted Gross Income (MAGI) income counting rules, which includes those eligible for Medicaid due to disability or based on being over the age of 65, with renewal timeframes for MAGI-eligible

beneficiaries. This would ensure that dual eligible beneficiaries have their coverage renewed only once every 12 months, lessening the risk of churn from lost paperwork or other administrative barriers; while this is not continuous eligibility, ACAP is supportive of this proposal and continues to work with Congress to build off this work to pass legislation guaranteeing 12-month continuous Medicaid eligibility.

Medicare Policies to Help Advance Health Equity

ACAP supports several Medicare policies that will help advance health equity for Medicare enrollees, including the SDOH Adjustment for Integrated D-SNPs, changes to the Star Ratings program, and expanding eligibility for the frailty adjuster to HIDE-SNPs.

The SDOH Adjustment for Integrated D-SNPs

ACAP encourages CMS to consider adopting the SDOH Adjustment for Integrated D-SNPs as a pilot or demonstration program. The SDOH Adjustment is one of two proposed policy actions in ACAP's Incentivizing Dual-Eligible Alignment Act (IDEAL Act). Building upon Congress and CMS' foundational work, an adjustment factor for FIDE and HIDE SNPs would provide additional funds to be used to offer more SDOH services as supplemental benefits – non-medical food and nutrition benefits, housing supports, and programs to combat social isolation.

The SDOH Adjustment is:

• Targeted – Only fully integrated D-SNPs would be eligible (i.e., FIDE SNPs and HIDE SNPs

28 Tricia Brooks and Allexa Gardner, "Continuous Coverage in Medicaid and CHIP," Georgetown University Health Policy Institute, 2021.
29 Patricia Boozang and Adam Striar, "The End of the COVID Public Health Emergency: Potential Health Equity Implications of Ending Medicaid Continuous Coverage," State Health and Value Strategies, 2021.
30 Tricia Brooks, Allexa Gardner, "Medicaid Continuous Eligibility Linked with Better Health, More Efficient Health Care Spending," Georgetown University Health Policy Institute, 2021.

• Predictable – Gives integrated D-SNPs a predictable funding source for SDOH supplemental benefits through an SDOH adjustment to their rebate percentage

• Direct – The SDOH funds can only be used to fund SDOH supplemental benefits for dually eligible beneficiaries

Providing a Medicare SDOH adjustment for integrated D-SNPs that serve our most vulnerable dually eligible Medicare-Medicaid beneficiaries would provide direct support to these beneficiaries to improve their social determinant of health needs, improve their health security, and promote equitable, effective care.

ACAP estimates that a 5-percentage-point SDOH adjustment to the rebate would give integrated D-SNPs an additional $10 per member per month (with an estimated cost of

approximately $190 million a year based on ACAP analysis) [5] to use to fund SDOH supplemental benefits (as Special Supplemental Benefits for the Chronically Ill or non-primarily health-related supplemental benefits). Only a small percentage (less than 9 percent) of specialized MA plans that enroll dually eligible beneficiaries would receive this adjustment, as it targets HIDE- and FIDE-SNP plans.

An SDOH Adjustment for integrated D-SNPs addresses CMS' goals to advance health equity and expand access to care and should be piloted. With the finalization of the 2023 MA-PD proposed rule, plans will have to report spending on supplemental benefits to CMS in their MLR filings. However, piloting the SDOH Adjustment provides an even greater opportunity for a more thorough data collection and evaluation of the role of SDOH-related supplemental benefits on dual-eligible beneficiaries' SDOH needs and health equity. [31]

31 Association for Community Affiliated Plans, "ACAP's Incentivizing Dual-Eligible Alignment (IDEAL) Act," 2022.

Allowing HIDE SNPs to be Eligible for the Frailty Adjuster

To support the sustainability of HIDE SNPs and to promote expanded access to integrated care, ACAP suggests that CMS allow HIDE SNPs, in addition to FIDE SNPs, to be eligible for the frailty adjuster. According to regulations proposed in the 2023 MA-PD Proposed Rule, the difference between FIDE SNPs and HIDE SNPs will be predicated on which Medicaid benefits are carved in and on exclusively aligned enrollment, but not on underlying differences in enrollee demographics, dual eligible status, or levels of frailty. Payment accuracy should be a consistent principle across all integrated plans, and not a principle that only applies to PACE providers and FIDE SNPs. As such, CMS should allow HIDE SNPs to also be eligible for the frailty adjuster.

Changes to the Star Ratings Program

ACAP is strongly supportive of CMS' exploration of stratifying Star Ratings measures by dual eligible status, LIS, and disability status, and the public reporting of this data. We agree with CMS that this policy will improve integration for FIDE SNPs and this policy is consistent with our long-standing ask for CMS to require MA plans to separately report Star Ratings for D-SNPs. We understand that the intent of this policy is to improve integration, rather than to address the impact of dual status on plans' Star Ratings. However, as CMS continues to evaluate the impact of D-SNPs having separate contracts, we encourage CMS to explore whether it is feasible to require plans to report Star Ratings measures at the PBP level. We also reiterate ACAP's long-standing ask that CMS modify the Star Ratings to adjust for between-contract differences between D-SNPs and non-SNP MA plans that are due to underlying population differences rather than actual differences in the quality of care provided by plans. Adjustment for between-contract differences is a way for CMS to address sustainability and access.

We thank you for your time and attention. If you have any questions regarding the above comments, please do not hesitate to reach out to Enrique Martinez-Vidal, Vice President for Quality and Operations (emartinez-vidal@communityplans.net), Jennifer Babcock, Senior Vice President for Medicaid Policy (jbabcock@communityplans.net), and Christine Aguiar Lynch, Vice President of Medicare and MLTSS Policy (clynch@communityplans.net).

Sincerely,

/s/

Margaret A. Murray
Chief Executive Officer
Association for Community Affiliated Plans

Author: Sydney Johnson
Creator: Microsoft Word
CreationDate: 2022-11-03 13:59:01
ModDate: 2022-11-03 13:59:01

Meeting Title:
PREP: ACBL Mtg w/Georgetown University's Medicaid Section 1115 Waiver Task Force

From:
CMS Administrator <CMSAdministrator@cms.hhs.gov>

Sent:
11/21/2022 1:39:09 AM +0000

To:
(b)(6) (she/her), Administrator (CMS/OA)" (b)(6) "Ellis (she/her), Kyla (CMS/OA)" <Kyla.Ellis@cms.hhs.gov>; "McLemore, Monica (CMS/OSORA)" <Monica.McLemore@cms.hhs.gov>; "Khan, Farooq (CMS/OSORA)" <Farooq.Khan@cms.hhs.gov>; "Tsai, Daniel (CMS/CMCS)" <Daniel.Tsai@cms.hhs.gov>

Attendees:
(b)(6) Kyla Ellis (CMS/) (kyla.ellis@cms.hhs.gov); McLemore, Monica (CMS/OSORA); Khan, Farooq (CMS/OSORA); Tsai, Daniel (CMS/CMCS)

Location:
Zoom; https://cms.zoomgov.com/j/1603280271?pwd=UzY3Y2lFOGJIMG5aRmVRdHUyWGdKdz09

Start Time:
11/30/2022 6:30:00 PM +0000

End Time:
11/30/2022 6:55:00 PM +0000

Duration:
25 minutes

Reminder Time:
11/30/2022 6:30:00 PM +0000

Is Recurring:
false

Recurrence Type:
Not

Recurrence Pattern:

Response Status:
5

Busy Status:
Tentative

Attachments:
External Meeting Request: Medicaid Section 1115 Waiver Task Force*Georgetown University

CMS Administrator is inviting you to a scheduled ZoomGov meeting.

Join ZoomGov Meeting
https://cms.zoomgov.com/j/(b)(6)?pwd=UzY3Y2lFOGJIMG5aRmVRdHUyWGdKdz09

Meeting ID: (b)(6)
Password: (b)(6)

One tap mobile
+16692545252,,(b)(6) US (San Jose)
+16468287666,,(b)(6) US (New York)

Dial by your location
+1 669 254 5252 US (San Jose)
+1 646 828 7666 US (New York)
833 568 8864 US Toll-free
Meeting ID: (b)(6)
Find your local number: https://cms.zoomgov.com/u/abJXDWi6XG

Join by SIP
Password (b)(6)
sip(b)(6)@sip.zoomgov.com

This meeting may be recorded. The host is responsible for maintaining any official recordings/transcripts of this meeting. If recorded, this meeting becomes an official record and shall be retained by the host in their files for 3 years or if longer needed for agency business. If a recording intends be fully transcribed or is being captured for the purpose of creating meeting minutes, the host shall retain the record in their files for 3 years or if no longer needed for agency business, whichever is later.

External Meeting Request: Medicaid Section 1115 Waiver Task Force*Georgetown University
From:
"McLemore, Monica (CMS/OSORA)" <Monica.McLemore@cms.hhs.gov>

Sent:
11/2/2022 12:21:56 PM -0400

To:
"Neal, Phaedra (CMS/OA)" <Phaedra.Neal@cms.hhs.gov>

CC:
"Khan, Farooq (CMS/OSORA)" <Farooq.Khan@cms.hhs.gov>

Subject:
External Meeting Request: Medicaid Section 1115 Waiver Task Force/Georgetown University

Attachments:
Letter to Secretary to Improve 1115 Waiver Process.pdf

Hi Phaedra,

Georgetown University has provided the following availability for representatives of the Medicaid Waiver Task Force to meet with the Administrator. Please let me know if any of these work for a 30-minute slot:
Friday, November 18 from 12-1 or 2-2:30
Monday, November 28 from 11-12:30 or 1:30-2
Tuesday, November 29 from 12:30-4pm
Thursday, December 1 from 1-5pm

Meeting Participants:
Joan Alker, Co-Founder, Center for Children and Families
Allexa Gardner, Research Associate, Center for Children and Families
Others TBD

Contact:
Joan Alker
Executive Director, Research Professor
Center for Children and Families
Georgetown University McCourt School of Public Policy
(202)306-8383
jca25@georgetown.edu

The Medicaid Waiver Task Force, comprised of fifty-one organizations representing patient, provider, and advocacy groups, undersigned a letter to Secretary Becerra, dated 8/17/2022 (attached), urging CMS to strengthen the current regulations to ensure that section 1115 demonstrations promote coverage and improve the transparency of the process of approving, amending, and renewing demonstrations. As a follow-up to the letter, the group requests a virtual meeting with the Administrator and Dan Tsai to discuss this matter.

Thanks,
Monica

August 17, 2022

Secretary Xavier Becerra
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

Re: Recommended Regulatory Actions for Section 1115 Medicaid Demonstration Process

Dear Secretary Becerra,

The undersigned organizations write to urge you to promulgate regulations regarding the section 1115 Medicaid demonstration process. A substantial and growing portion of Medicaid is funded through section 1115 and there is a critical need to develop a regulatory framework that clarifies the parameters of the authority, clears up confusion among states and courts, strengthens the transparency rules, and protects the integrity of the Medicaid program. This is among the most important things the administration can do for the long-term security of the Medicaid program and the millions of people who rely on the program for their health insurance.

CMS must set out a definition of "the objectives of Medicaid" and establish related principles to avoid harmful demonstration and waiver approvals, such as work requirements or premiums in Medicaid. CMS's regulation should address several specific and important problems in the 1115 process.

Defining the Objectives of Medicaid for Purposes of Section 1115 Demonstrations

CMS should promulgate a regulation which requires that section 1115 demonstrations promote the objectives of Medicaid, with a definition of the objectives of Medicaid based primarily in the purpose of the program identified in section 1901, namely to furnish medical assistance, rehabilitation, and other services. CMS should also ensure that the new definition of the objectives of Medicaid explicitly affirms the Medicaid entitlement and open-ended matching payment structure.

CMS's definition should also clarify that the clause "rehabilitation and other services to help such families and individuals attain or retain capability for independence or self-care" cannot be interpreted to allow demonstrations that "promote independence" if they do not furnish services or if they reduce access to services.

CMS Should Create 1115 Guardrails for Promoting the Objectives of Medicaid

CMS's regulation should further operationalize the definition of the objectives of Medicaid by creating 1115 "guardrails," similar to the section 1332 guardrails, that ensure demonstrations promote, not undercut, the purpose of Medicaid. Such guardrails should include:

1. Demonstrations cannot be approved if they would likely reduce the number of individuals covered by Medicaid in a state, or otherwise reduce the number of individuals who have health insurance in the state.

2. Demonstrations cannot be approved if they would likely reduce the available services, or amount, duration, and scope of any services, provided to Medicaid enrollees; this includes maintaining access to community-based services.

3. Demonstrations cannot be approved if they would reduce the affordability of services for enrollees, including cost-sharing, premiums, and any other costs, unless they comply with the standards in section 1916(f).
4. Demonstrations should not otherwise reduce access to care, such as by making application, enrollment, or renewal more difficult.

CMS should require that all demonstrations meet all four guardrails for the full population eligible for the demonstration and for specific sub-populations when the guardrail impacts are disaggregated by race/ethnicity and other factors. Existing regulations should be supplemented to require that state applications for section 1115 demonstrations include specific and disaggregated estimates for each of the guardrails as well as a comprehensive equity assessment, explaining the effect the proposal would likely have on health coverage and access to care.

Protecting the Integrity and Transparency of the Demonstration Process

We recommend that CMS's regulation additionally make three changes to strengthen demonstration processes.

First, the regulation should require the full transparency process (including notice and comments) for all 1115 demonstrations that would impact eligibility, enrollment, benefits, cost-sharing, or financing – including new applications, extensions, and amendments. Adding amendments is key as so many states have existing section 1115 demonstrations and major changes are frequently made through amendments. Just like CMS's current regulations include slightly different requirements for new applications and extensions, new regulations could specify reasonable requirements for significant amendments that balance transparency with states' needs to make timely changes. Meaningful changes to eligibility, benefits, cost-sharing, enrollment or financing all require public comment in our view.

Second, the permissible exceptions to the transparency process in the case of a public health emergency needs to be tightened up. The regulation should clarify or strengthen existing regulations to prevent pretextual exemptions from the transparency process. Exemption from the transparency process should be very rare, and only used for demonstrations that are directly related to emergency response (i.e., not just coincidentally contemporaneous) and when use of a comment period would materially delay such emergency response.

Third, CMS's regulation should set clear standards for the duration of demonstrations, not to exceed five years. Section 1115 authorizes "experimental, pilot, or demonstration" projects. Ten years are generally not needed to assess the value of an experiment, and ten years is a long time to have an unsuccessful waiver in place. Ten years also creates the possibility that an outgoing administration can bind a new administration for the entirety of its two terms. Some ten-year approvals do not comport with the statute. We recommend that, consistent with long-standing practice, CMS should implement an unambiguous 5-year limit for new demonstrations, extensions, and amendments.

Thank you for your consideration of our views. If you have questions, please contact Joan Alker (jca25@georgetown.edu) or Allison Orris (aorris@cbpp.org).

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Cystic Fibrosis Foundation
Easterseals
Epilepsy Foundation
Families USA
First Focus on Children
Georgetown University Center for Children and Families
Hemophilia Federation of America
Justice in Aging
Lakeshore Foundation
March of Dimes
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National Organization for Rare Disorders
National Partnership for Women & Families
National Patient Advocate Foundation

Physicians for Reproductive Health
Primary Care Development Corporation
The Arc of the United States
The Leukemia & Lymphoma Society
UnidosUS
Union for Reform Judaism

Author: Microsoft Office User
CreationDate: 2022-08-17 21:18:40
Creator: Microsoft Word
ModDate: 2022-11-02 14:07:46

Meeting Title:
[INTERNAL] ACBL Mtg w/Georgetown University's Medicaid Section 1115 Waiver Task Force

From:
CMS Administrator <CMSAdministrator@cms.hhs.gov>

Sent:
11/25/2022 10:42:25 PM +0000

To:
(b)(6) (she/her), Administrator (CMS/OA)" (b)(6); "Ellis (she/her), Kyla (CMS/OA)" <Kyla.Ellis@cms.hhs.gov>; "McLemore, Monica (CMS/OSORA)" <Monica.McLemore@cms.hhs.gov>; "Khan, Farooq (CMS/OSORA)" <Farooq.Khan@cms.hhs.gov>; "Tsai, Daniel (CMS/CMCS)" <Daniel.Tsai@cms.hhs.gov>; "Katch (she/her), Hannah (CMS/OA)" <Hannah.Katch@cms.hhs.gov>; "Costello, Anne Marie (CMS/CMCS)" <AnneMarie.Costello@cms.hhs.gov>; "Cash, Judith (CMS/CMCS)" <Judith.Cash@cms.hhs.gov>; "Jackson, Marilyn (CMS/OSORA)" <Marilyn.Jackson@cms.hhs.gov>

Attendees:
(b)(6); Kyla Ellis (CMS/) (kyla.ellis@cms.hhs.gov); McLemore, Monica (CMS/OSORA); Khan, Farooq (CMS/OSORA); Tsai, Daniel (CMS/CMCS); Hannah Katch (CMS/OA) (hannah.katch@cms.hhs.gov); Costello, Anne Marie (CMS/CMCS); Cash, Judith (CMS/CMCS); Jackson, Marilyn (CMS/OSORA)

Location:
Zoom Link to be Included

Start Time:
12/1/2022 6:30:00 PM +0000

End Time:
12/1/2022 7:00:00 PM +0000

Duration:
30 minutes

Reminder Time:
12/1/2022 6:30:00 PM +0000

Is Recurring:
false

Recurrence Type:
Not

Recurrence Pattern:

Response Status:
5

Busy Status:
Tentative

Attachments:

External Meeting Request: Medicaid Section 1115 Waiver Task Force*Georgetown University

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American Lung Association
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Asian & Pacific Islander American Health Forum (APIAHF)
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Community Catalyst
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National Partnership for Women & Families
National Patient Advocate Foundation

Physicians for Reproductive Health
Primary Care Development Corporation
The Arc of the United States
The Leukemia & Lymphoma Society
UnidosUS
Union for Reform Judaism

Author: Microsoft Office User
CreationDate: 2022-08-17 21:18:40
Creator: Microsoft Word
ModDate: 2022-11-02 14:07:46

Appointment Title:
CMS/DHCS Biweekly Waiver Check-in

Organizer:
CalAIM Master Calendar

Attendees:
'Noelle.Simonick@dhcs.ca.gov'; 'janet.rudnick@dhcs.ca.gov'; 'rachel.nichols@cms.hhs.gov'; Ross, Heather (CMS/CMCS); Friedman, Kate (CMS/CMCS); 'Aaron.Toyama@dhcs.ca.gov'; 'Bambi.Cisneros@dhcs.ca.gov'; 'Benjamin.Mcgowan@dhcs.ca.gov'; Brumer, Justin@DHCS; 'AnhThu.Bui@dhcs.ca.gov'; 'Dana.Durham@dhcs.ca.gov'; Font, Amanda; 'Jacey.cooper@dhcs.ca.gov'; Lee, Angeli; 'Lindy.Harrington@dhcs.ca.gov'; 'Rafael.Davtian@dhcs.ca.gov'; 'Rene.Mollow@dhcs.ca.gov'; 'farrah.samimi@dhcs.ca.gov'; 'Saralyn.Ang-olson@dhcs.ca.gov'; 'susan.philip@dhcs.ca.gov'; 'tyler.sadwith@dhcs.ca.gov'; 'yingjia.huang@dhcs.ca.gov'; Guyer, Jocelyn; Lam, Alice; Mann, Cindy; Punukollu, Nina; Reyneri, Dori Glanz; Traube, Ashley; Govender, Ahimsa; Kim, Lora; Cash, Judith (CMS/CMCS); Rashid, Mehreen (CMS/CMCS); Decaro, Teresa (CMS/CMCS); Sadwith, Tyler@DHCS; Samimi, Farrah@DHCS; Cisneros, Bambi; Phillip, Susan; Williams, Sandra; Toyama, Aaron; Cooper, Jacey@DHCS; Tsai, Daniel (CMS/CMCS); McClenathan, Jane (CMS/CMCS); Serafi, Kinda; Boozang, Patricia

Location:
https://manatt.zoom.us/j/ (b)(6) pwd=TnRuRm1xdHFCQjRZVE5XMWdOQXVkZz09

Start Time:
12/1/2022 6:00:00 PM +0000

End Time:
12/1/2022 6:30:00 PM +0000

Reminder Time:
N/A

Reminder Set:
false

Duration:
30 minutes

Is Recurring:
false

Reccurrance Pattern:

Response Status:
5

Busy Status:
Tentative

Attachments:
image001.jpg

CMS/DHCS Biweekly Waiver Check-in
Thursday, December 1st, 10:00 * 10:30 AM PT // 1:00 * 1:30 PM ET

· Discuss DSHP approach and provider rate analysis
· Next steps

Hi there,

Lora Kim is inviting you to a scheduled Zoom meeting.

Join Zoom Meeting

Phone one-tap:

US: +13092053325, (b)(6) or +13126266799,, (b)(6)

Meeting URL:

https://manatt.zoom.us/j/ (b)(6) pwd=TnRuRm1xdHFCQjRZVE5XMWdOQXVkZz09

Meeting ID:

(b)(6)

Passcode:

(b)(6)

Join by Telephone

For higher quality, dial a number based on your current location.

Dial:

US: +1 309 205 3325 or +1 312 626 6799 or +1 646 931 3860 or +1 929 205 6099 or +1 301 715 8592 or +1 564 217 2000 or +1 669 444 9171 or +1 669 900 6833 or +1 719 359 4580 or +1 253 215 8782 or +1 346 248 7799 or +1 386 347 5053 or 888 788 0099 (Toll Free) or 877 853 5247 (Toll Free)

Meeting ID:

(b)(6)

Passcode:

(b)(6)

International numbers

Join from an H.323/SIP room system

H.323:

162.255.37.11 (US West)
162.255.36.11 (US East)

Meeting ID:

(b)(6)

Passcode:

(b)(6)

SIP:

(b)(6) @zoomcrc.com

Passcode:

(b)(6)

Appointment Title:
FW: CMS/DHCS CalAIM Waiver Meeting - Updated

Organizer:
CalAIM Master Calendar

Attendees:
Delvecchio, Lynn (CMS/CMCS); 'Jacey.Cooper@dhcs.ca.gov'; 'Benjamin.McGowan@dhcs.ca.gov'; 'Rene.Mollow@dhcs.ca.gov'; 'Aaron.Toyama@dhcs.ca.gov'; 'Lindy.Harrington@dhcs.ca.gov'; 'Rafael.Davtian@dhcs.ca.gov'; 'Susan.Philip@dhcs.ca.gov'; 'tyler.sadwith@dhcs.ca.gov'; 'Brian.Hansen@dhcs.ca.gov'; 'Autumn.Boylan@dhcs.ca.gov'; 'Bambi.cisneros@dhcs.ca.gov'; 'Dana.Durham@dhcs.ca.gov'; 'Justin.Brumer@dhcs.ca.gov'; 'Amanda.font@dhcs.ca.gov'; 'Angeli.Lee@dhcs.ca.gov'; 'farrah.samimi@dhcs.ca.gov'; 'Saralyn.Ang-olson@dhcs.ca.gov'; Rudnick, Janet@DHCS; Mann, Cindy; Reyneri, Dori Glanz; Punukollu, Nina; Kim, Lora; Serafi, Kinda; Morgan, Gini; Cash, Judith (CMS/CMCS); Daly, Danielle (CMS/CMCS); Nichols, Rachel (CMS/CMCS); Moulton, Shane (CMS/CMCS); Kazi, Paula (CMS/CMCS); Rashid, Mehreen (CMS/CMCS); Decaro, Teresa (CMS/CMCS); Friedman, Kate (CMS/CMCS); Buschmann, Julia (CMS/CMCS); Boben, Paul (CMS/CMCS); Trieger, Michael (CMS/CMCS); Ross, Heather (CMS/CMCS)

Location:
https://manatt.zoom.us/j/ (b)(6) pwd=V015OFYvL0cxMSsxTEZaZ2ZMRkxKZz09

Start Time:
11/17/2022 9:00:00 PM +0000

End Time:
11/17/2022 10:30:00 PM +0000

Reminder Time:
N/A

Reminder Set:
false

Duration:
1 hours 30 minutes

Is Recurring:
false

Reccurrance Pattern:

Response Status:
3

Busy Status:
Busy

Attachments:
image001.jpg

-----Original Appointment-----
From: CalAIM Master Calendar <CalAIM_Master_Calendar@manatt.com>
Sent: Thursday, November 17, 2022 1:40 PM
To: CalAIM Master Calendar; 'Jacey.Cooper@dhcs.ca.gov'; 'Benjamin.McGowan@dhcs.ca.gov'; 'Rene.Mollow@dhcs.ca.gov'; 'Aaron.Toyama@dhcs.ca.gov'; 'Lindy.Harrington@dhcs.ca.gov'; 'Rafael.Davtian@dhcs.ca.gov'; 'Susan.Philip@dhcs.ca.gov'; 'tyler.sadwith@dhcs.ca.gov'; 'Brian.Hansen@dhcs.ca.gov'; 'Autumn.Boylan@dhcs.ca.gov'; 'Bambi.cisneros@dhcs.ca.gov'; 'Dana.Durham@dhcs.ca.gov'; 'Justin.Brumer@dhcs.ca.gov'; 'Amanda.font@dhcs.ca.gov'; 'Angeli.Lee@dhcs.ca.gov'; 'farrah.samimi@dhcs.ca.gov'; 'Saralyn.Ang-olson@dhcs.ca.gov'; Rudnick, Janet@DHCS; Mann, Cindy; Reyneri, Dori Glanz; Punukollu, Nina; Kim, Lora; Serafi, Kinda; Morgan, Gini; Cash, Judith (CMS/CMCS); Daly, Danielle (CMS/CMCS); Nichols, Rachel (CMS/CMCS); Moulton, Shane (CMS/CMCS); Kazi, Paula (CMS/CMCS); Rashid, Mehreen (CMS/CMCS); Decaro, Teresa (CMS/CMCS); Friedman, Kate (CMS/CMCS); Buschmann, Julia (CMS/CMCS); Boben, Paul (CMS/CMCS); Trieger, Michael (CMS/CMCS); Ross, Heather (CMS/CMCS)
Subject: CMS/DHCS CalAIM Waiver Meeting - Updated
When: Thursday, November 17, 2022 4:00 PM-5:30 PM (UTC-05:00) Eastern Time (US & Canada).
Where: https://manatt.zoom.us/j/93301905777?pwd=V015OFYvL0cxMSsxTEZaZ2ZMRkxKZz09

Hi there,

Lora Kim is inviting you to a scheduled Zoom meeting.

Join Zoom Meeting

Phone one-tap:

US: +13126266799 (b)(6) or +16469313860, (b)(6)

Meeting URL:

https://manatt.zoom.us/j/ (b)(6) ?pwd=V015OFYvL0cxMSsxTEZaZ2ZMRkxKZz09

Meeting ID:

(b)(6)

Passcode:

(b)(6)

Join by Telephone

For higher quality, dial a number based on your current location.

Dial:

US: +1 312 626 6799 or +1 646 931 3860 or +1 929 205 6099 or +1 301 715 8592 or +1 305 224 1968 or +1 309 205 3325 or +1 669 900 6833 or +1 689 278 1000 or +1 719 359 4580 or +1 253 205 0468 or +1 253 215 8782 or +1 346 248 7799 or +1 360 209 5623 or +1 386 347 5053 or +1 507 473 4847 or +1 564 217 2000 or +1 669 444 9171 or 888 788 0099 (Toll Free) or 877 853 5247 (Toll Free)

Meeting ID:

(b)(6)

Passcode:

(b)(6)

International numbers

Join from an H.323/SIP room system

H.323:

162.255.37.11 (US West)
162.255.36.11 (US East)

Meeting ID:

(b)(6)

Passcode:

(b)(6)

SIP:

(b)(6) @zoomcrc.com

Passcode:

(b)(6)

Meeting Title:
FW: [External] SBS Claiming Guide Call

From:
"Thompson, Christopher (CMS/CMCS)" <Christopher.Thompson@cms.hhs.gov>

Sent:
7/17/2023 2:42:14 PM +0000

To:
"Howe, Rory (CMS/CMCS)" <Rory.Howe@cms.hhs.gov>; "Silanskis, Jeremy (CMS/CMCS)" <Jeremy.Silanskis@cms.hhs.gov>; "Maccarroll, Amber (CMS/CMCS)" <Amber.MacCarroll@cms.hhs.gov>; "Kaminsky, Stephanie (CMS/CMCS)" <Stephanie.Kaminsky@cms.hhs.gov>; "Thompson, Christopher (CMS/CMCS)" <Christopher.Thompson@cms.hhs.gov>; "Badaracco, Andrew (CMS/CMCS)" <Andrew.Badaracco@cms.hhs.gov>; "Mann, Cindy" <CMann@manatt.com>; "Ginnis (she/her), Kate (CMS/CMCS)" <katherine.ginnis@cms.hhs.gov>; "Briskin, Perrie (CMS/CMCS)" <Perrie.Briskin@cms.hhs.gov>; "Kimball (he,him), Richard (CMS/CMCS)" <Richard.Kimball@cms.hhs.gov>; "Barnard, Zoe" <ZBarnard@manatt.com>; "Traub, Arielle" <ATraub@manatt.com>

CC:
"Viswanathan, Pavitra" <PViswanathan@manatt.com>

Attendees:
Howe, Rory (CMS/CMCS); Silanskis, Jeremy (CMS/CMCS); Maccarroll, Amber (CMS/CMCS); Kaminsky, Stephanie (CMS/CMCS); Thompson, Christopher (CMS/CMCS); Badaracco, Andrew (CMS/CMCS); Mann, Cindy; Ginnis (she/her), Kate (CMS/CMCS); Briskin, Perrie (CMS/CMCS); Kimball (he,him), Richard (CMS/CMCS); Barnard, Zoe; Traub, Arielle; Viswanathan, Pavitra

Location:
https://manatt.zoom.us/j (b)(6) ?pwd=dnozTExEeDQveFFSQUp4WFVqMVZlZz09

Start Time:
7/17/2023 4:00:00 PM +0000

End Time:
7/17/2023 4:30:00 PM +0000

Reminder Time:
7/17/2023 3:45:00 PM +0000

Is Recurring:
false

Busy Status:
Tentative

Attachments:
image001.jpg

FYI

-----Original Appointment-----
From: Guyer, Jocelyn <JGuyer@manatt.com>
Sent: Monday, July 17, 2023 9:51 AM

To: Guyer, Jocelyn; Thompson, Christopher (CMS/CMCS); Badaracco, Andrew (CMS/CMCS); Mann, Cindy; Ginnis (she/her), Kate (CMS/CMCS); Briskin, Perrie (CMS/CMCS); Kimball (he,him), Richard (CMS/CMCS); Barnard, Zoe; Traub, Arielle
Cc: Viswanathan, Pavitra
Subject: FW: [External] SBS Claiming Guide Call
When: Monday, July 17, 2023 12:00 PM-12:30 PM (UTC-05:00) Eastern Time (US & Canada).
Where: https://manatt.zoom.us/j (b)(6) pwd=dnozTExEeDQveFFSQUp4WFVqMVZlZz09

-----Original Appointment-----
From: Guyer, Jocelyn <JGuyer@manatt.com>
Sent: Monday, June 26, 2023 1:55 PM
To: Guyer, Jocelyn; Mann, Cindy; Ginnis, Kate (CMS/CMCS); Briskin, Perrie (CMS/CMCS); Kimball (he,him), Richard (CMS/CMCS); Barnard, Zoe; Traub, Arielle
Cc: Viswanathan, Pavitra
Subject: [External] SBS Claiming Guide Call
When: Monday, July 17, 2023 12:00 PM-12:30 PM (UTC-05:00) Eastern Time (US & Canada).
Where: https://manatt.zoom.us/j (b)(6) ?pwd=dnozTExEeDQveFFSQUp4WFVqMVZlZz09

Hi there,

Jocelyn Guyer (she/her) is inviting you to a scheduled Zoom meeting.

Join Zoom Meeting

Phone one-tap:

US: +13017158592, (b)(6) or +13052241968, (b)(6)

Meeting URL:

https://manatt.zoom.us/j/ (b)(6) pwd=dnozTExEeDQveFFSQUp4WFVqMVZlZz09

Meeting ID:

(b)(6)

Passcode:

(b)(6)

Join by Telephone

For higher quality, dial a number based on your current location.

Dial:

US: +1 301 715 8592 or +1 305 224 1968 or +1 309 205 3325 or +1 312 626 6799 or +1 646 931 3860 or +1 929 205 6099 or +1 360 209 5623 or +1 386 347 5053 or +1 507 473 4847 or +1 564 217 2000 or +1 669 444 9171 or +1 669 900 6833 or +1 689 278 1000 or +1 719 359 4580 or +1 253 205 0468 or +1 253 215 8782 or +1 346 248 7799 or 833 928 4609 (Toll Free) or 833 928 4610 (Toll Free) or 877 853 5247 (Toll Free) or 888 788 0099 (Toll Free) or 833 548 0276 (Toll Free) or 833 548 0282 (Toll Free) or 833 928 4608 (Toll Free)

Meeting ID:

(b)(6)

Passcode:

(b)(6)

International numbers

Join from an H.323/SIP room system

H.323:

162.255.37.11 (US West)
162.255.36.11 (US East)

Meeting ID:

(b)(6)

Passcode:

(b)(6)

SIP:

(b)(6) @zoomcrc.com

Passcode:

(b)(6)

Doc.
1
MEDHHS(6) 0001

MEDHHS(6) 0002

Doc.
2
MEDHHS(6) 0003

MEDHHS(6) 0004

MEDHHS(6) 0005

Doc.
3
MEDHHS(6) 0006

MEDHHS(6) 0007

Doc.
4
MEDHHS(6) 0008

MEDHHS(6) 0009

MEDHHS(6) 0010

Row Labels Sum of COMMUNITY SPT SERV TAXSum of PRIVATE NON MEN INST TA Sum of PERSONAL SPT SERV TAX Sum of FABRICATION SERVICES TAXSum of EXT CABLE TV SERVICE TAX Sum of DAY HABILITATION SERV TAXSum of VIDEO RENTAL TAX Sum of TELECOMM SERVICES TAXSum of RESIDENT TRAIN SERV TAXSum of RENT TO OWN TAXSum of SPT TOTAL TAX
2007 2975460 16795254 6019389 65265 9208509 3117661 1464977 38246419 4120641 1471191 83484766
2008 3093338 17704436 8828569 94922 9200247 4014756 1637899 40821677 3078242 1562794 90036876
2009 3074230 17126894 10851947 80215 10273055 4430556 1788126 37426040 98083 1536098 86685242
2010 2997127 15945382 10918095 81390 10883594 4515193 1455423 39038498 26514 1490332 87351534
2011 3065565 15419820 11140536 84647 10905954 4566202 1438573 35063943 23018 1477155 83185405

2012 3496731 15425017 11299719 97526 10101050 4621426 985377 36510015 40056 1450964 84027849
2013 3863650 15417647 11155413 82427 10934689 4445615 852433 35048514 431 1387621 83188405
2014 4437513 15552266 11575565 110048 11191528 4243645 759094 34685648 0 1256868 83954810
2015 4105329 15605393 12222938 123745 8766170 4403350 676069 34537115 0 1230536 81893729
2016 4075986 19537419 15420578 136978 17796263 5289748 641448 37631695 0 1377154 102186709
2017 3427408 19859565 16366132 160778 27739885 4922505 598561 29078656 0 1286769 103829590
2018 3413936 21534188 17811487 178128 28211245 5390365 489611 28594090 0 1283573 107404658
2019
0 0 5226 11605 0 0 6390 0 33956 0 0 57177
2019 Total 0 5226 11605 0 0 6390 0 33956 0 0 57177
Grand Total 42026273 205928507 143621973 1296069 165212189 53967412 12787591 426716266 7386985 16811055 1077286750

Row Labels CSS – MHD Private Non-Medical Institution Home Support Services FABRICATION_SERVICES_TAX EXT_CABLE_TV_SERVICE_TAX CSS – MRA. Enter the taxable am VIDEO_RENTAL_TAX TELECOMM_SERVICES_TAX Group Residential Services for P RENT_TO_OWN_TAX SPT_TOTAL_TAX

2007	2,975,460 $	16,795,254 $	6,019,389 $	65,265 $	9,208,509 $	3,117,661 $	1,464,977 $	38,246,419 $	4,120,641 $	1,471,191 $	83,484,766 $
2008	3,093,338 $	17,704,436 $	8,828,569 $	94,922 $	9,200,247 $	4,014,756 $	1,637,899 $	40,821,677 $	3,078,242 $	1,562,794 $	90,036,876 $
2009	3,074,230 $	17,126,894 $	10,851,947 $	80,215 $	10,273,055 $	4,430,556 $	1,788,126 $	37,426,040 $	98,083 $	1,536,098 $	86,685,242 $
2010	2,997,127 $	15,945,382 $	10,918,095 $	81,390 $	10,883,594 $	4,515,193 $	1,455,423 $	39,038,498 $	26,514 $	1,490,332 $	87,351,534 $
2011	3,065,565 $	15,419,820 $	11,140,536 $	84,647 $	10,905,954 $	4,566,202 $	1,438,573 $	35,063,943 $	23,018 $	1,477,155 $	83,185,405 $
2012	3,496,731 $	15,425,017 $	11,299,719 $	97,526 $	10,101,050 $	4,621,426 $	985,377 $	36,510,015 $	40,056 $	1,450,964 $	84,027,849 $
2013	3,863,650 $	15,417,647 $	11,155,413 $	82,427 $	10,934,689 $	4,445,615 $	852,433 $	35,048,514 $	431 $	1,387,621 $	83,188,405 $
2014	4,437,513 $	15,552,266 $	11,575,565 $	110,048 $	11,191,528 $	4,243,645 $	759,094 $	34,685,648 $	- $	1,256,868 $	83,954,810 $
2015	4,105,329 $	15,605,393 $	12,222,938 $	123,745 $	8,766,170 $	4,403,350 $	676,069 $	34,537,115 $	- $	1,230,536 $	81,893,729 $
2016	4,075,986 $	19,537,419 $	15,420,578 $	136,978 $	17,796,263 $	5,289,748 $	641,448 $	37,631,695 $	- $	1,377,154 $	102,186,709 $
2017	3,427,408 $	19,859,565 $	16,366,132 $	160,778 $	27,739,885 $	4,922,505 $	598,561 $	29,078,656 $	- $	1,286,769 $	103,829,590 $
2018	3,413,936 $	21,534,188 $	17,811,487 $	178,128 $	28,211,245 $	5,390,365 $	489,611 $	28,594,090 $	- $	1,283,573 $	107,404,658 $

year COMMUNITY_SPT_SERV_TAX PRIVATE_NON_MEN_INST_TAX PERSONAL_SPT_SERV_TAX FABRICATION_SERVICES_TAX EXT_CABLE_TV_SERVICE_TAX DAY_HABILITATION_SERV_TAX VIDEO_RENTAL_TAX TELECOMM_SERVICES_TAX RESIDENT_TRAIN_SERV_TAX RENT_TO_OWN_TAX BRAIN_INJURY_TAX SPT_TOTAL_TAX
2010 0 0 45,864 203 0 0 484 142 0 0 0 46,693
2014 10,800 25,050 52,857 0 0 18,932 0 0 0 0 5,467 118,575
2015 0 0 0 0 0 0 0 0 0 0 4,973 4,973
2015 0 -306 0 0 0 0 0 0 0 0 2,923 5,540
2015 0 0 0 0 0 0 0 0 0 0 2,760 2,760
2015 0 0 0 0 0 0 0 0 0 0 11,512 11,512
2015 0 0 0 0 0 0 0 0 0 0 3,738 3,738
2016 0 19,666 0 0 0 0 0 0 0 0 5,413 25,079
2016 0 0 13,235 0 0 13,406 0 0 0 0 393 27,033
2016 0 0 0 0 0 0 0 0 0 0 3,443 3,443
2016 0 21,194 0 0 0 0 0 0 0 0 5,122 26,316
2016 1,109 0 0 0 0 1,344 0 0 0 0 20,274 22,727
2016 0 0 0 0 0 0 0 0 0 0 -2,274 -2,274
2016 0 0 60,000 -5,485,753 0 0 0 -1,212,132 0 -1,448,707 -22,970 -8,109,562
2017 0 1,557 0 0 0 0 0 0 0 0 24,666 26,223
2017 124 15,746 42,075 0 0 3,573 0 0 0 0 7,411 68,929
2017 114 15,180 23,037 0 0 5,297 0 0 0 0 6,937 50,566
2018 0 0 0 0 0 0 0 0 0 0 -1,692 0
2017 15 0 0 0 0 1 0 15 0 0 1 0
2018 0 1,001 0 0 0 0 0 0 0 0 23,472 24,473
2009 3,074,230 17,126,894 10,851,947 80,215 10,273,055 4,430,556 1,788,126 37,426,040 98,083 1,536,098 86,685,242
2014 4,961 10,242 25,097 0 0 7,011 0 0 0 0 4,922 52,233
2014 0 0 0 0 0 0 0 0 0 0 479 958
2015 0 0 0 0 0 0 0 0 0 0 6,966 6,966
2015 0 0 0 0 0 0 0 0 0 0 2,932 2,932
2015 4,598 11,660 27,325 0 0 6,440 0 0 0 0 4,945 54,968
2015 0 0 0 0 0 0 0 0 0 0 7,279 7,279
2015 0 0 0 0 0 0 0 0 0 0 775 775
2015 0 0 474 0 0 0 0 0 0 -474 0
2015 4,640 14,405 28,054 0 0 7,317 0 0 0 0 12,115 66,532
2015 4,061 13,619 22,491 0 0 6,956 0 0 0 0 10,499 57,626
2015 0 12,332 0 0 0 0 0 0 0 0 5,262 17,594
2016 0 0 13,204 0 0 12,391 0 0 0 0 871 26,466
2016 5,334 14,032 26,335 0 0 7,506 0 0 0 0 4,360 57,567
2016 0 0 12,914 0 0 11,307 0 0 0 0 257 24,478
2016 0 0 12,956 0 0 12,638 0 0 0 0 312 25,906
2016 0 0 12,873 0 0 7,365 0 0 0 0 217 20,456
2014 0 0 25,950 0 0 10,195 0 0 0 0 4,031 40,177
2014 0 0 23,390 0 0 9,089 0 0 0 0 3,009 35,488
2017 0 0 12,446 0 0 6,143 0 0 0 0 221 18,809
2015 0 0 -45,248 0 0 -357 0 0 0 0 20,107 -25,497
2017 0 0 0 0 0 0 0 0 0 0 2,289 2,289
2017 0 0 0 0 0 0 0 0 0 0 25,588 25,588
2017 112 15,746 22,665 0 0 4,610 0 0 0 0 9,893 53,027
2018 68 16,972 18,164 0 0 4,650 0 0 0 0 5,733 45,587
2018 0 0 0 0 0 0 0 0 0 0 3,539 3,539
2011 3,065,026 15,336,989 10,889,038 84,058 10,905,951 4,566,202 1,437,862 35,060,625 23,018 1,476,700 82,845,458
2012 3,481,296 15,393,240 10,642,447 96,694 10,091,986 4,533,120 982,129 36,484,619 40,056 1,450,964 83,196,520
2015 4,035,527 15,412,294 11,953,718 123,745 8,766,170 4,255,861 676,069 34,537,115 0 1,230,536 0 80,991,102
2011 539 82,831 251,498 589 3 0 711 3,318 0 455 0 339,947
2014 0 0 0 0 0 0 0 0 0 0 156 156
2015 0 0 0 0 0 0 0 0 0 0 474 474
2015 0 0 0 0 0 0 0 0 0 0 12,626 12,626
2015 0 8,208 0 0 0 0 0 0 0 0 3,571 11,778
2015 4,390 16,571 24,161 0 0 6,004 0 0 0 0 8,511 59,637

2016 0 14,750 0 0 0 0 0 0 0 0 9,021 23,771
2016 0 0 0 0 0 0 0 0 0 0 2,638 2,638
2014 23,390 3,009 -23,390 0 0 -1,556 0 0 0 0 -3,009 -1,556
2015 0 0 -48,833 0 0 48,833 0 0 0 -1,067,056 -15,121 -1,082,177
2017 0 2,241 20,638 0 0 2,923 0 0 0 0 2,520 28,322
2017 0 764 0 0 0 0 0 0 0 0 26,583 27,346
2017 0 0 0 0 0 0 0 0 0 0 26,619 26,619
2017 0 0 0 0 0 0 0 0 0 0 1,183 1,183
2018 0 2,409 0 0 0 0 0 0 0 0 23,436 25,845
2018 101 10,929 25,590 0 0 3,571 0 0 0 0 7,629 47,819
2018 0 0 0 0 0 0 0 0 0 0 4,328 4,328
2018 21 16,476 22,885 0 0 4,250 0 0 0 0 9,109 52,740
2018 0 16,639 0 0 0 55 0 0 0 0 8,193 24,887
2018 0 0 19,061 0 0 12,890 0 0 0 0 67 32,019
2018 0 15,955 25,395 0 0 3,369 0 0 0 0 5,290 50,009
2018 0 911 0 0 0 0 0 0 0 0 26,607 27,518
2008 3,093,338 17,704,436 8,828,569 94,922 9,200,247 4,014,756 1,637,899 40,821,677 3,078,242 1,562,794 90,036,876
2014 4,331,281 15,409,750 11,288,657 110,048 11,191,528 4,145,450 759,094 34,685,648 0 1,256,868 0 83,183,960
2007 2,975,460 16,795,254 6,019,389 65,265 9,208,509 3,117,661 1,464,977 38,246,419 4,120,641 1,471,191 83,484,766
2012 15,435 31,777 657,272 832 9,064 88,306 3,248 25,396 0 0 0 831,329
2014 10,826 24,790 51,431 0 0 15,324 0 0 0 0 5,312 112,993
2015 0 0 0 0 0 0 0 0 0 0 3,698 3,698
2014 0 0 0 0 0 0 0 0 0 0 750 750
2015 5,819 12,364 27,327 0 0 7,645 0 0 0 0 5,217 58,372
2015 15,070 0 2,253 0 0 18,192 0 0 0 0 13,378 48,893
2015 0 0 0 0 0 0 0 0 0 0 1,820 1,820
2016 0 14,285 0 0 0 0 0 0 0 0 8,788 23,073
2014 0 0 942 0 0 0 0 0 0 0 942 1,884
2016 0 0 0 0 0 0 0 0 0 0 1,377 1,377
2016 0 -3,383 0 0 0 0 0 0 0 0 3,383 0
2016 3,739 15,732 27,647 0 0 6,135 0 0 0 0 8,069 61,322
2016 0 0 0 0 0 1,868 0 0 0 0 9,753 11,621
2017 0 0 13,331 0 0 8,164 0 0 0 0 198 21,693
2016 0 0 -60,000 5,485,753 0 -445 0 1,212,132 0 1,448,707 22,970 8,109,117
2017 2,381 12,918 24,041 0 0 1,820 0 0 0 0 8,826 49,987
2018 0 0 18,575 0 0 9,961 0 0 0 0 115 28,651
2017 960 13,484 24,070 0 0 4,822 0 0 0 0 7,118 50,453
2017 0 0 13,413 0 0 8,161 0 0 0 0 143 21,717
2017 0 0 0 0 0 0 0 0 0 0 794 794
2017 0 0 0 0 0 0 0 0 0 0 3,514 3,514
2018 0 0 15,093 0 0 9,645 0 0 0 0 72 24,810
2018 0 2,526 0 0 0 0 0 0 0 0 24,286 26,812
2018 123 14,774 21,781 0 0 3,167 0 0 0 0 6,990 46,835
2018 163 14,222 23,617 0 0 3,421 0 0 0 0 7,536 48,959
2018 0 0 15,617 0 0 8,889 0 0 0 0 76 24,582
2018 0 0 3,482 0 0 0 0 0 0 0 2,189 5,671
2018 0 0 8,101 0 0 0 0 0 0 0 63,747 71,848
2018 0 0 0 0 -567 0 -3 0 0 0 -851 0
2018 0 1,763 0 0 0 0 0 0 0 0 23,811 25,574
2018 0 1,704 0 0 0 0 0 0 0 0 24,878 26,582
2014 0 0 -1 0 0 -1 0 0 0 0 -1 -4
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Page 1 - 129LR0448(03)-1
STATE OF MAINE

_____
IN THE YEAR OF OUR LORD
TWO THOUSAND NINETEEN

_____
S.P. 258 - L.D. 892
Resolve, To Require the Examination of Alternatives to the Service Provider Tax

Sec. 1. Examination of alternatives to the service provider tax. Resolved:

That the Department of Health and Human Services in partnership with the Department of Administrative and Financial Services and other state agencies that the departments determine should be included shall examine the service provider tax imposed pursuant to the Maine Revised Statutes, Title 36, chapter 358 and alternatives to that tax. The departments shall submit a report on their findings and recommendations to the Joint Standing Committee on Taxation by March 1, 2020 describing the advantages and disadvantages of the service provider tax and alternatives that were examined. The committee may submit a bill related to the report to the Second Regular Session of the 129th Legislature.

APPROVED
JUNE 19, 2019
BY GOVERNOR
CHAPTER
81
RESOLVES
Doc.
5
MEDHHS(6) 0015

Doc.
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MEDHHS(6) 0016

MEDHHS(6) 0017

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
John F. Kennedy Federal Building
Boston, MA 02203
Boston Resional Operations Group
crvrs
ctNrfRs [oR M[DtcÂR[& Mtf)t(nlD StRvlcEs
CENTER fOR MEDICAID & CHIP SERVICES
ocT 1õ ¿0r9
Jeanne Lambrew, Commissioner
Department of Health and Human Services
221 State Street
Commissioner's Office
Augusta, Maine 04333-001 I
RE: Maine Healthcare Taxes and Backlogged SPAs
Dear Commissioner Lambrew:
Thank you for your letter dated September 23,2019 in which you discuss the current back-log of State plan amendments
(SPAs) that are pending resolution and the related service provider tax. We
understand and share the state's desire to resolve the pending
SPAs and we are committed to working
toward a pathway to approve them. However, as we have described within our September 18, 2018 letter and in subsequent face-to-face discussions on April24,2019, CMS is concerned that the service provider tax is an impermissible source of non-federal share that is used to finance Medicaid payments related to the pending SPAs.
Within your letter, you requested additional feedback on the service provider tax in order to inform Maine's Governor and Legislature. As discussed below and detailed in a State Health Official Letter dated July 25,2014 (SHO #14-001), the current structure of the service provider tax is not consistent with federal requirements. The state must identiff an alternative source of non-federal share to fund Medicaid payments that is consistent with federal requirements in order for CMS to proceed with processing the pending SPAs. Once the alternative financing is in place, the state would need to either return the health care-related amounts the state has collected through the service provider tax to the affected tax payers or, in accordance with section 1903(w)(1)(A) of the Act, reduce the total amount of the state's Medicaid expenditures claimed from CMS by the amount of health care-related revenue the state collected through the impermissible service provider tax. Consistent with the compliance timeline discussed in SHO #14-001, and to avoid disallowance, the alternative frnancing source and resolution of the impermissible tax would have had to be in place as of July 1,2016, which would coincide with the timing of Maine's legislative session that ended after CMS issued the SHO letter.
Backeround Regarding Service Provider Tax
Section 1903(w) of the Social Security Act (the Act) and implementing regulations at 42 CFR Part 433, Subpart B set forth the parameters for health care-related taxes. Section 1903(w)(3)(A) of the Act defines a health care-related tax as a tax that is: (l) related to health care items or services, or to the provision of, the authority to provide, or payment for, such items or services; or (2) is not limited to such items or services but provides for treatment of individuals or entities that are providing or paying for such items or services that is different from the treatment provided to other individuals or entities. The statute and regulations
provide for a reduction in federal funding if a state imposes
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Page 2--- Jeanne Lambrew, Commissioner
health care-related taxes that are not imposed on a permissible class, are not broad-based and uniform with respect to a class of providers, or that contain a hold harmless arrangement. The statute and regulations also specify the permissible classes ofhealth care items or services that may be taxed.
On July 25, 2014 CMS issued SHO #14-001which cla¡ified the application of 1903(wX3) and 42 CFR 433.55(c) in circumstances where health care-related items or services are included within a broader state tax and the tax provides for different or unequal treatment for individuals or entities that are paying for or providing health care items or seruices. The letter clarified that in such cases, even where less than 85 percent ofa tax falls on health care items or services, the tax is still considered health care-related.
Specifically, the letter states:
"Section 1903(w)(3)(A) also specifies that if 85 percent of the tax burden falls on health care providers, it is considered to be related to health ca¡e items or services. However, this provision does not establish a safe harbor for any tax on health care providers that falls below the threshold. The relationship ofsuch taxes to health care items and services must still be analyzed to determine if there is equal treafinent ofproviders or payers in the design and application of the tax."
Further, to help states determine whether a tax treats health ca¡e items or services differently than the non-taxed health care items or services, the letter provides the following example:
"Taxing a subset ofhealth care services or providers at the same rate as a statewide sales tax, for example, does not result in equal treatment if the tax is applied specifically to a subset of health care serices or providers (such as only Medicaid MCOs), since the providers
or users
ofthose health care services are being treated differently than others who are not within the specified universe."
In summary, the letter clarifies that a subset ofhealth care-related services that are included within a broader state sales tax are subject to all federal statutory and regulatory requirements since those services a¡e treated differently from other health care services that are not subject to the tax. The SHO letter advised states with these arrangements to "make any changes necessary to achieve compliance as soon as feasible, but no later than the end oftheir next regular legislative session."
Maine's Service Provider Tax
Maine's service provider tax is imposed on a number ofhealth care-related services, including: private non-medical institution services; community support services for persons with mental health diagnoses; community support services for persons with intellectual disabilities or autism; and home support services. This tax is also imposed on a number of non-health care-related seruices: rental of video media and video equipment; rental of fumiture, audio media aad equipment pursuant to a rental-purchase agreement; telecommunications services; installation, maintenance or repair of telecommunications equipment; fabrication services; extended cable and satellite television services;

Page 3-- Jeanne Lambrew, Commissioner
ancillary services. All items that are subject to the service provider tax are taxed at a rate of 60/o as of January 7,2016.
Maine has posited that because revenues received on the health care-related services within the service provider tax fall below 85 percent ofthe overall tax revenues, these items are not subject to federal requirements. The state has further explained that even if the service provide¡ tax is determined to be health care-related, the tax meets the statutory requirements as broad-based and uniform since the tax applies a 6% tax rate on all providers and is imposed on all health care items or services in the class or providers of such class.
Based on our analysis of the seruice provider tax, it appears to be a health care-related tax as defined in section 1903(wX3XA) of the Act, implementing regulations at 42 CFF. 433(c), and the guidance issued in SHO #14-001. Contrary to Maine's position, SHO #14-001 explains that taxing a subset of

health care services or providers at the same rate as a statewide sales tax does not result in equal treatment ifthe tax is applied specifically to a subset of health care services or providers. Maine's service provider tax applies only to private non-medical institution services, community support services for persons with mental health diagnoses, community support services for persons with intellectual disabilities or autism, and home support services. The tax does not apply broadly to all other health care services within the state and, therefore, the federal requirements apply since the services subject to the tax do not receive equal treatment.

Since we have determined the federal requirements apply to services within the service provider tax, our first level ofreview is to examine whether the health care-related services subject to the tax fall within one of the permissible classes of items and services allowed under the federal statute and regulations. The statutory and regulatory lists of permissible items and services do not include private non-medical institution services, community support services for persons with mental health diagnoses, community support services for persons with intellectual disabilities or autism, or home support seruices. As a result, Maine's service provider tax appears inconsistent with section 1903(w) of the Act and implementing regulations at42 CFRPøtt433, Subpart B.

Summarv

Based on our conclusions, we request that the state work with CMS to address these matters and establish timeframes detailing actions to (1) repeal the impermissible taxes or reduce the total amount of the state's Medicaid expenditures by the amount of revenue the state collects from impermissible health care-related taxes in accordance with section 1903(Ð(1XA) of the Act, (2) replace the tax with an allowable source of non-federal share effective luly 1,2016, and (3) resolve backlogged SPAs. Recognizing that Federal Financial Participation (FFP) is only available for health care services meeting federal requirements, if Maine is unable generate a permissible source of non-federal share before the end of the state's legislative session in June 2020, CMS intends to begin the process to defer and/or disallow any related claims on and after Jr:Jly 1,2020.

MEDHHS(6) 0020

Page 4-- Jeanne Lambrew, Commissioner

If you have any questions regarding this letter, please contact Francis T. Mccullough, directly at (215) 378-6869 or via email at Efq{rgis,MgCulloueh@cms.hhs.gov

Sincerely,

Lfr-

IftistinFan

Director

Financial Management Group

MEDHHS(6) 0021

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MEDHHS(6) 0022

MEDHHS(6) 0023

From: Mann, Cindy
Sent: Friday, December 13, 2019 8:13 AM
To: Janet.Freeze@cms.hhs.gov; Rory.Howe@cms.hhs.gov; Robert.Lane@cms.hhs.gov; Jeremy.Silanskis@cms.hhs.gov; Francis.McCullough@cms.hhs.gov; Christopher.Thompson@cms.hhs.gov
Cc: Fan, Kristin A. (CMS/CMCS) <Kristin.Fan@cms.hhs.gov>; Boston, Beverly A. (CMS/CMCS) <Beverly.Boston@cms.hhs.gov>; Polaris, Julian <JPolaris@manatt.com>

Subject: Follow up re Maine provider tax questions
CMS financial management team and RO,
Thanks so much for the call on November 19 reviewing our questions about the penalty-related
Doc.
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MEDHHS(6) 0024

issues that are reviewed in your letter to Commissioner Lambrew dated October 15, 2019. As you know, Maine is considering all its options, and, of course, its legislature will be involved in the decisions going forward. Your clarifications will help inform the state as it considers how best to move forward.

To recap, you confirmed our understanding that the penalty imposed (whether voluntary or not) is as described below (the "Penalty"):

When a state submits Medicaid claims, CMS calculates the amount of FFP by summing up the state's eligible Medicaid expenditures and multiplying that total by the state's federal match rate. If CMS identifies a tax that is not a permissible health care-related tax, CMS will deduct the amount collected under that tax from the state's total expenditures before applying the match rate, thereby reducing the amount of FFP. 42 C.F.R. §§ 433.57, 433.70(b).

To illustrate, if Maine spent $100 on total Medicaid expenses in a recent quarter and its match rate is 64%, the federal government contributes $64 in FFP, resulting in a State share of $36. However, if Maine collected $10 during that same quarter under a tax that CMS determines is not permissible, CMS will calculate Maine's FFP based on a reduced total spending amount of $90—Maine's $100 in expenditures minus the $10 from the tax—yielding a reduced FFP amount of $57.60. As a result, the Penalty for that quarter would be $6.40.

We also discussed a second issue, which is whether Maine also would need to replace the tax with an alternative source of nonfederal share. This is mentioned in the introduction (p.1) and listed in the summary section of the letter (p. 3). The language referencing the nonfederal share could be read as instructing the state to return FFP that has been paid, going back to July 2016. It could also be read to suggest Maine must take an additional step even after applying the Penalty or repealing the tax.

As you pointed out in the call, when CMS identifies a tax it believes is prohibited, typically the state will modify the tax, and as such this issue has generally not come up. We appreciate that you needed to consider this question but we are hoping you can now address this question. In a situation where the Penalty is applied (as described above), the imposition of the Penalty would seem to resolve the issue. Can you confirm that if the Penalty is imposed (voluntarily or not), there is no further issue (related to the tax) on state share?

We appreciate clear guidance from CMS on these issues; your guidance will help Maine consider its options and accurately determine the financial impact(s) associated with those options.
Thanks,
Cindy

Cindy Mann
Partner
MEDHHS(6) 0025

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From: Mccullough, Francis T. (CMS/CMCS)
To: Probert, Michelle
Subject: Maine Healthcare Taxes and Backlogged SPAs - CMS Follow-up
Date: Friday, December 20, 2019 2:37:47 PM

Michele,
Hello, I am sending this email to you regarding the Maine service care-related taxes and outstanding State Plan Amendments (SPAs) as follow-up to our recent conversations. Please note that CMS is committed to continuing to work resolve as many of the outstanding SPAs while working with the state on a permissible financing structure.
On October 15, 2019 CMS sent to Commissioner Jeanne Lambrew, a letter reiterating that the state's current taxing structure did not appear to be permissible. This issue was also raised with the state in written communication on September 18, 2018 as well as during a face-to-face meeting on April 24, 2019.
In the October 15, 2019 letter we discussed the State Health Official Letter dated July 25, 2014 (SHO #14-001), and what is considered to be a health care-related tax. We reiterated that the current structure of the service provider tax did not appear to meet federal requirements. CMS advised the state that it must identify an alternative source of non-federal share to fund Medicaid payments in order for CMS to proceed with processing the pending SPAs. Once the alternative financing is in place, the state would need to either return the health care-related amounts the state has collected through the service provider tax to the affected tax payers or, in accordance with section 1903(w)(1)(A) of the Social Security Act (the Act), reduce the total amount of the state's Medicaid expenditures claimed from CMS by the amount of health care-related revenue the state collected through the impermissible service provider tax. Consistent with the compliance timeline discussed in SHO #14-001, and to avoid disallowance, the alternative financing source and resolution of the impermissible tax would have had to be in place as of July 1, 2016, which would coincide with the timing of Maine's legislative session that ended after CMS issued the SHO letter.
During a meeting on November 19, 2019 with Maine's consultant, CMS indicated that Maine needs to provide some options/examples for CMS to review. CMS then committed to have a follow-up meeting with Maine to discuss those options. Based on these discussions, Maine

could determine any change(s) that might occur and need to go through the state's legislature. Also, on December 16, 2019 CMS staff met with Maine staff to discuss processing of Maine's backlogged State plan amendments. In addition, CMS staff stated that they are committed to working with the state to move forward in this process and willing to meet as often as needed to resolve these issues. In addition, CMS mentioned that they would like to set up weekly or bi-weekly meetings to work through outstanding questions to resolve the SPAs. In your email dated December 18, 2019 you indicated that you will get back to CMS regarding our recommendations as well as a schedule for future communications on these SPAs.
In summary, we request that the state work with CMS to address these matters and establish timeframes detailing actions to (1) repeal the impermissible taxes or reduce the total amount of the state's Medicaid expenditures by the amount of revenue the state collects from impermissible health care-related taxes in accordance with section 1903(w) of the Act, (2) replace the tax with an allowable source of non-federal share effective July 1, 2016, and (3) resolve outstanding SPAs. Recognizing that Federal Financial Participation (FFP) is only available for health care services meeting federal requirements, if Maine is unable generate a permissible source of nonfederal share before the end of the state's legislative session in June 2020, CMS intends to begin the process to defer and/or disallow any related claims on and
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after July 1, 2020.
Please let me know the State's availability to schedule these important meetings. If you have any questions, please let me know.
Thank you.

Francis T. McCullough
Deputy Group Director
Financial Management Group
Center for Medicaid and CHIP Services
Philadelphia: 215-861-4157 (Office)
IPhone: 215-378-6869
MEDHHS(6) 0028

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MEDHHS(6) 0029

MEDHHS(6) 0030

MEDHHS(6) 0031

MEDHHS(6) 0032

From: Probert, Michelle

To: Fan, Kristin A. (CMS/CMCS)
Cc: Merrill, Kristin; Logan, William; Moore, Yvette (CMS/CMCS); McMillion, Todd (CMS/CMCS); Mccullough, Francis T.
(CMS/CMCS); Thompson, Christopher C. (CMS/CMCS); Thomas, Douglas A. (CMS/CMCS); Howe, Rory
(CMS/CMCS); Goldstein, Stuart S. (CMS/CMCS); MacCarroll, Amber L. (CMS/CMCS)
Subject: RE: Maine Service Provider Tax
Date: Thursday, September 10, 2020 12:30:00 PM

Director Fan,

We appreciate your view on this issue; however, our potential solutions do depend on MFAR, which we understand is forthcoming this month. We will be back in touch.

Best,
Michelle

Michelle S. Probert
Director
Office of MaineCare Services
Preferred pronouns: she/her/hers

From: Fan, Kristin A. (CMS/CMCS) <Kristin.Fan@cms.hhs.gov>
Sent: Friday, September 4, 2020 10:52 AM
To: Probert, Michelle <Michelle.Probert@maine.gov>
Cc: Merrill, Kristin <Kristin.Merrill@maine.gov>; Logan, William <William.Logan@maine.gov>; Moore, Yvette (CMS/CMCS) <yvette.moore@cms.hhs.gov>; McMillion, Todd (CMS/CMCS) <TODD.MCMILLION@cms.hhs.gov>; Mccullough, Francis T. (CMS/CMCS) <Francis.McCullough@cms.hhs.gov>; Thompson, Christopher C. (CMS/CMCS) <Christopher.Thompson@cms.hhs.gov>; Thomas, Douglas A. (CMS/CMCS) <Douglas.Thomas@cms.hhs.gov>; Howe, Rory (CMS/CMCS) <Rory.Howe@cms.hhs.gov>; Goldstein, Stuart S. (CMS/CMCS) <STUART.GOLDSTEIN@cms.hhs.gov>; MacCarroll, Amber L. (CMS/CMCS) <Amber.MacCarroll@cms.hhs.gov>
Subject: RE: Maine Service Provider Tax

Ms. Probert,

Thanks for reaching out. And while I understand all that is covered within the proposed rule (MFAR), the issue with Maine's PNMI is not directly tied to the proposed rule. Rather, as we have mentioned, it is the July 2014 letter which provided clarification regarding what is considered to be a health care-related tax which impacts Maine's situation.

We are more than happy to discuss further as indicated we need to understand how Maine is planning on coming into compliance with the all state health official letter which I have reattached for reference. I understand from earlier communications that Maine disagrees with our analysis. However, based upon the information we have and understand it appears that the PNMI tax would be health care-related and be impermissible under existing statute and regulations. We would very

much like to move past this impass and develop a workable solution in order to mitigate what financial risk might be associated with the use of the PNMI tax.

Kristin Fan
Senior Financial Policy Advisor to CMCS Director

From: Probert, Michelle <Michelle.Probert@maine.gov>
Sent: Friday, September 4, 2020 10:33 AM
To: Fan, Kristin A. (CMS/CMCS) <Kristin.Fan@cms.hhs.gov>
Cc: Merrill, Kristin <Kristin.Merrill@maine.gov>; Logan, William <William.Logan@maine.gov>; Moore, Yvette (CMS/CMCS) <yvette.moore@cms.hhs.gov>; McMillion, Todd (CMS/CMCS)

<TODD.MCMILLION@cms.hhs.gov>; Mccullough, Francis T. (CMS/CMCS)
<Francis.McCullough@cms.hhs.gov>; Thompson, Christopher C. (CMS/CMCS)
<Christopher.Thompson@cms.hhs.gov>; Thomas, Douglas A. (CMS/CMCS)
<Douglas.Thomas@cms.hhs.gov>
Subject: Maine Service Provider Tax

Dear Director Fan,
On an August 20, 2020 phone call regarding the State of Maine's backlogged State Plan Amendments (SPAs), you asked my staff about the State's plan regarding the Service Provider Tax. The Medicaid Fiscal Accountability Rule (MFAR) has significant implications on this topic. As such, we will get back to you once we have read and processed the implications of the final MFAR, which we understand is forthcoming this month.
Best,
Michelle

Michelle S. Probert
Director
Office of MaineCare Services
Preferred pronouns: she/her/hers

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MEDHHS(6) 0035

MEDHHS(6) 0036

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop: S2-26-12
Baltimore, Maryland 21244-1850
Financial Management Group
Division of Financial Operations East
April 29, 2022
Jeanne Lambrew, Commissioner
Department of Health and Human Services
221 State Street
Commissioner's Office
Augusta, Maine 04333-0011
Subject: Deferral of $4,171,319 FFP for PNMI Tax reported on your Medicaid Quarterly Statement of Expenditures for the quarter ending December 31, 2021 (Deferral Number ME/2022/1/E/01/MAP).
Dear Commissioner Lambrew:
On March 2, 2022, your department certified the Medicaid Quarterly Statement of Expenditures (Form CMS-64) for the period October 1, 2021, through December 31, 2021, which included $4,171,319 for a private nonmedical institution (PNMI) tax reported on the Form CMS-64.11A form Provider-Related Donations and Health Care Related Taxes, Fees, and Assessments Received Under Public Law 102-234. As described within the Centers for Medicare and Medicaid Services (CMS) September 18, 2018, letter and in subsequent face-to-face discussions

on April 24, 2019, CMS is concerned that the service provider tax is an impermissible source of non-federal share that is used to finance Medicaid payments related to pending state plan amendments. Per the final CMS letter dated October 15, 2019, if Maine was unable to generate a permissible source of non-federal share before the end of the state's June 2020 legislative session, CMS intends to defer and/or disallow any related claims on and after July 1, 2020. We are deferring the amount of $4,171,319 federal financial participation (FFP).
Section 1903(w) of the Social Security Act (the Act) and implementing regulations at 42 CFR Part 433, Subpart B set forth the parameters for health care-related taxes. Section 1903(w)(3)(A) of the Act defines a health care-related tax as a tax that is: (1) related to health care items or services, or to the provision of, the authority to provide, or payment for, such items or services; or (2) is not limited to such items or services but provides for treatment of individuals or entities that are providing or paying for such items or services that is different from the treatment provided to other individuals or entities. The statute and regulations provide for a reduction in federal funding if a state imposes health care-related taxes that are not imposed on a permissible class, are not broad-based and uniform with respect to a class of providers, or that contain a hold harmless arrangement. The statute and regulations also specify the permissible classes of health
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care items or services that may be taxed at Section 1903 (w)(7)(A) of the Act and implementing regulations at 42 CFR § 433.56 (a). The regulation at 42 CFR 433.70(b) indicates that CMS will deduct from a state's medical assistance expenditures, before calculating FFP, revenues from health care-related taxes that do not meet federal requirements.

Regulations at 42 CFR 430.40(a) provide for the Administrator or current Designee to defer a claim or any portion of a claim for FFP when there is a question of its allowability. Based on the facts stated above, we have deferred the claims in order to provide your department the opportunity to document the allowability of the claim which would include documentation showing that the $4,171,319 FFP of PNMI tax met the requirements of sections 1903(w) and 1132 of the Act.

If you agree with our deferral, please make a decreasing adjustment for $4,171,319 FFP on Line 10B of the next submission of the Form CMS-64 and reference deferral ME/2022/1/E/01/MAP in the appropriate column. If you disagree, you may provide or make available for inspection any documentation which you believe would support the allowability of the expenditures, within 60 days of the receipt of this letter, in accordance with regulations at 42 CFR §430.40. If you need additional time, you may request an extension of up to 60 days. A written request for an extension should be submitted to me.

Should you require any further details regarding this matter, please contact Robert Parris at (617) 817-7389.

Sincerely,

Leticia Barraza
Deputy Director
Division of Financial Operations East

MEDHHS(6) 0038

From: Parris, Robert J. (CMS/CMCS)
To: Lambrew, Jeanne M
Cc: Veilleux, Kathy; Probert, Michelle; Brooks, Amanda; Lane, Robert (CMS/CMCS); Barraza, Leticia (CMS/CMCS); Heim, Michele S. (CMS/CMCS)
Subject: Urgent: PNMI tax deferral extension request
Date: Wednesday, June 29, 2022 8:24:41 AM
EXTERNAL: This email originated from outside of the State of Maine Mail System. Do not click links or open attachments unless you recognize the sender and know the content is safe.
Good morning Commissioner Lambrew,
Hope all is well.
I apologize for any confusion with sending the 3 state deferral letters to the state.
We have corrected our records and will follow your instructions when emailing future letters or correspondence.
Since the 3 letters were forwarded to the state on 06/21/22, the 60 th day would be 08/19/22. Please notify us if you need additional time as the 60 th day approaches.
Any questions please let me know.
Thank you for your continued cooperation.
Bob P.
Robert J. Parris
Branch Manager
Division of Financial Operations
Financial Management Group-East-A
Center for Medicaid & CHIP Services
JFK Federal Building, Room 2275
Boston, MA 02203
robert.parris@cms.hhs.gov
617-565-1242
From: Lambrew, Jeanne M <Jeanne.M.Lambrew@maine.gov>
Sent: Friday, June 24, 2022 10:45 AM
To: Parris, Robert J. (CMS/CMCS) <Robert.Parris@cms.hhs.gov>; Lane, Robert (CMS/CMCS) <Robert.Lane@cms.hhs.gov>; Barraza, Leticia (CMS/CMCS) <Leticia.Barraza@cms.hhs.gov>; MacCarroll, Amber L. (CMS/CMCS) <Amber.MacCarroll@cms.hhs.gov>; Heim, Michele S. (CMS/CMCS) <Michele.Heim@cms.hhs.gov>
Cc: Veilleux, Kathy <Kathy.Veilleux@maine.gov>; Probert, Michelle <Michelle.Probert@maine.gov>
Subject: Urgent: PNMI tax deferral extension request
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MEDHHS(6) 0039

Good morning,

It came to our attention yesterday that, on April 29, 2022, CMS signed a deferral letter for the PNMI tax and two other topics for the quarter ending December 31, 2021 (attached) but neither Kathy Veilleux nor I have a record of receiving it in our email. We received the letters via Michele Heim's email to Amanda Brooks (see below).

We are urgently seeking an extension for our response (attached).

Going forward, I would appreciate you also cc'ing Michelle Probert, our Director of MaineCare Services, as an extra check on this. Also, note that the address in the letter to me is inaccurate (see below).

Thanks, Jeanne
Jeanne M. Lambrew, PhD, Commissioner
Department of Health and Human Services
109 Capitol Street
#11 State House Station
Augusta, ME 04333-0011
Tel: (207) 287-4223
Fax: (207) 287-3005

From: Heim, Michele S. (CMS/CMCS) <Michele.Heim@cms.hhs.gov>
Sent: Tuesday, June 21, 2022 3:55 PM
To: Brooks, Amanda <Amanda.Brooks@maine.gov>
Cc: Gove, Sarah <Sarah.Gove@maine.gov>; Bragan, Natalie <Natalie.Bragan@maine.gov>
Subject: Maine QE 12/31/21 Deferral Letters

Good Afternoon,

For your information, please find attached deferral letters for QE 12/31/21.

Thanks,
Michele

MEDHHS(6) 0040

From: Lambrew, Jeanne M
To: Gagne-Holmes, Sara
Subject: FW: Thank you -- follow up
Date: Tuesday, July 12, 2022 9:12:12 AM
Attachments: Manatt_Clarifying Questions on Tax Design_7-7-22.docx
From: Lambrew, Jeanne M
Sent: Thursday, July 7, 2022 2:48 PM
To: Tsai, Daniel (CMS/OA) <Daniel.Tsai@cms.hhs.gov>
Cc: Mann, Cindy <CMann@manatt.com>
Subject: RE: Thank you -- follow up
Hi Dan,
It took some time to develop the questions for our next discussion, but here they are -- see attached. As noted, they are hypothetical and in no way conveys support for any or all of them.
We appreciate the challenge of summer schedules and the extra work caused by SCOTUS, but I'll ask my special assistant, Kathy, to find time at your earliest convenience for the same group that met last time to meet. As is likely the case with you, the budget proposal process in Maine has begun. We look forward to continuing the discussion.
And I'll add my sincere thanks for this engagement. Your recognition of the states' roles, challenges and opportunities is welcome.
Much appreciated. Jeanne
From: Tsai, Daniel (CMS/OA) <Daniel.Tsai@cms.hhs.gov>
Sent: Thursday, May 19, 2022 11:42 AM

To: Lambrew, Jeanne M <Jeanne.M.Lambrew@maine.gov>
Cc: Mann, Cindy <CMann@manatt.com>
Subject: RE: Thank you -- follow up

Hi – sorry for the slow response. Sounds good. Thanks again
-Dan
From: Lambrew, Jeanne M <Jeanne.M.Lambrew@maine.gov>
Sent: Monday, May 16, 2022 11:28 AM
To: Tsai, Daniel (CMS/OA) <Daniel.Tsai@cms.hhs.gov>
Cc: Mann, Cindy <CMann@manatt.com>
Subject: Thank you -- follow up
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MEDHHS(6) 0041

Good morning,

This is a belated thank you for spending time with us last Monday to discuss policy ideas around Maine's service tax, as well as your team's willingness to work on the PNMI SPA backlog.

Cindy and I caught up this morning, and suggest that we come up with some questions about potential changes to Maine's tax that we can send in advance to discuss at a follow-up meeting. The questions would be illustrative to help us understand boundaries for policy development. Nothing is binding on either of our parts. We would include the same group in the next meeting since it is not a legal or budget discussion but remains brainstorming.

Does this proposed plan work for you? Alternative suggestions welcome.

Cindy, feel free to amend or correct.

Thanks, Jeanne

MEDHHS(6) 0042

Questions for CMS Regarding State Tax Design
July 7, 2022
Manatt has prepared these questions for CMS on behalf of the Maine Department of Health and Human Services (DHHS). In light of the CMS deferrals relating to Maine's service provider tax 1 , DHHS has been in discussions with state policymakers 2 with respect to Maine's current tax and potential revisions to that tax. As a reminder, the current tax is imposed on some healthcare and non-healthcare services at the same rate and in the same manner across all services subject to the tax. To help DHHS advise policymakers, CMS agreed to provide technical assistance to clarify when a tax levied on a mix of healthcare and non-healthcare services will constitute a healthcare-related tax, and in particular, the parameters under SHO #14-001 for when such a tax will constitute "unequal treatment" as referenced in the SHO. 3
Through the questions set out in this memorandum, Manatt hopes to get CMS's feedback on three different approaches for a hypothetical service tax, each of which could be adjusted in various ways, as described below. Each approach would draw less than 85% of its revenue from healthcare providers,

that include Medicaid and non-Medicaid providers, and would calculate the tax at the same rate and in the same manner across all services subject to the tax.

Path 1. The tax applies to an enumerated list of services, including several non-healthcare services and some—but not all—healthcare services.

Is such a tax impermissible on its face because it does not apply to all healthcare services?

If such a tax is permissible in theory, is CMS's view of the tax affected by…

a. The relative mix of healthcare and non-healthcare services? If so, what ratio would CMS deem appropriate?

b. The proportion of healthcare services that are subject to the tax? Does it make a difference if the tax applies to a set of healthcare services representing a very small share of total state healthcare spending (e.g., under 5%)?

c. The specific types of non-healthcare services that are subject to the tax? Does it make a difference if the non-healthcare services are concentrated in a few sectors? If they represent an eclectic mix of services across sectors?

d. The specific types of healthcare services that are subject to the tax? Does it make a difference if the included healthcare services…

• Are linked by a common theme (e.g., all in the LTSS space)?

1 36 M.R.S. § 2552.

2 DHHS does not have the authority to establish, modify, or repeal state taxes. Any modifications to state tax policy would require legislation.

3 This memorandum generally focuses on the threshold question of whether a given tax is considered a "healthcare-related tax" under 42 C.F.R. § 433.55 and section 1902(w)(3)(A) of the Social Security Act (SSA). Except as otherwise indicated, this memo does not address the secondary question of whether a given healthcare-related tax is permissible by virtue of meeting the federal parameters for being broad-based, uniformly imposed, etc., as described in 42 C.F.R. § 433.68 and SSA sections 1902(w)(1)(A)(ii) & (w)(3)(B).

• Are paid for with a mix of Medicaid and non-Medicaid dollars? Paid for primarily with non-Medicaid dollars? Aren't covered by Medicaid at all (e.g., cosmetic surgery)?

e. Excluding certain healthcare services from the tax because they are already subject to provider-specific taxes that meet federal requirements for permissible healthcare-related taxes (e.g., a tax on hospitals or nursing homes)?

f. Earmarking the tax revenues for the state general fund, or for specific non-Medicaid purposes?

Path 2. The tax applies broadly to entire service sectors (health and non-health) with enumerated exemptions (as opposed to a tax that applies to an enumerated list of specific services, as under Path 1). The tax might apply to sectors such as "healthcare" and "telecommunications," with definitions and cross-references to define each sector and to specify exemptions.

Is such a tax impermissible on its face because it includes enumerated exemptions and thus does not apply to all healthcare services?

If such a tax is not impermissible on its face, is CMS's view of the tax affected by…

a. The number or magnitude of exemptions? What if the exemptions apply to healthcare services representing a very large share or small share of total state healthcare spending?

b. The nature of the inclusions and exclusions? Does it make a difference if the healthcare services that are carved in or out of the tax…

• Are linked by a common theme (e.g., all in the LTSS space)?

• Are paid for with a mix of Medicaid and non-Medicaid dollars? Paid for primarily with non-Medicaid dollars? Aren't covered by Medicaid at all (e.g., cosmetic surgery)?

• Are already subject to provider-specific taxes that meet federal requirements for permissible healthcare-related taxes?

Path 3. If none of the approaches described above are permissible, is there a permissible path to construct a tax that:

• Applies to a mix of healthcare and non-healthcare services;

• Applies in a uniform manner across all services subject to the tax; and

• Applies to healthcare services that are not listed among the “classes of health care services” in CMS’s tax regulations at 42 C.F.R. § 433.56?
Under what circumstances, if any, would such a tax be permissible under the SHO and other relevant guidance?
* * *
Maine appreciates CMS’s offer to provide technical assistance on this matter, while underscoring that it neither endorses any of these options nor concedes the impermissibility of the tax. Please contact Anne Karl (AKarl@manatt.com) or Julian Polaris (JPolaris@manatt.com) if you have any specific questions about this request.
MEDHHS(6) 0044

Phone: (207) 624-9626 V/TTY: 7-1-1 Fax: (207) 287-6628
www.maine.gov/revenue
The undersigned Judy A. Methot states as follows:
1. I am currently employed as the Director of the Sales, Fuel, and Special Tax Division of Maine Revenue Services (“MRS”) and have been so employed in that position for approximately four years. Prior to that, I was employed as a Deputy Director within the Sales, Fuel, and Special Tax Division of MRS for approximately seven years. In my current position as Division Director, I am responsible for overseeing the administration of, among other things, the State of Maine’s (“Maine”) Service Provider Tax (“SPT”) statutory regime, 36 M.R.S. §§ 2551-2560.
2. The facts set forth herein are based on my personal knowledge and belief and where it is my belief, I have so indicated; upon information supplied to me by others within the Sales, Fuel, and Special Tax Division of MRS; upon my review of the relevant documents, the data contained therein, and/or the electronically stored tax information backing up the data contained therein; or in my opinion, based upon my knowledge of and experience with administering Maine’s SPT.
3. I understand that on April 29, 2022, the Centers for Medicare and Medicaid Services (“CMS”) issued a deferral, Number ME/2022/1/E/01/MAP (the “Deferral Notice”) to the Maine Department of Health and Human Services (“Department”), alleging that $4,171,319 of federal financial participation claimed by the Department for the period of October 1, 2021 through December 31, 2021, based on SPT revenues, is an impermissible source of non-federal share of Medicaid payments. I submit this statement in support of the Department’s Response to the Deferral Notice.
STATE OF MAINE
MAINE REVENUE SERVICES
P.O. BOX 1060
AUGUSTA, MAINE
04332-1060
ADMINISTRATIVE & FINANCIAL SERVICES
KIRSTEN LC FIGUEROA
COMMISSIONER
JANET T. MILLS
GOVERNOR
MAINE REVENUE SERVICES
JEROME D. GERARD
EXECUTIVE DIRECTOR
Doc.
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MEDHHS(6) 0045

Phone: (207) 624-9626 V/TTY: 7-1-1 Fax: (207) 287-6628
www.maine.gov/revenue
4. I am familiar with the electronically stored tax information supporting the data contained in

the Spreadsheet attached hereto and incorporated herein as Exhibit A, over which electronically stored tax information I have custody and control.

5. It is the regular practice of MRS to track the tax revenues derived from the various tax regimes under its administration, including without limitation, Maine's SPT, and to electronically store that revenue data using Maine Revenue Integrated Tax System (MERITS). I am personally familiar with MERITS and use MERITS regularly in the course of my employment. By issuing quality assurance tickets to MRS's database administrator, my Division can isolate data responsive to a specific query or specific queries.

6. Here, in order to isolate the salient data, namely, the data necessary to calculate the ratio of the aggregated total of SPT assessed against the five categories of healthcare providers in 2021 over the aggregated total of SPT assessed in 2021 against all categories of service providers and the ratio of the total SPT assessed against Private Non-Medical Institutions ("PNMIs") in 2021 over the aggregated total of SPT assessed in 2021 against all categories of service providers, I directed a member of my Division to write, and upon information and belief that individual did in fact write, a quality assurance ticket requesting, from our database administrator, a query of all active, reporting service provider accounts for the period of January 1, 2021 through and including December 31, 2021, which query included, the EIN, account identification number, legal name [1], business code, reporting period [2], and the service lines reported on the summary service provider

1 Confidential taxpayer information, such as the taxpayer's legal name, has not been included in the Spreadsheet being submitted herewith. See generally 36 M.R.S § 191.

2 The "reporting period" corresponds to the frequency in which the provider of the taxable service must report and pay SPT. At the highest level of generality, the more taxable services that a taxpayer provides, the greater the frequency of its reporting and payment obligations. On Exhibit A, the reporting periods are listed in the Column entitled "Period Begin." See Ex. A, Column B. For the sake of clarity, if a taxpayer's "Period_Begin" rows show reporting periods beginning "2021-01-01," "2021-02-01," "2021-03-01," etc., then the taxpayer's filing frequency was monthly in 2021. If the taxpayer's "Period_Begin" rows show reporting periods beginning "2021-01-01," "2021-04-01," "2021-07-01," that taxpayer's filing frequency was quarterly in 2021. "Period_Begin" rows showing reporting periods beginning "2021-06-01" and "2021-12-01" connote that the taxpayer's filing frequency for 2021 was semi-annual.

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return for each open and active SPT account during the relevant period.

7. The administrator produced the raw data responsive to the above-described query, upon which receipt of which another member of my Division reviewed the data for accuracy, which review included matching the records from the query to the taxpayer records in MERITS for verification, sorted the data by category (Non-Healthcare Services vs. Healthcare Services, which terms are defined, infra, at ¶ 8), and incorporated the formulas necessary to calculate the tax burdens imposed by Maine's SPT statutory scheme, during the relevant period, on the providers of Non-Healthcare Services, on the one hand, and the providers of Healthcare Services, on the other hand. The foregoing was performed under my supervision and resulted in the Spreadsheet attached hereto and incorporated herein as Exhibit A, the accuracy of which was confirmed by my personal review of the raw data supplied by the administrator as sorted and organized by a member of my Division.

8. Based on my review of the relevant documents and my personal knowledge of and experience with administering SPT, I have determined that the Non-Healthcare Services subjected to SPT in 2021 were (a) cable and satellite television or radio services, (b) fabrication services, (c) rental of video media and video equipment, (d) rental of furniture, audio media and audio media equipment pursuant to a rental-purchase agreement as defined in Title 9-A, section 11-105 of the Maine Revised Statutes, (e) telecommunications services, (f) the installation, maintenance, and repair of telecommunications equipment, and (f) "ancillary services," which the statute defines, in relevant part, as "a service associated with or incidental to the provision of telecommunication services …" (collectively the "Non-Healthcare Services"). See 36 M.R.S. § 2552(1)(A)-(F) and (L); see also 36 M.R.S. § 2551(1-C). Based on this review, knowledge, and experience I can confirm,

moreover, that on Exhibit A, the Non-Healthcare Services are identified, respectively, as (i) CABLE/SAT TV/RADIO, (ii) FABRICATION, (iii) VIDEO RENTALS, (iv), RNT TO OWN, MEDHHS(6) 0047

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and (v) TELECOMMUNICATIONS SERVICES. 3 See Ex . A at Columns G-K.
9. Based on my review of the relevant documents and my personal knowledge of and experience with administering SPT, the Healthcare Services subjected to SPT in 2021 were (a) PNMIs, (b) community support for persons with mental health diagnoses, (c) community support for persons with intellectual disabilities or autism, (d) home support services, and (e) group residential services for persons with brain injuries (collectively, the "Healthcare Services"). See 36 M.R.S. § 2552(1)(G)-(J) and (M). Based on this review, knowledge, and experience I can confirm, moreover, that on Exhibit A, the Healthcare Services are identified, respectively, as (i) PNMI, (ii) CSS-MHD, (iii) CSS-IDA, (iv) HOME SUPPORT, and (v) BRAIN INJURIES. See Ex. A at Columns L-P. 4
10. Based on my review of the relevant documents, including without limitation Exhibit A, and my personal knowledge of and experience with administering SPT, I have determined that the value of the services taxable under Maine's SPT statutory regime for the calendar year 2021 was $1,696,113,743.41. See Ex. A at Column Q, Row 8456. As such, the SPT assessed for the calendar year 2021 was $101,766,824.62 (i.e., 6% of $1,696,113,743.41), of which $51,792,384.32 was assessed on account of the provision of Healthcare Services and $49,974,440.30 on account of the provision of Non-Healthcare Services. See id. at Column R, Rows 8456, 8458, and 8459. Of the $51,792,384.32 in SPT assessed on account of the provision of Healthcare Services, $22,431,721.32 was assessed against PNMI providers and $29,360,663.00 was assessed against non-PNMI healthcare providers. Compare Ex. A at Columns R, Row 8461 with Ex. A at Column R, Row 8462.

3 The data regarding the installation, maintenance, and repair of telecommunications equipment and the so-called "Ancillary Services" has been folded into the Telecommunications Services column.
4 Exhibit A also accounts for, by deducting from the gross taxable services, both "Bad Debts"—debts that have been determined to be uncollectible—and services that are exempt from taxation under 36 M.R.S. § 2560. See id. at Columns E and F. The bad debts and exempt services did not factor into the calculations of total revenues generated by the SPT, as described in paragraph 10. As used in Exhibit A, both the Credit Memo Column and the Credit Due Column relate to the collection of the tax imposed and not to the imposition of the tax itself. As such, that data is not part of the relevant calculations here, which relevant calculations have been identified in paragraph six hereof.
MEDHHS(6) 0048

Phone: (207) 624-9626 V/TTY: 7-1-1 Fax: (207) 287-6628
www.maine.gov/revenue
11. Expressed as percentages, the tax burden imposed by Maine's SPT statutory regime on the providers of Healthcare Services (both PNMI and Non-PNMI healthcare providers) for the calendar year 2021 was 50.90% of the total SPT tax revenues. The tax burden imposed by the SPT on the providers of Non-Healthcare Services in was 49.10%. The tax burden imposed on PNMIs only in calendar year 2021 was 22.04% of the total tax burden imposed by Maine's SPT (i.e., $22,431,721.32/101,766,824.62 = .2204 or 22.04%).

Date _____ _____
Judy Methot, Director

Sales, Fuel and Special Tax Division
Maine Revenue Services

07/18/2022
MEDHHS(6) 0049

ENTITY NAME PERIOD_BEGIN GROSS SERVICES EXEMPT SERVICES BAD DEBTS TAXABLE SERVICES
CABLE/ SAT
TV/RADIO FABRICATION
VIDEO
RENTALS RNT TO OWN
TELECOMMUNICATIONS
SERVICES PNMI CSS-MHD CSS-IDA HOME SUPPORT
BRAIN
INJURIES TOTAL SERVICES TOTAL TAX
CREDIT
MEMO TAX DUE CREDIT DUE
2021-07-01 3,765.00 $ - $ - $ 3,765.00 $ - $ 3,765.00 $ - $ - $ - $ - $ - $ - $ - $ - $ 3,765.00 $ 225.90 $ - $ 225.90 $ - $
2021-10-01 3,500.00 $ - $ - $ 3,500.00 $ - $ 3,500.00 $ - $ - $ - $ - $ - $ - $ - $ - $ 3,500.00 $ 210.00 $ - $ 210.00 $ - $
2021-01-01 23.50 $ - $ - $ 23.50 $ - $ - $ - $ - $ 23.50 $ - $ - $ - $ - $ - $ 23.50 $ 1.41 $ - $ 1.41 $ - $
2021-01-01 1,379.14 $ - $ - $ 1,379.14 $ - $ 1,379.14 $ - $ - $ - $ - $ - $ - $ - $ - $ 1,379.14 $ 82.75 $ - $ 82.75 $ - $
2021-07-01 4,547.97 $ - $ - $ 4,547.97 $ - $ 4,547.97 $ - $ - $ - $ - $ - $ - $ - $ - $ 4,547.97 $ 272.88 $ - $ 272.88 $ - $
2021-01-01 6,899.65 $ 452.00 $ - $ 6,447.65 $ - $ 6,447.65 $ - $ - $ - $ - $ - $ - $ - $ - $ 6,447.65 $ 386.86 $ - $ 386.86 $ - $
2021-04-01 9,590.50 $ 1,077.04 $ - $ 8,513.46 $ - $ 8,513.46 $ - $ - $ - $ - $ - $ - $ - $ - $ 8,513.46 $ 510.81 $ - $ 510.81 $ - $
2021-07-01 8,353.81 $ 624.61 $ - $ 7,729.20 $ - $ 7,729.20 $ - $ - $ - $ - $ - $ - $ - $ - $ 7,729.20 $ 463.75 $ - $ 463.75 $ - $
2021-10-01 10,509.40 $ 1,125.90 $ - $ 9,383.50 $ - $ 9,383.50 $ - $ - $ - $ - $ - $ - $ - $ - $ 9,383.50 $ 563.01 $ - $ 563.01 $ - $
2021-01-01 1,237.67 $ - $ - $ 1,237.67 $ - $ - $ - $ - $ 1,237.67 $ - $ - $ - $ - $ - $ 1,237.67 $ 74.26 $ - $ 74.26 $ - $
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2021-01-01 56.49 $ - $ - $ 56.49 $ - $ - $ 56.49 $ - $ - $ - $ - $ - $ - $ - $ 56.49 $ 3.39 $ - $ 3.39 $ - $
2021-07-01 92.49 $ - $ - $ 92.49 $ - $ - $ 92.49 $ - $ - $ - $ - $ - $ - $ - $ 92.49 $ 5.55 $ - $ 5.55 $ - $
2021-01-01 149,690.30 $ 149,690.30 $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $
2021-04-01 531,702.38 $ 531,702.38 $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $
2021-07-01 397,838.31 $ 397,838.31 $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $
2021-10-01 306,372.50 $ 306,372.50 $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $
2021-01-01 62.00 $ - $ - $ 62.00 $ - $ - $ 62.00 $ - $ - $ - $ - $ - $ - $ - $ 62.00 $ 3.72 $ - $ 3.72 $ - $

2021-01-01 1,889.36 $ - $ - $ 1,889.36 $ - $ - $ - $ - $ 1,889.36 $ - $ - $ - $ - $ - $ 1,889.36 $ 113.36 $ - $ 113.36 $ - $
2021-07-01 2,169.21 $ - $ - $ 2,169.21 $ - $ - $ - $ - $ 2,169.21 $ - $ - $ - $ - $ - $ 2,169.21 $ 130.15 $ - $ 130.15 $ - $
2021-01-01 9.99 $ - $ - $ 9.99 $ - $ - $ 9.99 $ - $ - $ - $ - $ - $ - $ - $ 9.99 $ 0.60 $ - $ 0.60 $ - $
2021-07-01 - $
2021-01-01 250.75 $ - $ - $ 250.75 $ - $ - $ 250.75 $ - $ - $ - $ - $ - $ - $ - $ 250.75 $ 15.04 $ - $ 15.04 $ - $
2021-04-01 171.17 $ - $ - $ 171.17 $ - $ - $ 171.17 $ - $ - $ - $ - $ - $ - $ - $ 171.17 $ 10.27 $ - $ 10.27 $ - $
2021-07-01 482.87 $ - $ - $ 482.87 $ - $ - $ 482.87 $ - $ - $ - $ - $ - $ - $ - $ 482.87 $ 28.97 $ - $ 28.97 $ - $
2021-10-01 206.22 $ - $ - $ 206.22 $ - $ - $ 206.22 $ - $ - $ - $ - $ - $ - $ - $ 206.22 $ 12.37 $ - $ 12.37 $ - $
2021-07-01 - $
2021-01-01 5,295,844.00 $ - $ - $ 5,295,844.00 $ 5,295,844.00 $ - $ - $ - $ - $ - $ - $ - $ - $ - $ 5,295,844.00 $ 317,750.64 $ - $ 317,750.64 $ - $
2021-02-01 5,112,754.83 $ - $ - $ 5,112,754.83 $ 5,112,754.83 $ - $ - $ - $ - $ - $ - $ - $ - $ - $ 5,112,754.83 $ 306,765.29 $ - $ 306,765.29 $ - $
2021-03-01 5,526,767.83 $ - $ - $ 5,526,767.83 $ 5,526,767.83 $ - $ - $ - $ - $ - $ - $ - $ - $ - $ 5,526,767.83 $ 331,606.07 $ - $ 331,606.07 $ - $
2021-04-01 5,441,525.33 $ - $ - $ 5,441,525.33 $ 5,441,525.33 $ - $ - $ - $ - $ - $ - $ - $ - $ - $ 5,441,525.33 $ 326,491.52 $ - $ 326,491.52 $ - $
2021-05-01 5,415,761.17 $ - $ - $ 5,415,761.17 $ 5,415,761.17 $ - $ - $ - $ - $ - $ - $ - $ - $ - $ 5,415,761.17 $ 324,945.67 $ - $ 324,945.67 $ - $
2021-06-01 5,369,733.67 $ - $ - $ 5,369,733.67 $ 5,369,733.67 $ - $ - $ - $ - $ - $ - $ - $ - $ - $ 5,369,733.67 $ 322,184.02 $ - $ 322,184.02 $ - $
2021-07-01 5,768,214.00 $ - $ - $ 5,768,214.00 $ 5,768,214.00 $ - $ - $ - $ - $ - $ - $ - $ - $ - $ 5,768,214.00 $ 346,092.84 $ - $ 346,092.84 $ - $
2021-08-01 5,431,822.33 $ - $ - $ 5,431,822.33 $ 5,431,822.33 $ - $ - $ - $ - $ - $ - $ - $ - $ - $ 5,431,822.33 $ 325,909.34 $ - $ 325,909.34 $ - $
2021-09-01 5,457,578.33 $ - $ - $ 5,457,578.33 $ 5,457,578.33 $ - $ - $ - $ - $ - $ - $ - $ - $ - $ 5,457,578.33 $ 327,454.70 $ - $ 327,454.70 $ - $
2021-10-01 5,396,082.50 $ - $ - $ 5,396,082.50 $ 5,396,082.50 $ - $ - $ - $ - $ - $ - $ - $ - $ - $ 5,396,082.50 $ 323,764.95 $ - $ 323,764.95 $ - $
2021-11-01 4,760,795.00 $ - $ - $ 4,760,795.00 $ 4,760,795.00 $ - $ - $ - $ - $ - $ - $ - $ - $ - $ 4,760,795.00 $ 285,647.70 $ - $ 285,647.70 $ - $
2021-12-01 5,216,076.83 $ - $ - $ 5,216,076.83 $ 5,216,076.83 $ - $ - $ - $ - $ - $ - $ - $ - $ - $ 5,216,076.83 $ 312,964.61 $ - $ 312,964.61 $ - $
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2021-01-01 2,009.28 $ - $ - $ 2,009.28 $ - $ - $ - $ - $ 2,009.28 $ - $ - $ - $ - $ - $ 2,009.28 $ 120.56 $ - $ 120.56 $ - $
2021-07-01 2,254.34 $ - $ - $ 2,254.34 $ - $ - $ - $ - $ 2,254.34 $ - $ - $ - $ - $ - $ 2,254.34 $ 135.26 $ - $ 135.26 $ - $
2021-01-01 15.00 $ - $ - $ 15.00 $ - $ - $ 15.00 $ - $ - $ - $ - $ - $ - $ - $ 15.00 $ 0.90 $ - $ 0.90 $ - $
2021-07-01 36.00 $ - $ - $ 36.00 $ - $ - $ 36.00 $ - $ - $ - $ - $ - $ - $ - $ 36.00 $ 2.16 $ - $ 2.16 $ - $
2021-01-01 4,533.86 $ - $ - $ 4,533.86 $ - $ - $ - $ - $ 4,533.86 $ - $ - $ - $ - $ - $ 4,533.86 $ 272.03 $ - $ 272.03 $ - $
2021-07-01 4,552.31 $ - $ - $ 4,552.31 $ - $ - $ - $ - $ 4,552.31 $ - $ - $ - $ - $ - $ 4,552.31 $ 273.14 $ - $ 273.14 $ - $
2021-01-01 370.52 $ - $ - $ 370.52 $ - $ - $ 370.52 $ - $ - $ - $ - $ - $ - $ - $ 370.52 $ 22.23 $ - $ 22.23 $ - $
2021-07-01 405.90 $ - $ - $ 405.90 $ - $ - $ 405.90 $ - $ - $ - $ - $ - $ - $ - $ 405.90 $ 24.35 $ - $ 24.35 $ - $
2021-01-01 1,178,369.51 $ 1,175,803.51 $ - $ 2,566.00 $ - $ - $ 2,566.00 $ - $ - $ - $ - $ - $ - $ - $ 2,566.00 $ 153.96 $ - $ 153.96 $ - $
2021-04-01 1,712,235.03 $ 1,705,579.91 $ - $ 6,655.12 $ - $ - $ 6,655.12 $ - $ - $ - $ - $ - $ - $ - $ 6,655.12 $ 399.31 $ - $ 399.31 $ - $
2021-07-01 2,213,022.05 $ 2,202,559.51 $ - $ 10,462.54 $ - $ - $ 10,462.54 $ - $ - $ - $ - $ - $ - $ - $ 10,462.54 $ 627.75 $ - $ 627.75 $ - $
2021-10-01 1,324,825.39 $ 1,313,305.64 $ - $ 11,519.75 $ - $ - $ 11,519.75 $ - $ - $ - $ - $ - $ - $ - $ 11,519.75 $ 691.18 $ - $ 691.18 $ - $
2021-01-01 51.74 $ - $ - $ 51.74 $ - $ - $ 51.74 $ - $ - $ - $ - $ - $ - $ - $ 51.74 $ 3.10 $ - $ 3.10 $ - $
2021-07-01 65.67 $ - $ - $ 65.67 $ - $ - $ 65.67 $ - $ - $ - $ - $ - $ - $ - $ 65.67 $ 3.94 $ - $ 3.94 $ - $
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2021-12-01 319.30 $ - $ - $ 319.30 $ - $ - $ 319.30 $ - $ - $ - $ - $ - $ - $ - $ 319.30 $ 19.16 $ - $ 19.16 $ - $
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2021-06-01 - $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $
2021-01-01 790.83 $ - $ - $ 790.83 $ - $ - $ 790.83 $ - $ - $ - $ - $ - $ - $ - $ 790.83 $ 47.45 $ - $ 47.45 $ - $
2021-07-01 721.30 $ - $ - $ 721.30 $ - $ - $ 721.30 $ - $ - $ - $ - $ - $ - $ - $ 721.30 $ 43.28 $ - $ 43.28 $ - $
2021-01-01 535.50 $ - $ - $ 535.50 $ - $ - $ 535.50 $ - $ - $ - $ - $ - $ - $ - $ 535.50 $ 32.13 $ - $ 32.13 $ - $
2021-04-01 773.50 $ - $ - $ 773.50 $ - $ - $ 773.50 $ - $ - $ - $ - $ - $ - $ - $ 773.50 $ 46.41 $ - $ 46.41 $ - $
2021-07-01 963.90 $ - $ - $ 963.90 $ - $ - $ 963.90 $ - $ - $ - $ - $ - $ - $ - $ 963.90 $ 57.83 $ - $ 57.83 $ - $
2021-01-01 120,342.83 $ - $ - $ 120,342.83 $ - $ - $ 120,342.83 $ - $ - $ - $ - $ - $ - $ - $ 120,342.83 $
7,220.57 $ - $ 7,220.57 $ - $
2021-02-01 116,361.50 $ - $ - $ 116,361.50 $ - $ - $ 116,361.50 $ - $ - $ - $ - $ - $ - $ - $ 116,361.50 $
6,981.69 $ - $ 6,981.69 $ - $
2021-03-01 113,780.83 $ - $ - $ 113,780.83 $ - $ - $ 113,780.83 $ - $ - $ - $ - $ - $ - $ - $ 113,780.83 $
6,826.85 $ - $ 6,826.85 $ - $
2021-04-01 111,919.50 $ - $ - $ 111,919.50 $ - $ - $ 111,919.50 $ - $ - $ - $ - $ - $ - $ - $ 111,919.50 $
6,715.17 $ - $ 6,715.17 $ - $
2021-05-01 111,256.67 $ - $ - $ 111,256.67 $ - $ - $ 111,256.67 $ - $ - $ - $ - $ - $ - $ - $ 111,256.67 $
6,675.40 $ - $ 6,675.40 $ - $
2021-06-01 110,876.83 $ - $ - $ 110,876.83 $ - $ - $ 110,876.83 $ - $ - $ - $ - $ - $ - $ - $ 110,876.83 $
6,652.61 $ - $ 6,652.61 $ - $
2021-07-01 109,817.50 $ - $ - $ 109,817.50 $ - $ - $ 109,817.50 $ - $ - $ - $ - $ - $ - $ - $ 109,817.50 $
6,589.05 $ - $ 6,589.05 $ - $
2021-08-01 106,190.50 $ - $ - $ 106,190.50 $ - $ - $ 106,190.50 $ - $ - $ - $ - $ - $ - $ - $ 106,190.50 $
6,371.43 $ - $ 6,371.43 $ - $
2021-09-01 100,390.67 $ - $ - $ 100,390.67 $ - $ - $ 100,390.67 $ - $ - $ - $ - $ - $ - $ - $ 100,390.67 $
6,023.44 $ - $ 6,023.44 $ - $
2021-10-01 102,587.17 $ - $ - $ 102,587.17 $ - $ - $ 102,587.17 $ - $ - $ - $ - $ - $ - $ - $ 102,587.17 $
6,155.23 $ - $ 6,155.23 $ - $
2021-11-01 98,847.50 $ - $ - $ 98,847.50 $ - $ - $ 98,847.50 $ - $ - $ - $ - $ - $ - $ - $ 98,847.50 $ 5,930.85 $
- $ 5,930.85 $ - $
2021-12-01 96,776.83 $ - $ - $ 96,776.83 $ - $ - $ 96,776.83 $ - $ - $ - $ - $ - $ - $ - $ 96,776.83 $ 5,806.61 $
- $ 5,806.61 $ - $
2021-01-01 12,681.97 $ - $ - $ 12,681.97 $ - $ - $ 12,681.97 $ - $ - $ - $ - $ - $ - $ - $ 12,681.97 $ 760.92 $ - $
760.92 $ - $
2021-04-01 11,165.04 $ - $ - $ 11,165.04 $ - $ - $ 11,165.04 $ - $ - $ - $ - $ - $ - $ - $ 11,165.04 $ 669.90 $ - $

669.90 $ - $
2021-07-01 10,655.26 $ - $ - $ 10,655.26 $ - $ - $ 10,655.26 $ - $ - $ - $ - $ - $ - $ - $ 10,655.26 $ 639.32 $ - $
639.32 $ - $
2021-10-01 9,900.84 $ - $ - $ 9,900.84 $ - $ - $ 9,900.84 $ - $ - $ - $ - $ - $ - $ - $ 9,900.84 $ 594.05 $ - $ 594.05 $ - $
2021-07-01 - $
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2021-07-01 - $
2021-01-01 1,474.30 $ - $ - $ 1,474.30 $ - $ - $ - $ - $ 1,474.30 $ - $ - $ - $ - $ - $ 1,474.30 $ 88.46 $ - $ 88.46 $ - $
2021-07-01 1,564.37 $ - $ - $ 1,564.37 $ - $ - $ - $ - $ 1,564.37 $ - $ - $ - $ - $ - $ 1,564.37 $ 93.86 $ - $ 93.86 $ - $
2021-01-01 1,519.35 $ - $ - $ 1,519.35 $ - $ - $ - $ - $ 1,519.35 $ - $ - $ - $ - $ - $ 1,519.35 $ 91.16 $ - $ 91.16 $ - $
2021-04-01 1,580.36 $ - $ - $ 1,580.36 $ - $ - $ - $ - $ 1,580.36 $ - $ - $ - $ - $ - $ 1,580.36 $ 94.82 $ - $ 94.82 $ - $
2021-07-01 1,848.09 $ - $ - $ 1,848.09 $ - $ - $ - $ - $ 1,848.09 $ - $ - $ - $ - $ - $ 1,848.09 $ 110.89 $ - $ 110.89 $ - $
2021-10-01 1,296.89 $ - $ - $ 1,296.89 $ - $ - $ - $ - $ 1,296.89 $ - $ - $ - $ - $ - $ 1,296.89 $ 77.81 $ - $ 77.81 $ - $
2021-01-01 2,399.26 $ - $ - $ 2,399.26 $ - $ - $ - $ - $ 2,399.26 $ - $ - $ - $ - $ - $ 2,399.26 $ 143.96 $ - $ 143.96 $ - $
2021-04-01 1,359.46 $ - $ - $ 1,359.46 $ - $ - $ - $ - $ 1,359.46 $ - $ - $ - $ - $ - $ 1,359.46 $ 81.57 $ - $ 81.57 $ - $
Exhibit
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MEDHHS(6) 0050

2021-07-01 1,274.44 $ - $ - $ 1,274.44 $ - $ - $ - $
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$ 76.47 $ - $ 76.47 $ - $
2021-10-01 959.57 $ - $ - $ 959.57 $ - $ - $ - $
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57.57 $ - $ 57.57 $ - $
2021-01-01 1,595.00 $ - $ - $ 1,595.00 $ - $ - $ 1,595.00 $
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95.70 $ - $ 95.70 $ - $
2021-04-01 5,332.50 $ - $ - $ 5,332.50 $ - $ - $ 5,332.50 $
- $ - $ - $ - $ - $ - $ 5,332.50 $
319.95 $ - $ 319.95 $ - $
2021-07-01 11,521.50 $ - $ - $ 11,521.50 $ - $ - $ 11,521.50 $
- $ - $ - $ - $ - $ - $ 11,521.50
$ 691.29 $ - $ 691.29 $ - $
2021-10-01 7,111.50 $ - $ - $ 7,111.50 $ - $ - $ 7,111.50 $
- $ - $ - $ - $ - $ - $ 7,111.50 $
426.69 $ - $ 426.69 $ - $
2021-01-01 - $ - $ - $ - $ - $ - $ - $ - $
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2021-01-01 263.00 $ - $ - $ 263.00 $ - $ - $ 263.00 $
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15.78 $ - $ 15.78 $ - $
2021-07-01 590.00 $ - $ - $ 590.00 $ - $ - $ 590.00 $
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35.40 $ - $ 35.40 $ - $
2021-01-01 1,858.02 $ - $ - $ 1,858.02 $ - $ - $ 1,858.02 $
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111.48 $ - $ 111.48 $ - $
2021-02-01 2,255.78 $ - $ - $ 2,255.78 $ - $ - $ 2,255.78 $
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135.35 $ - $ 135.35 $ - $
2021-03-01 2,663.89 $ - $ - $ 2,663.89 $ - $ - $ 2,663.89 $
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159.83 $ - $ 159.83 $ - $
2021-04-01 2,526.80 $ - $ - $ 2,526.80 $ - $ - $ 2,526.80 $
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151.61 $ - $ 151.61 $ - $
2021-05-01 2,288.02 $ - $ - $ 2,288.02 $ - $ - $ 2,288.02 $
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137.28 $ - $ 137.28 $ - $
2021-06-01 2,220.43 $ - $ - $ 2,220.43 $ - $ - $ 2,220.43 $
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133.23 $ - $ 133.23 $ - $
2021-07-01 2,105.57 $ - $ - $ 2,105.57 $ - $ - $ 2,105.57 $
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126.33 $ - $ 126.33 $ - $
2021-08-01 1,540.36 $ - $ - $ 1,540.36 $ - $ - $ 1,540.36 $
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92.42 $ - $ 92.42 $ - $
2021-09-01 893.31 $ - $ - $ 893.31 $ - $ - $ 893.31 $
- $ - $ - $ - $ - $ - $ - $ 893.31 $
53.60 $ - $ 53.60 $ - $
2021-10-01 2,188.85 $ - $ - $ 2,188.85 $ - $ - $ 2,188.85 $
- $ - $ - $ - $ - $ - $ - $ 2,188.85 $
131.33 $ - $ 131.33 $ - $
2021-11-01 1,808.75 $ - $ - $ 1,808.75 $ - $ - $ 1,808.75 $
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108.52 $ - $ 108.52 $ - $
2021-12-01 1,619.78 $ - $ - $ 1,619.78 $ - $ - $ 1,619.78 $
- $ - $ - $ - $ - $ - $ - $ 1,619.78 $
97.19 $ - $ 97.19 $ - $
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2021-01-01 121,046.55 $ 20,520.88 $ - $ 100,525.67 $ - $ - $
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100,525.67 $ 6,031.54 $ - $ 6,031.54 $ - $
2021-02-01 103,277.46 $ 16,907.59 $ - $ 86,369.87 $ - $ - $
86,369.87 $ - $ - $ - $ - $ - $ - $ - $
86,369.87 $ 5,182.19 $ - $ 5,182.19 $ - $
2021-03-01 117,449.91 $ 17,489.97 $ - $ 99,959.94 $ - $ - $
99,959.94 $ - $ - $ - $ - $ - $ - $ - $
99,959.94 $ 5,997.60 $ - $ 5,997.60 $ - $
2021-04-01 110,383.92 $ 18,641.17 $ - $ 91,742.75 $ - $ - $
91,742.75 $ - $ - $ - $ - $ - $ - $ - $
91,742.75 $ 5,504.56 $ - $ 5,504.56 $ - $
2021-05-01 93,745.38 $ 12,083.03 $ - $ 81,662.35 $ - $ - $
81,662.35 $ - $ - $ - $ - $ - $ - $ - $
81,662.35 $ 4,899.74 $ - $ 4,899.74 $ - $
2021-06-01 100,326.19 $ 15,118.62 $ - $ 85,207.57 $ - $ - $
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2021-07-01 120,354.20 $ 14,440.98 $ - $ 105,913.22 $ - $ - $

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105,913.22 $ 6,354.79 $ - $ 6,354.79 $ - $
2021-08-01 119,474.51 $ 17,831.29 $ - $ 101,643.22 $ - $ - $
101,643.22 $ - $ - $ - $ - $ - $ - $ - $
101,643.22 $ 6,098.59 $ - $ 6,098.59 $ - $
2021-09-01 110,884.04 $ 13,757.87 $ - $ 97,126.17 $ - $ - $
97,126.17 $ - $ - $ - $ - $ - $ - $ - $
97,126.17 $ 5,827.57 $ - $ 5,827.57 $ - $
2021-10-01 109,426.77 $ 14,710.47 $ - $ 94,716.30 $ - $ - $
94,716.30 $ - $ - $ - $ - $ - $ - $ - $
94,716.30 $ 5,682.98 $ - $ 5,682.98 $ - $
2021-11-01 109,233.53 $ 18,529.04 $ - $ 90,704.49 $ - $ - $
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90,704.49 $ 5,442.27 $ - $ 5,442.27 $ - $
2021-12-01 93,724.74 $ 16,666.13 $ - $ 77,058.61 $ - $ - $
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77,058.61 $ 4,623.52 $ - $ 4,623.52 $ - $
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2021-04-01 55,799.54 $ 55,791.54 $ - $ 8.00 $ - $ - $ 8.00 $
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2021-07-01 121,044.42 $ 120,607.72 $ - $ 436.70 $ - $ - $ 436.70 $
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26.20 $ - $ 26.20 $ - $
2021-10-01 56,651.17 $ 56,651.17 $ - $ - $ - $ - $ - $
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2021-07-01 294.93 $ - $ - $ 294.93 $ - $ - $ - $
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2021-01-01 2,369.42 $ - $ - $ 2,369.42 $ - $ - $ - $
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2021-07-01 2,648.93 $ - $ - $ 2,648.93 $ - $ - $ - $
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2021-01-01 308.98 $ - $ - $ 308.98 $ - $ - $ 308.98 $
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2021-02-01 139.74 $ - $ - $ 139.74 $ - $ - $ 139.74 $
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2021-03-01 318.70 $ - $ - $ 318.70 $ - $ - $ 318.70 $
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2021-04-01 180.93 $ - $ - $ 180.93 $ - $ - $ 180.93 $
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2021-05-01 165.39 $ - $ - $ 165.39 $ - $ - $ 165.39 $
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2021-06-01 61.36 $ - $ - $ 61.36 $ - $ - $ 61.36 $
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2021-09-01 133.89 $ - $ - $ 133.89 $ - $ - $ 133.89 $
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2021-10-01 29.95 $ - $ - $ 29.95 $ - $ - $ 29.95 $
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2021-11-01 31.97 $ - $ - $ 31.97 $ - $ - $ 31.97 $
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2021-12-01 53.99 $ - $ - $ 53.99 $ - $ - $ 53.99 $
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2021-07-01 117.00 $ - $ - $ 117.00 $ - $ 117.00 $ - $
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2021-10-01 3,801.14 $ - $ - $ 3,801.14 $ - $ 3,801.14 $ - $
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228.07 $ - $ 228.07 $ - $
2021-01-01 4,560.00 $ 2,057.50 $ - $ 2,502.50 $ 2,502.50 $ - $ - $
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150.15 $ - $ 150.15 $ - $
2021-07-01 3,731.25 $ 2,741.25 $ - $ 990.00 $ - $ 990.00 $ - $
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2021-07-01 7,586.00 $ 2,607.45 $ - $ 4,978.55 $ - $ 4,978.55 $ - $
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298.71 $ - $ 298.71 $ - $
2021-01-01 4,316.00 $ - $ - $ 4,316.00 $ - $ 4,316.00 $ - $
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258.96 $ 258.96 $ - $ - $
2021-04-01 3,167.00 $ - $ - $ 3,167.00 $ - $ 3,167.00 $ - $
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190.02 $ - $ 190.02 $ - $
2021-07-01 3,550.00 $ - $ - $ 3,550.00 $ - $ 3,550.00 $ - $
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2021-10-01 7,085.00 $ - $ - $ 7,085.00 $ - $ 7,085.00 $ - $
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425.10 $ - $ 425.10 $ - $
2021-01-01 690,162.67 $ 690,162.67 $ - $ - $ - $ - $ - $
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2021-07-01 4,523.00 $ 4,523.00 $ - $ - $ - $ - $ - $
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2021-01-01 3,023.00 $ - $ - $ 3,023.00 $ - $ 3,023.00 $ - $
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181.38 $ - $ 181.38 $ - $
2021-07-01 2,840.00 $ - $ - $ 2,840.00 $ - $ 2,840.00 $ - $
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170.40 $ - $ 170.40 $ - $
2021-01-01 14,454.62 $ 6,231.87 $ - $ 8,222.75 $ - $ 8,222.75 $ - $
- $ - $ - $ - $ - $ - $ - $ 8,222.75 $
493.36 $ - $ 493.36 $ - $
2021-04-01 23,662.39 $ 8,119.84 $ - $ 15,542.55 $ - $ 15,542.55 $ - $
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$ 932.55 $ - $ 932.55 $ - $
2021-07-01 22,183.28 $ 11,167.30 $ - $ 11,015.98 $ - $ 11,015.98 $ - $
- $ - $ - $ - $ - $ - $ - $ 11,015.98
$ 660.96 $ - $ 660.96 $ - $
2021-10-01 22,180.02 $ 12,572.97 $ - $ 9,607.05 $ - $ 9,607.05 $ - $
- $ - $ - $ - $ - $ - $ - $ 9,607.05 $
576.42 $ - $ 576.42 $ - $
2021-01-01 18,558.25 $ 16,854.85 $ - $ 1,703.40 $ - $ 1,703.40 $ - $
- $ - $ - $ - $ - $ - $ - $ 1,703.40 $
102.20 $ - $ 102.20 $ - $
2021-04-01 13,937.00 $ 10,980.20 $ - $ 2,956.80 $ - $ 2,956.80 $ - $
- $ - $ - $ - $ - $ - $ - $ 2,956.80 $
177.41 $ - $ 177.41 $ - $
2021-07-01 20,392.60 $ 15,316.10 $ - $ 5,076.50 $ - $ 5,076.50 $ - $
- $ - $ - $ - $ - $ - $ - $ 5,076.50 $
304.59 $ - $ 304.59 $ - $
2021-10-01 13,926.00 $ 11,016.60 $ - $ 2,909.40 $ - $ 2,909.40 $ - $
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174.56 $ - $ 174.56 $ - $
2021-01-01 4,834.47 $ 4,834.47 $ - $ - $ - $ - $ - $
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2021-04-01 6,993.76 $ 6,993.76 $ - $ - $ - $ - $ - $

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2021-07-01 26,591.29 $ 26,591.29 $ - $ - $ - $ - $ - $
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2021-10-01 9,067.56 $ 9,067.56 $ - $ - $ - $ - $ - $
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2021-01-01 17,024.80 $ 17,024.80 $ - $ - $ - $ - $ - $
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2021-07-01 20,617.78 $ 20,617.78 $ - $ - $ - $ - $ - $
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2021-10-01 1,462.54 $ - $ - $ 1,462.54 $ - $ 1,462.54 $ - $
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87.75 $ - $ 87.75 $ - $
2021-01-01 75,996.05 $ 66,405.05 $ - $ 9,591.00 $ - $ 9,591.00 $ - $
- $ - $ - $ - $ - $ - $ - $ 9,591.00 $
575.46 $ - $ 575.46 $ - $
2021-04-01 64,157.29 $ 62,948.89 $ - $ 1,208.40 $ - $ 1,208.40 $ - $
- $ - $ - $ - $ - $ - $ - $ 1,208.40 $
72.50 $ 72.50 $ - $ - $
2021-07-01 85,006.49 $ 84,306.49 $ - $ 700.00 $ - $ 700.00 $ - $
- $ - $ - $ - $ - $ - $ - $ 700.00 $
42.00 $ - $ 42.00 $ - $
2021-10-01 42,824.75 $ 41,950.75 $ - $ 874.00 $ 874.00 $ - $ - $
- $ - $ - $ - $ - $ - $ - $ 874.00 $
52.44 $ - $ 52.44 $ - $
2021-01-01 258.37 $ - $ - $ 258.37 $ - $ 258.37 $ - $
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15.50 $ - $ 15.50 $ - $
2021-07-01 150.00 $ - $ - $ 150.00 $ - $ 150.00 $ - $
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9.00 $ - $ 9.00 $ - $
2021-01-01 4,372.95 $ 250.31 $ - $ 4,122.64 $ - $ 4,122.64 $ - $
- $ - $ - $ - $ - $ - $ - $ 4,122.64 $
247.36 $ - $ 247.36 $ - $

2021-04-01 24,370.66 $ 4,265.00 $ - $ 20,105.66 $ - $ 20,105.66 $ - $ - $ - $ - $ - $ - $ - $ 20,105.66 $ 1,206.34 $ - $ 1,206.34 $ - $
2021-07-01 24,080.00 $ 2,600.05 $ - $ 21,479.95 $ - $ 21,479.95 $ - $ - $ - $ - $ - $ - $ - $ 21,479.95 $ 1,288.80 $ - $ 1,288.80 $ - $
2021-10-01 5,133.17 $ 1,591.66 $ - $ 3,541.51 $ - $ 3,541.51 $ - $ - $ - $ - $ - $ - $ - $ 3,541.51 $ 212.49 $ - $ 212.49 $ - $
2021-01-01 6,225.00 $ - $ - $ 6,225.00 $ - $ 6,225.00 $ - $ - $ - $ - $ - $ - $ - $ 6,225.00 $ 373.50 $ - $ 373.50 $ - $
2021-04-01 3,400.00 $ - $ - $ 3,400.00 $ - $ 3,400.00 $ - $ - $ - $ - $ - $ - $ - $ 3,400.00 $ 204.00 $ - $ 204.00 $ - $
2021-07-01 4,925.00 $ - $ - $ 4,925.00 $ - $ 4,925.00 $ - $ - $ - $ - $ - $ - $ - $ 4,925.00 $ 295.50 $ - $ 295.50 $ - $
2021-10-01 5,970.00 $ - $ - $ 5,970.00 $ - $ 5,970.00 $ - $ - $ - $ - $ - $ - $ - $ 5,970.00 $ 358.20 $ - $ 358.20 $ - $
2021-01-01 - $
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2021-01-01 262.50 $ - $ - $ 262.50 $ - $ 262.50 $ - $ - $ - $ - $ - $ - $ - $ 262.50 $ 15.75 $ - $ 15.75 $ - $
2021-07-01 875.00 $ 325.00 $ - $ 550.00 $ - $ 550.00 $ - $ - $ - $ - $ - $ - $ - $ 550.00 $ 33.00 $ - $ 33.00 $ - $
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2021-10-01 - $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $
2021-01-01 13,803.11 $ 3,327.36 $ - $ 10,475.75 $ - $ 10,475.75 $ - $ - $ - $ - $ - $ - $ - $ 10,475.75 $ 628.55 $ - $ 628.55 $ - $
2021-04-01 14,936.55 $ 5,752.05 $ - $ 9,184.50 $ - $ 9,184.50 $ - $ - $ - $ - $ - $ - $ - $ 9,184.50 $ 551.07 $ - $ 551.07 $ - $
2021-07-01 14,119.70 $ 5,090.14 $ - $ 9,029.56 $ - $ 9,029.56 $ - $

- $ - $ - $ - $ - $ - $ - $ 9,029.56 $
541.77 $ - $ 541.77 $ - $
2021-10-01 13,417.77 $ 2,947.07 $ - $ 10,470.70 $ - $ 10,470.70 $ - $
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$ 628.24 $ - $ 628.24 $ - $
2021-01-01 180.00 $ 180.00 $ - $ - $ - $ - $ - $
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2021-01-01 6,699.19 $ 1,936.16 $ - $ 4,763.03 $ - $ 4,763.03 $ - $
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285.78 $ - $ 285.78 $ - $
2021-07-01 7,364.00 $ 2,721.00 $ - $ 4,643.00 $ - $ 4,643.00 $ - $
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278.58 $ - $ 278.58 $ - $
2021-01-01 - $ - $ - $ - $ - $ - $ - $ - $
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2021-01-01 8,380.75 $ - $ - $ 8,380.75 $ - $ 8,380.75 $ - $
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502.85 $ - $ 502.85 $ - $
2021-07-01 1,775.00 $ - $ - $ 1,775.00 $ - $ 1,775.00 $ - $
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106.50 $ - $ 106.50 $ - $
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2021-01-01 20.00 $ - $ - $ 20.00 $ - $ 20.00 $ - $
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1.20 $ - $ 1.20 $ - $
2021-07-01 968.00 $ - $ - $ 968.00 $ - $ 968.00 $ - $
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2021-07-01 - $ - $ - $ - $ - $ - $ - $ - $
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2021-01-01 1,420,850.99 $ 1,417,889.12 $ - $ 2,961.87 $ - $ 2,961.87 $ - $
- $ - $ - $ - $ - $ - $ - $ 2,961.87 $
177.71 $ - $ 177.71 $ - $
2021-07-01 1,483,516.23 $ 1,483,154.23 $ - $ 362.00 $ - $ 362.00 $ - $
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21.72 $ - $ 21.72 $ - $
2021-01-01 675.00 $ 675.00 $ - $ - $ - $ - $ - $
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2021-07-01 5,664.60 $ - $ - $ 5,664.60 $ - $ 5,664.60 $ - $
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339.88 $ - $ 339.88 $ - $
2021-01-01 67,131.66 $ 67,131.66 $ - $ - $ - $ - $ - $
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2021-02-01 142,802.00 $ 142,802.00 $ - $ - $ - $ - $ - $
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2021-03-01 58,849.00 $ 58,849.00 $ - $ - $ - $ - $ - $
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2021-04-01 47,575.00 $ 47,575.00 $ - $ - $ - $ - $ - $
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2021-05-01 33,640.00 $ 33,640.00 $ - $ - $ - $ - $ - $
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2021-06-01 56,315.00 $ 56,315.00 $ - $ - $ - $ - $ - $
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2021-07-01 89,972.00 $ 89,972.00 $ - $ - $ - $ - $ - $
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2021-08-01 68,084.90 $ 68,084.90 $ - $ - $ - $ - $ - $
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2021-09-01 67,338.48 $ 67,338.48 $ - $ - $ - $ - $ - $
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2021-10-01 123,457.00 $ 123,457.00 $ - $ - $ - $ - $ - $
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2021-11-01 66,394.67 $ 66,394.67 $ - $ - $ - $ - $ - $
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2021-12-01 49,976.90 $ 49,976.90 $ - $ - $ - $ - $ - $
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2021-01-01 494,241.00 $ 494,241.00 $ - $ - $ - $ - $ - $
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2021-07-01 405,451.00 $ 405,451.00 $ - $ - $ - $ - $ - $
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2021-01-01 1,774.00 $ - $ - $ 1,774.00 $ - $ 1,774.00 $ - $
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106.44 $ - $ 106.44 $ - $
2021-02-01 5,801.00 $ - $ - $ 5,801.00 $ - $ 5,801.00 $ - $
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348.06 $ - $ 348.06 $ - $
2021-03-01 2,898.00 $ 595.00 $ - $ 2,303.00 $ - $ 2,303.00 $ - $
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138.18 $ - $ 138.18 $ - $
2021-04-01 1,265.00 $ 130.00 $ - $ 1,135.00 $ - $ 1,135.00 $ - $
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68.10 $ - $ 68.10 $ - $
2021-05-01 7,195.00 $ 4,145.00 $ - $ 3,050.00 $ - $ 3,050.00 $ - $
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183.00 $ - $ 183.00 $ - $
2021-06-01 5,249.00 $ 1,705.00 $ - $ 3,544.00 $ - $ 3,544.00 $ - $
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212.64 $ - $ 212.64 $ - $
2021-07-01 4,018.00 $ 780.00 $ - $ 3,238.00 $ - $ 3,238.00 $ - $
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194.28 $ - $ 194.28 $ - $
2021-08-01 4,478.00 $ 400.00 $ - $ 4,078.00 $ - $ 4,078.00 $ - $
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244.68 $ - $ 244.68 $ - $
2021-09-01 5,667.00 $ 515.00 $ - $ 5,152.00 $ - $ 5,152.00 $ - $
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309.12 $ - $ 309.12 $ - $
2021-10-01 9,106.00 $ 1,640.00 $ - $ 7,466.00 $ - $ 7,466.00 $ - $
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447.96 $ - $ 447.96 $ - $
2021-11-01 4,795.00 $ 1,595.00 $ - $ 3,200.00 $ - $ 3,200.00 $ - $
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192.00 $ - $ 192.00 $ - $
2021-12-01 687.00 $ - $ - $ 687.00 $ - $ 687.00 $ - $
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41.22 $ - $ 41.22 $ - $
2021-01-01 7,724.79 $ 264.62 $ - $ 7,460.17 $ - $ 7,460.17 $ - $
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447.61 $ - $ 447.61 $ - $
2021-02-01 12,566.04 $ 11,809.37 $ - $ 756.67 $ - $ 756.67 $ - $
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45.40 $ - $ 45.40 $ - $
2021-03-01 142,920.80 $ 124,602.80 $ - $ 18,318.00 $ - $ 18,318.00 $ - $
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$ 1,099.08 $ - $ 1,099.08 $ - $
2021-04-01 15,558.01 $ 11,678.34 $ - $ 3,879.67 $ - $ 3,879.67 $ - $
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232.78 $ - $ 232.78 $ - $
2021-05-01 28,965.10 $ 28,965.10 $ - $ - $ - $ - $ - $
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2021-06-01 39,760.00 $ 39,760.00 $ - $ - $ - $ - $ - $
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2021-07-01 36,247.25 $ 36,247.25 $ - $ - $ - $ - $ - $
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2021-08-01 21,275.13 $ 10,568.63 $ - $ 10,706.50 $ - $ 10,706.50 $ - $
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$ 642.39 $ - $ 642.39 $ - $
2021-09-01 346,182.50 $ 331,257.72 $ - $ 14,924.78 $ - $ 14,924.78 $ - $
- $ - $ - $ - $ - $ - $ - $ 14,924.78
$ 895.49 $ - $ 895.49 $ - $
2021-10-01 200,677.19 $ 192,420.89 $ - $ 8,256.30 $ - $ 8,256.30 $ - $
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495.38 $ - $ 495.38 $ - $
2021-11-01 - $ - $ - $ - $ - $ - $ - $ - $
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2021-12-01 270,089.07 $ 260,739.07 $ - $ 9,350.00 $ - $ 9,350.00 $ - $

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561.00 $ - $ 561.00 $ - $
2021-01-01 5,204.50 $ 2,617.50 $ - $ 2,587.00 $ - $ 2,587.00 $ - $
- $ - $ - $ - $ - $ - $ - $ 2,587.00 $
155.22 $ - $ 155.22 $ - $
2021-07-01 5,158.55 $ 550.00 $ - $ 4,608.55 $ - $ 4,608.55 $ - $
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276.51 $ - $ 276.51 $ - $
2021-01-01 4,370.00 $ 1,620.00 $ - $ 2,750.00 $ - $ 2,750.00 $ - $
- $ - $ - $ - $ - $ - $ - $ 2,750.00 $
165.00 $ - $ 165.00 $ - $
2021-04-01 18,005.00 $ 1,360.00 $ - $ 16,645.00 $ - $ 16,645.00 $ - $
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$ 998.70 $ - $ 998.70 $ - $
2021-07-01 20,262.50 $ 430.00 $ - $ 19,832.50 $ - $ 19,832.50 $ - $
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$ 1,189.95 $ - $ 1,189.95 $ - $
2021-10-01 13,670.00 $ 970.00 $ - $ 12,700.00 $ - $ 12,700.00 $ - $
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2021-01-01 3,960.00 $ - $ - $ 3,960.00 $ - $ 3,960.00 $ - $
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237.60 $ - $ 237.60 $ - $
2021-04-01 4,117.50 $ 225.00 $ - $ 3,892.50 $ - $ 3,892.50 $ - $
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233.55 $ - $ 233.55 $ - $
2021-07-01 5,045.00 $ 1,430.00 $ - $ 3,615.00 $ - $ 3,615.00 $ - $
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216.90 $ - $ 216.90 $ - $
2021-10-01 2,482.50 $ - $ - $ 2,482.50 $ - $ 2,482.50 $ - $
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148.95 $ - $ 148.95 $ - $
2021-01-01 492.16 $ 492.16 $ - $ - $ - $ - $ - $
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2021-04-01 583.53 $ 583.53 $ - $ - $ - $ - $ - $
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2021-07-01 - $ - $ - $ - $ - $ - $ - $ - $
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2021-01-01 10,225.00 $ - $ - $ 10,225.00 $ - $ 10,225.00 $ - $
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$ 613.50 $ - $ 613.50 $ - $
2021-02-01 7,647.00 $ - $ - $ 7,647.00 $ - $ 7,647.00 $ - $
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458.82 $ - $ 458.82 $ - $

2021-03-01 9,835.00 $ - $ - $ 9,835.00 $ - $ 9,835.00 $ - $
- $ - $ - $ - $ - $ - $ - $ 9,835.00 $
590.10 $ - $ 590.10 $ - $
2021-04-01 8,458.75 $ - $ - $ 8,458.75 $ - $ 8,458.75 $ - $
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507.52 $ - $ 507.52 $ - $
2021-05-01 8,970.00 $ - $ - $ 8,970.00 $ - $ 8,970.00 $ - $
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538.20 $ - $ 538.20 $ - $
2021-06-01 9,131.00 $ - $ - $ 9,131.00 $ - $ 9,131.00 $ - $
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547.86 $ - $ 547.86 $ - $
2021-07-01 7,115.00 $ - $ - $ 7,115.00 $ - $ 7,115.00 $ - $
- $ - $ - $ - $ - $ - $ - $ 7,115.00 $
426.90 $ - $ 426.90 $ - $
2021-08-01 13,845.00 $ - $ - $ 13,845.00 $ - $ 13,845.00 $ - $
- $ - $ - $ - $ - $ - $ - $ 13,845.00
$ 830.70 $ - $ 830.70 $ - $
2021-09-01 21,740.00 $ - $ - $ 21,740.00 $ - $ 21,740.00 $ - $
- $ - $ - $ - $ - $ - $ - $ 21,740.00
$ 1,304.40 $ - $ 1,304.40 $ - $
2021-10-01 22,688.00 $ - $ - $ 22,688.00 $ - $ 22,688.00 $ - $
- $ - $ - $ - $ - $ - $ - $ 22,688.00
$ 1,361.28 $ - $ 1,361.28 $ - $
2021-11-01 27,778.00 $ - $ - $ 27,778.00 $ - $ 27,778.00 $ - $
- $ - $ - $ - $ - $ - $ - $ 27,778.00
$ 1,666.68 $ - $ 1,666.68 $ - $
2021-12-01 24,680.00 $ - $ - $ 24,680.00 $ - $ 24,680.00 $ - $
- $ - $ - $ - $ - $ - $ - $ 24,680.00
$ 1,480.80 $ - $ 1,480.80 $ - $
2021-01-01 7,830.00 $ - $ - $ 7,830.00 $ - $ 7,830.00 $ - $
- $ - $ - $ - $ - $ - $ - $ 7,830.00 $
469.80 $ - $ 469.80 $ - $
2021-07-01 3,380.00 $ - $ - $ 3,380.00 $ - $ 3,380.00 $ - $
- $ - $ - $ - $ - $ - $ - $ 3,380.00 $
202.80 $ - $ 202.80 $ - $
2021-01-01 17,388.24 $ 905.00 $ - $ 16,483.24 $ - $ 16,483.24 $ - $
- $ - $ - $ - $ - $ - $ - $ 16,483.24
$ 988.99 $ - $ 988.99 $ - $
2021-04-01 15,546.90 $ - $ - $ 15,546.90 $ - $ 15,546.90 $ - $
- $ - $ - $ - $ - $ - $ - $ 15,546.90
$ 932.81 $ - $ 932.81 $ - $
2021-07-01 12,675.50 $ - $ - $ 12,675.50 $ - $ 12,675.50 $ - $
- $ - $ - $ - $ - $ - $ - $ 12,675.50
$ 760.53 $ - $ 760.53 $ - $
2021-01-01 - $ - $ - $ - $ - $ - $ - $ - $
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2021-01-01 - $ - $ - $ - $ - $ - $ - $ - $
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2021-04-01 - $ - $ - $ - $ - $ - $ - $ - $
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2021-01-01 710.00 $ - $ - $ 710.00 $ - $ 710.00 $ - $
- $ - $ - $ - $ - $ - $ - $ 710.00 $
42.60 $ - $ 42.60 $ - $
2021-07-01 3,468.68 $ 858.68 $ - $ 2,610.00 $ - $ 2,610.00 $ - $
- $ - $ - $ - $ - $ - $ - $ 2,610.00 $

156.60 $ - $ 156.60 $ - $
2021-01-01 55,812.00 $ - $ - $ 55,812.00 $ - $ 55,812.00 $ - $
- $ - $ - $ - $ - $ - $ 55,812.00
$ 3,348.72 $ - $ 3,348.72 $ - $
2021-02-01 39,430.41 $ - $ - $ 39,430.41 $ - $ 39,430.41 $ - $
- $ - $ - $ - $ - $ - $ 39,430.41
$ 2,365.82 $ - $ 2,365.82 $ - $
2021-03-01 73,223.00 $ - $ - $ 73,223.00 $ - $ 73,223.00 $ - $
- $ - $ - $ - $ - $ - $ 73,223.00
$ 4,393.38 $ - $ 4,393.38 $ - $
2021-04-01 70,897.47 $ - $ - $ 70,897.47 $ - $ 70,897.47 $ - $
- $ - $ - $ - $ - $ - $ 70,897.47
$ 4,253.85 $ - $ 4,253.85 $ - $
2021-05-01 50,663.10 $ - $ - $ 50,663.10 $ - $ 50,663.10 $ - $
- $ - $ - $ - $ - $ - $ 50,663.10
$ 3,039.79 $ - $ 3,039.79 $ - $
2021-06-01 28,074.00 $ - $ - $ 28,074.00 $ - $ 28,074.00 $ - $
- $ - $ - $ - $ - $ - $ 28,074.00
$ 1,684.44 $ - $ 1,684.44 $ - $
2021-07-01 51,988.98 $ - $ - $ 51,988.98 $ - $ 51,988.98 $ - $
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$ 3,119.34 $ - $ 3,119.34 $ - $
2021-08-01 27,844.61 $ - $ - $ 27,844.61 $ - $ 27,844.61 $ - $
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$ 1,670.68 $ - $ 1,670.68 $ - $
2021-09-01 30,507.50 $ - $ - $ 30,507.50 $ - $ 30,507.50 $ - $
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$ 1,830.45 $ - $ 1,830.45 $ - $
2021-10-01 53,429.00 $ - $ - $ 53,429.00 $ - $ 53,429.00 $ - $
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$ 3,205.74 $ - $ 3,205.74 $ - $
2021-11-01 50,102.00 $ - $ - $ 50,102.00 $ - $ 50,102.00 $ - $
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$ 3,006.12 $ - $ 3,006.12 $ - $
2021-12-01 113,492.00 $ - $ - $ 113,492.00 $ - $ 113,492.00 $ - $
- $ - $ - $ - $ - $ - $
113,492.00 $ 6,809.52 $ - $ 6,809.52 $ - $
2021-01-01 95.31 $ - $ - $ 95.31 $ - $ 95.31 $ - $
- $ - $ - $ - $ - $ - $ 95.31 $
5.72 $ - $ 5.72 $ - $
2021-07-01 - $ - $ - $ - $ - $ - $ - $ - $
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2021-01-01 4,200.00 $ - $ - $ 4,200.00 $ - $ 4,200.00 $ - $
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252.00 $ - $ 252.00 $ - $
2021-04-01 4,400.00 $ - $ - $ 4,400.00 $ - $ 4,400.00 $ - $
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264.00 $ - $ 264.00 $ - $
2021-07-01 6,270.00 $ - $ - $ 6,270.00 $ - $ 6,270.00 $ - $
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376.20 $ - $ 376.20 $ - $
2021-10-01 9,375.00 $ - $ - $ 9,375.00 $ - $ 9,375.00 $ - $
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562.50 $ - $ 562.50 $ - $
2021-01-01 - $ - $ - $ - $ - $ - $ - $ - $
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2021-07-01 150.00 $ - $ - $ 150.00 $ - $ 150.00 $ - $

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9.00 $ - $ 9.00 $ - $
2021-01-01 130,996.35 $ 124,446.54 $ - $ 6,549.81 $ - $ 6,549.81 $ - $
- $ - $ - $ - $ - $ - $ - $ 6,549.81 $
392.99 $ - $ 392.99 $ - $
2021-04-01 27,070.90 $ 25,717.35 $ - $ 1,353.55 $ - $ 1,353.55 $ - $
- $ - $ - $ - $ - $ - $ - $ 1,353.55 $
81.21 $ - $ 81.21 $ - $

2021-07-01 57,073.09 $ 54,219.44 $ - $ 2,853.65 $ - $ 2,853.65 $ - $
- $ - $ - $ - $ - $ - $ - $ 2,853.65 $
171.22 $ - $ 171.22 $ - $
2021-10-01 64,114.18 $ 60,908.48 $ - $ 3,205.70 $ - $ 3,205.70 $ - $
- $ - $ - $ - $ - $ - $ - $ 3,205.70 $
192.34 $ - $ 192.34 $ - $
2021-01-01 - $ - $ - $ - $ - $ - $ - $ - $
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2021-01-01 598.61 $ - $ - $ 598.61 $ - $ 598.61 $ - $
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35.92 $ - $ 35.92 $ - $
2021-07-01 331.80 $ - $ - $ 331.80 $ - $ 331.80 $ - $
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19.91 $ - $ 19.91 $ - $
2021-01-01 2,362.33 $ - $ - $ 2,362.33 $ 2,362.33 $ - $ - $
- $ - $ - $ - $ - $ - $ - $ 2,362.33 $
141.74 $ - $ 141.74 $ - $
2021-07-01 31,277.54 $ 26,676.38 $ - $ 4,601.16 $ 4,601.16 $ - $ - $
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276.07 $ - $ 276.07 $ - $
2021-01-01 579.73 $ - $ - $ 579.73 $ - $ 579.73 $ - $
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34.78 $ - $ 34.78 $ - $
2021-07-01 763.00 $ - $ - $ 763.00 $ - $ 763.00 $ - $
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45.78 $ 40.02 $ 5.76 $ - $
2021-01-01 - $ - $ - $ - $ - $ - $ - $ - $
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2021-04-01 - $ - $ - $ - $ - $ - $ - $ - $
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2021-04-01 875.00 $ 875.00 $ - $ - $ - $ - $ - $
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2021-07-01 - $ - $ - $ - $ - $ - $ - $ - $
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2021-10-01 7,050.00 $ 7,050.00 $ - $ - $ - $ - $ - $
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2021-01-01 7,291.25 $ 7,291.25 $ - $ - $ - $ - $ - $
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2021-04-01 28,605.06 $ 28,605.06 $ - $ - $ - $ - $ - $
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2021-07-01 12,378.74 $ 12,378.74 $ - $ - $ - $ - $ - $
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2021-10-01 900.00 $ 900.00 $ - $ - $ - $ - $ - $
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2021-01-01 165,106.60 $ 165,106.60 $ - $ - $ - $ - $ - $
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2021-07-01 231,455.43 $ 231,455.43 $ - $ - $ - $ - $ - $
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2021-07-01 - $ - $ - $ - $ - $ - $ - $ - $
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2021-08-01 4,662.00 $ - $ - $ 4,662.00 $ - $ 4,662.00 $ - $
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279.72 $ - $ 279.72 $ - $
2021-09-01 2,440.00 $ - $ - $ 2,440.00 $ - $ 2,440.00 $ - $
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146.40 $ - $ 146.40 $ - $
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2021-12-01 - $ - $ - $ - $ - $ - $ - $ - $
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2021-01-01 179,857.47 $ 169,102.47 $ - $ 10,755.00 $ - $ 10,755.00 $ - $
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$ 645.30 $ - $ 645.30 $ - $
2021-04-01 237,722.00 $ 225,941.00 $ - $ 11,781.00 $ - $ 11,781.00 $ - $
- $ - $ - $ - $ - $ - $ - $ 11,781.00
$ 706.86 $ - $ 706.86 $ - $
2021-07-01 212,541.59 $ 195,246.59 $ - $ 17,295.00 $ - $ 17,295.00 $ - $
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$ 1,037.70 $ - $ 1,037.70 $ - $
2021-10-01 226,518.90 $ 220,468.90 $ - $ 6,050.00 $ - $ 6,050.00 $ - $
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2021-01-01 3,423.00 $ - $ - $ 3,423.00 $ - $ 3,423.00 $ - $
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2021-04-01 7,365.00 $ - $ - $ 7,365.00 $ - $ 7,365.00 $ - $
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441.90 $ - $ 441.90 $ - $
2021-07-01 41,425.00 $ - $ - $ 41,425.00 $ - $ 41,425.00 $ - $
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$ 2,485.50 $ - $ 2,485.50 $ - $
2021-10-01 33,720.00 $ - $ - $ 33,720.00 $ - $ 33,720.00 $ - $
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$ 2,023.20 $ - $ 2,023.20 $ - $

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2021-01-01 134,541.00 $ - $ - $ 134,541.00 $ - $ 134,541.00 $ - $
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134,541.00 $ 8,072.46 $ - $ 8,072.46 $ - $
2021-02-01 156,254.00 $ - $ - $ 156,254.00 $ - $ 156,254.00 $ - $
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156,254.00 $ 9,375.24 $ - $ 9,375.24 $ - $
2021-03-01 112,410.00 $ - $ - $ 112,410.00 $ - $ 112,410.00 $ - $
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112,410.00 $ 6,744.60 $ - $ 6,744.60 $ - $
2021-04-01 119,562.00 $ - $ - $ 119,562.00 $ - $ 119,562.00 $ - $
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119,562.00 $ 7,173.72 $ - $ 7,173.72 $ - $
2021-05-01 111,673.00 $ - $ - $ 111,673.00 $ - $ 111,673.00 $ - $
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111,673.00 $ 6,700.38 $ - $ 6,700.38 $ - $
2021-06-01 104,332.00 $ - $ - $ 104,332.00 $ - $ 104,332.00 $ - $
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104,332.00 $ 6,259.92 $ - $ 6,259.92 $ - $
2021-07-01 98,544.00 $ - $ - $ 98,544.00 $ - $ 98,544.00 $ - $
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$ 5,912.64 $ - $ 5,912.64 $ - $
2021-08-01 139,319.00 $ - $ - $ 139,319.00 $ - $ 139,319.00 $ - $
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139,319.00 $ 8,359.14 $ - $ 8,359.14 $ - $
2021-09-01 99,160.00 $ - $ - $ 99,160.00 $ - $ 99,160.00 $ - $
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$ 5,949.60 $ - $ 5,949.60 $ - $
2021-10-01 93,150.00 $ - $ - $ 93,150.00 $ - $ 93,150.00 $ - $
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$ 5,589.00 $ - $ 5,589.00 $ - $
2021-11-01 148,487.00 $ - $ - $ 148,487.00 $ - $ 148,487.00 $ - $
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148,487.00 $ 8,909.22 $ - $ 8,909.22 $ - $
2021-12-01 157,985.00 $ - $ - $ 157,985.00 $ - $ 157,985.00 $ - $
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157,985.00 $ 9,479.10 $ - $ 9,479.10 $ - $
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2021-01-01 1,607.27 $ - $ - $ 1,607.27 $ - $ 1,607.27 $ - $
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96.44 $ - $ 96.44 $ - $
2021-07-01 529.80 $ - $ - $ 529.80 $ - $ 529.80 $ - $
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31.79 $ - $ 31.79 $ - $
2021-01-01 1,390.75 $ 240.00 $ - $ 1,150.75 $ - $ 1,150.75 $ - $
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69.04 $ - $ 69.04 $ - $
2021-07-01 2,380.00 $ 80.00 $ - $ 2,300.00 $ - $ 2,300.00 $ - $
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138.00 $ - $ 138.00 $ - $
2021-01-01 1,375.00 $ 1,375.00 $ - $ - $ - $ - $ - $
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2021-01-01 4,984.07 $ - $ - $ 4,984.07 $ - $ 4,984.07 $ - $
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299.04 $ - $ 299.04 $ - $
2021-07-01 6,095.68 $ - $ - $ 6,095.68 $ - $ 6,095.68 $ - $
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365.74 $ - $ 365.74 $ - $
2021-01-01 - $ - $ - $ - $ - $ - $ - $ - $
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2021-10-01 - $ - $ - $ - $ - $ - $ - $ - $
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2021-01-01 266,912.33 $ 266,912.33 $ - $ - $ - $ - $ - $
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2021-01-01 251,392.42 $ 248,928.42 $ - $ 2,464.00 $ - $ 2,464.00 $ - $

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147.84 $ - $ 147.84 $ - $
2021-04-01 189,627.51 $ 185,014.51 $ - $ 4,613.00 $ - $ 4,613.00 $ - $
- $ - $ - $ - $ - $ - $ - $ 4,613.00 $
276.78 $ 147.84 $ 128.94 $ - $
2021-07-01 288,215.36 $ 282,822.78 $ - $ 5,392.58 $ - $ 5,392.58 $ - $
- $ - $ - $ - $ - $ - $ - $ 5,392.58 $
323.55 $ - $ 323.55 $ - $
2021-10-01 125,250.29 $ 120,956.94 $ - $ 4,293.35 $ - $ 4,293.35 $ - $
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257.60 $ - $ 257.60 $ - $
2021-01-01 - $ - $ - $ - $ - $ - $ - $ - $
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2021-01-01 2,413.33 $ - $ - $ 2,413.33 $ - $ 2,413.33 $ - $
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144.80 $ - $ 144.80 $ - $
2021-04-01 10,929.00 $ - $ - $ 10,929.00 $ - $ 10,929.00 $ - $
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$ 655.74 $ - $ 655.74 $ - $
2021-07-01 12,900.83 $ - $ - $ 12,900.83 $ - $ 12,900.83 $ - $
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$ 774.05 $ - $ 774.05 $ - $
2021-10-01 2,962.00 $ - $ - $ 2,962.00 $ - $ 2,962.00 $ - $
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177.72 $ - $ 177.72 $ - $
2021-01-01 - $ - $ - $ - $ - $ - $ - $ - $
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2021-01-01 59,814.10 $ 59,814.10 $ - $ - $ - $ - $ - $
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2021-07-01 57,453.36 $ 57,453.36 $ - $ - $ - $ - $ - $
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2021-01-01 136.00 $ - $ - $ 136.00 $ - $ 136.00 $ - $
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2021-01-01 5,695.00 $ 5,695.00 $ - $ - $ - $ - $ - $
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2021-04-01 19,575.00 $ 19,575.00 $ - $ - $ - $ - $ - $
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2021-07-01 24,796.00 $ 24,796.00 $ - $ - $ - $ - $ - $
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2021-10-01 9,850.00 $ 9,850.00 $ - $ - $ - $ - $ - $
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2021-01-01 4,376.61 $ 2,631.40 $ - $ 1,745.21 $ - $ 1,745.21 $ - $
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104.71 $ - $ 104.71 $ - $
2021-07-01 17,162.00 $ 9,849.08 $ - $ 7,312.92 $ - $ 7,312.92 $ - $
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438.78 $ - $ 438.78 $ - $
2021-01-01 - $ - $ - $ - $ - $ - $ - $ - $
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MEDHHS(6) 0053

2021-01-01 879.40 $ 200.00 $ - $ 679.40 $ - $ 679.40 $ - $
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40.76 $ - $ 40.76 $ - $
2021-07-01 7,472.40 $ 200.00 $ - $ 7,272.40 $ - $ 7,272.40 $ - $
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436.34 $ - $ 436.34 $ - $
2021-01-01 5,200.00 $ 4,500.00 $ - $ 700.00 $ - $ 700.00 $ - $
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42.00 $ - $ 42.00 $ - $
2021-01-01 - $ - $ - $ - $ - $ - $ - $ - $
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2021-10-01 6,200.00 $ - $ - $ 6,200.00 $ - $ 6,200.00 $ - $
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372.00 $ - $ 372.00 $ - $
2021-01-01 810.00 $ - $ - $ 810.00 $ - $ 810.00 $ - $

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48.60 $ - $ 48.60 $ - $
2021-07-01 6,563.53 $ - $ - $ 6,563.53 $ - $ 6,563.53 $ - $
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393.81 $ - $ 393.81 $ - $
2021-01-01 - $ - $ - $ - $ - $ - $ - $ - $
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2021-07-01 - $ - $ - $ - $ - $ - $ - $ - $
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2021-01-01 333,345.75 $ 333,345.75 $ - $ - $ - $ - $ - $
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2021-01-01 - $ - $ - $ - $ - $ - $ - $ - $
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2021-01-01 398,158.75 $ 398,158.75 $ - $ - $ - $ - $ - $
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2021-01-01 6,970.00 $ - $ - $ 6,970.00 $ - $ 6,970.00 $ - $
- $ - $ - $ - $ - $ - $ - $ 6,970.00 $
418.20 $ - $ 418.20 $ - $
2021-07-01 9,234.00 $ - $ - $ 9,234.00 $ - $ 9,234.00 $ - $
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554.04 $ - $ 554.04 $ - $
2021-01-01 - $ - $ - $ - $ - $ - $ - $ - $
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2021-07-01 60.00 $ - $ - $ 60.00 $ - $ 60.00 $ - $
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3.60 $ - $ 3.60 $ - $
2021-01-01 18,347.40 $ - $ - $ 18,347.40 $ - $ 18,347.40 $ - $
- $ - $ - $ - $ - $ - $ - $ 18,347.40
$ 1,100.84 $ - $ 1,100.84 $ - $
2021-04-01 15,877.00 $ - $ - $ 15,877.00 $ - $ 15,877.00 $ - $
- $ - $ - $ - $ - $ - $ - $ 15,877.00
$ 952.62 $ - $ 952.62 $ - $
2021-07-01 20,510.18 $ - $ - $ 20,510.18 $ - $ 20,510.18 $ - $
- $ - $ - $ - $ - $ - $ - $ 20,510.18
$ 1,230.61 $ - $ 1,230.61 $ - $
2021-10-01 26,329.41 $ - $ - $ 26,329.41 $ - $ 26,329.41 $ - $
- $ - $ - $ - $ - $ - $ - $ 26,329.41
$ 1,579.76 $ - $ 1,579.76 $ - $
2021-01-01 80.00 $ - $ - $ 80.00 $ - $ 80.00 $ - $
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4.80 $ - $ 4.80 $ - $
2021-07-01 270.00 $ - $ - $ 270.00 $ - $ 270.00 $ - $
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16.20 $ - $ 16.20 $ - $

2021-01-01 4,439.19 $ 4,439.19 $ - $ - $ - $ - $ - $
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2021-04-01 895.00 $ 895.00 $ - $ - $ - $ - $ - $
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2021-07-01 2,634.07 $ 2,634.07 $ - $ - $ - $ - $ - $
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2021-10-01 2,933.00 $ 2,933.00 $ - $ - $ - $ - $ - $
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2021-01-01 78,905.74 $ 78,905.74 $ - $ - $ - $ - $ - $
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2021-04-01 86,650.21 $ 86,650.21 $ - $ - $ - $ - $ - $
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2021-07-01 73,360.70 $ 73,360.70 $ - $ - $ - $ - $ - $
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2021-10-01 121,809.18 $ 121,809.18 $ - $ - $ - $ - $ - $
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2021-01-01 375.00 $ - $ - $ 375.00 $ - $ 375.00 $ - $
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22.50 $ - $ 22.50 $ - $
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21.60 $ - $ 21.60 $ - $
2021-07-01 3,562.60 $ 42.60 $ - $ 3,520.00 $ - $ 3,520.00 $ - $
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2021-07-01 40.00 $ 40.00 $ - $ - $ - $ - $ - $
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74.10 $ - $ 74.10 $ - $
2021-02-01 7,725.15 $ 4,240.55 $ - $ 3,484.60 $ - $ 3,484.60 $ - $
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209.08 $ - $ 209.08 $ - $
2021-03-01 6,013.13 $ 2,696.73 $ - $ 3,316.40 $ - $ 3,316.40 $ - $
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198.98 $ - $ 198.98 $ - $
2021-04-01 14,995.93 $ 13,689.50 $ - $ 1,306.43 $ - $ 1,306.43 $ - $
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2021-05-01 13,647.75 $ 11,598.05 $ - $ 2,049.70 $ - $ 2,049.70 $ - $
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122.98 $ - $ 122.98 $ - $
2021-06-01 45,593.00 $ - $ - $ 45,593.00 $ - $ 45,593.00 $ - $
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2021-07-01 19,689.50 $ 19,267.50 $ - $ 422.00 $ - $ 422.00 $ - $
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2021-08-01 422.22 $ 422.22 $ - $ - $ - $ - $ - $

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2021-09-01 1,758.67 $ - $ - $ 1,758.67 $ - $ 1,758.67 $ - $
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105.52 $ - $ 105.52 $ - $
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2021-01-01 1,924.69 $ 616.61 $ - $ 1,308.08 $ - $ 1,308.08 $ - $
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78.48 $ - $ 78.48 $ - $
2021-04-01 2,741.80 $ 1,632.81 $ - $ 1,108.99 $ - $ 1,108.99 $ - $
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66.54 $ - $ 66.54 $ - $
2021-07-01 2,431.25 $ 724.17 $ - $ 1,707.08 $ - $ 1,707.08 $ - $
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102.42 $ - $ 102.42 $ - $
2021-10-01 1,854.64 $ 1,854.64 $ - $ - $ - $ - $ - $
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2021-01-01 54,309.94 $ - $ - $ 54,309.94 $ - $ 54,309.94 $ - $
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$ 3,258.60 $ - $ 3,258.60 $ - $
2021-04-01 62,431.20 $ - $ - $ 62,431.20 $ - $ 62,431.20 $ - $
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$ 3,745.87 $ - $ 3,745.87 $ - $
2021-07-01 84,368.30 $ - $ - $ 84,368.30 $ - $ 84,368.30 $ - $
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$ 5,062.10 $ - $ 5,062.10 $ - $
2021-10-01 59,467.00 $ - $ - $ 59,467.00 $ - $ 59,467.00 $ - $
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$ 3,568.02 $ - $ 3,568.02 $ - $
2021-01-01 2,123,860.57 $ 2,123,860.57 $ - $ - $ - $ - $ - $
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2021-01-01 475.00 $ - $ - $ 475.00 $ - $ 475.00 $ - $
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2021-07-01 8,415.00 $ - $ - $ 8,415.00 $ - $ 8,415.00 $ - $
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505.00 $ - $ 505.00 $ - $
2021-01-01 24,092.42 $ - $ - $ 24,092.42 $ - $ 24,092.42 $ - $
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$ 1,445.55 $ - $ 1,445.55 $ - $
2021-04-01 28,357.98 $ - $ - $ 28,357.98 $ - $ 28,357.98 $ - $
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$ 1,701.48 $ - $ 1,701.48 $ - $
2021-07-01 28,108.27 $ - $ - $ 28,108.27 $ - $ 28,108.27 $ - $
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2021-10-01 22,023.28 $ - $ - $ 22,023.28 $ - $ 22,023.28 $ - $
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$ 1,321.40 $ - $ 1,321.40 $ - $
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2021-01-01 7,217.73 $ 2,550.60 $ - $ 4,667.13 $ - $ 4,667.13 $ - $
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280.03 $ - $ 280.03 $ - $
2021-07-01 11,869.95 $ - $ - $ 11,869.95 $ - $ 11,869.95 $ - $
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$ 712.20 $ - $ 712.20 $ - $
2021-01-01 86,812.61 $ 86,812.61 $ - $ - $ - $ - $ - $
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2021-04-01 20,659.16 $ 20,659.16 $ - $ - $ - $ - $ - $
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2021-01-01 4,333.80 $ 1,437.80 $ - $ 2,896.00 $ - $ 2,896.00 $ - $
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173.76 $ - $ 173.76 $ - $
2021-04-01 4,402.39 $ 59.55 $ - $ 4,342.84 $ - $ 4,342.84 $ - $
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260.57 $ - $ 260.57 $ - $
2021-07-01 4,742.50 $ 100.00 $ - $ 4,642.50 $ 4,642.50 $ - $ - $
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278.55 $ - $ 278.55 $ - $
2021-10-01 2,525.00 $ 205.00 $ - $ 2,320.00 $ - $ 2,320.00 $ - $
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2021-01-01 517.50 $ 517.50 $ - $ - $ - $ - $ - $
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2021-04-01 4,036.00 $ - $ - $ 4,036.00 $ - $ 4,036.00 $ - $
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242.16 $ - $ 242.16 $ - $
2021-01-01 103.60 $ - $ - $ 103.60 $ - $ 103.60 $ - $
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2021-04-01 1,612.50 $ - $ - $ 1,612.50 $ - $ 1,612.50 $ - $
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96.75 $ - $ 96.75 $ - $
2021-07-01 1,119.71 $ - $ - $ 1,119.71 $ - $ 1,119.71 $ - $
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67.18 $ - $ 67.18 $ - $
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2021-01-01 19,681.15 $ 18,856.15 $ - $ 825.00 $ - $ 825.00 $ - $
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49.50 $ - $ 49.50 $ - $
2021-04-01 19,897.67 $ 17,522.67 $ - $ 2,375.00 $ - $ 2,375.00 $ - $
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142.50 $ - $ 142.50 $ - $
2021-07-01 20,375.00 $ 20,225.00 $ - $ 150.00 $ - $ 150.00 $ - $
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2021-10-01 20,415.00 $ 19,965.00 $ - $ 450.00 $ - $ 450.00 $ - $
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2021-07-01 3,042.98 $ - $ - $ 3,042.98 $ - $ 3,042.98 $ - $
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2021-01-01 223,254.11 $ 223,254.11 $ - $ - $ - $ - $ - $
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2021-02-01 125,189.38 $ 125,189.38 $ - $ - $ - $ - $ - $
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2021-03-01 83,934.09 $ 83,934.09 $ - $ - $ - $ - $ - $
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2021-09-01 574,919.00 $ 382,423.00 $ - $ 192,496.00 $ - $ 192,496.00 $ - $
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2021-07-01 18,654.20 $ 12,680.00 $ - $ 5,974.20 $ - $ 5,974.20 $ - $
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2021-04-01 6,556.50 $ - $ - $ 6,556.50 $ - $ 6,556.50 $ - $
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2021-07-01 3,703.00 $ - $ - $ 3,703.00 $ - $ 3,703.00 $ - $
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2021-01-01 2,420.00 $ 2,180.00 $ - $ 240.00 $ - $ 240.00 $ - $
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2021-04-01 626,415.00 $ 626,415.00 $ - $ - $ - $ - $ - $
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2021-07-01 298,779.00 $ 298,779.00 $ - $ - $ - $ - $ - $
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2021-10-01 413,864.73 $ 413,864.73 $ - $ - $ - $ - $ - $
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2021-01-01 19,471.20 $ 19,238.20 $ - $ 233.00 $ - $ 233.00 $ - $
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13.98 $ - $ 13.98 $ - $
2021-07-01 6,870.00 $ 6,743.00 $ - $ 127.00 $ - $ 127.00 $ - $
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2021-01-01 1,245,476.42 $ 1,245,476.42 $ - $ - $ - $ - $ - $

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2021-01-01 3,886,267.33 $ 3,886,267.33 $ - $ - $ - $ - $ - $
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2021-01-01 2,236.46 $ 215.44 $ - $ 2,021.02 $ - $ 2,021.02 $ - $
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121.26 $ 120.13 $ 1.13 $ - $
2021-07-01 677.73 $ - $ - $ 677.73 $ - $ 677.73 $ - $
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40.66 $ - $ 40.66 $ - $
2021-10-01 5,412.96 $ 872.41 $ - $ 4,540.55 $ - $ 4,540.55 $ - $
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272.43 $ - $ 272.43 $ - $
2021-01-01 17,490.10 $ 5,520.64 $ - $ 11,969.46 $ - $ 11,969.46 $ - $
- $ - $ - $ - $ - $ - $ - $ 11,969.46
$ 718.17 $ - $ 718.17 $ - $
2021-07-01 12,477.89 $ 4,273.97 $ - $ 8,203.92 $ - $ 8,203.92 $ - $
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492.24 $ - $ 492.24 $ - $
2021-01-01 1,080.00 $ - $ - $ 1,080.00 $ - $ 1,080.00 $ - $
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64.80 $ - $ 64.80 $ - $
2021-04-01 1,342.00 $ - $ - $ 1,342.00 $ - $ 1,342.00 $ - $
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80.52 $ - $ 80.52 $ - $
2021-07-01 5,864.00 $ 2,302.00 $ - $ 3,562.00 $ - $ 3,562.00 $ - $
- $ - $ - $ - $ - $ - $ - $ 3,562.00 $
213.72 $ - $ 213.72 $ - $
2021-10-01 2,434.00 $ - $ - $ 2,434.00 $ - $ 2,434.00 $ - $
- $ - $ - $ - $ - $ - $ - $ 2,434.00 $
146.04 $ - $ 146.04 $ - $
2021-01-01 110,009.46 $ 76,606.19 $ - $ 33,403.27 $ - $ 33,403.27 $ - $
- $ - $ - $ - $ - $ - $ - $ 33,403.27
$ 2,004.20 $ - $ 2,004.20 $ - $
2021-02-01 108,783.09 $ 92,421.56 $ - $ 16,361.53 $ - $ 16,361.53 $ - $
- $ - $ - $ - $ - $ - $ - $ 16,361.53
$ 981.69 $ - $ 981.69 $ - $

2021-03-01 110,111.95 $ 90,184.35 $ - $ 19,927.60 $ - $ 19,927.60 $ - $
- $ - $ - $ - $ - $ - $ 19,927.60
$ 1,195.66 $ - $ 1,195.66 $ - $
2021-04-01 161,860.42 $ 121,262.27 $ - $ 40,598.15 $ - $ 40,598.15 $ - $
- $ - $ - $ - $ - $ - $ 40,598.15
$ 2,435.89 $ - $ 2,435.89 $ - $
2021-05-01 116,048.76 $ 100,723.16 $ - $ 15,325.60 $ - $ 15,325.60 $ - $
- $ - $ - $ - $ - $ - $ 15,325.60
$ 919.54 $ - $ 919.54 $ - $
2021-06-01 78,832.75 $ 63,339.02 $ - $ 15,493.73 $ - $ 15,493.73 $ - $
- $ - $ - $ - $ - $ - $ 15,493.73
$ 929.62 $ - $ 929.62 $ - $
2021-07-01 88,991.26 $ 71,021.14 $ - $ 17,970.12 $ - $ 17,970.12 $ - $
- $ - $ - $ - $ - $ - $ 17,970.12
$ 1,078.21 $ - $ 1,078.21 $ - $
2021-08-01 156,500.63 $ 123,270.81 $ - $ 33,229.82 $ - $ 33,229.82 $ - $
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$ 1,993.79 $ - $ 1,993.79 $ - $
2021-09-01 85,810.21 $ 81,824.75 $ - $ 3,985.46 $ - $ 3,985.46 $ - $
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239.13 $ - $ 239.13 $ - $
2021-10-01 113,966.55 $ 78,407.35 $ - $ 35,559.20 $ - $ 35,559.20 $ - $
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MEDHHS(6) 0055

2021-11-01 114,303.28 $ 111,727.98 $ - $ 2,575.30 $ - $ 2,575.30 $ - $
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154.52 $ - $ 154.52 $ - $
2021-12-01 90,369.43 $ 78,742.62 $ - $ 11,626.81 $ - $ 11,626.81 $ - $
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$ 697.61 $ - $ 697.61 $ - $
2021-01-01 - $ - $ - $ - $ - $ - $ - $ - $
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2021-01-01 39,020.35 $ 28,431.72 $ - $ 10,588.63 $ - $ 10,588.63 $ - $
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$ 635.32 $ - $ 635.32 $ - $
2021-02-01 32,985.15 $ 23,712.32 $ - $ 9,272.83 $ - $ 9,272.83 $ - $

- $ - $ - $ - $ - $ - $ - $ 9,272.83 $ 556.37 $ - $ 556.37 $ - $
2021-03-01 36,891.38 $ 28,078.71 $ - $ 8,812.67 $ - $ 8,812.67 $ - $ - $ - $ - $ - $ - $ - $ 8,812.67 $ 528.76 $ - $ 528.76 $ - $
2021-04-01 41,602.79 $ 31,315.13 $ - $ 10,287.66 $ - $ 10,287.66 $ - $ - $ - $ - $ - $ - $ - $ 10,287.66 $ 617.26 $ - $ 617.26 $ - $
2021-05-01 18,921.22 $ 8,645.07 $ - $ 10,276.15 $ - $ 10,276.15 $ - $ - $ - $ - $ - $ - $ - $ 10,276.15 $ 616.57 $ - $ 616.57 $ - $
2021-06-01 - $
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2021-01-01 8,009.76 $ - $ - $ 8,009.76 $ - $ 8,009.76 $ - $ - $ - $ - $ - $ - $ - $ 8,009.76 $ 480.59 $ - $ 480.59 $ - $
2021-07-01 8,098.62 $ - $ - $ 8,098.62 $ - $ 8,098.62 $ - $ - $ - $ - $ - $ - $ - $ 8,098.62 $ 485.92 $ - $ 485.92 $ - $
2021-01-01 1,503.00 $ - $ - $ 1,503.00 $ - $ 1,503.00 $ - $ - $ - $ - $ - $ - $ - $ 1,503.00 $ 90.18 $ - $ 90.18 $ - $
2021-04-01 - $
2021-07-01 784.00 $ - $ - $ 784.00 $ - $ 784.00 $ - $ - $ - $ - $ - $ - $ - $ 784.00 $ 47.04 $ - $ 47.04 $ - $
2021-10-01 - $
2021-01-01 5,968.21 $ 2,206.91 $ - $ 3,761.30 $ - $ 3,761.30 $ - $ - $ - $ - $ - $ - $ - $ 3,761.30 $ 225.68 $ - $ 225.68 $ - $
2021-07-01 3,504.85 $ 1,259.19 $ - $ 2,245.66 $ - $ 2,245.66 $ - $ - $ - $ - $ - $ - $ - $ 2,245.66 $ 134.74 $ - $ 134.74 $ - $
2021-01-01 9,858.25 $ - $ - $ 9,858.25 $ - $ 9,858.25 $ - $ - $ - $ - $ - $ - $ - $ 9,858.25 $ 591.50 $ - $ 591.50 $ - $
2021-04-01 21,911.05 $ - $ - $ 21,911.05 $ - $ 21,911.05 $ - $ - $ - $ - $ - $ - $ - $ 21,911.05 $ 1,314.66 $ - $ 1,314.66 $ - $
2021-07-01 18,384.20 $ - $ - $ 18,384.20 $ - $ 18,384.20 $ - $ - $ - $ - $ - $ - $ - $ 18,384.20 $ 1,103.05 $ - $ 1,103.05 $ - $

2021-10-01 36,465.04 $ - $ - $ 36,465.04 $ - $ 36,465.04 $ - $
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$ 2,187.90 $ - $ 2,187.90 $ - $
2021-01-01 154.21 $ - $ - $ 154.21 $ - $ 154.21 $ - $
- $ - $ - $ - $ - $ - $ - $ 154.21 $
9.25 $ - $ 9.25 $ - $
2021-04-01 513.17 $ 161.28 $ - $ 351.89 $ - $ 351.89 $ - $
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21.11 $ - $ 21.11 $ - $
2021-07-01 1,082.03 $ - $ - $ 1,082.03 $ - $ 1,082.03 $ - $
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64.92 $ - $ 64.92 $ - $
2021-10-01 565.10 $ 279.82 $ - $ 285.28 $ - $ 285.28 $ - $
- $ - $ - $ - $ - $ - $ - $ 285.28 $
17.12 $ - $ 17.12 $ - $
2021-01-01 8,578.00 $ 7,533.00 $ - $ 1,044.37 $ - $ 1,044.87 $ - $
- $ - $ - $ - $ - $ - $ - $ 1,044.37 $
62.66 $ - $ 62.66 $ - $
2021-07-01 11,224.00 $ 10,839.00 $ - $ 385.00 $ - $ 385.00 $ - $
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23.10 $ - $ 23.10 $ - $
2021-01-01 - $ - $ - $ - $ - $ - $ - $ - $
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2021-01-01 6,181.00 $ 6,181.00 $ - $ - $ - $ - $ - $
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2021-04-01 6,651.00 $ 6,651.00 $ - $ - $ - $ - $ - $
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2021-07-01 2,489.00 $ 2,489.00 $ - $ - $ - $ - $ - $
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2021-10-01 6,148.00 $ 6,148.00 $ - $ - $ - $ - $ - $
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2021-01-01 12,453.00 $ - $ - $ 12,453.00 $ - $ 12,453.00 $ - $
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$ 747.18 $ - $ 747.18 $ - $
2021-04-01 9,608.00 $ - $ - $ 9,608.00 $ - $ 9,608.00 $ - $
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576.48 $ - $ 576.48 $ - $
2021-07-01 15,863.96 $ - $ - $ 15,863.96 $ - $ 15,863.96 $ - $
- $ - $ - $ - $ - $ - $ - $ 15,863.96
$ 951.84 $ - $ 951.84 $ - $
2021-10-01 16,760.75 $ - $ - $ 16,760.75 $ - $ 16,760.75 $ - $
- $ - $ - $ - $ - $ - $ - $ 16,760.75
$ 1,005.64 $ - $ 1,005.64 $ - $
2021-01-01 677.18 $ 135.78 $ - $ 541.40 $ - $ 541.40 $ - $
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32.48 $ - $ 32.48 $ - $
2021-04-01 579.00 $ 341.00 $ - $ 238.00 $ - $ 238.00 $ - $
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14.28 $ - $ 14.28 $ - $
2021-07-01 352.75 $ 272.75 $ - $ 80.00 $ - $ 80.00 $ - $
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4.80 $ - $ 4.80 $ - $
2021-10-01 4,910.00 $ 4,487.00 $ - $ 423.00 $ - $ 423.00 $ - $
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25.38 $ - $ 25.38 $ - $
2021-01-01 9,920.00 $ 2,970.00 $ - $ 6,950.00 $ - $ 6,950.00 $ - $
- $ - $ - $ - $ - $ - $ - $ 6,950.00 $
417.00 $ - $ 417.00 $ - $
2021-07-01 6,410.00 $ 2,835.00 $ - $ 3,575.00 $ - $ 3,575.00 $ - $
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214.50 $ - $ 214.50 $ - $
2021-01-01 - $ - $ - $ - $ - $ - $ - $ - $
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2021-07-01 - $ - $ - $ - $ - $ - $ - $ - $
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2021-01-01 152,087.75 $ 152,087.75 $ - $ - $ - $ - $ - $
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2021-01-01 - $ - $ - $ - $ - $ - $ - $ - $
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2021-07-01 5,855.20 $ 5,570.22 $ - $ 284.98 $ - $ 284.98 $ - $
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17.10 $ - $ 17.10 $ - $
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2021-04-01 1,256.29 $ 50.00 $ - $ 1,206.29 $ - $ 1,206.29 $ - $
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2021-04-01 54,430.69 $ 24,643.30 $ - $ 29,787.39 $ - $ 29,787.39 $ - $
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2021-03-01 210,315.72 $ 74,384.70 $ - $ 135,931.02 $ - $ - $ - $
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2021-05-01 158,645.11 $ 16,539.72 $ - $ 142,105.39 $ - $ - $ - $
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2021-06-01 155,090.73 $ 15,329.28 $ - $ 139,761.45 $ - $ - $ - $
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2021-07-01 171,709.85 $ 18,130.62 $ - $ 153,579.23 $ - $ - $ - $
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2021-09-01 161,360.94 $ 18,435.90 $ - $ 142,925.04 $ - $ - $ - $
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2021-10-01 167,119.33 $ 18,787.01 $ - $ 148,332.32 $ - $ - $ - $
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2021-11-01 144,599.48 $ 16,426.10 $ - $ 128,173.38 $ - $ - $ - $
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2021-12-01 156,020.31 $ 18,151.85 $ - $ 137,868.46 $ - $ - $ - $
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2021-01-01 252,994.65 $ 25,685.32 $ - $ 227,309.33 $ - $ - $ - $
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2021-02-01 247,088.19 $ 25,551.12 $ - $ 221,537.07 $ - $ - $ - $
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2021-03-01 279,162.42 $ 29,575.95 $ - $ 249,586.47 $ - $ - $ - $
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2021-04-01 259,184.41 $ 27,549.51 $ - $ 231,634.90 $ - $ - $ - $
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2021-06-01 238,423.63 $ 25,248.94 $ - $ 213,174.69 $ - $ - $ - $
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2021-07-01 276,798.90 $ 29,732.30 $ - $ 247,066.60 $ - $ - $ - $
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2021-08-01 224,033.09 $ 24,141.81 $ - $ 199,891.28 $ - $ - $ - $
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2021-12-01 248,576.65 $ 25,854.87 $ - $ 222,721.78 $ - $ - $ - $
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2021-01-01 45,643.73 $ - $ - $ 45,643.73 $ - $ - $ - $
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2021-04-01 42,446.36 $ - $ - $ 42,446.36 $ - $ - $ - $
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2021-05-01 50,814.40 $ - $ - $ 50,814.40 $ - $ - $ - $
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2021-06-01 30,150.39 $ - $ - $ 30,150.39 $ - $ - $ - $
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2021-08-01 37,398.07 $ - $ - $ 37,398.07 $ - $ - $ - $
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2021-09-01 44,835.50 $ - $ - $ 44,835.50 $ - $ - $ - $
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2021-10-01 35,720.80 $ - $ - $ 35,720.80 $ - $ - $ - $
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2021-12-01 37,023.39 $	- $	- $	37,023.39 $	- $	- $	- $		
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2021-01-01 73,536.32 $	15,032.08 $	- $	58,504.24 $	- $	- $	- $		
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2021-01-01 82,823.44 $	19,308.14 $	- $	63,515.30 $	- $	- $	- $		
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2021-02-01 75,636.13 $	18,983.45 $	- $	56,652.68 $	- $	- $	- $		
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2021-02-01 69,865.84 $	15,335.61 $	- $	54,530.23 $	- $	- $	- $		
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54,530.23 $	3,271.81 $	- $	3,271.81 $	- $				
2021-03-01 77,959.67 $	19,539.79 $	- $	58,419.88 $	- $	- $	- $		
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58,419.88 $	3,505.19 $	- $	3,505.19 $	- $				
2021-03-01 98,165.33 $	35,677.89 $	- $	62,487.44 $	- $	- $	- $		
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62,487.44 $	3,749.25 $	- $	3,749.25 $	- $				
2021-04-01 81,167.58 $	23,354.91 $	- $	57,812.67 $	- $	- $	- $		
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57,812.67 $	3,468.76 $	- $	3,468.76 $	- $				
2021-04-01 74,312.95 $	14,102.50 $	- $	60,210.45 $	- $	- $	- $		
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2021-05-01 68,016.26 $	14,180.43 $	- $	53,835.83 $	- $	- $	- $		
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53,835.83 $	3,230.15 $	- $	3,230.15 $	- $				
2021-05-01 64,719.52 $	7,694.03 $	- $	57,025.49 $	- $	- $	- $		
57,025.49 $	- $	- $	- $	- $	- $	- $		
57,025.49 $	3,421.53 $	- $	3,421.53 $	- $				
2021-06-01 70,804.18 $	15,164.63 $	- $	55,639.55 $	- $	- $	- $		
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55,639.55 $	3,338.37 $	- $	3,338.37 $	- $				
2021-06-01 70,290.59 $	12,121.96 $	- $	58,168.63 $	- $	- $	- $		
58,168.63 $	- $	- $	- $	- $	- $	- $		
58,168.63 $	3,490.12 $	- $	3,490.12 $	- $				
2021-07-01 75,322.94 $	12,188.27 $	- $	63,134.67 $	- $	- $	- $		
63,134.67 $	- $	- $	- $	- $	- $	- $		
63,134.67 $	3,788.08 $	- $	3,788.08 $	- $				
2021-07-01 85,923.01 $	19,863.80 $	- $	66,059.21 $	- $	- $	- $		
66,059.21 $	- $	- $	- $	- $	- $	- $		
66,059.21 $	3,963.55 $	- $	3,963.55 $	- $				
2021-08-01 64,218.36 $	11,201.02 $	- $	53,017.34 $	- $	- $	- $		
53,017.34 $	- $	- $	- $	- $	- $	- $		
53,017.34 $	3,181.04 $	- $	3,181.04 $	- $				
2021-08-01 63,904.26 $	10,058.28 $	- $	53,845.98 $	- $	- $	- $		
53,845.98 $	- $	- $	- $	- $	- $	- $		
53,845.98 $	3,230.76 $	- $	3,230.76 $	- $				
2021-09-01 67,983.77 $	15,287.68 $	- $	52,696.09 $	- $	- $	- $		
52,696.09 $	- $	- $	- $	- $	- $	- $		
52,696.09 $	3,161.77 $	- $	3,161.77 $	- $				
2021-09-01 73,127.44 $	15,693.33 $	- $	57,434.11 $	- $	- $	- $		
57,434.11 $	- $	- $	- $	- $	- $	- $		
57,434.11 $	3,446.05 $	- $	3,446.05 $	- $				

2021-10-01 73,577.62 $ 12,919.88 $ - $ 60,657.74 $ - $ - $ - $
60,657.74 $ - $ - $ - $ - $ - $
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2021-10-01 76,842.63 $ 12,728.70 $ - $ 64,113.93 $ - $ - $ - $
64,113.93 $ - $ - $ - $ - $ - $
64,113.93 $ 3,846.84 $ - $ 3,846.84 $ - $
2021-11-01 70,944.59 $ 10,696.98 $ - $ 60,247.61 $ - $ - $ - $
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2021-11-01 74,196.42 $ 13,666.41 $ - $ 60,530.01 $ - $ - $ - $
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2021-12-01 82,519.14 $ 16,248.86 $ - $ 66,270.28 $ - $ - $ - $
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2021-12-01 80,596.63 $ 11,069.92 $ - $ 69,526.71 $ - $ - $ - $
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2021-01-01 92,598.04 $ 59,152.14 $ - $ 33,445.90 $ - $ - $ - $
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2021-02-01 85,792.61 $ 55,143.30 $ - $ 30,649.31 $ - $ - $ - $
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30,649.31 $ 1,838.96 $ - $ 1,838.96 $ - $
2021-03-01 120,995.81 $ 84,174.63 $ - $ 36,821.18 $ - $ - $ - $
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36,821.18 $ 2,209.27 $ - $ 2,209.27 $ - $
2021-04-01 102,279.25 $ 68,272.10 $ - $ 34,007.15 $ - $ - $ - $
34,007.15 $ - $ - $ - $ - $ - $
34,007.15 $ 2,040.43 $ - $ 2,040.43 $ - $
2021-05-01 79,142.98 $ 51,568.76 $ - $ 27,574.22 $ - $ - $ - $
27,574.22 $ - $ - $ - $ - $ - $
27,574.22 $ 1,654.45 $ - $ 1,654.45 $ - $
2021-06-01 96,397.63 $ 63,726.98 $ - $ 32,670.65 $ - $ - $ - $
32,670.65 $ - $ - $ - $ - $ - $
32,670.65 $ 1,960.24 $ - $ 1,960.24 $ - $
2021-07-01 213,308.85 $ 182,665.69 $ - $ 30,643.16 $ - $ - $ - $
30,643.16 $ - $ - $ - $ - $ - $
30,643.16 $ 1,838.59 $ - $ 1,838.59 $ - $
2021-08-01 320,472.84 $ 289,817.46 $ - $ 30,655.38 $ - $ - $ - $
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2021-09-01 225,532.76 $ 197,077.04 $ - $ 28,455.72 $ - $ - $ - $
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2021-10-01 260,283.70 $ 229,524.97 $ - $ 30,758.73 $ - $ - $ - $
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30,758.73 $ 1,845.52 $ - $ 1,845.52 $ - $
2021-11-01 286,979.23 $ 253,130.54 $ - $ 33,848.69 $ - $ - $ - $
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2021-12-01 255,893.81 $ 222,307.38 $ - $ 33,586.43 $ - $ - $ - $
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2021-01-01 71,503.47 $ - $ - $ 71,503.47 $ - $ - $ - $
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2021-07-01 287,875.75 $ - $ - $ 287,875.75 $ - $ - $ - $
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2021-01-01 5,098.83 $ - $ - $ 5,098.83 $ - $ - $ - $
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2021-03-01 9,686.32 $ - $ - $ 9,686.32 $ - $ - $ - $
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$ 581.18 $ - $ 581.18 $ - $
2021-04-01 8,941.47 $ - $ - $ 8,941.47 $ - $ - $ - $
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$ 536.49 $ - $ 536.49 $ - $
2021-05-01 10,501.81 $ 405.58 $ - $ 10,096.23 $ - $ - $ - $
10,096.23 $ - $ - $ - $ - $ - $
10,096.23 $ 605.77 $ - $ 605.77 $ - $
2021-06-01 6,604.85 $ - $ - $ 6,604.85 $ - $ - $ - $
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$ 396.29 $ - $ 396.29 $ - $
2021-07-01 8,506.97 $ - $ - $ 8,506.97 $ - $ - $ - $
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$ 510.42 $ - $ 510.42 $ - $
2021-08-01 5,591.77 $ - $ - $ 5,591.77 $ - $ - $ - $
5,591.77 $ - $ - $ - $ - $ - $ 5,591.77
$ 335.51 $ - $ 335.51 $ - $
2021-09-01 6,247.86 $ - $ - $ 6,247.86 $ - $ - $ - $
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$ 374.87 $ - $ 374.87 $ - $
2021-10-01 8,145.69 $ - $ - $ 8,145.69 $ - $ - $ - $
8,145.69 $ - $ - $ - $ - $ - $ 8,145.69
$ 488.74 $ - $ 488.74 $ - $
2021-11-01 6,828.02 $ - $ - $ 6,828.02 $ - $ - $ - $
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$ 409.68 $ - $ 409.68 $ - $
2021-12-01 6,928.70 $ - $ - $ 6,928.70 $ - $ - $ - $
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$ 415.72 $ - $ 415.72 $ - $
2021-01-01 388,702.33 $ - $ - $ 388,702.33 $ - $ - $ - $
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2021-02-01 345,651.67 $ - $ - $ 345,651.67 $ - $ - $ - $
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345,651.67 $ 20,739.10 $ - $ 20,739.10 $ - $
2021-03-01 385,334.67 $ - $ - $ 385,334.67 $ - $ - $ - $
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2021-04-01 405,842.67 $ - $ - $ 405,842.67 $ - $ - $ - $
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2021-05-01 347,381.17 $ - $ - $ 347,381.17 $ - $ - $ - $
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347,381.17 $ 20,842.87 $ - $ 20,842.87 $ - $
2021-06-01 346,859.00 $ - $ - $ 346,859.00 $ - $ - $ - $
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2021-07-01 388,335.83 $ - $ - $ 388,335.83 $ - $ - $ - $
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2021-08-01 346,485.00 $ - $ - $ 346,485.00 $ - $ - $ - $

346,485.00 $ - $ - $ - $ - $ - $ - $
346,485.00 $ 20,789.10 $ - $ 20,789.10 $ - $
2021-09-01 366,779.50 $ - $ - $ 366,779.50 $ - $ - $ - $
366,779.50 $ - $ - $ - $ - $ - $ - $
366,779.50 $ 22,006.77 $ - $ 22,006.77 $ - $
2021-10-01 379,285.50 $ - $ - $ 379,285.50 $ - $ - $ - $
379,285.50 $ - $ - $ - $ - $ - $ - $
379,285.50 $ 22,757.13 $ - $ 22,757.13 $ - $
2021-11-01 366,214.00 $ - $ - $ 366,214.00 $ - $ - $ - $
366,214.00 $ - $ - $ - $ - $ - $ - $
366,214.00 $ 21,972.84 $ - $ 21,972.84 $ - $
2021-12-01 438,890.67 $ - $ - $ 438,890.67 $ - $ - $ - $
438,890.67 $ - $ - $ - $ - $ - $ - $
438,890.67 $ 26,333.44 $ - $ 26,333.44 $ - $
2021-01-01 2,032,373.48 $ 476,530.54 $ - $ 1,555,842.94 $ - $ - $ - $
1,555,842.94 $ - $ - $ - $ - $ - $ - $
1,555,842.94 $ 93,350.58 $ - $ 93,350.58 $ - $
2021-02-01 1,923,928.46 $ 477,586.32 $ - $ 1,446,342.14 $ - $ - $ - $
1,446,342.14 $ - $ - $ - $ - $ - $ - $
1,446,342.14 $ 86,780.53 $ - $ 86,780.53 $ - $
2021-03-01 2,448,947.46 $ 876,859.53 $ - $ 1,572,087.93 $ - $ - $ - $
1,572,087.93 $ - $ - $ - $ - $ - $ - $
1,572,087.93 $ 94,325.28 $ - $ 94,325.28 $ - $
2021-04-01 2,030,189.21 $ 518,265.35 $ - $ 1,511,923.86 $ - $ - $ - $
1,511,923.86 $ - $ - $ - $ - $ - $ - $
1,511,923.86 $ 90,715.43 $ - $ 90,715.43 $ - $
2021-05-01 1,984,063.16 $ 413,321.85 $ - $ 1,570,741.31 $ - $ - $ - $
1,570,741.31 $ - $ - $ - $ - $ - $ - $
1,570,741.31 $ 94,244.48 $ - $ 94,244.48 $ - $
2021-06-01 1,910,448.50 $ 389,712.96 $ - $ 1,520,735.54 $ - $ - $ - $
1,520,735.54 $ - $ - $ - $ - $ - $ - $
1,520,735.54 $ 91,244.13 $ - $ 91,244.13 $ - $
2021-07-01 2,155,365.57 $ 434,568.32 $ - $ 1,720,797.25 $ - $ - $ - $
1,720,797.25 $ - $ - $ - $ - $ - $ - $
1,720,797.25 $ 103,247.84 $ - $ 103,247.84 $ - $
2021-08-01 1,859,981.71 $ 365,240.99 $ - $ 1,494,740.72 $ - $ - $ - $
1,494,740.72 $ - $ - $ - $ - $ - $ - $
1,494,740.72 $ 89,684.44 $ - $ 89,684.44 $ - $
2021-09-01 1,906,859.97 $ 376,513.07 $ - $ 1,530,346.90 $ - $ - $ - $
1,530,346.90 $ - $ - $ - $ - $ - $ - $
1,530,346.90 $ 91,820.81 $ - $ 91,820.81 $ - $
2021-10-01 2,112,422.59 $ 403,875.96 $ - $ 1,708,546.63 $ - $ - $ - $
1,708,546.63 $ - $ - $ - $ - $ - $ - $
1,708,546.63 $ 102,512.80 $ - $ 102,512.80 $ - $
2021-11-01 1,939,145.21 $ 388,904.29 $ - $ 1,550,240.92 $ - $ - $ - $
1,550,240.92 $ - $ - $ - $ - $ - $ - $
1,550,240.92 $ 93,014.46 $ - $ 93,014.46 $ - $
2021-12-01 2,083,489.34 $ 407,042.24 $ - $ 1,676,447.10 $ - $ - $ - $
1,676,447.10 $ - $ - $ - $ - $ - $ - $
1,676,447.10 $ 100,586.83 $ - $ 100,586.83 $ - $
2021-01-01 24,273.41 $ 552.08 $ - $ 23,721.33 $ - $ - $ - $
23,721.33 $ - $ - $ - $ - $ - $ - $
23,721.33 $ 1,423.28 $ - $ 1,423.28 $ - $
2021-02-01 24,033.97 $ 520.64 $ - $ 23,513.33 $ - $ - $ - $
23,513.33 $ - $ - $ - $ - $ - $ - $
23,513.33 $ 1,410.80 $ - $ 1,410.80 $ - $
2021-03-01 24,575.47 $ 750.97 $ - $ 23,824.50 $ - $ - $ - $
23,824.50 $ - $ - $ - $ - $ - $ - $
23,824.50 $ 1,429.47 $ - $ 1,429.47 $ - $

2021-04-01 22,550.57 $ 692.07 $ - $ 21,858.50 $ - $ - $ - $
21,858.50 $ - $ - $ - $ - $ - $
21,858.50 $ 1,311.51 $ - $ 1,311.51 $ - $
2021-05-01 19,684.15 $ 519.65 $ - $ 19,164.50 $ - $ - $ - $
19,164.50 $ - $ - $ - $ - $ - $
19,164.50 $ 1,149.87 $ - $ 1,149.87 $ - $
2021-06-01 21,877.49 $ 699.49 $ - $ 21,178.00 $ - $ - $ - $
21,178.00 $ - $ - $ - $ - $ - $
21,178.00 $ 1,270.68 $ - $ 1,270.68 $ - $
2021-07-01 22,786.42 $ 735.17 $ - $ 22,051.25 $ - $ - $ - $
22,051.25 $ - $ - $ - $ - $ - $
22,051.25 $ 1,323.08 $ - $ 1,323.08 $ - $
2021-08-01 20,969.50 $ 594.50 $ - $ 20,375.00 $ - $ - $ - $
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20,375.00 $ 1,222.50 $ - $ 1,222.50 $ - $
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2021-09-01 17,996.29 $ 579.12 $ - $ 17,417.17 $ - $ - $ - $
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2021-10-01 19,696.10 $ 600.43 $ - $ 19,095.67 $ - $ - $ - $
19,095.67 $ - $ - $ - $ - $ - $
19,095.67 $ 1,145.74 $ - $ 1,145.74 $ - $
2021-11-01 17,554.41 $ 299.91 $ - $ 17,254.50 $ - $ - $ - $
17,254.50 $ - $ - $ - $ - $ - $
17,254.50 $ 1,035.27 $ - $ 1,035.27 $ - $
2021-12-01 21,419.23 $ 578.06 $ - $ 20,841.17 $ - $ - $ - $
20,841.17 $ - $ - $ - $ - $ - $
20,841.17 $ 1,250.47 $ - $ 1,250.47 $ - $
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2021-04-01 656,956.66 $ 656,956.66 $ - $ - $ - $ - $ - $
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2021-07-01 617,845.20 $ 617,845.20 $ - $ - $ - $ - $ - $
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2021-10-01 625,118.24 $ 625,118.24 $ - $ - $ - $ - $ - $
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2021-01-01 17,007.72 $ 9,215.00 $ - $ 7,792.72 $ 7,792.72 $ - $ - $
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467.56 $ - $ 467.56 $ - $
2021-02-01 16,845.71 $ 14,094.67 $ - $ 2,751.04 $ 2,751.04 $ - $ - $
- $ - $ - $ - $ - $ - $ - $ 2,751.04 $
165.06 $ - $ 165.06 $ - $
2021-03-01 11,538.83 $ 11,416.67 $ - $ 122.16 $ 122.16 $ - $ - $
- $ - $ - $ - $ - $ - $ - $ 122.16 $
7.33 $ - $ 7.33 $ - $
2021-04-01 16,123.37 $ 3,382.17 $ - $ 12,741.20 $ 12,741.20 $ - $ - $
- $ - $ - $ - $ - $ - $ - $ 12,741.20
$ 764.47 $ - $ 764.47 $ - $
2021-05-01 16,123.37 $ 8,426.17 $ - $ 7,697.20 $ 7,697.20 $ - $ - $
- $ - $ - $ - $ - $ - $ - $ 7,697.20 $
461.83 $ - $ 461.83 $ - $
2021-06-01 16,123.37 $ 8,096.17 $ - $ 8,027.20 $ 8,027.20 $ - $ - $

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481.63 $ - $ 481.63 $ - $
2021-07-01 15,695.93 $ 7,612.17 $ - $ 8,083.76 $ 8,083.76 $ - $ - $
- $ - $ - $ - $ - $ - $ - $ 8,083.76 $
485.03 $ - $ 485.03 $ - $
2021-08-01 15,757.94 $ 10,187.83 $ - $ 5,570.11 $ 5,570.11 $ - $ - $
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334.21 $ - $ 334.21 $ - $
2021-09-01 15,757.94 $ 8,866.17 $ - $ 6,891.77 $ 6,891.77 $ - $ - $
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413.51 $ - $ 413.51 $ - $
2021-10-01 15,757.94 $ 8,866.17 $ - $ 6,891.77 $ 6,891.77 $ - $ - $
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2021-11-01 15,782.24 $ 8,733.33 $ - $ 7,048.91 $ 7,048.91 $ - $ - $
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422.93 $ - $ 422.93 $ - $
2021-12-01 15,766.04 $ 11,181.50 $ - $ 4,584.54 $ 4,584.54 $ - $ - $
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2021-12-01 - $ - $ - $ - $ - $ - $ - $ - $
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2021-01-01 2,487,373.17 $ - $ - $ 2,487,373.17 $ 2,487,373.17 $ - $ - $
- $ - $ - $ - $ - $ - $ - $
2,487,373.17 $ 149,242.39 $ - $ 149,242.39 $ - $

2021-02-01 2,552,089.67 $ - $ - $ 2,552,089.67 $ 2,552,089.67 $ - $ - $
- $ - $ - $ - $ - $ - $ - $
2,552,089.67 $ 153,125.38 $ - $ 153,125.38 $ - $
2021-03-01 2,528,567.33 $ - $ - $ 2,528,567.33 $ 2,528,567.33 $ - $ - $
- $ - $ - $ - $ - $ - $ - $
2,528,567.33 $ 151,714.04 $ - $ 151,714.04 $ - $
2021-04-01 4,067,638.83 $ - $ - $ 4,067,638.83 $ 4,067,638.83 $ - $ - $
- $ - $ - $ - $ - $ - $ - $
4,067,638.83 $ 244,058.33 $ - $ 244,058.33 $ - $
2021-05-01 2,551,182.67 $ - $ - $ 2,551,182.67 $ 2,551,182.67 $ - $ - $
- $ - $ - $ - $ - $ - $ - $
2,551,182.67 $ 153,070.96 $ - $ 153,070.96 $ - $
2021-06-01 2,250,379.33 $ - $ - $ 2,250,379.33 $ 2,250,379.33 $ - $ - $
- $ - $ - $ - $ - $ - $ - $
2,250,379.33 $ 135,022.76 $ - $ 135,022.76 $ - $
2021-07-01 2,527,464.83 $ - $ - $ 2,527,464.83 $ 2,527,464.83 $ - $ - $
- $ - $ - $ - $ - $ - $ - $
2,527,464.83 $ 151,647.89 $ - $ 151,647.89 $ - $
2021-08-01 2,518,771.83 $ - $ - $ 2,518,771.83 $ 2,518,771.83 $ - $ - $
- $ - $ - $ - $ - $ - $ - $
2,518,771.83 $ 151,126.31 $ - $ 151,126.31 $ - $
2021-09-01 2,487,108.50 $ - $ - $ 2,487,108.50 $ 2,487,108.50 $ - $ - $
- $ - $ - $ - $ - $ - $ - $
2,487,108.50 $ 149,226.51 $ - $ 149,226.51 $ - $
2021-10-01 2,477,535.17 $ - $ - $ 2,477,535.17 $ 2,477,535.17 $ - $ - $
- $ - $ - $ - $ - $ - $ - $
2,477,535.17 $ 148,652.11 $ - $ 148,652.11 $ - $
2021-11-01 2,435,021.33 $ - $ - $ 2,435,021.33 $ 2,435,021.33 $ - $ - $
- $ - $ - $ - $ - $ - $ - $
2,435,021.33 $ 146,101.28 $ - $ 146,101.28 $ - $
2021-12-01 2,428,763.83 $ - $ - $ 2,428,763.83 $ 2,428,763.83 $ - $ - $
- $ - $ - $ - $ - $ - $ - $
2,428,763.83 $ 145,725.83 $ - $ 145,725.83 $ - $
2021-01-01 40,333.29 $ - $ - $ 40,333.29 $ 40,333.29 $ - $ - $
- $ - $ - $ - $ - $ - $ - $ 40,333.29
$ 2,420.00 $ - $ 2,420.00 $ - $
2021-02-01 32,366.83 $ - $ - $ 32,366.83 $ 32,366.83 $ - $ - $
- $ - $ - $ - $ - $ - $ - $ 32,366.83
$ 1,942.01 $ - $ 1,942.01 $ - $
2021-03-01 63,886.18 $ - $ - $ 63,886.18 $ 63,886.18 $ - $ - $
- $ - $ - $ - $ - $ - $ - $ 63,886.18
$ 3,833.17 $ - $ 3,833.17 $ - $
2021-04-01 43,042.09 $ - $ - $ 43,042.09 $ 43,042.09 $ - $ - $
- $ - $ - $ - $ - $ - $ - $ 43,042.09
$ 2,582.53 $ - $ 2,582.53 $ - $
2021-05-01 33,387.86 $ - $ - $ 33,387.86 $ 33,387.86 $ - $ - $
- $ - $ - $ - $ - $ - $ - $ 33,387.86
$ 2,003.27 $ - $ 2,003.27 $ - $
2021-06-01 43,785.71 $ - $ - $ 43,785.71 $ 43,785.71 $ - $ - $
- $ - $ - $ - $ - $ - $ - $ 43,785.71
$ 2,627.14 $ - $ 2,627.14 $ - $
2021-07-01 10,850.18 $ - $ - $ 10,850.18 $ 10,850.18 $ - $ - $
- $ - $ - $ - $ - $ - $ - $ 10,850.18
$ 651.01 $ - $ 651.01 $ - $
2021-08-01 53,363.32 $ - $ - $ 53,363.32 $ 53,363.32 $ - $ - $
- $ - $ - $ - $ - $ - $ - $ 53,363.32
$ 3,201.80 $ - $ 3,201.80 $ - $
2021-09-01 37,223.25 $ - $ - $ 37,223.25 $ 37,223.25 $ - $ - $
- $ - $ - $ - $ - $ - $ - $ 37,223.25

$ 2,233.40 $ - $ 2,233.40 $ - $
2021-10-01 20,535.44 $ - $ - $ 20,535.44 $ 20,535.44 $ - $ - $
- $ - $ - $ - $ - $ - $ - $ 20,535.44
$ 1,232.13 $ - $ 1,232.13 $ - $
2021-11-01 55,550.28 $ - $ - $ 55,550.28 $ 55,550.28 $ - $ - $
- $ - $ - $ - $ - $ - $ - $ 55,550.28
$ 3,333.02 $ - $ 3,333.02 $ - $
2021-12-01 29,895.17 $ - $ - $ 29,895.17 $ 29,895.17 $ - $ - $
- $ - $ - $ - $ - $ - $ - $ 29,895.17
$ 1,793.71 $ - $ 1,793.71 $ - $
2021-01-01 4,461,709.67 $ - $ - $ 4,461,709.67 $ 4,461,709.67 $ - $ - $
- $ - $ - $ - $ - $ - $ - $
4,461,709.67 $ 267,702.58 $ - $ 267,702.58 $ - $
2021-02-01 4,482,288.83 $ - $ - $ 4,482,288.83 $ 4,482,288.83 $ - $ - $
- $ - $ - $ - $ - $ - $ - $
4,482,288.83 $ 268,937.33 $ - $ 268,937.33 $ - $
2021-03-01 4,487,108.33 $ - $ - $ 4,487,108.33 $ 4,487,108.33 $ - $ - $
- $ - $ - $ - $ - $ - $ - $
4,487,108.33 $ 269,226.50 $ - $ 269,226.50 $ - $
2021-04-01 4,491,551.33 $ - $ - $ 4,491,551.33 $ 4,491,551.33 $ - $ - $
- $ - $ - $ - $ - $ - $ - $
4,491,551.33 $ 269,493.08 $ - $ 269,493.08 $ - $
2021-05-01 4,623,103.33 $ - $ - $ 4,623,103.33 $ 4,623,103.33 $ - $ - $
- $ - $ - $ - $ - $ - $ - $
4,623,103.33 $ 277,386.20 $ - $ 277,386.20 $ - $
2021-06-01 4,706,399.33 $ - $ - $ 4,706,399.33 $ 4,706,399.33 $ - $ - $
- $ - $ - $ - $ - $ - $ - $
4,706,399.33 $ 282,383.96 $ - $ 282,383.96 $ - $
2021-07-01 4,672,273.00 $ - $ - $ 4,672,273.00 $ 4,672,273.00 $ - $ - $
- $ - $ - $ - $ - $ - $ - $
4,672,273.00 $ 280,336.38 $ - $ 280,336.38 $ - $
2021-08-01 4,668,277.33 $ - $ - $ 4,668,277.33 $ 4,668,277.33 $ - $ - $
- $ - $ - $ - $ - $ - $ - $
4,668,277.33 $ 280,096.64 $ - $ 280,096.64 $ - $
2021-09-01 4,634,020.50 $ - $ - $ 4,634,020.50 $ 4,634,020.50 $ - $ - $
- $ - $ - $ - $ - $ - $ - $
4,634,020.50 $ 278,041.23 $ - $ 278,041.23 $ - $
2021-10-01 4,524,507.50 $ - $ - $ 4,524,507.50 $ 4,524,507.50 $ - $ - $
- $ - $ - $ - $ - $ - $ - $
4,524,507.50 $ 271,470.45 $ - $ 271,470.45 $ - $
2021-11-01 4,357,364.00 $ - $ - $ 4,357,364.00 $ 4,357,364.00 $ - $ - $
- $ - $ - $ - $ - $ - $ - $
4,357,364.00 $ 261,441.84 $ - $ 261,441.84 $ - $
2021-12-01 4,296,024.50 $ - $ - $ 4,296,024.50 $ 4,296,024.50 $ - $ - $
- $ - $ - $ - $ - $ - $ - $
4,296,024.50 $ 257,761.47 $ - $ 257,761.47 $ - $
2021-01-01 14,899.30 $ - $ - $ 14,899.30 $ - $ - $ - $
- $ 14,899.30 $ - $ - $ - $ - $ - $
14,899.30 $ 893.96 $ - $ 893.96 $ - $
2021-04-01 14,653.62 $ - $ - $ 14,653.62 $ - $ - $ - $
- $ 14,653.62 $ - $ - $ - $ - $ - $
14,653.62 $ 879.22 $ - $ 879.22 $ - $
2021-07-01 14,652.34 $ - $ - $ 14,652.34 $ - $ - $ - $
- $ 14,652.34 $ - $ - $ - $ - $ - $
14,652.34 $ 879.14 $ - $ 879.14 $ - $
2021-10-01 14,290.97 $ - $ - $ 14,290.97 $ - $ - $ - $
- $ 14,290.97 $ - $ - $ - $ - $ - $
14,290.97 $ 857.46 $ - $ 857.46 $ - $
2021-01-01 83,588.92 $ 20,700.18 $ - $ 62,888.74 $ 61,989.84 $ - $ - $

- $ 898.90 $ - $ - $ - $ - $ - $
62,888.74 $ 3,773.32 $ - $ 3,773.32 $ - $
2021-02-01 81,405.99 $ 21,416.28 $ - $ 59,989.71 $ 59,295.70 $ - $ - $
- $ 694.01 $ - $ - $ - $ - $ - $
59,989.71 $ 3,599.38 $ - $ 3,599.38 $ - $
2021-03-01 83,431.84 $ 19,533.48 $ - $ 63,898.36 $ 63,284.36 $ - $ - $
- $ 614.00 $ - $ - $ - $ - $ - $
63,898.36 $ 3,833.90 $ - $ 3,833.90 $ - $
2021-04-01 80,917.40 $ 18,983.42 $ - $ 61,933.98 $ 61,394.88 $ - $ - $
- $ 539.10 $ - $ - $ - $ - $ - $
61,933.98 $ 3,716.04 $ - $ 3,716.04 $ - $
2021-05-01 91,793.61 $ 19,491.61 $ - $ 72,302.00 $ 71,453.35 $ - $ - $
- $ 848.65 $ - $ - $ - $ - $ - $
72,302.00 $ 4,338.12 $ - $ 4,338.12 $ - $
2021-06-01 87,582.79 $ 21,076.51 $ - $ 66,506.28 $ 64,902.78 $ - $ - $
- $ 1,603.50 $ - $ - $ - $ - $ - $
66,506.28 $ 3,990.38 $ - $ 3,990.38 $ - $
2021-07-01 88,163.98 $ 21,384.12 $ - $ 66,779.86 $ 65,796.26 $ - $ - $
- $ 983.60 $ - $ - $ - $ - $ - $
66,779.86 $ 4,006.79 $ - $ 4,006.79 $ - $
2021-08-01 85,676.55 $ 20,970.90 $ - $ 64,705.65 $ 63,719.17 $ - $ - $
- $ 986.48 $ - $ - $ - $ - $ - $
64,705.65 $ 3,882.34 $ - $ 3,882.34 $ - $
2021-09-01 84,203.82 $ 21,171.56 $ - $ 63,032.26 $ 62,048.51 $ - $ - $
- $ 983.75 $ - $ - $ - $ - $ - $
63,032.26 $ 3,781.94 $ - $ 3,781.94 $ - $
2021-10-01 83,279.68 $ 20,675.18 $ - $ 62,604.50 $ 61,745.65 $ - $ - $
- $ 858.85 $ - $ - $ - $ - $ - $
62,604.50 $ 3,756.27 $ - $ 3,756.27 $ - $
2021-11-01 78,251.12 $ 20,058.00 $ - $ 58,193.12 $ 57,663.97 $ - $ - $
- $ 529.15 $ - $ - $ - $ - $ - $
58,193.12 $ 3,491.59 $ - $ 3,491.59 $ - $
2021-12-01 76,092.90 $ 19,679.65 $ - $ 56,413.25 $ 55,914.10 $ - $ - $
- $ 499.15 $ - $ - $ - $ - $ - $
56,413.25 $ 3,384.80 $ - $ 3,384.80 $ - $
2021-01-01 11,610.11 $ 893.10 $ - $ 10,717.01 $ 10,717.01 $ - $ - $
- $ - $ - $ - $ - $ - $ - $ 10,717.01
$ 643.02 $ - $ 643.02 $ - $
2021-04-01 8,497.10 $ 101.10 $ - $ 8,396.00 $ 8,396.00 $ - $ - $
- $ - $ - $ - $ - $ - $ - $ 8,396.00 $
503.76 $ - $ 503.76 $ - $
2021-07-01 7,677.33 $ - $ - $ 7,677.33 $ 7,677.33 $ - $ - $
- $ - $ - $ - $ - $ - $ - $ 7,677.33 $
460.64 $ - $ 460.64 $ - $
2021-10-01 7,522.86 $ 202.20 $ - $ 7,320.66 $ 7,320.66 $ - $ - $
- $ - $ - $ - $ - $ - $ - $ 7,320.66 $
439.24 $ - $ 439.24 $ - $
2021-04-01 21,535.15 $ - $ - $ 21,535.15 $ - $ - $ - $
- $ 21,535.15 $ - $ - $ - $ - $ - $
21,535.15 $ 1,292.11 $ - $ 1,292.11 $ - $
2021-07-01 21,602.94 $ - $ - $ 21,602.94 $ - $ - $ - $
- $ 21,602.94 $ - $ - $ - $ - $ - $
21,602.94 $ 1,296.18 $ - $ 1,296.18 $ - $
2021-10-01 17,911.71 $ - $ - $ 17,911.71 $ - $ - $ - $
- $ 17,911.71 $ - $ - $ - $ - $ - $
17,911.71 $ 1,074.70 $ - $ 1,074.70 $ - $
2021-01-01 1,828,513.83 $ - $ - $ 1,828,513.83 $ - $ - $ - $
- $ 1,828,513.83 $ - $ - $ - $ - $ - $
1,828,513.83 $ 109,710.83 $ - $ 109,710.83 $ - $

2021-02-01 1,850,057.33 $ - $ - $ 1,850,057.33 $ - $ - $ - $
- $ 1,850,057.33 $ - $ - $ - $ - $ - $
1,850,057.33 $ 111,003.44 $ - $ 111,003.44 $ - $
2021-03-01 1,828,812.83 $ - $ - $ 1,828,812.83 $ - $ - $ - $
- $ 1,828,812.83 $ - $ - $ - $ - $ - $
1,828,812.83 $ 109,728.77 $ - $ 109,728.77 $ - $
2021-04-01 1,839,698.33 $ - $ - $ 1,839,698.33 $ - $ - $ - $
- $ 1,839,698.33 $ - $ - $ - $ - $ - $
1,839,698.33 $ 110,381.90 $ - $ 110,381.90 $ - $
2021-05-01 1,867,662.33 $ - $ - $ 1,867,662.33 $ - $ - $ - $
- $ 1,867,662.33 $ - $ - $ - $ - $ - $
1,867,662.33 $ 112,059.74 $ - $ 112,059.74 $ - $
2021-06-01 1,914,248.67 $ - $ - $ 1,914,248.67 $ - $ - $ - $
- $ 1,914,248.67 $ - $ - $ - $ - $ - $
1,914,248.67 $ 114,854.92 $ - $ 114,854.92 $ - $
2021-07-01 1,897,370.33 $ - $ - $ 1,897,370.33 $ - $ - $ - $
- $ 1,897,370.33 $ - $ - $ - $ - $ - $
1,897,370.33 $ 113,842.22 $ - $ 113,842.22 $ - $
2021-08-01 1,963,210.50 $ - $ - $ 1,963,210.50 $ - $ - $ - $
- $ 1,963,210.50 $ - $ - $ - $ - $ - $
1,963,210.50 $ 117,792.63 $ - $ 117,792.63 $ - $
2021-09-01 1,999,303.00 $ - $ - $ 1,999,303.00 $ - $ - $ - $
- $ 1,999,303.00 $ - $ - $ - $ - $ - $
1,999,303.00 $ 119,958.18 $ - $ 119,958.18 $ - $
2021-10-01 1,950,254.67 $ - $ - $ 1,950,254.67 $ - $ - $ - $
- $ 1,950,254.67 $ - $ - $ - $ - $ - $
1,950,254.67 $ 117,015.28 $ - $ 117,015.28 $ - $
2021-11-01 2,045,117.67 $ - $ - $ 2,045,117.67 $ - $ - $ - $
- $ 2,045,117.67 $ - $ - $ - $ - $ - $
2,045,117.67 $ 122,707.06 $ - $ 122,707.06 $ - $
2021-12-01 2,125,493.17 $ - $ - $ 2,125,493.17 $ - $ - $ - $
- $ 2,125,493.17 $ - $ - $ - $ - $ - $
2,125,493.17 $ 127,529.59 $ - $ 127,529.59 $ - $
2021-01-01 - $ - $ - $ - $ - $ - $ - $ - $
- $ - $ - $ - $ - $ - $ - $ - $
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2021-04-01 - $ - $ - $ - $ - $ - $ - $ - $
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2021-10-01 - $ - $ - $ - $ - $ - $ - $ - $
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2021-01-01 7,216.17 $ - $ - $ 7,216.17 $ 7,216.17 $ - $ - $
- $ - $ - $ - $ - $ - $ - $ 7,216.17 $
432.97 $ - $ 432.97 $ - $
2021-02-01 9,840.33 $ - $ - $ 9,840.33 $ 9,840.33 $ - $ - $
- $ - $ - $ - $ - $ - $ - $ 9,840.33 $
590.42 $ - $ 590.42 $ - $
2021-03-01 10,219.00 $ - $ - $ 10,219.00 $ 10,219.00 $ - $ - $
- $ - $ - $ - $ - $ - $ - $ 10,219.00
$ 613.14 $ - $ 613.14 $ - $
2021-04-01 10,778.83 $ - $ - $ 10,778.83 $ 10,778.83 $ - $ - $
- $ - $ - $ - $ - $ - $ - $ 10,778.83
$ 646.73 $ - $ 646.73 $ - $
2021-05-01 10,252.33 $ - $ - $ 10,252.33 $ 10,252.33 $ - $ - $
- $ - $ - $ - $ - $ - $ - $ 10,252.33

$ 615.14 $ - $ 615.14 $ - $
2021-06-01 11,053.50 $ - $ - $ 11,053.50 $ 11,053.50 $ - $ - $
- $ - $ - $ - $ - $ - $ - $ 11,053.50
$ 663.21 $ - $ 663.21 $ - $
2021-07-01 9,846.67 $ - $ - $ 9,846.67 $ 9,846.67 $ - $ - $
- $ - $ - $ - $ - $ - $ - $ 9,846.67 $
590.80 $ - $ 590.80 $ - $
2021-08-01 10,275.50 $ - $ - $ 10,275.50 $ 10,275.50 $ - $ - $
- $ - $ - $ - $ - $ - $ - $ 10,275.50
$ 616.53 $ - $ 616.53 $ - $
2021-09-01 10,771.00 $ - $ - $ 10,771.00 $ 10,771.00 $ - $ - $
- $ - $ - $ - $ - $ - $ - $ 10,771.00
$ 646.26 $ - $ 646.26 $ - $
2021-10-01 10,489.17 $ - $ - $ 10,489.17 $ 10,489.17 $ - $ - $
- $ - $ - $ - $ - $ - $ - $ 10,489.17
$ 629.35 $ - $ 629.35 $ - $
2021-11-01 10,265.17 $ - $ - $ 10,265.17 $ 10,265.17 $ - $ - $
- $ - $ - $ - $ - $ - $ - $ 10,265.17
$ 615.91 $ - $ 615.91 $ - $
2021-12-01 10,256.17 $ - $ - $ 10,256.17 $ 10,256.17 $ - $ - $
- $ - $ - $ - $ - $ - $ - $ 10,256.17
$ 615.37 $ - $ 615.37 $ - $
2021-01-01 - $ - $ - $ - $ - $ - $ - $ - $
- $ - $ - $ - $ - $ - $ - $ - $
- $ - $ - $
2021-04-01 - $ - $ - $ - $ - $ - $ - $ - $
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2021-07-01 - $ - $ - $ - $ - $ - $ - $ - $
- $ - $ - $ - $ - $ - $ - $ - $
- $ - $ - $
2021-10-01 13,239.27 $ - $ - $ 13,239.27 $ - $ - $ 13,239.27 $
- $ - $ - $ - $ - $ - $ - $ 13,239.27
$ 794.36 $ - $ 794.36 $ - $
2021-01-01 20,414,371.83 $ - $ - $ 20,414,371.83 $ 20,408,350.00 $ - $ - $
- $ 6,021.83 $ - $ - $ - $ - $ - $
20,414,371.83 $ 1,224,862.31 $ - $ 1,224,862.31 $ - $
2021-02-01 18,713,720.00 $ - $ - $ 18,713,720.00 $ 18,707,869.00 $ - $ - $
- $ 5,851.00 $ - $ - $ - $ - $ - $
18,713,720.00 $ 1,122,823.20 $ - $ 1,122,823.20 $ - $
MEDHHS(6) 0058

2021-03-01 21,099,897.53 $ - $ - $ 21,099,897.53 $ 21,093,307.11 $ - $ - $
- $ 6,590.42 $ - $ - $ - $ - $ - $
21,099,897.53 $ 1,265,993.85 $ - $ 1,265,993.85 $ - $
2021-04-01 21,225,507.67 $ - $ - $ 21,225,507.67 $ 21,218,095.00 $ - $ - $
- $ 7,412.67 $ - $ - $ - $ - $ - $
21,225,507.67 $ 1,273,530.46 $ - $ 1,273,530.46 $ - $
2021-05-01 21,689,790.33 $ - $ - $ 21,689,790.33 $ 21,689,790.33 $ - $ - $
- $ - $ - $ - $ - $ - $ - $
21,689,790.33 $ 1,301,387.42 $ - $ 1,301,387.42 $ - $
2021-06-01 22,913,094.50 $ - $ - $ 22,913,094.50 $ 22,904,628.83 $ - $ - $
- $ 8,465.67 $ - $ - $ - $ - $ - $
22,913,094.50 $ 1,374,785.67 $ - $ 1,374,785.67 $ - $
2021-07-01 22,867,250.34 $ - $ - $ 22,867,250.34 $ 22,858,359.17 $ - $ - $
- $ 8,891.17 $ - $ - $ - $ - $ - $
22,867,250.34 $ 1,372,035.02 $ - $ 1,372,035.02 $ - $

2021-08-01 22,786,099.66 $ - $ - $ 22,786,099.66 $ 22,777,228.33 $ - $ - $
- $ 8,871.33 $ - $ - $ - $ - $ - $
22,786,099.66 $ 1,367,165.98 $ - $ 1,367,165.98 $ - $
2021-09-01 22,706,682.67 $ - $ - $ 22,706,682.67 $ 22,698,206.50 $ - $ - $
- $ 8,476.17 $ - $ - $ - $ - $ - $
22,706,682.67 $ 1,362,400.96 $ - $ 1,362,400.96 $ - $
2021-10-01 22,403,465.00 $ - $ - $ 22,403,465.00 $ 22,397,198.33 $ - $ - $
- $ 6,266.67 $ - $ - $ - $ - $ - $
22,403,465.00 $ 1,344,207.90 $ - $ 1,344,207.90 $ - $
2021-11-01 21,969,038.33 $ - $ - $ 21,969,038.33 $ 21,961,830.83 $ - $ - $
- $ 7,207.50 $ - $ - $ - $ - $ - $
21,969,038.33 $ 1,318,142.30 $ - $ 1,318,142.30 $ - $
2021-12-01 21,537,968.00 $ - $ - $ 21,537,968.00 $ 21,537,672.00 $ - $ - $
- $ 296.00 $ - $ - $ - $ - $ - $
21,537,968.00 $ 1,292,278.08 $ - $ 1,292,278.08 $ - $
2021-01-01 19,455.27 $ - $ - $ 19,455.27 $ 19,455.27 $ - $ - $
- $ - $ - $ - $ - $ - $ - $ 19,455.27
$ 1,167.32 $ - $ 1,167.32 $ - $
2021-02-01 38,910.54 $ - $ - $ 38,910.54 $ 38,910.54 $ - $ - $
- $ - $ - $ - $ - $ - $ - $ 38,910.54
$ 2,334.63 $ - $ 2,334.63 $ - $
2021-03-01 19,455.27 $ - $ - $ 19,455.27 $ 19,455.27 $ - $ - $
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$ 1,167.32 $ - $ 1,167.32 $ - $
2021-04-01 19,455.27 $ - $ - $ 19,455.27 $ 19,455.27 $ - $ - $
- $ - $ - $ - $ - $ - $ - $ 19,455.27
$ 1,167.32 $ - $ 1,167.32 $ - $
2021-05-01 19,455.27 $ - $ - $ 19,455.27 $ 19,455.27 $ - $ - $
- $ - $ - $ - $ - $ - $ - $ 19,455.27
$ 1,167.32 $ - $ 1,167.32 $ - $
2021-06-01 19,455.27 $ - $ - $ 19,455.27 $ 19,455.27 $ - $ - $
- $ - $ - $ - $ - $ - $ - $ 19,455.27
$ 1,167.32 $ - $ 1,167.32 $ - $
2021-07-01 18,010.86 $ - $ - $ 18,010.86 $ 18,010.86 $ - $ - $
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$ 230.40 $ - $ 230.40 $ - $
2021-10-01 520,142.50 $ 508,942.50 $ - $ 11,200.00 $ - $ - $ - $
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2021-04-01 1,854.56 $ - $ - $ 1,854.56 $ - $ - $ - $
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$ 144.75 $ - $ 144.75 $ - $
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$ 212.04 $ - $ 212.04 $ - $
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$ 193.32 $ - $ 193.32 $ - $
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$ 124.94 $ - $ 124.94 $ - $
2021-04-01 4,381.17 $ - $ - $ 4,381.17 $ - $ - $ - $
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$ 262.87 $ - $ 262.87 $ - $
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$ 168.57 $ - $ 168.57 $ - $
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$ 170.61 $ - $ 170.61 $ - $
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2021-01-01 91,815.33 $ - $ - $ 91,815.33 $ - $ - $ - $
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2021-04-01 58,817.50 $ - $ - $ 58,817.50 $ - $ - $ - $
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2021-07-01 55,828.83 $ - $ - $ 55,828.83 $ - $ - $ - $
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55,828.83 $ 3,349.73 $ - $ 3,349.73 $ - $
2021-10-01 43,782.40 $ - $ - $ 43,782.40 $ - $ - $ - $
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2021-01-01 7,953.16 $ - $ - $ 7,953.16 $ - $ - $ - $
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$ 477.19 $ - $ 477.19 $ - $
2021-04-01 13,925.00 $ - $ - $ 13,925.00 $ - $ - $ - $
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2021-07-01 14,482.14 $ - $ - $ 14,482.14 $ - $ - $ - $
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2021-10-01 9,584.38 $ - $ - $ 9,584.38 $ - $ - $ - $
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2021-01-01 22,559.67 $ 22,521.64 $ - $ 38.03 $ - $ - $ - $
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2021-01-01 17,903.17 $ - $ - $ 17,903.17 $ - $ - $ - $
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2021-02-01 18,681.33 $ - $ - $ 18,681.33 $ - $ - $ - $
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2021-04-01 19,444.83 $ - $ - $ 19,444.83 $ - $ - $ - $
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- $ 153,015.36 $ - $ - $ - $ - $ - $
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2021-07-01 775,915.17 $ - $ 2,138.08 $ 773,777.09 $ 616,054.37 $ - $ - $
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2021-08-01 790,931.66 $ - $ 2,308.11 $ 788,623.55 $ 633,216.45 $ - $ - $
- $ 155,407.10 $ - $ - $ - $ - $ - $
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2021-09-01 809,870.83 $ - $ 2,524.61 $ 807,346.22 $ 656,086.96 $ - $ - $
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- $ 147,418.58 $ - $ - $ - $ - $ - $
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2021-12-01 639,435.83 $ - $ 1,550.16 $ 637,885.67 $ 513,371.40 $ - $ - $
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2021-12-01 222,781.97 $ 191,927.80 $ - $ 30,854.17 $ - $ - $ - $
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2021-01-01 53,702.81 $ 51,238.00 $ - $ 2,464.81 $ - $ - $ - $

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2021-07-01 22,624.38 $ 20,261.38 $ - $ 2,363.00 $ - $ - $ - $
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2021-02-01 52,486.36 $ 0.03 $ - $ 52,486.33 $ - $ - $ - $
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2021-05-01 71,321.67 $ 22,469.50 $ - $ 48,852.17 $ - $ - $ - $
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2021-07-01 242,946.42 $ 3,306.59 $ - $ 239,639.83 $ - $ - $ - $
- $ 239,639.83 $ - $ - $ - $ - $
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2021-08-01 208,197.00 $ - $ - $ 208,197.00 $ - $ - $ - $
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2021-09-01 51,607.54 $ 0.04 $ - $ 51,607.50 $ - $ - $ - $
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2021-01-01 1,776.52 $ 262.53 $ - $ 1,513.99 $ - $ - $ - $
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$ 90.84 $ - $ 90.84 $ - $
2021-07-01 56,422.00 $ - $ - $ 56,422.00 $ - $ - $ - $
- $ 56,422.00 $ - $ - $ - $ - $
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2021-01-01 6,060.72 $ - $ - $ 6,060.72 $ - $ - $ - $
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$ 363.64 $ - $ 363.64 $ - $
2021-04-01 41,121.22 $ - $ - $ 41,121.22 $ - $ - $ - $
- $ 41,121.22 $ - $ - $ - $ - $ - $
41,121.22 $ 2,467.27 $ - $ 2,467.27 $ - $

2021-07-01 66,570.51 $ - $ - $ 66,570.51 $ - $ - $ - $
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2021-10-01 20,192.55 $ - $ - $ 20,192.55 $ - $ - $ - $
- $ 20,192.55 $ - $ - $ - $ - $ - $
20,192.55 $ 1,211.55 $ - $ 1,211.55 $ - $
2021-01-01 974,694.38 $ 974,694.38 $ - $ - $ - $ - $ - $
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2021-01-01 51,171.87 $ 32,763.87 $ - $ 18,408.00 $ - $ - $ - $
- $ 18,408.00 $ - $ - $ - $ - $ - $
18,408.00 $ 1,104.48 $ - $ 1,104.48 $ - $
2021-02-01 5,982.75 $ 4,473.75 $ - $ 1,509.00 $ - $ - $ - $
- $ 1,509.00 $ - $ - $ - $ - $ - $ 1,509.00
$ 90.54 $ - $ 90.54 $ - $
2021-03-01 31,488.23 $ 24,787.85 $ - $ 6,700.38 $ - $ - $ - $
- $ 6,700.38 $ - $ - $ - $ - $ - $ 6,700.38
$ 402.02 $ - $ 402.02 $ - $
2021-04-01 16,621.15 $ 12,801.52 $ - $ 3,819.63 $ - $ - $ - $
- $ 3,819.63 $ - $ - $ - $ - $ - $ 3,819.63
$ 229.18 $ - $ 229.18 $ - $
2021-05-01 19,674.47 $ 17,995.49 $ - $ 1,678.98 $ - $ - $ - $
- $ 1,678.98 $ - $ - $ - $ - $ - $ 1,678.98
$ 100.74 $ - $ 100.74 $ - $
2021-06-01 10,026.60 $ 8,457.60 $ - $ 1,569.00 $ - $ - $ - $
- $ 1,569.00 $ - $ - $ - $ - $ - $ 1,569.00
$ 94.14 $ - $ 94.14 $ - $
2021-07-01 28,870.72 $ 28,215.22 $ - $ 655.50 $ - $ - $ - $
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39.33 $ - $ 39.33 $ - $
2021-08-01 38,973.00 $ 35,511.00 $ - $ 3,462.00 $ - $ - $ - $
- $ 3,462.00 $ - $ - $ - $ - $ - $ 3,462.00
$ 207.72 $ - $ 207.72 $ - $
2021-09-01 14,471.64 $ 13,245.39 $ - $ 1,226.25 $ - $ - $ - $
- $ 1,226.25 $ - $ - $ - $ - $ - $ 1,226.25
$ 73.58 $ - $ 73.58 $ - $
2021-10-01 30,945.50 $ 30,073.50 $ - $ 872.00 $ - $ - $ - $
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2021-11-01 22,059.81 $ 20,946.81 $ - $ 1,113.00 $ - $ - $ - $
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$ 66.78 $ - $ 66.78 $ - $
2021-12-01 54,565.79 $ 27,320.21 $ - $ 27,245.58 $ - $ - $ - $
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27,245.58 $ 1,634.73 $ - $ 1,634.73 $ - $
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2021-04-01 68,186.50 $ - $ - $ 68,186.50 $ - $ - $ - $
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- $ 1,543.50 $ - $ - $ - $ - $ - $ 1,543.50
$ 92.61 $ - $ 92.61 $ - $
2021-01-01 57,156.17 $ - $ - $ 57,156.17 $ - $ - $ - $
- $ 57,156.17 $ - $ - $ - $ - $ - $
57,156.17 $ 3,429.37 $ - $ 3,429.37 $ - $
2021-02-01 57,850.17 $ - $ - $ 57,850.17 $ - $ - $ - $
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57,850.17 $ 3,471.01 $ - $ 3,471.01 $ - $
2021-03-01 55,571.83 $ - $ - $ 55,571.83 $ - $ - $ - $
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55,571.83 $ 3,334.31 $ - $ 3,334.31 $ - $
2021-04-01 52,502.33 $ - $ - $ 52,502.33 $ - $ - $ - $
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2021-07-01 716,240.91 $ 338,759.08 $ - $ 377,481.83 $ 377,481.83 $ - $ - $
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2021-08-01 848,554.84 $ 473,547.51 $ - $ 375,007.33 $ 375,007.33 $ - $ - $
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2021-09-01 863,347.43 $ 486,838.76 $ - $ 376,508.67 $ 376,508.67 $ - $ - $
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2021-10-01 859,511.24 $ 486,276.74 $ - $ 373,234.50 $ 373,234.50 $ - $ - $
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2021-11-01 862,814.46 $ 489,478.13 $ - $ 373,336.33 $ 373,336.33 $ - $ - $
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2021-12-01 867,610.20 $ 498,577.53 $ - $ 369,032.67 $ 369,032.67 $ - $ - $
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2021-01-01 7,298.38 $ 4,154.86 $ - $ 3,143.52 $ - $ - $ - $
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$ 188.61 $ - $ 188.61 $ - $
2021-02-01 6,531.52 $ 1,770.00 $ - $ 4,761.52 $ - $ - $ - $
- $ 4,761.52 $ - $ - $ - $ - $ - $ 4,761.52
$ 285.69 $ - $ 285.69 $ - $
2021-03-01 6,013.52 $ 4,013.50 $ - $ 2,000.02 $ - $ - $ - $
- $ 2,000.02 $ - $ - $ - $ - $ - $ 2,000.02
$ 120.00 $ - $ 120.00 $ - $
2021-04-01 10,900.02 $ 6,402.50 $ - $ 4,497.52 $ - $ - $ - $
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$ 269.85 $ - $ 269.85 $ - $
2021-05-01 762.52 $ - $ - $ 762.52 $ - $ - $ - $
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45.75 $ - $ 45.75 $ - $
2021-06-01 17,974.50 $ 4,933.48 $ - $ 13,041.02 $ - $ - $ - $
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13,041.02 $ 782.46 $ - $ 782.46 $ - $
2021-07-01 3,464.02 $ 427.50 $ - $ 3,036.52 $ - $ - $ - $
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$ 182.19 $ - $ 182.19 $ - $
2021-08-01 11,292.02 $ 5,864.00 $ - $ 5,428.02 $ - $ - $ - $
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$ 325.68 $ - $ 325.68 $ - $
2021-09-01 8,690.02 $ 4,995.00 $ - $ 3,695.02 $ - $ - $ - $
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$ 221.70 $ - $ 221.70 $ - $
2021-10-01 26,379.97 $ 3,584.45 $ - $ 22,795.52 $ - $ - $ - $
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22,795.52 $ 1,367.73 $ - $ 1,367.73 $ - $
2021-11-01 10,604.52 $ 15.00 $ - $ 10,589.52 $ - $ - $ - $
- $ 10,589.52 $ - $ - $ - $ - $ - $
10,589.52 $ 635.37 $ - $ 635.37 $ - $
2021-12-01 14,072.47 $ 7,452.95 $ - $ 6,619.52 $ - $ - $ - $
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$ 397.17 $ - $ 397.17 $ - $
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2021-07-01 1,551.55 $ - $ - $ 1,551.55 $ - $ - $ - $
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2021-10-01 2,219.52 $ - $ - $ 2,219.52 $ - $ - $ - $
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$ 133.17 $ - $ 133.17 $ - $
2021-01-01 23,511.67 $ - $ - $ 23,511.67 $ - $ - $ - $
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23,511.67 $ 1,410.70 $ - $ 1,410.70 $ - $
2021-02-01 23,594.33 $ - $ - $ 23,594.33 $ - $ - $ - $

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2021-03-01 24,772.33 $ - $ - $ 24,772.33 $ - $ - $ - $
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2021-05-01 22,232.50 $ - $ - $ 22,232.50 $ - $ - $ - $
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22,232.50 $ 1,333.95 $ - $ 1,333.95 $ - $
2021-06-01 20,899.17 $ - $ - $ 20,899.17 $ - $ - $ - $
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2021-07-01 35,098.50 $ - $ - $ 35,098.50 $ - $ - $ - $
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2021-08-01 27,063.33 $ - $ - $ 27,063.33 $ - $ - $ - $
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2021-01-01 33,120.00 $ 30,384.00 $ - $ 2,736.00 $ 2,736.00 $ - $ - $
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2021-07-01 46,040.00 $ 42,138.00 $ - $ 3,902.00 $ - $ - $ - $
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2021-01-01 6,853.04 $ - $ - $ 6,853.04 $ - $ - $ - $
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2021-04-01 2,860.26 $ - $ - $ 2,860.26 $ - $ - $ - $
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2021-07-01 1,297.93 $ - $ - $ 1,297.93 $ - $ - $ - $
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2021-01-01 36,510.93 $ 1,582.64 $ - $ 34,928.29 $ - $ - $ - $
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34,928.29 $ 2,095.70 $ - $ 2,095.70 $ - $
2021-02-01 42,219.45 $ 1,303.48 $ - $ 40,915.97 $ - $ - $ - $
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40,915.97 $ 2,454.96 $ - $ 2,454.96 $ - $
2021-03-01 36,310.60 $ 1,679.62 $ - $ 34,630.98 $ - $ - $ - $
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34,630.98 $ 2,077.86 $ - $ 2,077.86 $ - $
2021-04-01 42,660.86 $ 4,022.32 $ - $ 38,638.54 $ - $ - $ - $
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38,638.54 $ 2,318.31 $ - $ 2,318.31 $ - $
2021-05-01 37,863.74 $ 1,504.56 $ - $ 36,359.18 $ - $ - $ - $
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36,359.18 $ 2,181.55 $ - $ 2,181.55 $ - $
2021-06-01 39,426.08 $ 511.66 $ - $ 38,914.42 $ - $ - $ - $
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38,914.42 $ 2,334.87 $ - $ 2,334.87 $ - $
2021-07-01 37,314.46 $ 1,832.77 $ - $ 35,481.69 $ - $ - $ - $
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35,481.69 $ 2,128.90 $ - $ 2,128.90 $ - $
2021-08-01 37,848.88 $ 778.12 $ - $ 37,070.76 $ - $ - $ - $
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37,070.76 $ 2,224.25 $ - $ 2,224.25 $ - $
2021-09-01 37,791.81 $ 742.82 $ - $ 37,048.99 $ - $ - $ - $
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37,048.99 $ 2,222.94 $ - $ 2,222.94 $ - $
2021-10-01 29,905.22 $ 28,512.19 $ - $ 1,393.03 $ - $ - $ - $
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2021-11-01 31,333.22 $ 3,771.21 $ - $ 27,562.01 $ - $ - $ - $
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2021-12-01 29,416.31 $ 395.41 $ - $ 29,020.90 $ - $ - $ - $
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2021-01-01 88,560.27 $ 72,269.02 $ - $ 16,291.25 $ - $ - $ - $
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16,291.25 $ 977.48 $ - $ 977.48 $ - $
2021-04-01 44,177.38 $ 29,206.75 $ - $ 14,970.63 $ - $ - $ - $
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2021-07-01 53,377.38 $ 36,749.38 $ - $ 16,628.00 $ - $ - $ - $
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16,628.00 $ 997.68 $ - $ 997.68 $ - $
2021-10-01 20,633.75 $ 9,203.25 $ - $ 11,430.50 $ - $ - $ - $
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2021-01-01 156.67 $ - $ - $ 156.67 $ - $ - $ - $
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2021-01-01 10,817.33 $ - $ - $ 10,817.33 $ - $ - $ - $
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2021-04-01 11,052.33 $ - $ - $ 11,052.33 $ - $ - $ - $
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2021-07-01 11,007.50 $ - $ - $ 11,007.50 $ - $ - $ - $
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2021-07-01 20,257.17 $ - $ - $ 20,257.17 $ - $ - $ - $
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2021-07-01 3,098.33 $ - $ - $ 3,098.33 $ - $ - $ - $
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2021-10-01 5,221.00 $ - $ - $ 5,221.00 $ - $ - $ - $
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$ 313.26 $ - $ 313.26 $ - $
2021-01-01 85,894.64 $ 83,544.97 $ - $ 2,349.67 $ - $ - $ - $
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2021-04-01 62,740.17 $ 62,530.17 $ - $ 210.00 $ - $ - $ - $
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2021-07-01 137,854.15 $ 137,644.15 $ - $ 210.00 $ - $ - $ - $
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2021-10-01 135,717.50 $ 131,342.50 $ - $ 4,375.00 $ - $ - $ - $
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2021-01-01 392,701.64 $ 280,681.26 $ - $ 112,020.38 $ - $ - $ - $
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2021-02-01 290,095.94 $ 245,651.34 $ - $ 44,444.60 $ - $ - $ - $
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2021-03-01 448,621.92 $ 344,254.72 $ - $ 104,367.20 $ - $ - $ - $
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2021-04-01 686,671.88 $ 636,685.01 $ - $ 49,986.87 $ - $ - $ - $
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2021-05-01 632,596.72 $ 395,050.67 $ - $ 237,546.05 $ - $ - $ - $
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2021-06-01 226,269.90 $ 173,921.27 $ - $ 52,348.63 $ - $ - $ - $
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52,348.63 $ 3,140.92 $ - $ 3,140.92 $ - $
2021-07-01 660,177.00 $ 612,438.48 $ - $ 47,738.52 $ - $ - $ - $
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47,738.52 $ 2,864.31 $ - $ 2,864.31 $ - $
2021-08-01 841,743.41 $ 432,640.11 $ - $ 409,103.30 $ - $ - $ - $
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2021-09-01 1,931,924.15 $ 1,788,067.40 $ - $ 143,856.75 $ - $ - $ - $
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2021-10-01 373,735.07 $ 241,300.78 $ - $ 132,434.29 $ - $ - $ - $
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132,434.29 $ 7,946.06 $ - $ 7,946.06 $ - $
2021-11-01 1,323,201.68 $ 1,235,460.11 $ - $ 87,741.57 $ - $ - $ - $
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2021-12-01 1,047,304.65 $ 159,435.67 $ - $ 887,868.98 $ - $ - $ - $
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887,868.98 $ 53,272.14 $ - $ 53,272.14 $ - $
2021-01-01 1,688,985.09 $ 1,688,985.09 $ - $ - $ - $ - $ - $
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2021-04-01 1,645,247.18 $ 1,645,247.18 $ - $ - $ - $ - $ - $
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2021-01-01 285,571.50 $ 280,669.23 $ - $ 4,902.27 $ - $ - $ - $
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2021-04-01 337,358.41 $ 335,856.14 $ - $ 1,502.27 $ - $ - $ - $
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$ 90.14 $ - $ 90.14 $ - $
2021-07-01 307,497.29 $ 306,596.33 $ - $ 900.96 $ - $ - $ - $
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2021-10-01 192,712.72 $ 191,958.59 $ - $ 754.13 $ - $ - $ - $
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2021-02-01 2,432.50 $ - $ - $ 2,432.50 $ - $ - $ - $
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2021-03-01 2,606.25 $ - $ - $ 2,606.25 $ - $ - $ - $
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$ 156.38 $ - $ 156.38 $ - $
2021-04-01 1,030.00 $ - $ - $ 1,030.00 $ - $ - $ - $
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$ 61.80 $ - $ 61.80 $ - $
2021-05-01 4,231.25 $ - $ - $ 4,231.25 $ - $ - $ - $
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$ 253.88 $ - $ 253.88 $ - $
2021-06-01 1,747.50 $ - $ - $ 1,747.50 $ - $ - $ - $
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2021-07-01 2,630.00 $ - $ - $ 2,630.00 $ - $ - $ - $
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$ 157.80 $ - $ 157.80 $ - $
2021-08-01 1,852.50 $ - $ - $ 1,852.50 $ - $ - $ - $
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$ 111.15 $ - $ 111.15 $ - $
2021-09-01 2,797.50 $ - $ - $ 2,797.50 $ - $ - $ - $

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$ 167.85 $ - $ 167.85 $ - $
2021-10-01 1,211.25 $ - $ - $ 1,211.25 $ - $ - $ - $
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$ 72.68 $ - $ 72.68 $ - $
2021-11-01 3,396.25 $ - $ - $ 3,396.25 $ - $ - $ - $
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$ 203.78 $ - $ 203.78 $ - $
2021-01-01 10,869.97 $ - $ - $ 10,869.97 $ - $ - $ - $
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2021-04-01 10,677.91 $ - $ - $ 10,677.91 $ - $ - $ - $
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2021-07-01 11,229.29 $ - $ - $ 11,229.29 $ - $ - $ - $
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2021-10-01 11,276.67 $ - $ - $ 11,276.67 $ - $ - $ - $
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11,276.67 $ 676.60 $ - $ 676.60 $ - $
2021-01-01 360,885.71 $ 360,885.71 $ - $ - $ - $ - $ - $
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2021-04-01 184,778.06 $ 184,778.06 $ - $ - $ - $ - $ - $
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2021-07-01 303,623.79 $ 294,593.79 $ - $ 9,030.00 $ - $ - $ - $
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$ 541.80 $ - $ 541.80 $ - $
2021-10-01 458,671.46 $ 458,671.46 $ - $ - $ - $ - $ - $
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2021-01-01 277,553.83 $ - $ - $ 277,553.83 $ - $ - $ - $
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2021-02-01 312,084.00 $ - $ - $ 312,084.00 $ - $ - $ - $
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312,084.00 $ 18,725.04 $ - $ 18,725.04 $ - $
2021-03-01 318,251.67 $ - $ - $ 318,251.67 $ - $ - $ - $
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318,251.67 $ 19,095.10 $ - $ 19,095.10 $ - $
2021-04-01 319,587.33 $ - $ - $ 319,587.33 $ - $ - $ - $
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319,587.33 $ 19,175.24 $ - $ 19,175.24 $ - $
2021-05-01 323,430.17 $ - $ - $ 323,430.17 $ - $ - $ - $
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323,430.17 $ 19,405.81 $ - $ 19,405.81 $ - $
2021-06-01 321,053.67 $ - $ - $ 321,053.67 $ - $ - $ - $
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321,053.67 $ 19,263.22 $ - $ 19,263.22 $ - $
2021-07-01 328,243.67 $ - $ - $ 328,243.67 $ - $ - $ - $
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328,243.67 $ 19,694.62 $ - $ 19,694.62 $ - $

2021-08-01 341,751.33 $ - $ - $ 341,751.33 $ - $ - $ - $
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341,751.33 $ 20,505.08 $ - $ 20,505.08 $ - $
2021-09-01 345,203.50 $ - $ - $ 345,203.50 $ - $ - $ - $
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2021-10-01 351,134.17 $ - $ - $ 351,134.17 $ - $ - $ - $
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351,134.17 $ 21,068.05 $ - $ 21,068.05 $ - $
2021-11-01 344,714.00 $ - $ - $ 344,714.00 $ - $ - $ - $
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344,714.00 $ 20,682.84 $ - $ 20,682.84 $ - $
2021-12-01 351,346.83 $ - $ - $ 351,346.83 $ - $ - $ - $
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351,346.83 $ 21,080.81 $ - $ 21,080.81 $ - $
2021-01-01 349,303.83 $ - $ - $ 349,303.83 $ - $ - $ - $
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2021-02-01 302,365.33 $ - $ - $ 302,365.33 $ - $ - $ - $
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2021-03-01 278,314.33 $ - $ - $ 278,314.33 $ - $ - $ - $
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278,314.33 $ 16,698.86 $ - $ 16,698.86 $ - $
2021-04-01 296,719.33 $ - $ - $ 296,719.33 $ - $ - $ - $
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296,719.33 $ 17,803.16 $ - $ 17,803.16 $ - $
2021-05-01 288,274.33 $ - $ - $ 288,274.33 $ - $ - $ - $
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2021-06-01 282,215.83 $ - $ - $ 282,215.83 $ - $ - $ - $
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2021-07-01 285,385.67 $ - $ - $ 285,385.67 $ - $ - $ - $
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285,385.67 $ 17,123.14 $ - $ 17,123.14 $ - $
2021-08-01 294,806.33 $ - $ - $ 294,806.33 $ - $ - $ - $
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2021-09-01 268,336.17 $ - $ - $ 268,336.17 $ - $ - $ - $
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268,336.17 $ 16,100.17 $ - $ 16,100.17 $ - $
2021-10-01 282,056.67 $ - $ - $ 282,056.67 $ - $ - $ - $
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2021-11-01 276,546.67 $ - $ - $ 276,546.67 $ - $ - $ - $
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2021-01-01 - $ - $ - $ - $ - $ - $ - $ - $
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2021-01-01 102,611.32 $ 100,151.49 $ - $ 2,459.83 $ - $ - $ - $
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$ 147.59 $ - $ 147.59 $ - $
2021-04-01 129,471.81 $ 127,151.78 $ - $ 2,320.03 $ - $ - $ - $
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$ 139.20 $ - $ 139.20 $ - $
2021-07-01 83,343.47 $ 80,137.74 $ - $ 3,205.73 $ - $ - $ - $
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$ 192.34 $ - $ 192.34 $ - $
2021-10-01 9,770.30 $ 6,080.92 $ - $ 3,689.38 $ - $ - $ - $
- $ 3,689.38 $ - $ - $ - $ - $ - $ 3,689.38
$ 221.36 $ - $ 221.36 $ - $
2021-10-01 50,414.35 $ 48,622.07 $ - $ 1,792.28 $ - $ - $ - $
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2021-01-01 31,104.50 $ - $ - $ 31,104.50 $ - $ - $ - $
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31,104.50 $ 1,866.27 $ - $ 1,866.27 $ - $
2021-02-01 24,813.00 $ - $ - $ 24,813.00 $ - $ - $ - $
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24,813.00 $ 1,488.78 $ - $ 1,488.78 $ - $
2021-03-01 23,880.50 $ - $ - $ 23,880.50 $ - $ - $ - $
- $ 23,880.50 $ - $ - $ - $ - $ - $
23,880.50 $ 1,432.83 $ - $ 1,432.83 $ - $
2021-04-01 19,776.00 $ - $ - $ 19,776.00 $ - $ - $ - $
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2021-05-01 22,820.50 $ - $ - $ 22,820.50 $ - $ - $ - $

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22,820.50 $ 1,369.23 $ - $ 1,369.23 $ - $
2021-06-01 26,129.50 $ - $ - $ 26,129.50 $ - $ - $ - $
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26,129.50 $ 1,567.77 $ - $ 1,567.77 $ - $
2021-07-01 15,528.50 $ - $ - $ 15,528.50 $ - $ - $ - $
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15,528.50 $ 931.71 $ - $ 931.71 $ - $
2021-08-01 18,597.67 $ - $ - $ 18,597.67 $ - $ - $ - $
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18,597.67 $ 1,115.86 $ - $ 1,115.86 $ - $
2021-09-01 16,997.17 $ - $ - $ 16,997.17 $ - $ - $ - $
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16,997.17 $ 1,019.83 $ - $ 1,019.83 $ - $
2021-10-01 17,801.17 $ - $ - $ 17,801.17 $ - $ - $ - $
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2021-11-01 17,185.67 $ - $ - $ 17,185.67 $ - $ - $ - $
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2021-12-01 18,105.00 $ - $ - $ 18,105.00 $ - $ - $ - $
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2021-01-01 12,328.02 $ 8,309.19 $ - $ 4,018.83 $ - $ - $ - $
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2021-02-01 18,895.36 $ 8,110.19 $ - $ 10,785.17 $ - $ - $ - $
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2021-05-01 22,623.80 $ 16,948.13 $ - $ 5,675.67 $ - $ - $ - $
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2021-06-01 78,811.10 $ 14,084.60 $ - $ 64,726.50 $ - $ - $ - $
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2021-07-01 63,119.23 $ 43,224.56 $ - $ 19,894.67 $ - $ - $ - $
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2021-08-01 23,177.03 $ 2,884.53 $ - $ 20,292.50 $ - $ - $ - $
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2021-09-01 28,675.27 $ 10,544.27 $ - $ 18,131.00 $ - $ - $ - $
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2021-10-01 49,352.99 $ 8,672.49 $ - $ 40,680.50 $ - $ - $ - $
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2021-11-01 51,479.90 $ 34,490.07 $ - $ 16,989.83 $ - $ - $ - $
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2021-12-01 24,601.72 $ 9,718.55 $ - $ 14,883.17 $ - $ - $ - $
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2021-04-01 364,936.03 $ 364,216.91 $ - $ 719.12 $ - $ - $ - $
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2021-05-01 427,259.30 $ 427,050.75 $ - $ 208.55 $ - $ - $ - $
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2021-07-01 7,365.77 $ 2,072.77 $ - $ 5,293.00 $ - $ - $ - $
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2021-10-01 6,326.35 $ 2,447.10 $ - $ 3,879.25 $ - $ - $ - $
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2021-04-01 20,157.50 $ - $ - $ 20,157.50 $ - $ - $ - $
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2021-05-01 20,493.67 $ - $ - $ 20,493.67 $ - $ - $ - $
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2021-06-01 20,956.83 $ - $ - $ 20,956.83 $ - $ - $ - $
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2021-08-01 22,578.17 $ - $ - $ 22,578.17 $ - $ - $ - $
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2021-09-01 23,012.17 $ - $ - $ 23,012.17 $ - $ - $ - $
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2021-10-01 22,697.00 $ - $ - $ 22,697.00 $ - $ - $ - $
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2021-11-01 23,971.83 $ - $ - $ 23,971.83 $ - $ - $ - $
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2021-12-01 24,814.50 $ - $ - $ 24,814.50 $ - $ - $ - $
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2021-01-01 450,928.33 $ - $ - $ 450,928.33 $ 450,928.33 $ - $ - $
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2021-02-01 451,330.33 $ - $ - $ 451,330.33 $ 451,330.33 $ - $ - $
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451,330.33 $ 27,079.82 $ - $ 27,079.82 $ - $
2021-03-01 450,665.67 $ - $ - $ 450,665.67 $ 450,665.67 $ - $ - $
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2021-04-01 452,516.67 $ - $ - $ 452,516.67 $ 452,516.67 $ - $ - $
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2021-05-01 460,470.50 $ - $ - $ 460,470.50 $ 460,470.50 $ - $ - $
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2021-06-01 456,794.67 $ - $ - $ 456,794.67 $ 456,794.67 $ - $ - $
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2021-07-01 456,809.17 $ - $ - $ 456,809.17 $ 456,809.17 $ - $ - $
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2021-09-01 456,452.00 $ - $ - $ 456,452.00 $ 456,452.00 $ - $ - $
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2021-10-01 453,217.50 $ - $ - $ 453,217.50 $ 453,217.50 $ - $ - $
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2021-02-01 15,631.17 $ - $ - $ 15,631.17 $ - $ - $ - $
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2021-03-01 11,054.67 $ - $ - $ 11,054.67 $ - $ - $ - $
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2021-04-01 24,983.17 $ - $ - $ 24,983.17 $ - $ - $ - $
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2021-05-01 15,876.83 $ - $ - $ 15,876.83 $ - $ - $ - $
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15,876.83 $ 952.61 $ - $ 952.61 $ - $
MEDHHS(6) 0064

2021-06-01 18,676.33 $ - $ - $ 18,676.33 $ - $ - $ - $ - $ 18,676.33 $ - $ - $ - $ - $ - $ 18,676.33 $ 1,120.58 $
- $ 1,120.58 $ - $
2021-07-01 28,786.83 $ - $ - $ 28,786.83 $ - $ - $ - $ - $ 28,786.83 $ - $ - $ - $ - $ - $ 28,786.83 $ 1,727.21 $
- $ 1,727.21 $ - $
2021-08-01 18,669.33 $ - $ - $ 18,669.33 $ - $ - $ - $ - $ 18,669.33 $ - $ - $ - $ - $ - $ 18,669.33 $ 1,120.16 $
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2021-09-01 1,087.00 $ - $ - $ 1,087.00 $ - $ - $ - $ - $ 1,087.00 $ - $ - $ - $ - $ - $ 1,087.00 $ 65.22 $ - $ 65.22 $ - $
2021-10-01 38,351.50 $ - $ - $ 38,351.50 $ - $ - $ - $ - $ 38,351.50 $ - $ - $ - $ - $ - $ 38,351.50 $ 2,301.09 $
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2021-11-01 67,702.17 $ - $ - $ 67,702.17 $ - $ - $ - $ - $ 67,702.17 $ - $ - $ - $ - $ - $ 67,702.17 $ 4,062.13 $
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2021-12-01 64,035.17 $ - $ - $ 64,035.17 $ - $ - $ - $ - $ 64,035.17 $ - $ - $ - $ - $ - $ 64,035.17 $ 3,842.11 $
- $ 3,842.11 $ - $
2021-01-01 66,830.33 $ 64,202.33 $ - $ 2,628.00 $ - $ - $ - $ - $ 2,628.00 $ - $ - $ - $ - $ - $
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2021-07-01 26,412.26 $ 23,784.26 $ - $ 2,628.00 $ - $ - $ - $ - $ 2,628.00 $ - $ - $ - $ - $ - $
2,628.00 $ 157.68 $ - $ 157.68 $ - $
2021-01-01 7,170.00 $ 240.00 $ - $ 6,930.00 $ - $ - $ - $ - $ 6,930.00 $ - $ - $ - $ - $ - $ 6,930.00 $ 415.80 $ - $
415.80 $ - $
2021-04-01 16,350.00 $ 11,700.00 $ - $ 4,650.00 $ - $ - $ - $ - $ 4,650.00 $ - $ - $ - $ - $ - $
4,650.00 $ 279.00 $ - $ 279.00 $ - $
2021-07-01 - $
2021-10-01 37,860.00 $ 1,410.00 $ - $ 36,450.00 $ - $ - $ - $ - $ 36,450.00 $ - $ - $ - $ - $ - $ 36,450.00 $
2,187.00 $ - $ 2,187.00 $ - $
2021-01-01 240,273.10 $ 221,551.01 $ - $ 18,722.09 $ - $ - $ - $ - $ 18,722.09 $ - $ - $ - $ - $ - $
18,722.09 $ 1,123.33 $ - $ 1,123.33 $ - $
2021-02-01 213,526.18 $ 187,457.68 $ - $ 26,068.50 $ - $ - $ - $ - $ 26,068.50 $ - $ - $ - $ - $ - $
26,068.50 $ 1,564.11 $ - $ 1,564.11 $ - $
2021-03-01 310,055.86 $ 273,173.62 $ - $ 36,882.24 $ - $ - $ - $ - $ 36,882.24 $ - $ - $ - $ - $ - $
36,882.24 $ 2,212.93 $ - $ 2,212.93 $ - $
2021-04-01 267,140.94 $ 242,569.53 $ - $ 24,571.41 $ - $ - $ - $ - $ 24,571.41 $ - $ - $ - $ - $ - $
24,571.41 $ 1,474.28 $ - $ 1,474.28 $ - $
2021-05-01 266,267.21 $ 236,757.27 $ - $ 29,509.94 $ - $ - $ - $ - $ 29,509.94 $ - $ - $ - $ - $ - $
29,509.94 $ 1,770.60 $ - $ 1,770.60 $ - $
2021-06-01 225,041.09 $ 190,217.63 $ - $ 34,823.46 $ - $ - $ - $ - $ 34,823.46 $ - $ - $ - $ - $ - $
34,823.46 $ 2,089.41 $ - $ 2,089.41 $ - $
2021-07-01 344,131.53 $ 297,670.84 $ - $ 46,460.69 $ - $ - $ - $ - $ 46,460.69 $ - $ - $ - $ - $ - $
46,460.69 $ 2,787.64 $ - $ 2,787.64 $ - $
2021-08-01 233,804.72 $ 202,480.03 $ - $ 31,324.69 $ - $ - $ - $ - $ 31,324.69 $ - $ - $ - $ - $ - $
31,324.69 $ 1,879.48 $ - $ 1,879.48 $ - $
2021-09-01 201,167.75 $ 177,458.06 $ - $ 23,709.69 $ - $ - $ - $ - $ 23,709.69 $ - $ - $ - $ - $ - $
23,709.69 $ 1,422.58 $ - $ 1,422.58 $ - $

2021-10-01 234,021.76 $ 200,655.01 $ - $ 33,366.75 $ - $ - $ - $ - $ 33,366.75 $ - $ - $ - $ - $ - $ 33,366.75 $ 2,002.00 $ - $ 2,002.00 $ - $
2021-11-01 235,261.73 $ 210,121.95 $ - $ 25,139.78 $ - $ - $ - $ - $ 25,139.78 $ - $ - $ - $ - $ - $ 25,139.78 $ 1,508.39 $ - $ 1,508.39 $ - $
2021-12-01 229,917.61 $ 199,621.15 $ - $ 30,296.46 $ - $ - $ - $ - $ 30,296.46 $ - $ - $ - $ - $ - $ 30,296.46 $ 1,817.79 $ - $ 1,817.79 $ - $
2021-01-01 300.00 $ - $ - $ 300.00 $ - $ - $ - $ - $ 300.00 $ - $ - $ - $ - $ - $ 300.00 $ 18.00 $ - $ 18.00 $ - $
2021-04-01 30.66 $ - $ - $ 30.66 $ - $ - $ - $ - $ 30.66 $ - $ - $ - $ - $ - $ 30.66 $ 1.84 $ - $ 1.84 $ - $
2021-07-01 206.25 $ - $ - $ 206.25 $ - $ - $ - $ - $ 206.25 $ - $ - $ - $ - $ - $ 206.25 $ 12.38 $ - $ 12.38 $ - $
2021-10-01 20.00 $ - $ - $ 20.00 $ - $ - $ - $ - $ 20.00 $ - $ - $ - $ - $ - $ 20.00 $ 1.20 $ - $ 1.20 $ - $
2021-01-01 2,208.83 $ - $ - $ 2,208.83 $ - $ - $ - $ - $ 2,208.83 $ - $ - $ - $ - $ - $ 2,208.83 $ 132.53 $ - $ 132.53 $ - $
2021-04-01 1,224.50 $ - $ - $ 1,224.50 $ - $ - $ - $ - $ 1,224.50 $ - $ - $ - $ - $ - $ 1,224.50 $ 73.47 $ - $ 73.47 $ - $
2021-07-01 427.83 $ - $ - $ 427.83 $ - $ - $ - $ - $ 427.83 $ - $ - $ - $ - $ - $ 427.83 $ 25.67 $ - $ 25.67 $ - $
2021-10-01 284.00 $ - $ - $ 284.00 $ - $ - $ - $ - $ 284.00 $ - $ - $ - $ - $ - $ 284.00 $ 17.04 $ - $ 17.04 $ - $
2021-01-01 48,121.17 $ - $ - $ 48,121.17 $ - $ - $ - $ - $ 48,121.17 $ - $ - $ - $ - $ - $ 48,121.17 $ 2,887.27 $ - $ 2,887.27 $ - $
2021-02-01 58,920.83 $ - $ - $ 58,920.83 $ - $ - $ - $ - $ 58,920.83 $ - $ - $ - $ - $ - $ 58,920.83 $ 3,535.25 $ - $ 3,535.25 $ - $
2021-03-01 42,377.00 $ - $ - $ 42,377.00 $ - $ - $ - $ - $ 42,377.00 $ - $ - $ - $ - $ - $ 42,377.00 $ 2,542.62 $ - $ 2,542.62 $ - $
2021-04-01 53,985.17 $ - $ - $ 53,985.17 $ - $ - $ - $ - $ 53,985.17 $ - $ - $ - $ - $ - $ 53,985.17 $ 3,239.11 $ - $ 3,239.11 $ - $
2021-05-01 51,982.67 $ - $ - $ 51,982.67 $ - $ - $ - $ - $ 51,982.67 $ - $ - $ - $ - $ - $ 51,982.67 $ 3,118.96 $ - $ 3,118.96 $ - $
2021-06-01 53,835.17 $ - $ - $ 53,835.17 $ - $ - $ - $ - $ 53,835.17 $ - $ - $ - $ - $ - $ 53,835.17 $ 3,230.11 $ - $ 3,230.11 $ - $
2021-07-01 50,395.50 $ - $ - $ 50,395.50 $ - $ - $ - $ - $ 50,395.50 $ - $ - $ - $ - $ - $ 50,395.50 $ 3,023.73 $ - $ 3,023.73 $ - $
2021-08-01 47,392.00 $ - $ - $ 47,392.00 $ - $ - $ - $ - $ 47,392.00 $ - $ - $ - $ - $ - $ 47,392.00 $ 2,843.52 $ - $ 2,843.52 $ - $
2021-09-01 46,950.00 $ - $ - $ 46,950.00 $ - $ - $ - $ - $ 46,950.00 $ - $ - $ - $ - $ - $ 46,950.00 $ 2,817.00 $ - $ 2,817.00 $ - $
2021-10-01 48,540.33 $ - $ - $ 48,540.33 $ - $ - $ - $ - $ 48,540.33 $ - $ - $ - $ - $ - $ 48,540.33 $ 2,912.42 $ - $ 2,912.42 $ - $
2021-11-01 45,183.00 $ - $ - $ 45,183.00 $ - $ - $ - $ - $ 45,183.00 $ - $ - $ - $ - $ - $ 45,183.00 $ 2,710.98 $ - $ 2,710.98 $ - $
2021-12-01 45,358.00 $ - $ - $ 45,358.00 $ - $ - $ - $ - $ 45,358.00 $ - $ - $ - $ - $ - $ 45,358.00 $ 2,721.48 $ - $ 2,721.48 $ - $
2021-01-01 - $
2021-07-01 - $
2021-01-01 475,936.66 $ 260,537.18 $ - $ 215,399.48 $ - $ - $ - $ - $ 215,399.48 $ - $ - $ - $ - $ - $ 215,399.48 $ 12,923.97 $ - $ 12,923.97 $ - $
2021-02-01 1,516,815.28 $ 1,092,702.68 $ - $ 424,112.60 $ - $ - $ - $ - $ 424,112.60 $ - $ - $ - $ - $ - $ 424,112.60 $ 25,446.76 $ - $ 25,446.76 $ - $
2021-03-01 863,990.11 $ 656,500.80 $ - $ 207,489.31 $ - $ - $ - $ - $ 207,489.31 $ - $ - $ - $ - $ - $ 207,489.31 $ 12,449.36 $ 23,082.31 $ - $ 10,632.95 $
2021-04-01 1,187,031.17 $ 917,018.55 $ - $ 270,012.62 $ - $ - $ - $ - $ 270,012.62 $ - $ - $ - $ - $ - $ 270,012.62 $ 16,200.76 $ - $ 16,200.76 $ - $
2021-05-01 986,235.86 $ 726,681.32 $ - $ 259,554.54 $ - $ - $ - $ - $ 259,554.54 $ - $ - $ - $ - $ - $ 259,554.54 $ 15,573.27 $ - $ 15,573.27 $ - $
2021-06-01 966,349.03 $ 622,022.21 $ - $ 344,326.82 $ - $ - $ - $ - $ 344,326.82 $ - $ - $ - $ - $ - $ 344,326.82 $ 20,659.61 $ - $ 20,659.61 $ - $
2021-07-01 1,060,237.17 $ 679,376.55 $ - $ 380,860.62 $ - $ - $ - $ - $ 380,860.62 $ - $ - $ - $ - $ - $ 380,860.62 $ 22,851.64 $ - $ 22,851.64 $ - $
2021-08-01 1,143,197.16 $ 856,630.18 $ - $ 286,566.98 $ - $ - $ - $ - $ 286,566.98 $ - $ - $ - $ - $ - $ 286,566.98 $ 17,194.02 $ - $ 17,194.02 $ - $
2021-09-01 499,845.49 $ 244,226.31 $ - $ 255,619.18 $ - $ - $ - $ - $ 255,619.18 $ - $ - $ - $ - $ - $ 255,619.18 $ 15,337.15 $ - $ 15,337.15 $ - $

2021-10-01 884,397.62 $ 570,125.82 $ - $ 314,271.80 $ - $ - $ - $ - $ 314,271.80 $ - $ - $ - $ - $ 314,271.80 $ 18,856.31 $ - $ 18,856.31 $ - $
2021-11-01 627,576.88 $ 480,491.09 $ - $ 147,085.79 $ - $ - $ - $ - $ 147,085.79 $ - $ - $ - $ - $ 147,085.79 $ 8,825.15 $ - $ 8,825.15 $ - $
2021-12-01 455,576.86 $ 192,751.30 $ - $ 262,825.56 $ - $ - $ - $ - $ 262,825.56 $ - $ - $ - $ - $ 262,825.56 $ 15,769.53 $ - $ 15,769.53 $ - $
2021-01-01 715,580.67 $ - $ - $ 715,580.67 $ - $ - $ - $ - $ 715,580.67 $ - $ - $ - $ - $ - $ 715,580.67 $ 42,934.84 $ - $ 42,934.84 $ - $
2021-02-01 710,464.00 $ - $ - $ 710,464.00 $ - $ - $ - $ - $ 710,464.00 $ - $ - $ - $ - $ - $ 710,464.00 $ 42,627.84 $ - $ 42,627.84 $ - $
2021-03-01 723,404.67 $ - $ - $ 723,404.67 $ - $ - $ - $ - $ 723,404.67 $ - $ - $ - $ - $ - $ 723,404.67 $ 43,404.28 $ - $ 43,404.28 $ - $
2021-04-01 719,968.67 $ - $ - $ 719,968.67 $ 719,968.67 $ - $ - $ - $ - $ - $ - $ - $ - $ - $ 719,968.67 $ 43,198.12 $ - $ 43,198.12 $ - $
2021-05-01 722,335.83 $ - $ - $ 722,335.83 $ - $ - $ - $ - $ 722,335.83 $ - $ - $ - $ - $ - $ 722,335.83 $ 43,340.15 $ - $ 43,340.15 $ - $
2021-06-01 739,501.50 $ - $ - $ 739,501.50 $ - $ - $ - $ - $ 739,501.50 $ - $ - $ - $ - $ - $ 739,501.50 $ 44,370.09 $ - $ 44,370.09 $ - $
2021-07-01 756,222.17 $ - $ - $ 756,222.17 $ - $ - $ - $ - $ 756,222.17 $ - $ - $ - $ - $ - $ 756,222.17 $ 45,373.33 $ - $ 45,373.33 $ - $
2021-08-01 756,580.33 $ - $ - $ 756,580.33 $ - $ - $ - $ - $ 756,580.33 $ - $ - $ - $ - $ - $ 756,580.33 $ 45,394.82 $ - $ 45,394.82 $ - $
2021-09-01 756,758.83 $ - $ - $ 756,758.83 $ - $ - $ - $ - $ 756,758.83 $ - $ - $ - $ - $ - $ 756,758.83 $ 45,405.53 $ - $ 45,405.53 $ - $
2021-10-01 745,398.67 $ - $ - $ 745,398.67 $ - $ - $ - $ - $ 745,398.67 $ - $ - $ - $ - $ - $ 745,398.67 $ 44,723.92 $ - $ 44,723.92 $ - $
2021-11-01 722,078.50 $ - $ - $ 722,078.50 $ - $ - $ - $ - $ 722,078.50 $ - $ - $ - $ - $ - $ 722,078.50 $ 43,324.71 $ - $ 43,324.71 $ - $
2021-12-01 705,846.33 $ - $ - $ 705,846.33 $ - $ - $ - $ - $ 705,846.33 $ - $ - $ - $ - $ - $ 705,846.33 $ 42,350.78 $ - $ 42,350.78 $ - $
2021-01-01 3,799,659.83 $ - $ 16,683.00 $ 3,782,976.83 $ - $ - $ - $ - $ 3,782,976.83 $ - $ - $ - $ - $ - $ 3,782,976.83 $ 226,978.61 $ - $ 226,978.61 $ - $
2021-02-01 3,790,040.16 $ - $ 7,541.17 $ 3,782,498.99 $ - $ - $ - $ - $ 3,782,498.99 $ - $ - $ - $ - $ - $ 3,782,498.99 $ 226,949.94 $ - $ 226,949.94 $ - $
2021-03-01 3,702,093.67 $ - $ 5,559.83 $ 3,696,533.84 $ - $ - $ - $ - $ 3,696,533.84 $ - $ - $ - $ - $ - $ 3,696,533.84 $ 221,792.03 $ - $ 221,792.03 $ - $
2021-04-01 3,665,937.83 $ - $ 6,969.17 $ 3,658,968.66 $ 3,658,968.66 $ - $ - $ - $ - $ - $ - $ - $ - $ - $ 3,658,968.66 $ 219,538.12 $ - $ 219,538.12 $ - $
2021-05-01 3,705,731.33 $ - $ 7,618.67 $ 3,698,112.66 $ - $ - $ - $ - $ 3,698,112.66 $ - $ - $ - $ - $ - $ 3,698,112.66 $ 221,886.76 $ - $ 221,886.76 $ - $
2021-06-01 3,753,728.83 $ - $ 1,203.33 $ 3,752,525.50 $ - $ - $ - $ - $ 3,752,525.50 $ - $ - $ - $ - $ - $ 3,752,525.50 $ 225,151.53 $ - $ 225,151.53 $ - $
2021-07-01 3,784,544.00 $ - $ 3,835.33 $ 3,780,708.67 $ - $ - $ - $ - $ 3,780,708.67 $ - $ - $ - $ - $ - $ 3,780,708.67 $ 226,842.52 $ - $ 226,842.52 $ - $
2021-08-01 3,775,073.67 $ - $ 12,378.33 $ 3,762,695.34 $ - $ - $ - $ - $ 3,762,695.34 $ - $ - $ - $ - $ - $ 3,762,695.34 $ 225,761.72 $ - $ 225,761.72 $ - $
2021-09-01 3,786,922.33 $ - $ 9,510.83 $ 3,777,411.50 $ - $ - $ - $ - $ 3,777,411.50 $ - $ - $ - $ - $ - $ 3,777,411.50 $ 226,644.69 $ - $ 226,644.69 $ - $
2021-10-01 3,710,039.50 $ - $ 10,577.83 $ 3,699,461.67 $ - $ - $ - $ - $ 3,699,461.67 $ - $ - $ - $ - $ - $ 3,699,461.67 $ 221,967.70 $ - $ 221,967.70 $ - $
2021-11-01 3,593,724.67 $ - $ 15,188.00 $ 3,578,536.67 $ - $ - $ - $ - $ 3,578,536.67 $ - $ - $ - $ - $ - $ 3,578,536.67 $ 214,712.20 $ - $ 214,712.20 $ - $
2021-12-01 3,543,677.50 $ - $ 13,592.17 $ 3,530,085.33 $ - $ - $ - $ - $ 3,530,085.33 $ - $ - $ - $ - $ - $ 3,530,085.33 $ 211,805.12 $ - $ 211,805.12 $ - $
2021-01-01 1,382,826.49 $ - $ - $ 1,382,826.49 $ - $ - $ - $ - $ 1,382,826.49 $ - $ - $ - $ - $ - $ 1,382,826.49 $ 82,969.59 $ - $ 82,969.59 $ - $
2021-02-01 1,382,965.34 $ - $ - $ 1,382,965.34 $ - $ - $ - $ - $ 1,382,965.34 $ - $ - $ - $ - $ - $ 1,382,965.34 $ 82,977.92 $ - $ 82,977.92 $ - $
2021-03-01 1,395,979.33 $ - $ - $ 1,395,979.33 $ - $ - $ - $ - $ 1,395,979.33 $ - $ - $ - $ - $ - $ 1,395,979.33 $

83,758.76 $ - $ 83,758.76 $ - $
2021-04-01 1,407,660.83 $ - $ - $ 1,407,660.83 $ 1,407,660.83 $ - $ - $ - $ - $ - $ - $ - $ - $ 1,407,660.83 $
84,459.65 $ - $ 84,459.65 $ - $
2021-05-01 1,419,150.67 $ - $ - $ 1,419,150.67 $ - $ - $ - $ - $ 1,419,150.67 $ - $ - $ - $ - $ - $ 1,419,150.67 $
85,149.04 $ - $ 85,149.04 $ - $
2021-06-01 1,477,766.99 $ - $ - $ 1,477,766.99 $ - $ - $ - $ - $ 1,477,766.99 $ - $ - $ - $ - $ - $ 1,477,766.99 $
88,666.02 $ - $ 88,666.02 $ - $
2021-07-01 1,522,300.15 $ - $ - $ 1,522,300.15 $ - $ - $ - $ - $ 1,522,300.15 $ - $ - $ - $ - $ - $ 1,522,300.15 $
91,338.01 $ - $ 91,338.01 $ - $
2021-08-01 1,509,709.16 $ - $ - $ 1,509,709.16 $ - $ - $ - $ - $ 1,509,709.16 $ - $ - $ - $ - $ - $ 1,509,709.16 $
90,582.55 $ - $ 90,582.55 $ - $
2021-09-01 1,499,372.17 $ - $ - $ 1,499,372.17 $ - $ - $ - $ - $ 1,499,372.17 $ - $ - $ - $ - $ - $ 1,499,372.17 $
89,962.33 $ - $ 89,962.33 $ - $
2021-10-01 1,516,529.17 $ - $ - $ 1,516,529.17 $ - $ - $ - $ - $ 1,516,529.17 $ - $ - $ - $ - $ - $ 1,516,529.17 $
90,991.75 $ - $ 90,991.75 $ - $
2021-11-01 1,484,054.33 $ - $ - $ 1,484,054.33 $ - $ - $ - $ - $ 1,484,054.33 $ - $ - $ - $ - $ - $ 1,484,054.33 $
89,043.26 $ - $ 89,043.26 $ - $
2021-12-01 1,419,210.50 $ - $ - $ 1,419,210.50 $ - $ - $ - $ - $ 1,419,210.50 $ - $ - $ - $ - $ - $ 1,419,210.50 $
85,152.63 $ - $ 85,152.63 $ - $
2021-01-01 438,317.31 $ 3,386.66 $ - $ 434,930.65 $ - $ - $ - $ - $ 434,930.65 $ - $ - $ - $ - $ - $
434,930.65 $ 26,095.84 $ - $ 26,095.84 $ - $
2021-02-01 442,311.97 $ 2,983.94 $ - $ 439,328.03 $ - $ - $ - $ - $ 439,328.03 $ - $ - $ - $ - $ - $
439,328.03 $ 26,359.68 $ - $ 26,359.68 $ - $
2021-03-01 443,330.13 $ 2,972.77 $ - $ 440,357.36 $ - $ - $ - $ - $ 440,357.36 $ - $ - $ - $ - $ - $
440,357.36 $ 26,421.44 $ - $ 26,421.44 $ - $
2021-04-01 449,081.77 $ 2,729.31 $ - $ 446,352.46 $ - $ - $ - $ - $ 446,352.46 $ - $ - $ - $ - $ - $
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2021-05-01 452,779.92 $ 4,093.78 $ - $ 448,686.14 $ - $ - $ - $ - $ 448,686.14 $ - $ - $ - $ - $ - $
448,686.14 $ 26,921.17 $ - $ 26,921.17 $ - $
2021-06-01 457,012.83 $ 2,902.90 $ - $ 454,109.93 $ - $ - $ - $ - $ 454,109.93 $ - $ - $ - $ - $ - $
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2021-07-01 460,821.04 $ 1,994.14 $ - $ 458,826.90 $ - $ - $ - $ - $ 458,826.90 $ - $ - $ - $ - $ - $
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2021-08-01 463,460.05 $ 4,156.71 $ - $ 459,303.34 $ - $ - $ - $ - $ 459,303.34 $ - $ - $ - $ - $ - $
459,303.34 $ 27,558.20 $ - $ 27,558.20 $ - $
2021-09-01 465,487.21 $ 2,357.42 $ - $ 463,129.79 $ - $ - $ - $ - $ 463,129.79 $ - $ - $ - $ - $ - $
463,129.79 $ 27,787.79 $ - $ 27,787.79 $ - $
2021-10-01 428,329.24 $ 3,760.64 $ - $ 424,568.60 $ - $ - $ - $ - $ 424,568.60 $ - $ - $ - $ - $ - $
424,568.60 $ 25,474.12 $ - $ 25,474.12 $ - $
2021-11-01 324,809.25 $ 4,385.80 $ - $ 320,423.45 $ - $ - $ - $ - $ 320,423.45 $ - $ - $ - $ - $ - $
320,423.45 $ 19,225.41 $ - $ 19,225.41 $ - $
2021-12-01 323,333.45 $ 3,575.90 $ - $ 319,757.55 $ - $ - $ - $ - $ 319,757.55 $ - $ - $ - $ - $ - $
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2021-01-01 87,818.78 $ 87,818.78 $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $
2021-02-01 13,447.46 $ 13,447.46 $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $
2021-03-01 133.13 $ 133.13 $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $
2021-04-01 47,421.32 $ 47,421.32 $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $
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2021-06-01 4,054.86 $ 4,054.86 $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $
2021-07-01 9,391.41 $ 9,391.41 $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $
2021-08-01 44,567.59 $ 44,567.59 $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $
2021-09-01 342,030.90 $ 342,030.90 $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $
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2021-11-01 24,217.69 $ 24,217.69 $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $ - $
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2021-02-01 11,631.50 $ - $ - $ 11,631.50 $ - $ - $ - $
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2021-01-01 665.00 $ 213.75 $ - $ 451.25 $ - $ - $ - $
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2021-03-01 97,782.75 $ 89,478.25 $ - $ 8,304.50 $ - $ - $ - $
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2021-04-01 52,109.06 $ 46,397.39 $ - $ 5,711.67 $ - $ - $ - $
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$ 342.70 $ - $ 342.70 $ - $
2021-05-01 50,403.83 $ 45,544.83 $ - $ 4,859.00 $ - $ - $ - $
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$ 291.54 $ 577.68 $ - $ 286.14 $
2021-06-01 37,348.11 $ 32,157.11 $ - $ 5,191.00 $ - $ - $ - $
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$ 311.46 $ 286.14 $ 25.32 $ - $
2021-07-01 92,073.32 $ 79,871.65 $ - $ 12,201.67 $ - $ - $ - $

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2021-08-01 62,187.41 $ 57,238.74 $ - $ 4,948.67 $ - $ - $ - $
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2021-10-01 57,332.89 $ 53,214.06 $ - $ 4,118.83 $ - $ - $ - $
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2021-12-01 59,548.79 $ 55,304.46 $ - $ 4,244.33 $ - $ - $ - $
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2021-01-01 12,498.00 $ 12,112.00 $ - $ 386.00 $ - $ - $ - $
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2021-07-01 13,033.00 $ 12,637.00 $ - $ 396.00 $ - $ - $ - $
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2021-01-01 172,885.53 $ 128,386.70 $ - $ 44,498.83 $ - $ - $ - $
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2021-02-01 168,976.13 $ 124,644.80 $ - $ 44,331.33 $ - $ - $ - $
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2021-03-01 177,451.33 $ 134,423.33 $ - $ 43,028.00 $ - $ - $ - $
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43,028.00 $ 2,581.68 $ - $ 2,581.68 $ - $
2021-04-01 176,191.91 $ 132,657.24 $ - $ 43,534.67 $ - $ - $ - $
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43,534.67 $ 2,612.08 $ - $ 2,612.08 $ - $
2021-05-01 176,274.66 $ 134,765.16 $ - $ 41,509.50 $ - $ - $ - $
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2021-06-01 159,842.41 $ 118,741.58 $ - $ 41,100.83 $ - $ - $ - $
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41,100.83 $ 2,466.05 $ - $ 2,466.05 $ - $
2021-07-01 157,736.17 $ 116,820.67 $ - $ 40,915.50 $ - $ - $ - $
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40,915.50 $ 2,454.93 $ - $ 2,454.93 $ - $
2021-08-01 167,046.84 $ 126,792.67 $ - $ 40,254.17 $ - $ - $ - $
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40,254.17 $ 2,415.25 $ - $ 2,415.25 $ - $
2021-09-01 154,848.46 $ 114,495.46 $ - $ 40,353.00 $ - $ - $ - $
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40,353.00 $ 2,421.18 $ - $ 2,421.18 $ - $
2021-10-01 147,113.99 $ 107,179.32 $ - $ 39,934.67 $ - $ - $ - $
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2021-11-01 156,821.50 $ 116,968.83 $ - $ 39,852.67 $ - $ - $ - $
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2021-12-01 146,519.29 $ 108,829.79 $ - $ 37,689.50 $ - $ - $ - $
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2021-10-01 18,259.50 $ - $ - $ 18,259.50 $ - $ - $ - $
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2021-11-01 16,921.17 $ - $ - $ 16,921.17 $ - $ - $ - $
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2021-01-01 7,295.51 $ 465.19 $ - $ 6,830.32 $ - $ - $ - $
- $ 6,830.32 $ - $ - $ - $ - $ - $ 6,830.32
$ 409.82 $ - $ 409.82 $ - $
2021-04-01 6,352.75 $ 1,364.86 $ - $ 4,987.89 $ - $ - $ - $
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$ 299.27 $ - $ 299.27 $ - $
2021-07-01 5,300.06 $ 254.18 $ - $ 5,045.88 $ - $ - $ - $
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$ 302.75 $ - $ 302.75 $ - $
2021-10-01 8,198.57 $ 2,936.63 $ - $ 5,261.94 $ - $ - $ - $
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$ 315.72 $ - $ 315.72 $ - $
2021-01-01 15,531.15 $ 5,886.82 $ - $ 9,644.33 $ - $ - $ - $
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2021-02-01 13,587.17 $ - $ - $ 13,587.17 $ - $ - $ - $
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2021-03-01 13,175.90 $ 2,837.29 $ - $ 10,338.61 $ - $ - $ - $
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2021-04-01 15,606.76 $ 11,864.17 $ - $ 3,742.59 $ - $ - $ - $
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$ 224.56 $ - $ 224.56 $ - $
2021-05-01 8,948.23 $ 6,033.80 $ - $ 2,914.43 $ - $ - $ - $
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2021-06-01 35,772.10 $ 17,067.02 $ - $ 18,705.08 $ - $ - $ - $
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18,705.08 $ 1,122.30 $ - $ 1,122.30 $ - $
2021-07-01 33,863.34 $ 21,761.19 $ - $ 12,102.15 $ - $ - $ - $
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2021-08-01 23,947.17 $ 16,317.59 $ - $ 7,629.58 $ - $ - $ - $
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2021-09-01 10,188.05 $ 5,483.18 $ - $ 4,704.87 $ - $ - $ - $
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2021-10-01 11,448.93 $ 7,318.35 $ - $ 4,130.58 $ - $ - $ - $
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2021-12-01 30,702.95 $ 21,950.14 $ - $ 8,752.81 $ - $ - $ - $
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2021-06-01 76,029.00 $ 16,135.00 $ - $ 59,894.00 $ - $ - $ - $
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2021-08-01 49,154.04 $ 2,554.14 $ - $ 46,599.90 $ - $ - $ - $
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2021-06-01 24,786.17 $ - $ - $ 24,786.17 $ - $ - $ - $
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2021-10-01 24,743.50 $ - $ - $ 24,743.50 $ - $ - $ - $
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2021-01-01 90,912.07 $ 89,902.27 $ - $ 1,009.80 $ - $ - $ - $
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2021-04-01 82,299.25 $ 82,299.25 $ - $ - $ - $ - $ - $
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2021-07-01 135,020.13 $ 135,020.13 $ - $ - $ - $ - $ - $
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2021-10-01 890,081.05 $ 890,081.05 $ - $ - $ - $ - $ - $
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2021-02-01 18,666.05 $ - $ - $ 18,666.05 $ 18,666.05 $ - $ - $
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2021-04-01 39,206.39 $ - $ - $ 39,206.39 $ - $ - $ - $
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2021-05-01 3,141.00 $ - $ - $ 3,141.00 $ - $ - $ - $
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2021-08-01 78,068.87 $ - $ - $ 78,068.87 $ - $ - $ - $
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2021-10-01 1,361.26 $ - $ - $ 1,361.26 $ - $ - $ - $
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2021-11-01 9,370.72 $ - $ - $ 9,370.72 $ - $ - $ - $
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2021-12-01 197.51 $ - $ - $ 197.51 $ - $ - $ - $
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2021-04-01 4,856.33 $ - $ - $ 4,856.33 $ - $ - $ - $
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2021-01-01 205.00 $ - $ - $ 205.00 $ - $ - $ - $
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2021-04-01 305.00 $ - $ - $ 305.00 $ - $ - $ - $
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2021-07-01 219.90 $ - $ - $ 219.90 $ - $ - $ - $
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2021-10-01 340.00 $ - $ - $ 340.00 $ - $ - $ - $
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2021-01-01 1,070,867.51 $ 1,035,493.11 $ - $ 35,374.40 $ - $ - $ - $
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35,374.40 $ 2,122.46 $ - $ 2,122.46 $ - $
2021-02-01 731,030.89 $ 667,831.99 $ - $ 63,198.90 $ - $ - $ - $
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63,198.90 $ 3,791.93 $ - $ 3,791.93 $ - $
2021-03-01 839,173.54 $ 768,012.54 $ - $ 71,161.00 $ - $ - $ - $
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71,161.00 $ 4,269.66 $ - $ 4,269.66 $ - $
2021-04-01 715,755.81 $ 592,431.81 $ - $ 123,324.00 $ - $ - $ - $
- $ 123,324.00 $ - $ - $ - $ - $ - $
123,324.00 $ 7,399.44 $ - $ 7,399.44 $ - $
2021-05-01 547,422.58 $ 471,316.41 $ - $ 76,106.17 $ - $ - $ - $
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76,106.17 $ 4,566.37 $ - $ 4,566.37 $ - $
2021-06-01 786,596.39 $ 786,596.39 $ - $ - $ - $ - $ - $

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2021-07-01 1,111,611.13 $ 1,041,999.93 $ - $ 69,611.20 $ - $ - $ - $
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69,611.20 $ 4,176.67 $ - $ 4,176.67 $ - $
2021-08-01 834,616.53 $ 816,278.53 $ - $ 18,338.00 $ - $ - $ - $
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18,338.00 $ 1,100.28 $ - $ 1,100.28 $ - $
2021-09-01 760,215.77 $ 668,421.87 $ - $ 91,793.90 $ - $ - $ - $
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91,793.90 $ 5,507.63 $ - $ 5,507.63 $ - $
2021-10-01 382,139.73 $ 262,948.40 $ - $ 119,191.33 $ - $ - $ - $
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119,191.33 $ 7,151.48 $ - $ 7,151.48 $ - $
2021-11-01 661,306.69 $ 559,862.43 $ - $ 101,444.26 $ - $ - $ - $
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101,444.26 $ 6,086.66 $ - $ 6,086.66 $ - $
2021-12-01 1,543,254.11 $ 1,460,489.11 $ - $ 82,765.00 $ - $ - $ - $
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2021-01-01 103,021.75 $ - $ - $ 103,021.75 $ - $ - $ - $
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2021-02-01 172,770.43 $ - $ - $ 172,770.43 $ - $ - $ - $
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2021-03-01 234,256.66 $ - $ - $ 234,256.66 $ - $ - $ - $
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234,256.66 $ 14,055.40 $ - $ 14,055.40 $ - $
2021-04-01 283,838.27 $ 16,852.50 $ - $ 266,985.77 $ - $ - $ - $
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266,985.77 $ 16,019.15 $ - $ 16,019.15 $ - $
2021-05-01 195,061.02 $ - $ - $ 195,061.02 $ - $ - $ - $
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2021-06-01 247,238.80 $ - $ - $ 247,238.80 $ - $ - $ - $
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247,238.80 $ 14,834.33 $ - $ 14,834.33 $ - $
2021-07-01 63,680.00 $ 5,920.00 $ - $ 57,760.00 $ - $ - $ - $
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57,760.00 $ 3,465.60 $ - $ 3,465.60 $ - $
2021-08-01 206,742.94 $ - $ - $ 206,742.94 $ - $ - $ - $
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206,742.94 $ 12,404.58 $ - $ 12,404.58 $ - $
2021-09-01 60,825.00 $ 18,135.00 $ - $ 42,690.00 $ - $ - $ - $
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2021-12-01 - $ - $ - $ - $ - $ - $ - $ - $
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2021-01-01 620.50 $ 315.00 $ - $ 305.50 $ - $ - $ - $
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2021-04-01 666.25 $ 186.25 $ - $ 480.00 $ - $ - $ - $
- $ 480.00 $ - $ - $ - $ - $ - $ 480.00 $
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2021-07-01 804.00 $ 139.00 $ - $ 665.00 $ - $ - $ - $
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2021-10-01 591.25 $ 250.00 $ - $ 341.25 $ - $ - $ - $
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2021-01-01 103,111.65 $ 103,111.65 $ - $ - $ - $ - $ - $
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2021-01-01 154,412.31 $ 154,412.31 $ - $ - $ - $ - $ - $
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2021-07-01 467.21 $ - $ - $ 467.21 $ - $ - $ - $
- $ 467.21 $ - $ - $ - $ - $ - $ 467.21 $
28.03 $ - $ 28.03 $ - $
2021-01-01 323,513.08 $ - $ - $ 323,513.08 $ - $ - $ - $

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323,513.08 $ 19,410.78 $ - $ 19,410.78 $ - $
2021-02-01 266,097.74 $ - $ - $ 266,097.74 $ - $ - $ - $
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266,097.74 $ 15,965.86 $ - $ 15,965.86 $ - $
2021-03-01 45,534.53 $ - $ - $ 45,534.53 $ - $ - $ - $
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45,534.53 $ 2,732.07 $ - $ 2,732.07 $ - $
2021-04-01 279,533.85 $ - $ - $ 279,533.85 $ - $ - $ - $
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279,533.85 $ 16,772.03 $ - $ 16,772.03 $ - $
2021-05-01 252,520.30 $ - $ - $ 252,520.30 $ - $ - $ - $
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252,520.30 $ 15,151.22 $ - $ 15,151.22 $ - $
2021-06-01 231,636.73 $ - $ - $ 231,636.73 $ - $ - $ - $
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2021-07-01 284,395.76 $ - $ - $ 284,395.76 $ - $ - $ - $
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2021-08-01 324,558.17 $ - $ - $ 324,558.17 $ - $ - $ - $
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2021-09-01 897,152.95 $ - $ - $ 897,152.95 $ - $ - $ - $
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897,152.95 $ 53,829.18 $ - $ 53,829.18 $ - $
2021-10-01 7,770.42 $ - $ - $ 7,770.42 $ - $ - $ - $
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2021-11-01 161,215.23 $ - $ - $ 161,215.23 $ - $ - $ - $
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161,215.23 $ 9,672.91 $ - $ 9,672.91 $ - $
2021-12-01 11,172.77 $ - $ - $ 11,172.77 $ - $ - $ - $
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2021-01-01 7,357.09 $ - $ - $ 7,357.09 $ - $ - $ - $
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2021-02-01 7,217.55 $ - $ - $ 7,217.55 $ - $ - $ - $
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$ 433.05 $ - $ 433.05 $ - $
2021-03-01 6,758.03 $ - $ - $ 6,758.03 $ - $ - $ - $
- $ 6,758.03 $ - $ - $ - $ - $ - $ 6,758.03
$ 405.48 $ - $ 405.48 $ - $
2021-04-01 7,326.91 $ - $ - $ 7,326.91 $ - $ - $ - $
- $ 7,326.91 $ - $ - $ - $ - $ - $ 7,326.91
$ 439.61 $ - $ 439.61 $ - $
2021-05-01 6,959.29 $ - $ - $ 6,959.29 $ - $ - $ - $
- $ 6,959.29 $ - $ - $ - $ - $ - $ 6,959.29
$ 417.56 $ - $ 417.56 $ - $
2021-06-01 6,951.55 $ - $ - $ 6,951.55 $ - $ - $ - $
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$ 417.09 $ - $ 417.09 $ - $
2021-07-01 6,769.90 $ - $ - $ 6,769.90 $ - $ - $ - $
- $ 6,769.90 $ - $ - $ - $ - $ - $ 6,769.90
$ 406.19 $ - $ 406.19 $ - $
2021-08-01 6,788.56 $ - $ - $ 6,788.56 $ - $ - $ - $
- $ 6,788.56 $ - $ - $ - $ - $ - $ 6,788.56
$ 407.31 $ - $ 407.31 $ - $

2021-09-01 6,611.67 $ - $ - $ 6,611.67 $ - $ - $ - $
- $ 6,611.67 $ - $ - $ - $ - $ - $ 6,611.67
$ 396.70 $ - $ 396.70 $ - $
2021-10-01 6,566.91 $ - $ - $ 6,566.91 $ - $ - $ - $
- $ 6,566.91 $ - $ - $ - $ - $ - $ 6,566.91
$ 394.01 $ - $ 394.01 $ - $
2021-11-01 6,473.29 $ - $ - $ 6,473.29 $ - $ - $ - $
- $ 6,473.29 $ - $ - $ - $ - $ - $ 6,473.29
$ 388.40 $ - $ 388.40 $ - $
2021-12-01 6,403.71 $ - $ - $ 6,403.71 $ - $ - $ - $
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$ 384.22 $ - $ 384.22 $ - $
2021-01-01 8,432.49 $ - $ - $ 8,432.49 $ - $ - $ - $
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$ 505.95 $ - $ 505.95 $ - $
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$ 494.57 $ - $ 494.57 $ - $
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2021-01-01 21,738.33 $ - $ - $ 21,738.33 $ - $ - $ - $
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2021-04-01 22,842.16 $ - $ - $ 22,842.16 $ - $ - $ - $
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22,842.16 $ 1,370.53 $ - $ 1,370.53 $ - $
2021-07-01 24,618.16 $ - $ - $ 24,618.16 $ - $ - $ - $
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24,618.16 $ 1,477.09 $ - $ 1,477.09 $ - $
2021-10-01 26,334.00 $ - $ - $ 26,334.00 $ - $ - $ - $
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26,334.00 $ 1,580.04 $ - $ 1,580.04 $ - $
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2021-01-01 240,199.07 $ 232,957.07 $ - $ 7,242.00 $ - $ - $ - $
- $ 7,242.00 $ - $ - $ - $ - $ 7,242.00
$ 434.52 $ - $ 434.52 $ - $
2021-02-01 291,370.85 $ 284,229.69 $ - $ 7,141.16 $ - $ - $ - $
- $ 7,141.16 $ - $ - $ - $ - $ 7,141.16
$ 428.47 $ - $ 428.47 $ - $
2021-03-01 308,981.44 $ 301,979.44 $ - $ 7,002.00 $ - $ - $ - $
- $ 7,002.00 $ - $ - $ - $ - $ 7,002.00
$ 420.12 $ - $ 420.12 $ - $
2021-04-01 444,815.93 $ 437,754.27 $ - $ 7,061.66 $ - $ - $ - $
- $ 7,061.66 $ - $ - $ - $ - $ 7,061.66
$ 423.70 $ - $ 423.70 $ - $
2021-05-01 290,469.99 $ 283,305.99 $ - $ 7,164.00 $ - $ - $ - $
- $ 7,164.00 $ - $ - $ - $ - $ 7,164.00
$ 429.84 $ - $ 429.84 $ - $
2021-06-01 332,045.67 $ 322,333.09 $ - $ 9,712.58 $ - $ - $ - $
- $ 9,712.58 $ - $ - $ - $ - $ 9,712.58
$ 582.75 $ - $ 582.75 $ - $
MEDHHS(6) 0068

2021-07-01 327,480.45 $ 320,521.95 $ - $ 6,958.50 $ - $ - $ - $
- $ 6,958.50 $ - $ - $ - $ - $ 6,958.50
$ 417.51 $ - $ 417.51 $ - $
2021-08-01 402,083.43 $ 394,882.77 $ - $ 7,200.66 $ - $ - $ - $
- $ 7,200.66 $ - $ - $ - $ - $ 7,200.66
$ 432.04 $ - $ 432.04 $ - $
2021-09-01 341,394.86 $ 334,194.20 $ - $ 7,200.66 $ - $ - $ - $
- $ 7,200.66 $ - $ - $ - $ - $ 7,200.66
$ 432.04 $ - $ 432.04 $ - $
2021-10-01 306,992.38 $ 299,559.05 $ - $ 7,433.33 $ - $ - $ - $
- $ 7,433.33 $ - $ - $ - $ - $ 7,433.33
$ 446.00 $ - $ 446.00 $ - $
2021-11-01 365,415.58 $ 357,132.58 $ - $ 8,283.00 $ - $ - $ - $
- $ 8,283.00 $ - $ - $ - $ - $ 8,283.00
$ 496.98 $ - $ 496.98 $ - $
2021-12-01 247,282.13 $ 238,929.30 $ - $ 8,352.83 $ - $ - $ - $
- $ 8,352.83 $ - $ - $ - $ - $ 8,352.83
$ 501.17 $ - $ 501.17 $ - $
2021-01-01 32,012.50 $ 16,233.75 $ - $ 15,778.75 $ - $ - $ - $
- $ 15,778.75 $ - $ - $ - $ - $
15,778.75 $ 946.72 $ - $ 946.72 $ - $
2021-02-01 22,620.00 $ 9,945.00 $ - $ 12,675.00 $ - $ - $ - $
- $ 12,675.00 $ - $ - $ - $ - $
12,675.00 $ 760.50 $ - $ 760.50 $ - $
2021-03-01 24,602.50 $ 14,023.75 $ - $ 10,578.75 $ - $ - $ - $
- $ 10,578.75 $ - $ - $ - $ - $
10,578.75 $ 634.72 $ - $ 634.72 $ - $
2021-04-01 19,727.50 $ 11,033.75 $ - $ 8,693.75 $ - $ - $ - $
- $ 8,693.75 $ - $ - $ - $ - $ 8,693.75
$ 521.62 $ - $ 521.62 $ - $
2021-05-01 24,277.50 $ 20,767.50 $ - $ 3,510.00 $ - $ - $ - $
- $ 3,510.00 $ - $ - $ - $ - $ 3,510.00
$ 210.60 $ - $ 210.60 $ - $
2021-06-01 18,395.00 $ 15,795.00 $ - $ 2,600.00 $ - $ - $ - $
- $ 2,600.00 $ - $ - $ - $ - $ 2,600.00
$ 156.00 $ - $ 156.00 $ - $

2021-07-01 18,750.00 $ 11,400.00 $ - $ 7,350.00 $ - $ - $ - $
- $ 7,350.00 $ - $ - $ - $ - $ - $ 7,350.00
$ 441.00 $ - $ 441.00 $ - $
2021-08-01 29,137.50 $ 25,125.00 $ - $ 4,012.50 $ - $ - $ - $
- $ 4,012.50 $ - $ - $ - $ - $ - $ 4,012.50
$ 240.75 $ - $ 240.75 $ - $
2021-09-01 19,305.00 $ 10,237.50 $ - $ 9,067.50 $ - $ 1,950.00 $ - $
- $ 7,117.50 $ - $ - $ - $ - $ - $ 9,067.50
$ 544.05 $ - $ 544.05 $ - $
2021-10-01 20,962.50 $ 19,987.50 $ - $ 975.00 $ - $ - $ - $
- $ 975.00 $ - $ - $ - $ - $ - $ 975.00 $
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2021-11-01 19,237.00 $ 19,237.00 $ - $ - $ - $ - $ - $
- $ - $ - $ - $ - $ - $ - $ - $
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2021-12-01 23,775.00 $ 14,400.00 $ - $ 9,375.00 $ - $ 2,175.00 $ - $
- $ 7,200.00 $ - $ - $ - $ - $ - $ 9,375.00
$ 562.50 $ - $ 562.50 $ - $
2021-01-01 25.00 $ - $ - $ 25.00 $ - $ - $ - $
- $ 25.00 $ - $ - $ - $ - $ - $ 25.00 $
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2021-01-01 1,167.83 $ - $ - $ 1,167.83 $ - $ - $ - $
- $ 1,167.83 $ - $ - $ - $ - $ - $ 1,167.83
$ 70.07 $ - $ 70.07 $ - $
2021-04-01 1,228.83 $ - $ - $ 1,228.83 $ - $ - $ - $
- $ 1,228.83 $ - $ - $ - $ - $ - $ 1,228.83
$ 73.73 $ - $ 73.73 $ - $
2021-07-01 1,210.67 $ - $ - $ 1,210.67 $ - $ - $ - $
- $ 1,210.67 $ - $ - $ - $ - $ - $ 1,210.67
$ 72.64 $ - $ 72.64 $ - $
2021-10-01 1,099.50 $ - $ - $ 1,099.50 $ - $ - $ - $
- $ 1,099.50 $ - $ - $ - $ - $ - $ 1,099.50
$ 65.97 $ - $ 65.97 $ - $
2021-01-01 4,236,290.43 $ 3,620,161.60 $ - $ 616,128.83 $ - $ - $ - $
- $ 616,128.83 $ - $ - $ - $ - $ - $
616,128.83 $ 36,967.73 $ - $ 36,967.73 $ - $
2021-02-01 3,527,135.51 $ 3,070,335.84 $ - $ 456,799.67 $ - $ - $ - $
- $ 456,799.67 $ - $ - $ - $ - $ - $
456,799.67 $ 27,407.98 $ - $ 27,407.98 $ - $
2021-03-01 3,459,430.13 $ 2,962,033.13 $ - $ 497,397.00 $ - $ - $ - $
- $ 497,397.00 $ - $ - $ - $ - $ - $
497,397.00 $ 29,843.82 $ - $ 29,843.82 $ - $
2021-04-01 4,724,622.25 $ 3,022,926.58 $ - $ 1,701,695.67 $ - $ - $ - $
- $ 1,701,695.67 $ - $ - $ - $ - $ - $
1,701,695.67 $ 102,101.74 $ - $ 102,101.74 $ - $
2021-05-01 3,723,005.33 $ 3,257,266.83 $ - $ 465,738.50 $ - $ - $ - $
- $ 465,738.50 $ - $ - $ - $ - $ - $
465,738.50 $ 27,944.31 $ - $ 27,944.31 $ - $
2021-06-01 3,636,462.04 $ 3,099,891.04 $ - $ 536,571.00 $ - $ - $ - $
- $ 536,571.00 $ - $ - $ - $ - $ - $
536,571.00 $ 32,194.26 $ - $ 32,194.26 $ - $
2021-07-01 3,727,705.19 $ 3,205,610.02 $ - $ 522,095.17 $ - $ - $ - $
- $ 522,095.17 $ - $ - $ - $ - $ - $
522,095.17 $ 31,325.71 $ - $ 31,325.71 $ - $
2021-08-01 3,686,020.35 $ 3,103,698.85 $ - $ 582,321.50 $ - $ - $ - $
- $ 582,321.50 $ - $ - $ - $ - $ - $
582,321.50 $ 34,939.29 $ - $ 34,939.29 $ - $
2021-09-01 3,660,714.18 $ 3,138,817.51 $ - $ 521,896.67 $ - $ - $ - $
- $ 521,896.67 $ - $ - $ - $ - $ - $

521,896.67 $ 31,313.80 $ - $ 31,313.80 $ - $
2021-10-01 3,846,030.46 $ 3,403,879.46 $ - $ 442,151.00 $ - $ - $ - $
- $ 442,151.00 $ - $ - $ - $ - $ - $
442,151.00 $ 26,529.06 $ - $ 26,529.06 $ - $
2021-11-01 3,808,650.59 $ 3,292,063.09 $ - $ 516,587.50 $ - $ - $ - $
- $ 516,587.50 $ - $ - $ - $ - $ - $
516,587.50 $ 30,995.25 $ - $ 30,995.25 $ - $
2021-12-01 3,685,777.75 $ 3,167,378.25 $ - $ 518,399.50 $ - $ - $ - $
- $ 518,399.50 $ - $ - $ - $ - $ - $
518,399.50 $ 31,103.97 $ - $ 31,103.97 $ - $
2021-01-01 9,024.15 $ - $ - $ 9,024.15 $ - $ - $ - $
- $ 9,024.15 $ - $ - $ - $ - $ - $ 9,024.15
$ 541.45 $ - $ 541.45 $ - $
2021-02-01 10,519.66 $ - $ - $ 10,519.66 $ - $ - $ - $
- $ 10,519.66 $ - $ - $ - $ - $ - $
10,519.66 $ 631.18 $ - $ 631.18 $ - $
2021-03-01 8,848.34 $ - $ - $ 8,848.34 $ - $ - $ - $
- $ 8,848.34 $ - $ - $ - $ - $ - $ 8,848.34
$ 530.90 $ - $ 530.90 $ - $
2021-04-01 9,112.50 $ - $ - $ 9,112.50 $ - $ - $ - $
- $ 9,112.50 $ - $ - $ - $ - $ - $ 9,112.50
$ 546.75 $ - $ 546.75 $ - $
2021-05-01 8,884.05 $ - $ - $ 8,884.05 $ - $ - $ - $
- $ 8,884.05 $ - $ - $ - $ - $ - $ 8,884.05
$ 533.04 $ - $ 533.04 $ - $
2021-06-01 9,212.74 $ - $ - $ 9,212.74 $ - $ - $ - $
- $ 9,212.74 $ - $ - $ - $ - $ - $ 9,212.74
$ 552.76 $ - $ 552.76 $ - $
2021-07-01 10,712.46 $ - $ - $ 10,712.46 $ - $ - $ - $
- $ 10,712.46 $ - $ - $ - $ - $ - $
10,712.46 $ 642.75 $ - $ 642.75 $ - $
2021-08-01 13,684.91 $ - $ - $ 13,684.91 $ - $ - $ - $
- $ 13,684.91 $ - $ - $ - $ - $ - $
13,684.91 $ 821.09 $ - $ 821.09 $ - $
2021-09-01 10,161.39 $ - $ - $ 10,161.39 $ - $ - $ - $
- $ 10,161.39 $ - $ - $ - $ - $ - $
10,161.39 $ 609.68 $ - $ 609.68 $ - $
2021-10-01 8,605.89 $ - $ - $ 8,605.89 $ - $ - $ - $
- $ 8,605.89 $ - $ - $ - $ - $ - $ 8,605.89
$ 516.35 $ - $ 516.35 $ - $
2021-11-01 8,786.35 $ - $ - $ 8,786.35 $ - $ - $ - $
- $ 8,786.35 $ - $ - $ - $ - $ - $ 8,786.35
$ 527.18 $ - $ 527.18 $ - $
2021-12-01 8,824.40 $ - $ - $ 8,824.40 $ - $ - $ - $
- $ 8,824.40 $ - $ - $ - $ - $ - $ 8,824.40
$ 529.46 $ - $ 529.46 $ - $
2021-01-01 7,138.00 $ - $ - $ 7,138.00 $ - $ - $ - $
- $ 7,138.00 $ - $ - $ - $ - $ - $ 7,138.00
$ 428.28 $ - $ 428.28 $ - $
2021-02-01 6,865.56 $ - $ - $ 6,865.56 $ - $ - $ - $
- $ 6,865.56 $ - $ - $ - $ - $ - $ 6,865.56
$ 411.93 $ - $ 411.93 $ - $
2021-03-01 6,809.22 $ - $ - $ 6,809.22 $ - $ - $ - $
- $ 6,809.22 $ - $ - $ - $ - $ - $ 6,809.22
$ 408.55 $ - $ 408.55 $ - $
2021-04-01 6,432.07 $ - $ - $ 6,432.07 $ - $ - $ - $
- $ 6,432.07 $ - $ - $ - $ - $ - $ 6,432.07
$ 385.92 $ - $ 385.92 $ - $
2021-05-01 6,172.87 $ - $ - $ 6,172.87 $ - $ - $ - $

- $ 6,172.87 $ - $ - $ - $ - $ 6,172.87
$ 370.37 $ - $ 370.37 $ - $
2021-06-01 6,362.93 $ - $ - $ 6,362.93 $ - $ - $ - $
- $ 6,362.93 $ - $ - $ - $ - $ 6,362.93
$ 381.78 $ - $ 381.78 $ - $
2021-07-01 5,940.43 $ - $ - $ 5,940.43 $ - $ - $ - $
- $ 5,940.43 $ - $ - $ - $ - $ 5,940.43
$ 356.43 $ - $ 356.43 $ - $
2021-08-01 5,767.25 $ - $ - $ 5,767.25 $ - $ - $ - $
- $ 5,767.25 $ - $ - $ - $ - $ 5,767.25
$ 346.04 $ - $ 346.04 $ - $
2021-09-01 5,272.57 $ - $ - $ 5,272.57 $ - $ - $ - $
- $ 5,272.57 $ - $ - $ - $ - $ 5,272.57
$ 316.35 $ - $ 316.35 $ - $
2021-10-01 5,149.10 $ - $ - $ 5,149.10 $ - $ - $ - $
- $ 5,149.10 $ - $ - $ - $ - $ 5,149.10
$ 308.95 $ - $ 308.95 $ - $
2021-11-01 4,819.93 $ - $ - $ 4,819.93 $ - $ - $ - $
- $ 4,819.93 $ - $ - $ - $ - $ 4,819.93
$ 289.20 $ - $ 289.20 $ - $
2021-12-01 4,714.18 $ - $ - $ 4,714.18 $ - $ - $ - $
- $ 4,714.18 $ - $ - $ - $ - $ 4,714.18
$ 282.85 $ - $ 282.85 $ - $
2021-01-01 19,094.83 $ - $ - $ 19,094.83 $ - $ - $ - $
- $ 19,094.83 $ - $ - $ - $ - $
19,094.83 $ 1,145.69 $ - $ 1,145.69 $ - $
2021-04-01 13,680.17 $ - $ - $ 13,680.17 $ - $ - $ - $
- $ 13,680.17 $ - $ - $ - $ - $
13,680.17 $ 820.81 $ - $ 820.81 $ - $
2021-07-01 19,589.00 $ - $ - $ 19,589.00 $ - $ - $ - $
- $ 19,589.00 $ - $ - $ - $ - $
19,589.00 $ 1,175.34 $ - $ 1,175.34 $ - $
2021-10-01 18,311.83 $ - $ - $ 18,311.83 $ - $ - $ - $
- $ 18,311.83 $ - $ - $ - $ - $
18,311.83 $ 1,098.71 $ - $ 1,098.71 $ - $
2021-01-01 71,379.00 $ 71,129.00 $ - $ 250.00 $ 182.00 $ - $ - $
- $ 68.00 $ - $ - $ - $ - $ - $ 250.00 $
15.00 $ - $ 15.00 $ - $
2021-07-01 68,921.00 $ 68,771.00 $ - $ 150.00 $ 150.00 $ - $ - $
- $ - $ - $ - $ - $ - $ - $ 150.00 $
9.00 $ - $ 9.00 $ - $
2021-01-01 133,209.59 $ 133,209.59 $ - $ - $ - $ - $ - $
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2021-04-01 187,820.25 $ 187,820.25 $ - $ - $ - $ - $ - $
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2021-07-01 131,381.25 $ 131,381.25 $ - $ - $ - $ - $ - $
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2021-10-01 151,871.25 $ 151,871.25 $ - $ - $ - $ - $ - $
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2021-01-01 333.01 $ - $ - $ 333.01 $ - $ - $ - $
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19.98 $ - $ 19.98 $ - $
2021-04-01 324.84 $ - $ - $ 324.84 $ - $ - $ - $
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19.49 $ - $ 19.49 $ - $

2021-07-01 303.16 $ - $ - $ 303.16 $ - $ - $ - $
- $ 303.16 $ - $ - $ - $ - $ - $ 303.16 $
18.19 $ - $ 18.19 $ - $
2021-10-01 325.83 $ - $ - $ 325.83 $ - $ - $ - $
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19.55 $ - $ 19.55 $ - $
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2021-01-01 796.50 $ - $ - $ 796.50 $ - $ - $ - $
- $ 796.50 $ - $ - $ - $ - $ - $ 796.50 $
47.79 $ - $ 47.79 $ - $
2021-04-01 9,481.25 $ - $ - $ 9,481.25 $ - $ - $ - $
- $ 9,481.25 $ - $ - $ - $ - $ - $ 9,481.25
$ 568.88 $ - $ 568.88 $ - $
2021-07-01 6,936.00 $ - $ - $ 6,936.00 $ - $ - $ - $
- $ 6,936.00 $ - $ - $ - $ - $ - $ 6,936.00
$ 416.16 $ - $ 416.16 $ - $
2021-10-01 2,091.00 $ - $ - $ 2,091.00 $ - $ - $ - $
- $ 2,091.00 $ - $ - $ - $ - $ - $ 2,091.00
$ 125.46 $ - $ 125.46 $ - $
2021-01-01 14,804.09 $ 10.85 $ - $ 14,793.24 $ - $ - $ - $
- $ 14,793.24 $ - $ - $ - $ - $ - $
14,793.24 $ 887.59 $ - $ 887.59 $ - $
2021-02-01 14,850.93 $ 14.35 $ - $ 14,836.58 $ - $ - $ - $
- $ 14,836.58 $ - $ - $ - $ - $ - $
14,836.58 $ 890.19 $ - $ 890.19 $ - $
2021-03-01 15,829.34 $ 19.95 $ - $ 15,809.39 $ - $ - $ - $
- $ 15,809.39 $ - $ - $ - $ - $ - $
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2021-04-01 7,315.53 $ 32.82 $ - $ 7,282.71 $ - $ - $ - $

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2021-07-01 30,571.30 $ 116.32 $ - $ 30,454.98 $ - $ - $ - $
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$ 447.54 $ - $ 447.54 $ - $
2021-04-01 6,760.92 $ - $ - $ 6,760.92 $ - $ - $ - $
- $ 6,760.92 $ - $ - $ - $ - $ - $ 6,760.92
$ 405.66 $ - $ 405.66 $ - $
2021-05-01 6,661.75 $ - $ - $ 6,661.75 $ - $ - $ - $

- $ 6,661.75 $ - $ - $ - $ - $ 6,661.75
$ 399.70 $ - $ 399.70 $ - $
2021-06-01 6,567.08 $ - $ - $ 6,567.08 $ - $ - $ - $
- $ 6,567.08 $ - $ - $ - $ - $ 6,567.08
$ 394.02 $ - $ 394.02 $ - $
2021-07-01 6,579.89 $ - $ - $ 6,579.89 $ - $ - $ - $
- $ 6,579.89 $ - $ - $ - $ - $ 6,579.89
$ 394.79 $ - $ 394.79 $ - $
2021-08-01 6,446.49 $ - $ - $ 6,446.49 $ - $ - $ - $
- $ 6,446.49 $ - $ - $ - $ - $ 6,446.49
$ 386.79 $ - $ 386.79 $ - $
2021-09-01 6,234.82 $ - $ - $ 6,234.82 $ - $ - $ - $
- $ 6,234.82 $ - $ - $ - $ - $ 6,234.82
$ 374.09 $ - $ 374.09 $ - $
2021-10-01 8,607.76 $ - $ - $ 8,607.76 $ - $ - $ - $
- $ 8,607.76 $ - $ - $ - $ - $ 8,607.76
$ 516.47 $ - $ 516.47 $ - $
2021-11-01 6,345.91 $ - $ - $ 6,345.91 $ - $ - $ - $
- $ 6,345.91 $ - $ - $ - $ - $ 6,345.91
$ 380.75 $ - $ 380.75 $ - $
2021-12-01 7,258.35 $ - $ - $ 7,258.35 $ - $ - $ - $
- $ 7,258.35 $ - $ - $ - $ - $ 7,258.35
$ 435.50 $ - $ 435.50 $ - $
2021-01-01 1,069.58 $ - $ - $ 1,069.58 $ - $ - $ - $
- $ 1,069.58 $ - $ - $ - $ - $ 1,069.58
$ 64.17 $ - $ 64.17 $ - $
2021-04-01 1,009.61 $ - $ - $ 1,009.61 $ - $ - $ - $
- $ 1,009.61 $ - $ - $ - $ - $ 1,009.61
$ 60.58 $ - $ 60.58 $ - $
2021-07-01 649.73 $ - $ - $ 649.73 $ - $ - $ - $
- $ 649.73 $ - $ - $ - $ - $ 649.73 $
38.98 $ - $ 38.98 $ - $
2021-10-01 879.67 $ - $ - $ 879.67 $ - $ - $ - $
- $ 879.67 $ - $ - $ - $ - $ 879.67 $
52.78 $ - $ 52.78 $ - $
2021-01-01 1,124,740.75 $ 833,115.25 $ - $ 291,625.50 $ - $ - $ - $
- $ 291,625.50 $ - $ - $ - $ - $ - $
291,625.50 $ 17,497.53 $ - $ 17,497.53 $ - $
2021-02-01 1,102,870.32 $ 813,992.15 $ - $ 288,878.17 $ - $ - $ - $
- $ 288,878.17 $ - $ - $ - $ - $ - $
288,878.17 $ 17,332.69 $ - $ 17,332.69 $ - $
2021-03-01 1,087,069.89 $ 799,027.06 $ - $ 288,042.83 $ - $ - $ - $
- $ 288,042.83 $ - $ - $ - $ - $ - $
288,042.83 $ 17,282.57 $ - $ 17,282.57 $ - $
2021-04-01 1,098,553.63 $ 809,200.46 $ - $ 289,353.17 $ - $ - $ - $
- $ 289,353.17 $ - $ - $ - $ - $ - $
289,353.17 $ 17,361.19 $ - $ 17,361.19 $ - $
2021-05-01 1,116,278.39 $ 827,556.22 $ - $ 288,722.17 $ - $ - $ - $
- $ 288,722.17 $ - $ - $ - $ - $ - $
288,722.17 $ 17,323.33 $ - $ 17,323.33 $ - $
2021-06-01 1,120,134.92 $ 835,367.75 $ - $ 284,767.17 $ - $ - $ - $
- $ 284,767.17 $ - $ - $ - $ - $ - $
284,767.17 $ 17,086.03 $ - $ 17,086.03 $ - $
2021-07-01 1,170,759.76 $ 887,399.43 $ - $ 283,360.33 $ - $ - $ - $
- $ 283,360.33 $ - $ - $ - $ - $ - $
283,360.33 $ 17,001.62 $ - $ 17,001.62 $ - $
2021-08-01 1,107,225.74 $ 826,437.91 $ - $ 280,787.83 $ - $ - $ - $
- $ 280,787.83 $ - $ - $ - $ - $ - $
280,787.83 $ 16,847.27 $ - $ 16,847.27 $ - $