

Message

**From:** Endelman (he/him), (b)(6)  
(b)(6)  
**Sent:** 3/28/2023 8:11:02 PM  
**To:** Badaracco, Andrew (CMS/CMCS), (b)(6); Snyder, Laura  
(b)(6); Goldstein, Stuart  
**CC:** Giles, John (CMS/CMCS), (b)(6)  
(b)(6)  
**Subject:** RE: RE: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Hello Laura,

Just wanted to let you know that I got off the phone with Rory and Stuart. He said that WA explained to us three weeks ago in a call with the SMD and the Health Secretary that the information that we had received regarding the possible existence of a similar arrangement as in Florida was based on incorrect information. Washington stated that they planned on increasing the amount of the hospital tax. Rory said that the assurances they gave to us on the call were sufficient to make sure that there was no specific indications that these types of pooling and redistribution arrangements existed in Washington. He did say that the issue of re-directing a portion of the SDP to pay for the MCO premium tax that Andrew mentioned was concerning. And that there may or may not be an issue on a couple of fronts:

1. The net expenditure issue raised by Andrew. That the state is in effect claiming on the CMS-64 for expenditures that it never had. What makes this more complex is that the state is claiming a rate, or a PMPM on the CMS-64, since this involves managed care and not FFS. They are not claiming for actual expenditures. So the net expenditure issue becomes trickier.
2. Is there any requirement under managed care statute or regulation that says that the MCO must pass on 100% of the SDP to the hospital and cannot retain any portion of it? In the scenario outlined by the state, 98% of the SDP would be passed on to the hospital and 2% of the SDP would be retained by the MCO to pay the MCO premium assessment. Is this allowed under managed care rules?
3. There is a concern that I mentioned earlier regarding the hold harmless. If the MCOs are allowed to retain some portion of the payments based on their proportion of Medicaid member months, that would probably be allowable from a tax perspective, because we allow states to recognize Medicaid's allowable portion of the tax. If, on the other hand, all MCOs retain a flat 2% of the SDP, that could be viewed as more problematic and could be viewed as a hold harmless.

Rory stated that he has a call at 5:15 p.m. today with Washington.

Best,

Jonathan

Jonathan Endelman, PhD  
Social Science Research Analyst  
Centers for Medicare & Medicaid Services (CMS)  
Center for Medicaid and CHIP Services (CMCS)  
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Baltimore, MD 21244-1850

**From:** Endelman (he/him), Jonathan (CMS/CMCS)

**Sent:** Tuesday, March 28, 2023 1:33 PM

**To:** Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>; Snyder, Laura (CMS/CMCS)

<[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; Goldstein, Stuart (CMS/CMCS) <[STUART.GOLDSTEIN@cms.hhs.gov](mailto:STUART.GOLDSTEIN@cms.hhs.gov)>

**Cc:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>

**Subject:** RE: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Thanks for this Andrew. This certainly sounds strange. It sounds like the state is using the proceeds from one health care-related tax (a tax on inpatient and outpatient hospital services) in order to serve as the basis for paying another health care-related tax (services of managed care organizations). Inpatient hospital services, outpatient hospital services, and services of managed care organizations are all separate permissible classes under Section 1903 (w)(7) of the Social Security Act and 42 CFR 433.56. If this is the case, that could be a hold harmless under Section 1903 (w)(4) and 42 CFR 433.68 (f) because the statute states that a hold harmless occurs where, "The State or other unit of government imposing the tax provides (directly or indirectly) for any payment, offset, or waiver that guarantees to hold taxpayers harmless for any portion of the costs of the tax." If this situation occurs as it is being described, the state may be giving an offset to the managed care organizations to hold them harmless for a portion of the tax, which would not be permissible. It looks like there are multiple, interlocking, complicated, moving parts in the state of Washington when it comes to the relationships between their managed care organizations and their hospitals that we need to get a better idea of understanding in order to know what is going on and if it would be in accordance with the requirements laid out in federal statute and regulation.

Best,

Jonathan

Jonathan Endelman, PhD

Social Science Research Analyst

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**From:** Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>

**Sent:** Tuesday, March 28, 2023 12:26 PM

**To:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; Goldstein, Stuart (CMS/CMCS)

<[STUART.GOLDSTEIN@cms.hhs.gov](mailto:STUART.GOLDSTEIN@cms.hhs.gov)>; Endelman (he/him), Jonathan (CMS/CMCS) <[Jonathan.Endelman@cms.hhs.gov](mailto:Jonathan.Endelman@cms.hhs.gov)>

**Cc:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>

**Subject:** RE: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Thanks, Laura – We'll be looking out for follow ups on this.

Copying the email thread with Edwin for reference.

In this particular instance, they didn't say anything as of yet about which entities will be providing an IGT, but we'll be sure to advise on the upcoming drafts/SDPs. One thing to keep in mind, in particular in Edwin's email, they're talking about possibly shaving off some of the Medicaid SDPs and paying that money to the MCOs as an "assessment" of some kind. If there's no FFP involved in the state's payment to the MCO, then we're not super concerned about it. If there *is* FFP mixed into the amounts the MCOs are able to keep, then we would likely say that keeping revenue from a provider payment would not be allowable under 42 CFR 447.10. I don't know if you all have any similar regulations in MCOs, but considering as these are state directed payments, I would think that the whole of the Medicaid payment would be directed to the providers.

**From:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>

**Sent:** Tuesday, March 28, 2023 8:02 AM

**To:** Goldstein, Stuart (CMS/CMCS) <[STUART.GOLDSTEIN@cms.hhs.gov](mailto:STUART.GOLDSTEIN@cms.hhs.gov)>; Endelman (he/him), Jonathan (CMS/CMCS) <[Jonathan.Endelman@cms.hhs.gov](mailto:Jonathan.Endelman@cms.hhs.gov)>; Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>

**Cc:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>

**Subject:** FW: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

**Importance:** High

Hi Jonathan and Stuart,

Sorry to ask for a quick turnaround, but WA is asking for some feedback by COB today. As you'll see in the draft below, we don't have any kind of submission in house at this point. All that's been shared with us is a draft bill in the WA legislature for a new series of payments (SDPs and it looks like some FFS payments as well. We are making clear to the state that CMS doesn't comment on draft legislation, but wanted to give them some level of general TA. In that spirit, are you comfortable with the highlighted bullet that calls out the recent guidance you all put out on hold harmless?

Andrew – I added you as you were on the chain at one point from Edwin in DPO; there is definitely IGT funding involved in the legislation. I suspect this will be one that DMCP and FMG will want to discuss more if the legislation/state moves ahead with the proposal.

Thanks,  
Laura

**From:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>

**Sent:** Monday, March 27, 2023 4:08 PM

**To:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>; Caulder, Tara (CMS/CMCS) <[Tara.Caulder@cms.hhs.gov](mailto:Tara.Caulder@cms.hhs.gov)>

**Subject:** RE: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Draft to share with Edwin; I still need to check with FMG on the link to their guidance:

Hi Edwin –

DMCP has reviewed the email and documents shared by Washington. We recognize the state requested feedback by COB 3/28. We've prepared a written response to share with the state; can you share this with the state?

"Thank you for your request. CMS does not comment on state legislation; however, CMS is happy to provide technical assistance for the state as it drafts submissions for CMS to review and approve, such as state directed payment

preprints. While CMS does not currently have a draft SDP proposal before us, we do offer these general pieces of technical assistance as the state considers a future SDP submission:

- CMS is happy to review early drafts of preprint submissions. We have found this useful for both states and CMS as it generally allows CMS to identify any issues early, which may expedite the formal review processes.
- SDPs are reviewed by a federal review team, of which DMCP is one party. While early technical assistance helps to identify issues early, all preprints must go through a formal review process. Issues may be identified during the formal review process that were not identified during technical assistance.
- We strongly encourage states to submit SDPs at least 90 days in advance of the start of the rating period. Barring any notable policy issues, this timing generally allows for the state and CMS to work through the prior approval process, making it easier for states to appropriately incorporate the SDP into their contracts and rates. The later that states submit SDPs, the more likely that the related contracts and rates may be delayed and additional amendments may be needed. We do note that we cannot accept a preprint after the end of the rating period.
- We would also note that there is increased oversight interest in state directed payments, particularly in the financing of the non-federal share. We would recommend that the state consult with the appropriate FMG SMEs for any changing or new financing related to this SDP. We would also flag the following CIB that was published this past February on the use of provider taxes: <https://www.medicaid.gov/federal-policy-guidance/downloads/cib021723.pdf>.
- States must provide CMS with an evaluation plan that would evaluate the effectiveness of the SDP on furthering the goal(s) and objective(s) identified in the state's Medicaid managed care quality strategy. CMS has released guidance on what elements states should include in their evaluation plan – including identifying measure(s) such as those from the Medicaid and CHIP core set, as well as identifying baselines and targets to evaluate the relative success of the SDP. If you have questions about this, we are happy to connect you with our DQHO colleagues for more technical assistance.
- State directed payments must be based on the delivery and utilization of services to Medicaid beneficiaries covered under the contract for the applicable rating period. Therefore, state directed payments must be tied to utilization and delivery of services covered under the contract during the corresponding contract rating period; payment cannot be based solely on historical utilization. We note that the documentation provided to us suggests the use of reconciliation processes, where interim payments would be made based on historical utilization and then reconciled to utilization under the contract. While CMS has approved such models in SDPs historically, we did want to note that CMS and states have found such arrangements to be operationally challenging to implement. There often is increased work for states and plans in administering the interim payments and then the reconciliation process. We have also seen a number of states implement such payment arrangements and have to submit additional rate certification amendments and contract amendments in light of reconciliations, which can be administratively burdensome and time consuming for both CMS and states.

For more information, we do recommend that you review our more recent guidance on SDPs:

<https://www.medicaid.gov/Federal-Policy-Guidance/Downloads/smd21001.pdf>. If you would like further technical assistance on a draft SDP for submission, please reach out to [statedirectedpayment@cms.hhs.gov](mailto:statedirectedpayment@cms.hhs.gov). We would also like to reiterate that the technical assistance provided above should not be considered CMS signing-off on or commenting on the state's draft legislation.

Thank you"

**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>

**Sent:** Friday, March 24, 2023 5:34 PM

**To:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>

**Cc:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>

**Subject:** WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Hi John,

Thanks very much John for your guidance. Attached is their draft, I will contact Dr. Fotinos to make them aware CMS does not normally comment directly on a state's proposed legislation; their technical questions are noted below:

**Questions/Concerns:**

- **Washington state is requesting to transition their existing pass-through program to a directed payment to comply with CMS' requirements to sunset the pass throughs.**
- **The state would like to discuss the expansion of the program, the proposed tiers for payment of assessment and the addition of an intergovernmental transfer program to fund a directed payment and an overall general discussion on permissibility of these items.**

Please let me know if I can help out in any other way. I will email Dr. Fotinos in the interim.

Thank you,

**Edwin Walaszek**

Washington State Lead

Division of Program Operations – West | Medicaid & CHIP Operations Group

Center for Medicaid & CHIP Services | Centers for Medicare & Medicaid Services

Email: [Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)

**From:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>

**Sent:** Friday, March 24, 2023 5:19 PM

**To:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>

**Cc:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>; Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>

**Subject:** RE: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Edwin – I can discuss with our team on Monday, but many of our folks (including Rebecca) are traveling on Monday. So, reviewing and providing formal feedback by 3/28 will likely not be possible. I can circle with our team on Monday and see if we have any high-level comments, but I can't guarantee what we can provide without additional details from the state. Is the attached document what the state is asking CMS to review? If so, is this draft legislation? CMS does not normally comment directly on a state's proposed legislation, but we can offer the state technical assistance. Again, I can circle with the team on Monday and see what high-level technical assistance we can provide under the timing being offered by the state. It might be helpful for the state to send over technical questions that our team can review.

I hope this helps!

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: 410-786-5545

E-mail: [John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)

**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>

**Sent:** Friday, March 24, 2023 5:09 PM

**To:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>

**Cc:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>

**Subject:** WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

**Importance:** High

Thank you John I appreciate that, I know next week will be difficult because of the meetings in Baltimore, especially since they are requesting a review by 3/28.

I took a look at your schedules for Monday and Rebecca will be OOO.

Do we need to necessarily have a call, or can the review and questions be conducted via email? They want this information Tuesday for their legislature.

Thank you,

**Edwin Walaszek**

Washington State Lead

Division of Program Operations – West | Medicaid & CHIP Operations Group

Center for Medicaid & CHIP Services | Centers for Medicare & Medicaid Services

Email:[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)

**From:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>

**Sent:** Friday, March 24, 2023 5:01 PM

**To:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>

**Cc:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>; Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>

**Subject:** RE: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Hi Edwin – thanks! I think we can start with DMCP (please include Rebecca Burch Mack, Laura Snyder, and myself). We will ensure our other team members attend as well. If the state needs to address specific IGT questions, I will note that FMG is best positioned to answer those questions. I will also note that our teams are traveling next week to Baltimore for onsite meetings with MCOG and DEHPG, so I am predicting that scheduling a meeting next week will be difficult, as most of our teams will be in all-day strategic planning meetings on-site.

Thanks for helping us coordinate!

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: 410-786-5545

E-mail: [John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)

**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>

**Sent:** Friday, March 24, 2023 4:56 PM

**To:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>

**Cc:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>

**Subject:** WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*  
**Importance:** High

Hi John,

Thank you I will certainly do that, they emailed both of us. When I emailed Andrew initially about this he indicated FMG would eventually get pulled into the IGT questions, but as far as transitioning the payments, DMCP is a good starting point.

Questions/Concerns:

**Washington state is requesting to transition their existing pass-through program to a directed payment to comply with CMS' requirements to sunset the pass throughs.**

**The state would like to discuss the expansion of the program, the proposed tiers for payment of assessment and the addition of an intergovernmental transfer program to fund a directed payment and an overall general discussion on permissibility of these items.**

They are looking for guidance by 3/28/23 the latest.

Should I setup a call with the state and DMCP only, or does FMG need to be on the call for their input. Andrew is out today and if FMG is needed should I contact Rory to see if he can make the call?

Thank you,

**Edwin Walaszek**

Washington State Lead

Division of Program Operations – West | Medicaid & CHIP Operations Group

Center for Medicaid & CHIP Services | Centers for Medicare & Medicaid Services

Email:Edwin.Walaszek1@cms.hhs.gov

**From:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>

**Sent:** Friday, March 24, 2023 4:45 PM

**To:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>

**Cc:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; Badaracco, Andrew (CMS/CMCS)

<[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>; Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>

**Subject:** RE: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Hi Edwin – it does seem like emails are crossing between multiple teams. 😊

Perhaps it makes the most sense to allow you to coordinate us in the way that makes the most sense. I am happy to help or participate however I can.

Thank you so much!

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: 410-786-5545

E-mail: [John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)

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**Cc:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>  
**Subject:** WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Hi John,

My name is Edwin Walaszek and I am the Washington state lead, I just emailed Laura Snyder and for context I am just forwarding over the states initial request and some background, I know Dr. Fotinos emailed you directly.

Please let me know if I can help in anyway.

Thank you,

**Edwin Walaszek**

Washington State Lead

Division of Program Operations – West | Medicaid & CHIP Operations Group

Center for Medicaid & CHIP Services | Centers for Medicare & Medicaid Services

Email:[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)

**From:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>  
**Sent:** Friday, March 24, 2023 4:28 PM  
**To:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>; Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>  
**Subject:** RE: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Hi Edwin,

We've received a separate request today from the state SMD on this topic; we'll follow-up after that meeting about any next steps.

Thanks,

Laura

**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>  
**Sent:** Friday, March 24, 2023 4:19 PM  
**To:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>  
**Subject:** WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*  
**Importance:** High

Good afternoon Laura,

We emailed a few days back, I work in DPO as the Washington state lead, I emailed you regarding a question that was submitted by Washington state and a bill in their legislature. **Washington state is requesting an expedited review of their concerns by Tuesday March 28<sup>th</sup> if possible.**



The bill is expected to be introduced in the next couple of days and their legislative partners are anxious to learn more about the permissibility of the program under CMS rules.

There is a link to a recent news article in Washington that provides some background on this topic?

<https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&cad=rja&uact=8&ved=2ahUKEwibu8-S2-9AhXcMVkFHZwzDROQFnoECAwQAQ&url=https%3A%2F%2Fwww.king5.com%2Farticle%2Fnews%2Fhealth%2Fwsha-hospitals-calling-for-increased-medicaid-payments%2F281-dd424f3a-d9e0-49e6-bf7a-eb70590e0124&usg=AOvVaw2GfMqm1iV0kCroAtAFWktf>

Please let me know how I can help out. I apologize they never indicated this guidance was needed so quickly.

Thank you,

**Edwin Walaszek**

Washington State Lead

Division of Program Operations – West | Medicaid & CHIP Operations Group

Center for Medicaid & CHIP Services | Centers for Medicare & Medicaid Services

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**From:** Cole, Abby (HCA) <[abby.cole@hca.wa.gov](mailto:abby.cole@hca.wa.gov)>  
**Sent:** Friday, March 24, 2023 3:52 PM  
**To:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>  
**Cc:** Fotinos, Charissa (HCA) <[charissa.fotinos@hca.wa.gov](mailto:charissa.fotinos@hca.wa.gov)>  
**Subject:** RE: Technical Assistance Request

Yes, that article is about this bill.

Tuesday, March 28<sup>th</sup> would be ideal.

**Abby Cole**

Section Manager, Hospital Finance & Drug Rebate

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She/Her (*why pronouns matter*)

Washington State

Health Care Authority

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**Connect with us**

**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>  
**Sent:** Friday, March 24, 2023 12:42 PM  
**To:** Cole, Abby (HCA) <[abby.cole@hca.wa.gov](mailto:abby.cole@hca.wa.gov)>  
**Cc:** Fotinos, Charissa (HCA) <[charissa.fotinos@hca.wa.gov](mailto:charissa.fotinos@hca.wa.gov)>

**Subject:** Technical Assistance Request

**Importance:** High

External Email

**From:** Cole, Abby (HCA) <[abby.cole@hca.wa.gov](mailto:abby.cole@hca.wa.gov)>  
**Sent:** Friday, March 24, 2023 3:32 PM  
**To:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>  
**Cc:** Fotinos, Charissa (HCA) <[charissa.fotinos@hca.wa.gov](mailto:charissa.fotinos@hca.wa.gov)>  
**Subject:** RE: Technical Assistance Request

Hello Edwin,

I'm following up on this. Any updates as to when we can expect to be able to have a TA call with CMS? The bill is expected to be introduced in the next couple of days and our legislative partners are anxious to learn more about the permissibility of the program under CMS rules.

Thank you,  
Abby

**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>  
**Sent:** Wednesday, March 22, 2023 12:29 PM  
**To:** Cole, Abby (HCA) <[abby.cole@hca.wa.gov](mailto:abby.cole@hca.wa.gov)>  
**Subject:** RE: Technical Assistance Request

External Email

Thanks very much Abby

Thank you,

**Edwin Walaszek**  
Washington State Lead  
Division of Program Operations – West | Medicaid & CHIP Operations Group  
Center for Medicaid & CHIP Services | Centers for Medicare & Medicaid Services  
Email: [Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)

**From:** Cole, Abby (HCA) <[abby.cole@hca.wa.gov](mailto:abby.cole@hca.wa.gov)>  
**Sent:** Wednesday, March 22, 2023 1:08 PM  
**To:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>  
**Cc:** Klein, Evan (HCA) <[evan.klein@hca.wa.gov](mailto:evan.klein@hca.wa.gov)>; Atkinson, Megan M. (HCA) <[megan.atkinson@hca.wa.gov](mailto:megan.atkinson@hca.wa.gov)>; Lucero, Catrina (HCA) <[catrina.lucero@hca.wa.gov](mailto:catrina.lucero@hca.wa.gov)>  
**Subject:** RE: Technical Assistance Request

Thank you.

CMS002344cv1579

We are looking to transition our existing pass-through program to a directed payment to comply with CMS' requirements to sunset the pass throughs.

The state would like to discuss the expansion of the program, the proposed tiers for payment of assessment and the addition of an intergovernmental transfer program to fund a directed payment. We are hoping for an overall general discussion on permissibility of those items.

Thank you,

**Abby Cole**

Section Manager, Hospital Finance

[Abby.cole@hca.wa.gov](mailto:Abby.cole@hca.wa.gov)

Office: 360-725-1835

Pronouns: she/her

Washington  
Health

Authority

[hca.wa.gov](http://hca.wa.gov)

Connect with us

**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>

**Sent:** Thursday, March 16, 2023 3:19 PM

**To:** Cole, Abby (HCA) <[abby.cole@hca.wa.gov](mailto:abby.cole@hca.wa.gov)>

**Cc:** Klein, Evan (HCA) <[evan.klein@hca.wa.gov](mailto:evan.klein@hca.wa.gov)>; Atkinson, Megan M. (HCA) <[megan.atkinson@hca.wa.gov](mailto:megan.atkinson@hca.wa.gov)>; Lucero, Catrina (HCA) <[catrina.lucero@hca.wa.gov](mailto:catrina.lucero@hca.wa.gov)>

**Subject:** Technical Assistance Request

External Email

Good afternoon Abby and team:

Thank you for submitting this request, I am reaching to out the team to see if they have any preliminary questions and I will follow up with some available time .

Thank you,

**Edwin Walaszek**

Washington State Lead

Division of Program Operations – West | Medicaid & CHIP Operations Group

Center for Medicaid & CHIP Services | Centers for Medicare & Medicaid Services

Email: [Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)

**From:** Cole, Abby (HCA) <[abby.cole@hca.wa.gov](mailto:abby.cole@hca.wa.gov)>  
**Sent:** Thursday, March 16, 2023 2:09 PM  
**To:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>  
**Cc:** Klein, Evan (HCA) <[evan.klein@hca.wa.gov](mailto:evan.klein@hca.wa.gov)>; Atkinson, Megan M. (HCA) <[megan.atkinson@hca.wa.gov](mailto:megan.atkinson@hca.wa.gov)>; Lucero, Catrina (HCA) <[catrina.lucero@hca.wa.gov](mailto:catrina.lucero@hca.wa.gov)>  
**Subject:** Technical Assistance Request

Hello Edwin,

I'm attaching a draft of a proposed bill for a revised hospital assessment in Washington State. I'm hoping you can help me get something scheduled with the right individuals so we can discuss the permissibility of the proposed changes.

Thank you,

**Abby Cole**

Section Manager, Hospital Finance & Drug Rebate

[Abby.cole@hca.wa.gov](mailto:Abby.cole@hca.wa.gov)

Office: 360-725-1835

She/Her (*why pronouns matter*)

Washington State  
Health Care Authority

[hca.wa.gov](http://hca.wa.gov)

**Connect with us**

**From:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>  
**Sent:** Wednesday, March 22, 2023 4:00 PM  
**To:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>; CMS State Directed Payment <[StateDirectedPayment@cms.hhs.gov](mailto:StateDirectedPayment@cms.hhs.gov)>  
**Cc:** Caulder, Tara (CMS/CMCS) <[Tara.Caulder@cms.hhs.gov](mailto:Tara.Caulder@cms.hhs.gov)>; Kivisaari, John (CMS/CMCS) <[John.Kivisaari@cms.hhs.gov](mailto:John.Kivisaari@cms.hhs.gov)>  
**Subject:** RE: Technical Assistance-WA-WSHA Safety Net Draft

Hi Edwin,

Thanks for sharing and you've hit the right place. I've included our state directed payment mailbox on the email thread. For SDPs, Tara Caulder is our WA lead. I've also cc'ed John Kivisaari, the DMCO lead for WA, for awareness.

Let us take a look at this and follow-up with you on next steps.

Thanks,  
Laura

**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>  
**Sent:** Wednesday, March 22, 2023 3:43 PM

**To:** Snyder, Laura (CMS/CMCS) <Laura.Snyder1@cms.hhs.gov>

**Subject:** Technical Assistance-WA-WSHA Safety Net Draft

Good afternoon Laura,

My name is Edwin Walaszek and I am the CMS Medicaid Washington state lead. I am reaching out to you as I was referred by Andrew Badaracco, Washington state has submitted a draft bill (attached) that will revise the rating of Washington State Hospitals.

The state is looking to transition their existing pass-through program to a directed payment to comply with CMS' requirements to sunset the pass throughs.

**The state would like to discuss the expansion of the program, the proposed tiers for payment of assessment and the addition of an intergovernmental transfer program to fund a directed payment.**

They are hoping for an overall general discussion on permissibility of those items.

Thank you for any help you can provide, alternatively do you think it would be easier to setup a call with the state to discuss.

Please let me know if there are any other questions or concerns.

Thank you,

**Edwin Walaszek**

Washington State Lead

Division of Program Operations – West | Medicaid & CHIP Operations Group

Center for Medicaid & CHIP Services | Centers for Medicare & Medicaid Services

Email:Edwin.Walaszek1@cms.hhs.gov

**From:** Badaracco, Andrew (CMS/CMCS)  
<Andrew.Badaracco@cms.hhs.gov>

**Sent:** Wednesday, March 22, 2023 3:38 PM

**To:** Walaszek, Edwin (CMS/CMCS) <Edwin.Walaszek1@cms.hhs.gov>; Caughey, Tom (CMS/CMCS) <Tom.Caughey@cms.hhs.gov>; Moreth, James (CMS/CMCS) <James.Moreth@cms.hhs.gov>; Knight, Gary (CMS/CMCS) <Gary.Knight@cms.hhs.gov>

**Subject:** RE: Technical Assistance-WA-WSHA Safety Net Draft

Hey Edwin –

Pass-through payments and state-directed payments are DMCP's policy area. Suggest you reach out to Laura Snyder.

Thanks!

**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>  
**Sent:** Wednesday, March 22, 2023 3:29 PM  
**To:** Caughey, Tom (CMS/CMCS) <[Tom.Caughey@cms.hhs.gov](mailto:Tom.Caughey@cms.hhs.gov)>; Moreth, James (CMS/CMCS) <[James.Moreth@cms.hhs.gov](mailto:James.Moreth@cms.hhs.gov)>; Knight, Gary (CMS/CMCS) <[Gary.Knight@cms.hhs.gov](mailto:Gary.Knight@cms.hhs.gov)>; Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>  
**Subject:** Technical Assistance-WA-WSHA Safety Net Draft

Hi Tom and team:

Thanks Tom, so I reached out to the state for some more specifics on their TA request regarding the draft by the legislature regarding the WSHA Safety Net draft.

The state is looking to transition their existing pass-through program to a directed payment to comply with CMS' requirements to sunset the pass throughs.

**The state would like to discuss the expansion of the program, the proposed tiers for payment of assessment and the addition of an intergovernmental transfer program to fund a directed payment.**

They are hoping for an overall general discussion on permissibility of those items.

Please let me know if there are any other questions or concerns.

Thank you,

**Edwin Walaszek**  
Washington State Lead  
Division of Program Operations – West | Medicaid & CHIP Operations Group  
Center for Medicaid & CHIP Services | Centers for Medicare & Medicaid Services  
Email:[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)

**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>  
**Sent:** Friday, March 17, 2023 11:38 AM  
**To:** Caughey, Tom (CMS/CMCS) <[Tom.Caughey@cms.hhs.gov](mailto:Tom.Caughey@cms.hhs.gov)>; Moreth, James (CMS/CMCS) <[James.Moreth@cms.hhs.gov](mailto:James.Moreth@cms.hhs.gov)>; Knight, Gary (CMS/CMCS) <[Gary.Knight@cms.hhs.gov](mailto:Gary.Knight@cms.hhs.gov)>; Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>  
**Subject:** RE: Technical Assistance-WA-WSHA Safety Net Draft

Good morning Tom,

Thank you, I will reach out to the state for more specifics.

Thank you,

**Edwin Walaszek**

Washington State Lead

Division of Program Operations – West | Medicaid & CHIP Operations  
Group

Center for Medicaid & CHIP Services | Centers for Medicare & Medicaid  
Services

Email:Edwin.Walaszek1@cms.hhs.gov

**From:** Caughey, Tom (CMS/CMCS) <[Tom.Caughey@cms.hhs.gov](mailto:Tom.Caughey@cms.hhs.gov)>

**Sent:** Friday, March 17, 2023 11:23 AM

**To:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>;  
Moreth, James (CMS/CMCS) <[James.Moreth@cms.hhs.gov](mailto:James.Moreth@cms.hhs.gov)>; Knight,  
Gary (CMS/CMCS) <[Gary.Knight@cms.hhs.gov](mailto:Gary.Knight@cms.hhs.gov)>; Badaracco, Andrew  
(CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>

**Subject:** RE: Technical Assistance-WA-WSHA Safety Net Draft

Hi Edwin,

Could the state please send questions they have before the call? Also, if they provide a little background on why they are making the changes could help. Thanks.

Tom Caughey, Funding Specialist  
Centers for Medicare & Medicaid Services  
Financial Management Group  
Division of Reimbursement Review

Federal Building  
Suite 208  
315 West Allegan  
Lansing, MI 48933  
517-487-8598

**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>

**Sent:** Thursday, March 16, 2023 6:18 PM

**To:** Moreth, James (CMS/CMCS) <[James.Moreth@cms.hhs.gov](mailto:James.Moreth@cms.hhs.gov)>;  
Caughey, Tom (CMS/CMCS) <[Tom.Caughey@cms.hhs.gov](mailto:Tom.Caughey@cms.hhs.gov)>; Knight, Gary  
(CMS/CMCS) <[Gary.Knight@cms.hhs.gov](mailto:Gary.Knight@cms.hhs.gov)>; Badaracco, Andrew  
(CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>

**Subject:** Technical Assistance-WA-WSHA Safety Net Draft

Hello DRR team:

I am reaching out to the team because Washington state has submitted a draft bill (attached) that will revise the rating of Washington State Hospitals. The state is requesting to speak with CMS to discuss the acceptability of the proposed changes.

Are any questions or concerns I can help clarify with the state before scheduling some time with them?

Thank you,

Edwin Walaszek  
Washington State Lead  
Division of Program Operations – West | Medicaid & CHIP  
Operations Group  
Center for Medicaid & CHIP Services | Centers for Medicare &  
Medicaid Services  
Email:Edwin.Walaszek1@cms.hhs.gov



Message

**From:** Snyder, Laura (CMS/CMCS) (b)(6)  
**Sent:** 3/29/2023 11:48:30 AM (b)(6)  
**To:** Giles, John (CMS/CMCS) (b)(6)  
**Subject:** FW: FW: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

I am not entirely sure what to do with this – we don't have a proposal in house.

For the second question posed here – there, I don't believe, is a requirement that 100% of the SDP be passed on to the providers. We know that states do this today with SPTs and are in fact required to account for admin in cap rate development. All of it gets matched at the state's FMAP, not admin match. We would see the difference in the MLR reporting under the NPRM better than we do today.

Do you want me to respond to any of this?

Thanks,  
Laura

**From:** Endelman (he/him), Jonathan (CMS/CMCS) <Jonathan.Endelman@cms.hhs.gov>  
**Sent:** Tuesday, March 28, 2023 4:11 PM  
**To:** Badaracco, Andrew (CMS/CMCS) <Andrew.Badaracco@cms.hhs.gov>; Snyder, Laura (CMS/CMCS) <Laura.Snyder1@cms.hhs.gov>; Goldstein, Stuart (CMS/CMCS) <STUART.GOLDSTEIN@cms.hhs.gov>  
**Cc:** Giles, John (CMS/CMCS) <John.Giles1@cms.hhs.gov>  
**Subject:** RE: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Hello Laura,

Just wanted to let you know that I got off the phone with Rory and Stuart. He said that WA explained to us three weeks ago in a call with the SMD and the Health Secretary that the information that we had received regarding the possible existence of a similar arrangement as in Florida was based on incorrect information. Washington stated that they planned on increasing the amount of the hospital tax. Rory said that the assurances they gave to us on the call were sufficient to make sure that there was no specific indications that these types of pooling and redistribution arrangements existed in Washington. He did say that the issue of re-directing a portion of the SDP to pay for the MCO premium tax that Andrew mentioned was concerning. And that there may or may not be an issue on a couple of fronts:

1. The net expenditure issue raised by Andrew. That the state is in effect claiming on the CMS-64 for expenditures that it never had. What makes this more complex is that the state is claiming a rate, or a PMPM on the CMS-64, since this involves managed care and not FFS. They are not claiming for actual expenditures. So the net expenditure issue becomes trickier.
2. Is there any requirement under managed care statute or regulation that says that the MCO must pass on 100% of the SDP to the hospital and cannot retain any portion of it? In the scenario outlined by the state, 98% of the SDP would be passed on to the hospital and 2% of the SDP would be retained by the MCO to pay the MCO premium assessment. Is this allowed under managed care rules?
3. There is a concern that I mentioned earlier regarding the hold harmless. If the MCOs are allowed to retain some portion of the payments based on their proportion of Medicaid member months, that would probably be allowable from a tax perspective, because we allow states to recognize Medicaid's allowable portion of the tax. If, on the other hand, all MCOs retain a flat 2% of the SDP, that could be viewed as more problematic and could be viewed as a hold harmless.

Rory stated that he has a call at 5:15 p.m. today with Washington.

Best,

Jonathan

Jonathan Endelman, PhD  
Social Science Research Analyst  
Centers for Medicare & Medicaid Services (CMS)  
Center for Medicaid and CHIP Services (CMCS)  
Financial Management Group (FMG)  
Division of Financial Policy (DFP)  
410.786.4738  
[jonathan.endelman@cms.hhs.gov](mailto:jonathan.endelman@cms.hhs.gov)  
7500 Security Blvd.  
Mail Stop, S3-14-28  
Baltimore, MD 21244-1850

**From:** Endelman (he/him), Jonathan (CMS/CMCS)

**Sent:** Tuesday, March 28, 2023 1:33 PM

**To:** Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>; Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; Goldstein, Stuart (CMS/CMCS) <[STUART.GOLDSTEIN@cms.hhs.gov](mailto:STUART.GOLDSTEIN@cms.hhs.gov)>

**Cc:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>

**Subject:** RE: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Thanks for this Andrew. This certainly sounds strange. It sounds like the state is using the proceeds from one health care-related tax (a tax on inpatient and outpatient hospital services) in order to serve as the basis for paying another health care-related tax (services of managed care organizations). Inpatient hospital services, outpatient hospital services, and services of managed care organizations are all separate permissible classes under Section 1903 (w)(7) of the Social Security Act and 42 CFR 433.56. If this is the case, that could be a hold harmless under Section 1903 (w)(4) and 42 CFR 433.68 (f) because the statute states that a hold harmless occurs where, "The State or other unit of government imposing the tax provides (directly or indirectly) for any payment, offset, or waiver that guarantees to hold taxpayers harmless for any portion of the costs of the tax." If this situation occurs as it is being described, the state may be giving an offset to the managed care organizations to hold them harmless for a portion of the tax, which would not be permissible. It looks like there are multiple, interlocking, complicated, moving parts in the state of Washington when it comes to the relationships between their managed care organizations and their hospitals that we need to get a better idea of understanding in order to know what is going on and if it would be in accordance with the requirements laid out in federal statute and regulation.

Best,

Jonathan

Jonathan Endelman, PhD  
Social Science Research Analyst  
Centers for Medicare & Medicaid Services (CMS)  
Center for Medicaid and CHIP Services (CMCS)  
Financial Management Group (FMG)  
Division of Financial Policy (DFP)  
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[jonathan.endelman@cms.hhs.gov](mailto:jonathan.endelman@cms.hhs.gov)

7500 Security Blvd.

Mail Stop, S3-14-28

Baltimore, MD 21244-1850

**From:** Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>

**Sent:** Tuesday, March 28, 2023 12:26 PM

**To:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; Goldstein, Stuart (CMS/CMCS) <[STUART.GOLDSTEIN@cms.hhs.gov](mailto:STUART.GOLDSTEIN@cms.hhs.gov)>; Endelman (he/him), Jonathan (CMS/CMCS) <[Jonathan.Endelman@cms.hhs.gov](mailto:Jonathan.Endelman@cms.hhs.gov)>

**Cc:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>

**Subject:** RE: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Thanks, Laura – We'll be looking out for follow ups on this.

Copying the email thread with Edwin for reference.

In this particular instance, they didn't say anything as of yet about which entities will be providing an IGT, but we'll be sure to advise on the upcoming drafts/SDPs. One thing to keep in mind, in particular in Edwin's email, they're talking about possibly shaving off some of the Medicaid SDPs and paying that money to the MCOs as an "assessment" of some kind. If there's no FFP involved in the state's payment to the MCO, then we're not super concerned about it. If there *is* FFP mixed into the amounts the MCOs are able to keep, then we would likely say that keeping revenue from a provider payment would not be allowable under 42 CFR 447.10. I don't know if you all have any similar regulations in MCOs, but considering as these are state directed payments, I would think that the whole of the Medicaid payment would be directed to the providers.

**From:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>

**Sent:** Tuesday, March 28, 2023 8:02 AM

**To:** Goldstein, Stuart (CMS/CMCS) <[STUART.GOLDSTEIN@cms.hhs.gov](mailto:STUART.GOLDSTEIN@cms.hhs.gov)>; Endelman (he/him), Jonathan (CMS/CMCS) <[Jonathan.Endelman@cms.hhs.gov](mailto:Jonathan.Endelman@cms.hhs.gov)>; Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>

**Cc:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>

**Subject:** FW: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

**Importance:** High

Hi Jonathan and Stuart,

Sorry to ask for a quick turnaround, but WA is asking for some feedback by COB today. As you'll see in the draft below, we don't have any kind of submission in house at this point. All that's been shared with us is a draft bill in the WA legislature for a new series of payments (SDPs and it looks like some FFS payments as well. We are making clear to the state that CMS doesn't comment on draft legislation, but wanted to give them some level of general TA. In that spirit, are you comfortable with the highlighted bullet that calls out the recent guidance you all put out on hold harmless?

Andrew – I added you as you were on the chain at one point from Edwin in DPO; there is definitely IGT funding involved in the legislation. I suspect this will be one that DMCP and FMG will want to discuss more if the legislation/state moves ahead with the proposal.

Thanks,  
Laura

**From:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>

**Sent:** Monday, March 27, 2023 4:08 PM

**To:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>; Caulder, Tara (CMS/CMCS) <[Tara.Caulder@cms.hhs.gov](mailto:Tara.Caulder@cms.hhs.gov)>

**Subject:** RE: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Draft to share with Edwin; I still need to check with FMG on the link to their guidance:

Hi Edwin –

DMCP has reviewed the email and documents shared by Washington. We recognize the state requested feedback by COB 3/28. We've prepared a written response to share with the state; can you share this with the state?

"Thank you for your request. CMS does not comment on state legislation; however, CMS is happy to provide technical assistance for the state as it drafts submissions for CMS to review and approve, such as state directed payment preprints. While CMS does not currently have a draft SDP proposal before us, we do offer these general pieces of technical assistance as the state considers a future SDP submission:

- CMS is happy to review early drafts of preprint submissions. We have found this useful for both states and CMS as it generally allows CMS to identify any issues early, which may expedite the formal review processes.
- SDPs are reviewed by a federal review team, of which DMCP is one party. While early technical assistance helps to identify issues early, all preprints must go through a formal review process. Issues may be identified during the formal review process that were not identified during technical assistance.
- We strongly encourage states to submit SDPs at least 90 days in advance of the start of the rating period. Barring any notable policy issues, this timing generally allows for the state and CMS to work through the prior approval process, making it easier for states to appropriately incorporate the SDP into their contracts and rates. The later that states submit SDPs, the more likely that the related contracts and rates may be delayed and additional amendments may be needed. We do note that we cannot accept a preprint after the end of the rating period.
- We would also note that there is increased oversight interest in state directed payments, particularly in the financing of the non-federal share. We would recommend that the state consult with the appropriate FMG SMEs for any changing or new financing related to this SDP. We would also flag the following CIB that was published this past February on the use of provider taxes: <https://www.medicaid.gov/federal-policy-guidance/downloads/cib021723.pdf>.
- States must provide CMS with an evaluation plan that would evaluate the effectiveness of the SDP on furthering the goal(s) and objective(s) identified in the state's Medicaid managed care quality strategy. CMS has released guidance on what elements states should include in their evaluation plan – including identifying measure(s) such as those from the Medicaid and CHIP core set, as well as identifying baselines and targets to evaluate the relative success of the SDP. If you have questions about this, we are happy to connect you with our DQHO colleagues for more technical assistance.
- State directed payments must be based on the delivery and utilization of services to Medicaid beneficiaries covered under the contract for the applicable rating period. Therefore, state directed payments must be tied to utilization and delivery of services covered under the contract during the corresponding contract rating period; payment cannot be based solely on historical utilization. We note that the documentation provided to us suggests the use of reconciliation processes, where interim payments would be made based on historical utilization and then reconciled to utilization under the contract. While CMS has approved such models in SDPs historically, we did want to note that CMS and states have found such arrangements to be operationally challenging to implement. There often is increased work for states and plans in administering the interim payments and then the reconciliation process. We have also seen a number of states implement such payment arrangements and have to submit additional rate certification amendments and contract amendments in light of reconciliations, which can be administratively burdensome and time consuming for both CMS and states.

For more information, we do recommend that you review our more recent guidance on SDPs:

<https://www.medicaid.gov/Federal-Policy-Guidance/Downloads/smd21001.pdf>. If you would like further technical assistance on a draft SDP for submission, please reach out to [statedirectedpayment@cms.hhs.gov](mailto:statedirectedpayment@cms.hhs.gov). We would also like to

reiterate that the technical assistance provided above should not be considered CMS signing-off on or commenting on the state's draft legislation.

Thank you"

**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>

**Sent:** Friday, March 24, 2023 5:34 PM

**To:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>

**Cc:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>

**Subject:** WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Hi John,

Thanks very much John for your guidance. Attached is their draft, I will contact Dr. Fotinos to make them aware CMS does not normally comment directly on a state's proposed legislation; their technical questions are noted below:

**Questions/Concerns:**

- **Washington state is requesting to transition their existing pass-through program to a directed payment to comply with CMS' requirements to sunset the pass throughs.**
- **The state would like to discuss the expansion of the program, the proposed tiers for payment of assessment and the addition of an intergovernmental transfer program to fund a directed payment and an overall general discussion on permissibility of these items.**

Please let me know if I can help out in any other way. I will email Dr. Fotinos in the interim.

Thank you,

**Edwin Walaszek**

Washington State Lead

Division of Program Operations – West | Medicaid & CHIP Operations Group

Center for Medicaid & CHIP Services | Centers for Medicare & Medicaid Services

Email:[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)

**From:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>

**Sent:** Friday, March 24, 2023 5:19 PM

**To:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>

**Cc:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>; Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>

**Subject:** RE: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Edwin – I can discuss with our team on Monday, but many of our folks (including Rebecca) are traveling on Monday. So, reviewing and providing formal feedback by 3/28 will likely not be possible. I can circle with our team on Monday and see if we have any high-level comments, but I can't guarantee what we can provide without additional details from the state. Is the attached document what the state is asking CMS to review? If so, is this draft legislation? CMS does not normally comment directly on a state's proposed legislation, but we can offer the state technical assistance. Again, I can circle with the team on Monday and see what high-level technical assistance we can provide under the timing being offered by the state. It might be helpful for the state to send over technical questions that our team can review.

I hope this helps!

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: 410-786-5545  
E-mail: [John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)

**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>  
**Sent:** Friday, March 24, 2023 5:09 PM  
**To:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>  
**Cc:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>  
**Subject:** WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*  
**Importance:** High

Thank you John I appreciate that, I know next week will be difficult because of the meetings in Baltimore, especially since they are requesting a review by 3/28.

I took a look at your schedules for Monday and Rebecca will be OOO.

Do we need to necessarily have a call, or can the review and questions be conducted via email? They want this information Tuesday for their legislature.

Thank you,

**Edwin Walaszek**

Washington State Lead  
Division of Program Operations – West | Medicaid & CHIP Operations Group  
Center for Medicaid & CHIP Services | Centers for Medicare & Medicaid Services  
Email:[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)

**From:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>  
**Sent:** Friday, March 24, 2023 5:01 PM  
**To:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>  
**Cc:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>; Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>  
**Subject:** RE: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Hi Edwin – thanks! I think we can start with DMCP (please include Rebecca Burch Mack, Laura Snyder, and myself). We will ensure our other team members attend as well. If the state needs to address specific IGT questions, I will note that FMG is best positioned to answer those questions. I will also note that our teams are traveling next week to Baltimore for onsite meetings with MCOG and DEHPG, so I am predicting that scheduling a meeting next week will be difficult, as most of our teams will be in all-day strategic planning meetings on-site.

Thanks for helping us coordinate!

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: 410-786-5545  
E-mail: [John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)

**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>  
**Sent:** Friday, March 24, 2023 4:56 PM  
**To:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>  
**Cc:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>  
**Subject:** WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*  
**Importance:** High

Hi John,

Thank you I will certainly do that, they emailed both of us. When I emailed Andrew initially about this he indicated FMG would eventually get pulled into the IGT questions, but as far as transitioning the payments, DMCP is a good starting point.

Questions/Concerns:

**Washington state is requesting to transition their existing pass-through program to a directed payment to comply with CMS' requirements to sunset the pass throughs.**

**The state would like to discuss the expansion of the program, the proposed tiers for payment of assessment and the addition of an intergovernmental transfer program to fund a directed payment and an overall general discussion on permissibility of these items.**

They are looking for guidance by 3/28/23 the latest.

Should I setup a call with the state and DMCP only, or does FMG need to be on the call for their input. Andrew is out today and if FMG is needed should I contact Rory to see if he can make the call?

Thank you,

**Edwin Walaszek**

Washington State Lead  
Division of Program Operations – West | Medicaid & CHIP Operations Group  
Center for Medicaid & CHIP Services | Centers for Medicare & Medicaid Services  
Email:[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)

**From:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>  
**Sent:** Friday, March 24, 2023 4:45 PM  
**To:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>  
**Cc:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>; Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>  
**Subject:** RE: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Hi Edwin – it does seem like emails are crossing between multiple teams. 😊

Perhaps it makes the most sense to allow you to coordinate us in the way that makes the most sense. I am happy to help or participate however I can.

Thank you so much!

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: 410-786-5545  
E-mail: [John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)

**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>  
**Sent:** Friday, March 24, 2023 4:39 PM  
**To:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>  
**Cc:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>  
**Subject:** WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Hi John,

My name is Edwin Walaszek and I am the Washington state lead, I just emailed Laura Snyder and for context I am just forwarding over the states initial request and some background, I know Dr. Fotinos emailed you directly.

Please let me know if I can help in anyway.

Thank you,

**Edwin Walaszek**  
Washington State Lead  
Division of Program Operations – West | Medicaid & CHIP Operations Group  
Center for Medicaid & CHIP Services | Centers for Medicare & Medicaid Services  
Email:[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)

**From:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>  
**Sent:** Friday, March 24, 2023 4:28 PM  
**To:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>; Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>  
**Subject:** RE: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Hi Edwin,

We've received a separate request today from the state SMD on this topic; we'll follow-up after that meeting about any next steps.

Thanks,  
Laura



**From:** Walaszek, Edwin (CMS/CMCS) <Edwin.Walaszek1@cms.hhs.gov>  
**Sent:** Friday, March 24, 2023 4:19 PM  
**To:** Snyder, Laura (CMS/CMCS) <Laura.Snyder1@cms.hhs.gov>; Badaracco, Andrew (CMS/CMCS) <Andrew.Badaracco@cms.hhs.gov>  
**Subject:** WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*  
**Importance:** High

Good afternoon Laura,

We emailed a few days back, I work in DPO as the Washington state lead, I emailed you regarding a question that was submitted by Washington state and a bill in their legislature. **Washington state is requesting an expedited review of their concerns by Tuesday March 28<sup>th</sup> if possible.**

The bill is expected to be introduced in the next couple of days and their legislative partners are anxious to learn more about the permissibility of the program under CMS rules.

There is a link to a recent news article in Washington that provides some background on this topic?

<https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&cad=rja&uact=8&ved=2ahUKEwibu8-S2-9AhXcMVkFHZwzDR0QFnoECAwQAQ&url=https%3A%2F%2Fwww.king5.com%2Farticle%2Fnews%2Fhealth%2Fwsha-hospitals-calling-for-increased-medicaid-payments%2F281-dd424f3a-d9e0-49e6-bf7a-eb70590e0124&usg=AOvVaw2GfMqm1iV0kCroAtAFWktf>

Please let me know how I can help out. I apologize they never indicated this guidance was needed so quickly.

Thank you,

**Edwin Walaszek**

Washington State Lead  
Division of Program Operations – West | Medicaid & CHIP Operations Group  
Center for Medicaid & CHIP Services | Centers for Medicare & Medicaid Services  
Email:Edwin.Walaszek1@cms.hhs.gov

**From:** Cole, Abby (HCA) <abby.cole@hca.wa.gov>  
**Sent:** Friday, March 24, 2023 3:52 PM  
**To:** Walaszek, Edwin (CMS/CMCS) <Edwin.Walaszek1@cms.hhs.gov>  
**Cc:** Fotinos, Charissa (HCA) <charissa.fotinos@hca.wa.gov>  
**Subject:** RE: Technical Assistance Request

Yes, that article is about this bill.

Tuesday, March 28<sup>th</sup> would be ideal.

**Abby Cole**

Section Manager, Hospital Finance & Drug Rebate  
[Abby.cole@hca.wa.gov](mailto:Abby.cole@hca.wa.gov)  
Office: 360-725-1835  
She/Her (*why pronouns matter*)

**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>  
**Sent:** Friday, March 24, 2023 12:42 PM  
**To:** Cole, Abby (HCA) <[abby.cole@hca.wa.gov](mailto:abby.cole@hca.wa.gov)>  
**Cc:** Fotinos, Charissa (HCA) <[charissa.fotinos@hca.wa.gov](mailto:charissa.fotinos@hca.wa.gov)>  
**Subject:** Technical Assistance Request  
**Importance:** High

External Email

**From:** Cole, Abby (HCA) <[abby.cole@hca.wa.gov](mailto:abby.cole@hca.wa.gov)>  
**Sent:** Friday, March 24, 2023 3:32 PM  
**To:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>  
**Cc:** Fotinos, Charissa (HCA) <[charissa.fotinos@hca.wa.gov](mailto:charissa.fotinos@hca.wa.gov)>  
**Subject:** RE: Technical Assistance Request

Hello Edwin,

I'm following up on this. Any updates as to when we can expect to be able to have a TA call with CMS? The bill is expected to be introduced in the next couple of days and our legislative partners are anxious to learn more about the permissibility of the program under CMS rules.

Thank you,  
Abby

**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>  
**Sent:** Wednesday, March 22, 2023 12:29 PM  
**To:** Cole, Abby (HCA) <[abby.cole@hca.wa.gov](mailto:abby.cole@hca.wa.gov)>  
**Subject:** RE: Technical Assistance Request

External Email

Thanks very much Abby

Thank you,

**Edwin Walaszek**  
Washington State Lead

Division of Program Operations – West | Medicaid & CHIP Operations Group  
Center for Medicaid & CHIP Services | Centers for Medicare & Medicaid Services  
Email:Edwin.Walaszek1@cms.hhs.gov

**From:** Cole, Abby (HCA) <[abby.cole@hca.wa.gov](mailto:abby.cole@hca.wa.gov)>  
**Sent:** Wednesday, March 22, 2023 1:08 PM  
**To:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>  
**Cc:** Klein, Evan (HCA) <[evan.klein@hca.wa.gov](mailto:evan.klein@hca.wa.gov)>; Atkinson, Megan M. (HCA) <[megan.atkinson@hca.wa.gov](mailto:megan.atkinson@hca.wa.gov)>; Lucero, Catrina (HCA) <[catrina.lucero@hca.wa.gov](mailto:catrina.lucero@hca.wa.gov)>  
**Subject:** RE: Technical Assistance Request

Thank you.

We are looking to transition our existing pass-through program to a directed payment to comply with CMS' requirements to sunset the pass throughs.

The state would like to discuss the expansion of the program, the proposed tiers for payment of assessment and the addition of an intergovernmental transfer program to fund a directed payment. We are hoping for an overall general discussion on permissibility of those items.

Thank you,

**Abby Cole**

Section Manager, Hospital Finance  
[Abby.cole@hca.wa.gov](mailto:Abby.cole@hca.wa.gov)  
Office: 360-725-1835  
Pronouns: she/her

Washington  
Health

Authoria

[hca.wa.gov](http://hca.wa.gov)

Connect with us

**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>  
**Sent:** Thursday, March 16, 2023 3:19 PM  
**To:** Cole, Abby (HCA) <[abby.cole@hca.wa.gov](mailto:abby.cole@hca.wa.gov)>  
**Cc:** Klein, Evan (HCA) <[evan.klein@hca.wa.gov](mailto:evan.klein@hca.wa.gov)>; Atkinson, Megan M. (HCA) <[megan.atkinson@hca.wa.gov](mailto:megan.atkinson@hca.wa.gov)>; Lucero, Catrina (HCA) <[catrina.lucero@hca.wa.gov](mailto:catrina.lucero@hca.wa.gov)>  
**Subject:** Technical Assistance Request

External Email

Good afternoon Abby and team:

CMS002361cv1579

Thank you for submitting this request, I am reaching out to the team to see if they have any preliminary questions and I will follow up with some available time .

Thank you,

**Edwin Walaszek**

Washington State Lead

Division of Program Operations – West | Medicaid & CHIP Operations Group

Center for Medicaid & CHIP Services | Centers for Medicare & Medicaid Services

Email:Edwin.Walaszek1@cms.hhs.gov

**From:** Cole, Abby (HCA) <[abby.cole@hca.wa.gov](mailto:abby.cole@hca.wa.gov)>

**Sent:** Thursday, March 16, 2023 2:09 PM

**To:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>

**Cc:** Klein, Evan (HCA) <[evan.klein@hca.wa.gov](mailto:evan.klein@hca.wa.gov)>; Atkinson, Megan M. (HCA) <[megan.atkinson@hca.wa.gov](mailto:megan.atkinson@hca.wa.gov)>; Lucero, Catrina (HCA) <[catrina.lucero@hca.wa.gov](mailto:catrina.lucero@hca.wa.gov)>

**Subject:** Technical Assistance Request

Hello Edwin,

I'm attaching a draft of a proposed bill for a revised hospital assessment in Washington State. I'm hoping you can help me get something scheduled with the right individuals so we can discuss the permissibility of the proposed changes.

Thank you,

**Abby Cole**

Section Manager, Hospital Finance & Drug Rebate

[Abby.cole@hca.wa.gov](mailto:Abby.cole@hca.wa.gov)

Office: 360-725-1835

She/Her (*why pronouns matter*)

Washington State

Health Care Authority

[hca.wa.gov](http://hca.wa.gov)

[Connect with us](#)

**From:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>

**Sent:** Wednesday, March 22, 2023 4:00 PM

**To:** Walaszek, Edwin (CMS/CMCS)

<[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>; CMS State Directed Payment  
<[StateDirectedPayment@cms.hhs.gov](mailto:StateDirectedPayment@cms.hhs.gov)>

**Cc:** Caulder, Tara (CMS/CMCS) <[Tara.Caulder@cms.hhs.gov](mailto:Tara.Caulder@cms.hhs.gov)>;

Kivisaari, John (CMS/CMCS) <[John.Kivisaari@cms.hhs.gov](mailto:John.Kivisaari@cms.hhs.gov)>

**Subject:** RE: Technical Assistance-WA-WSHA Safety Net Draft

Hi Edwin,

Thanks for sharing and you've hit the right place. I've included our state directed payment mailbox on the email thread. For SDPs, Tara Caulder is our WA lead. I've also cc'ed John Kivisaari, the DMCO lead for WA, for awareness.

Let us take a look at this and follow-up with you on next steps.

Thanks,  
Laura

**From:** Walaszek, Edwin (CMS/CMCS)  
<[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>  
**Sent:** Wednesday, March 22, 2023 3:43 PM  
**To:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>  
**Subject:** Technical Assistance-WA-WSHA Safety Net Draft

Good afternoon Laura,

My name is Edwin Walaszek and I am the CMS Medicaid Washington state lead. I am reaching out to you as I was referred by Andrew Badaracco, Washington state has submitted a draft bill (attached) that will revise the rating of Washington State Hospitals.

The state is looking to transition their existing pass-through program to a directed payment to comply with CMS' requirements to sunset the pass throughs.

**The state would like to discuss the expansion of the program, the proposed tiers for payment of assessment and the addition of an intergovernmental transfer program to fund a directed payment.**

They are hoping for an overall general discussion on permissibility of those items.

Thank you for any help you can provide, alternatively do you think it would be easier to setup a call with the state to discuss.

Please let me know if there are any other questions or concerns.

Thank you,

**Edwin Walaszek**  
Washington State Lead  
Division of Program Operations – West | Medicaid & CHIP  
Operations Group  
Center for Medicaid & CHIP Services | Centers for Medicare &  
Medicaid Services  
Email: [Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)

**From:** Badaracco, Andrew (CMS/CMCS)  
<[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>  
**Sent:** Wednesday, March 22, 2023 3:38 PM  
**To:** Walaszek, Edwin (CMS/CMCS)  
<[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>; Caughey, Tom (CMS/CMCS)  
<[Tom.Caughey@cms.hhs.gov](mailto:Tom.Caughey@cms.hhs.gov)>; Moreth, James (CMS/CMCS)  
<[James.Moreth@cms.hhs.gov](mailto:James.Moreth@cms.hhs.gov)>; Knight, Gary (CMS/CMCS)  
<[Gary.Knight@cms.hhs.gov](mailto:Gary.Knight@cms.hhs.gov)>  
**Subject:** RE: Technical Assistance-WA-WSHA Safety Net Draft

Hey Edwin –

Pass-through payments and state-directed payments are DMCP's policy area. Suggest you reach out to Laura Snyder.

Thanks!

**From:** Walaszek, Edwin (CMS/CMCS)  
<[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>  
**Sent:** Wednesday, March 22, 2023 3:29 PM  
**To:** Caughey, Tom (CMS/CMCS) <[Tom.Caughey@cms.hhs.gov](mailto:Tom.Caughey@cms.hhs.gov)>;  
Moreth, James (CMS/CMCS) <[James.Moreth@cms.hhs.gov](mailto:James.Moreth@cms.hhs.gov)>;  
Knight, Gary (CMS/CMCS) <[Gary.Knight@cms.hhs.gov](mailto:Gary.Knight@cms.hhs.gov)>; Badaracco,  
Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>  
**Subject:** Technical Assistance-WA-WSHA Safety Net Draft

Hi Tom and team:

Thanks Tom, so I reached out to the state for some more specifics on their TA request regarding the draft by the legislature regarding the WSHA Safety Net draft.

The state is looking to transition their existing pass-through program to a directed payment to comply with CMS' requirements to sunset the pass throughs.

**The state would like to discuss the expansion of the program, the proposed tiers for payment of assessment and the addition of an intergovernmental transfer program to fund a directed payment.**

They are hoping for an overall general discussion on permissibility of those items.

Please let me know if there are any other questions or concerns.

Thank you,

**Edwin Walaszek**  
Washington State Lead  
Division of Program Operations – West | Medicaid & CHIP  
Operations Group  
Center for Medicaid & CHIP Services | Centers for Medicare &  
Medicaid Services

Email:Edwin.Walaszek1@cms.hhs.gov

**From:** Walaszek, Edwin (CMS/CMCS)  
<[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>  
**Sent:** Friday, March 17, 2023 11:38 AM  
**To:** Caughey, Tom (CMS/CMCS) <[Tom.Caughey@cms.hhs.gov](mailto:Tom.Caughey@cms.hhs.gov)>;  
Moreth, James (CMS/CMCS) <[James.Moreth@cms.hhs.gov](mailto:James.Moreth@cms.hhs.gov)>;  
Knight, Gary (CMS/CMCS) <[Gary.Knight@cms.hhs.gov](mailto:Gary.Knight@cms.hhs.gov)>; Badaracco,  
Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>  
**Subject:** RE: Technical Assistance-WA-WSHA Safety Net Draft

Good morning Tom,

Thank you, I will reach out to the state for more specifics.

Thank you,

**Edwin Walaszek**  
Washington State Lead  
Division of Program Operations – West | Medicaid & CHIP  
Operations Group  
Center for Medicaid & CHIP Services | Centers for Medicare &  
Medicaid Services  
Email:Edwin.Walaszek1@cms.hhs.gov

**From:** Caughey, Tom (CMS/CMCS) <[Tom.Caughey@cms.hhs.gov](mailto:Tom.Caughey@cms.hhs.gov)>  
**Sent:** Friday, March 17, 2023 11:23 AM  
**To:** Walaszek, Edwin (CMS/CMCS)  
<[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>; Moreth, James (CMS/CMCS)  
<[James.Moreth@cms.hhs.gov](mailto:James.Moreth@cms.hhs.gov)>; Knight, Gary (CMS/CMCS)  
<[Gary.Knight@cms.hhs.gov](mailto:Gary.Knight@cms.hhs.gov)>; Badaracco, Andrew (CMS/CMCS)  
<[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>  
**Subject:** RE: Technical Assistance-WA-WSHA Safety Net Draft

Hi Edwin,

Could the state please send questions they have before the call? Also, if they provide a little background on why they are making the changes could help. Thanks.

Tom Caughey, Funding Specialist  
Centers for Medicare & Medicaid Services  
Financial Management Group  
Division of Reimbursement Review

Federal Building  
Suite 208  
315 West Allegan  
Lansing, MI 48933

517-487-8598

**From:** Walaszek, Edwin (CMS/CMCS)  
<[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>  
**Sent:** Thursday, March 16, 2023 6:18 PM  
**To:** Moreth, James (CMS/CMCS) <[James.Moreth@cms.hhs.gov](mailto:James.Moreth@cms.hhs.gov)>;  
Caughey, Tom (CMS/CMCS) <[Tom.Caughey@cms.hhs.gov](mailto:Tom.Caughey@cms.hhs.gov)>; Knight,  
Gary (CMS/CMCS) <[Gary.Knight@cms.hhs.gov](mailto:Gary.Knight@cms.hhs.gov)>; Badaracco,  
Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>  
**Subject:** Technical Assistance-WA-WSHA Safety Net Draft

Hello DRR team:

I am reaching out to the team because Washington state has submitted a draft bill (attached) that will revise the rating of Washington State Hospitals. The state is requesting to speak with CMS to discuss the acceptability of the proposed changes.

Are any questions or concerns I can help clarify with the state before scheduling some time with them?

Thank you,

Edwin Walaszek  
Washington State Lead  
Division of Program Operations – West | Medicaid & CHIP  
Operations Group  
Center for Medicaid & CHIP Services | Centers for Medicare  
& Medicaid Services  
Email:[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)



Message

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**From:** Giles, John (CMS/CMCS) (b)(6)  
(b)(6)  
**Sent:** 3/29/2023 3:53:45 PM  
**To:** Snyder, Laura (CMS/CMCS) (b)(6)  
(b)(6)  
**CC:** Giles, John (CMS/CMCS) (b)(6)  
(b)(6)  
**Subject:** RE: RE: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

#1 is not ours (in my read). #2 – agreed, we currently have no requirement, that is why we are modifying our MLR rules to account for this in future MLR reporting. #3 looks to belong to FMG. I don't know if you need to respond, but feel free to let them know on #2. Thanks!

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: 410-786-5545  
E-mail: [John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)

**From:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>  
**Sent:** Wednesday, March 29, 2023 7:49 AM  
**To:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>  
**Subject:** FW: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

I am not entirely sure what to do with this – we don't have a proposal in house.

For the second question posed here – there, I don't believe, is a requirement that 100% of the SDP be passed on to the providers. We know that states do this today with SPTs and are in fact required to account for admin in cap rate development. All of it gets matched at the state's FMAP, not admin match. We would see the difference in the MLR reporting under the NPRM better than we do today.

Do you want me to respond to any of this?

Thanks,  
Laura

**From:** Endelman (he/him), Jonathan (CMS/CMCS) <[Jonathan.Endelman@cms.hhs.gov](mailto:Jonathan.Endelman@cms.hhs.gov)>  
**Sent:** Tuesday, March 28, 2023 4:11 PM  
**To:** Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>; Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; Goldstein, Stuart (CMS/CMCS) <[STUART.GOLDSTEIN@cms.hhs.gov](mailto:STUART.GOLDSTEIN@cms.hhs.gov)>  
**Cc:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>  
**Subject:** RE: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Hello Laura,

Just wanted to let you know that I got off the phone with Rory and Stuart. He said that WA explained to us three weeks ago in a call with the SMD and the Health Secretary that the information that we had received regarding the possible existence of a similar arrangement as in Florida was based on incorrect information. Washington stated that they planned on increasing the amount of the hospital tax. Rory said that the assurances they gave to us on the call were sufficient to make sure that there was no specific indications that these types of pooling and redistribution arrangements existed in Washington. He did say that the issue of re-directing a portion of the SDP to pay for the MCO premium tax that Andrew mentioned was concerning. And that there may or may not be an issue on a couple of fronts:

1. The net expenditure issue raised by Andrew. That the state is in effect claiming on the CMS-64 for expenditures that it never had. What makes this more complex is that the state is claiming a rate, or a PMPM on the CMS-64, since this involves managed care and not FFS. They are not claiming for actual expenditures. So the net expenditure issue becomes trickier.
2. Is there any requirement under managed care statute or regulation that says that the MCO must pass on 100% of the SDP to the hospital and cannot retain any portion of it? In the scenario outlined by the state, 98% of the SDP would be passed on to the hospital and 2% of the SDP would be retained by the MCO to pay the MCO premium assessment. Is this allowed under managed care rules?
3. There is a concern that I mentioned earlier regarding the hold harmless. If the MCOs are allowed to retain some portion of the payments based on their proportion of Medicaid member months, that would probably be allowable from a tax perspective, because we allow states to recognize Medicaid's allowable portion of the tax. If, on the other hand, all MCOs retain a flat 2% of the SDP, that could be viewed as more problematic and could be viewed as a hold harmless.

Rory stated that he has a call at 5:15 p.m. today with Washington.

Best,

Jonathan

Jonathan Endelman, PhD  
Social Science Research Analyst  
Centers for Medicare & Medicaid Services (CMS)  
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7500 Security Blvd.  
Mail Stop, S3-14-28  
Baltimore, MD 21244-1850

**From:** Endelman (he/him), Jonathan (CMS/CMCS)

**Sent:** Tuesday, March 28, 2023 1:33 PM

**To:** Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>; Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; Goldstein, Stuart (CMS/CMCS) <[STUART.GOLDSTEIN@cms.hhs.gov](mailto:STUART.GOLDSTEIN@cms.hhs.gov)>

**Cc:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>

**Subject:** RE: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Thanks for this Andrew. This certainly sounds strange. It sounds like the state is using the proceeds from one health care-related tax (a tax on inpatient and outpatient hospital services) in order to serve as the basis for paying another health care-related tax (services of managed care organizations). Inpatient hospital services, outpatient hospital services, and services of managed care organizations are all separate permissible classes under Section 1903 (w)(7) of the Social Security Act and 42 CFR 433.56. If this is the case, that could be a hold harmless under Section 1903 (w)(4) and

42 CFR 433.68 (f) because the statute states that a hold harmless occurs where, "The State or other unit of government imposing the tax provides (directly or indirectly) for any payment, offset, or waiver that guarantees to hold taxpayers harmless for any portion of the costs of the tax." If this situation occurs as it is being described, the state may be giving an offset to the managed care organizations to hold them harmless for a portion of the tax, which would not be permissible. It looks like there are multiple, interlocking, complicated, moving parts in the state of Washington when it comes to the relationships between their managed care organizations and their hospitals that we need to get a better idea of understanding in order to know what is going on and if it would be in accordance with the requirements laid out in federal statute and regulation.

Best,

Jonathan

Jonathan Endelman, PhD  
Social Science Research Analyst  
Centers for Medicare & Medicaid Services (CMS)  
Center for Medicaid and CHIP Services (CMCS)  
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[jonathan.endelman@cms.hhs.gov](mailto:jonathan.endelman@cms.hhs.gov)  
7500 Security Blvd.  
Mail Stop, S3-14-28  
Baltimore, MD 21244-1850

**From:** Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>  
**Sent:** Tuesday, March 28, 2023 12:26 PM  
**To:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; Goldstein, Stuart (CMS/CMCS) <[STUART.GOLDSTEIN@cms.hhs.gov](mailto:STUART.GOLDSTEIN@cms.hhs.gov)>; Endelman (he/him), Jonathan (CMS/CMCS) <[Jonathan.Endelman@cms.hhs.gov](mailto:Jonathan.Endelman@cms.hhs.gov)>  
**Cc:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>  
**Subject:** RE: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Thanks, Laura – We'll be looking out for follow ups on this.

Copying the email thread with Edwin for reference.

In this particular instance, they didn't say anything as of yet about which entities will be providing an IGT, but we'll be sure to advise on the upcoming drafts/SDPs. One thing to keep in mind, in particular in Edwin's email, they're talking about possibly shaving off some of the Medicaid SDPs and paying that money to the MCOs as an "assessment" of some kind. If there's no FFP involved in the state's payment to the MCO, then we're not super concerned about it. If there *is* FFP mixed into the amounts the MCOs are able to keep, then we would likely say that keeping revenue from a provider payment would not be allowable under 42 CFR 447.10. I don't know if you all have any similar regulations in MCOs, but considering as these are state directed payments, I would think that the whole of the Medicaid payment would be directed to the providers.

**From:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>  
**Sent:** Tuesday, March 28, 2023 8:02 AM  
**To:** Goldstein, Stuart (CMS/CMCS) <[STUART.GOLDSTEIN@cms.hhs.gov](mailto:STUART.GOLDSTEIN@cms.hhs.gov)>; Endelman (he/him), Jonathan (CMS/CMCS) <[Jonathan.Endelman@cms.hhs.gov](mailto:Jonathan.Endelman@cms.hhs.gov)>; Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>

**Cc:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>

**Subject:** FW: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

**Importance:** High

Hi Jonathan and Stuart,

Sorry to ask for a quick turnaround, but WA is asking for some feedback by COB today. As you'll see in the draft below, we don't have any kind of submission in house at this point. All that's been shared with us is a draft bill in the WA legislature for a new series of payments (SDPs and it looks like some FFS payments as well. We are making clear to the state that CMS doesn't comment on draft legislation, but wanted to give them some level of general TA. In that spirit, are you comfortable with the highlighted bullet that calls out the recent guidance you all put out on hold harmless?

Andrew – I added you as you were on the chain at one point from Edwin in DPO; there is definitely IGT funding involved in the legislation. I suspect this will be one that DMCP and FMG will want to discuss more if the legislation/state moves ahead with the proposal.

Thanks,  
Laura

**From:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>

**Sent:** Monday, March 27, 2023 4:08 PM

**To:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>; Caulder, Tara (CMS/CMCS) <[Tara.Caulder@cms.hhs.gov](mailto:Tara.Caulder@cms.hhs.gov)>

**Subject:** RE: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Draft to share with Edwin; I still need to check with FMG on the link to their guidance:

Hi Edwin –

DMCP has reviewed the email and documents shared by Washington. We recognize the state requested feedback by COB 3/28. We've prepared a written response to share with the state; can you share this with the state?

"Thank you for your request. CMS does not comment on state legislation; however, CMS is happy to provide technical assistance for the state as it drafts submissions for CMS to review and approve, such as state directed payment preprints. While CMS does not currently have a draft SDP proposal before us, we do offer these general pieces of technical assistance as the state considers a future SDP submission:

- CMS is happy to review early drafts of preprint submissions. We have found this useful for both states and CMS as it generally allows CMS to identify any issues early, which may expedite the formal review processes.
- SDPs are reviewed by a federal review team, of which DMCP is one party. While early technical assistance helps to identify issues early, all preprints must go through a formal review process. Issues may be identified during the formal review process that were not identified during technical assistance.
- We strongly encourage states to submit SDPs at least 90 days in advance of the start of the rating period. Barring any notable policy issues, this timing generally allows for the state and CMS to work through the prior approval process, making it easier for states to appropriately incorporate the SDP into their contracts and rates. The later that states submit SDPs, the more likely that the related contracts and rates may be delayed and additional amendments may be needed. We do note that we cannot accept a preprint after the end of the rating period.
- We would also note that there is increased oversight interest in state directed payments, particularly in the financing of the non-federal share. We would recommend that the state consult with the appropriate FMG SMEs for any changing or new financing related to this SDP. We would also flag the following CIB that was published this past February on the use of provider taxes: <https://www.medicaid.gov/federal-policy-guidance/downloads/cib021723.pdf>.

- States must provide CMS with an evaluation plan that would evaluate the effectiveness of the SDP on furthering the goal(s) and objective(s) identified in the state's Medicaid managed care quality strategy. CMS has released guidance on what elements states should include in their evaluation plan – including identifying measure(s) such as those from the Medicaid and CHIP core set, as well as identifying baselines and targets to evaluate the relative success of the SDP. If you have questions about this, we are happy to connect you with our DQHO colleagues for more technical assistance.
- State directed payments must be based on the delivery and utilization of services to Medicaid beneficiaries covered under the contract for the applicable rating period. Therefore, state directed payments must be tied to utilization and delivery of services covered under the contract during the corresponding contract rating period; payment cannot be based solely on historical utilization. We note that the documentation provided to us suggests the use of reconciliation processes, where interim payments would be made based on historical utilization and then reconciled to utilization under the contract. While CMS has approved such models in SDPs historically, we did want to note that CMS and states have found such arrangements to be operationally challenging to implement. There often is increased work for states and plans in administering the interim payments and then the reconciliation process. We have also seen a number of states implement such payment arrangements and have to submit additional rate certification amendments and contract amendments in light of reconciliations, which can be administratively burdensome and time consuming for both CMS and states.

For more information, we do recommend that you review our more recent guidance on SDPs:

<https://www.medicaid.gov/Federal-Policy-Guidance/Downloads/smd21001.pdf>. If you would like further technical assistance on a draft SDP for submission, please reach out to [statedirectedpayment@cms.hhs.gov](mailto:statedirectedpayment@cms.hhs.gov). We would also like to reiterate that the technical assistance provided above should not be considered CMS signing-off on or commenting on the state's draft legislation.

Thank you"

**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>

**Sent:** Friday, March 24, 2023 5:34 PM

**To:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>

**Cc:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>

**Subject:** WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Hi John,

Thanks very much John for your guidance. Attached is their draft, I will contact Dr. Fotinos to make them aware CMS does not normally comment directly on a state's proposed legislation; their technical questions are noted below:

**Questions/Concerns:**

- **Washington state is requesting to transition their existing pass-through program to a directed payment to comply with CMS' requirements to sunset the pass throughs.**
- **The state would like to discuss the expansion of the program, the proposed tiers for payment of assessment and the addition of an intergovernmental transfer program to fund a directed payment and an overall general discussion on permissibility of these items.**

Please let me know if I can help out in any other way. I will email Dr. Fotinos in the interim.

Thank you,

**Edwin Walaszek**

Washington State Lead

Division of Program Operations – West | Medicaid & CHIP Operations Group  
Center for Medicaid & CHIP Services | Centers for Medicare & Medicaid Services  
Email:Edwin.Walaszek1@cms.hhs.gov

**From:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>  
**Sent:** Friday, March 24, 2023 5:19 PM  
**To:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>  
**Cc:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>; Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>  
**Subject:** RE: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Edwin – I can discuss with our team on Monday, but many of our folks (including Rebecca) are traveling on Monday. So, reviewing and providing formal feedback by 3/28 will likely not be possible. I can circle with our team on Monday and see if we have any high-level comments, but I can't guarantee what we can provide without additional details from the state. Is the attached document what the state is asking CMS to review? If so, is this draft legislation? CMS does not normally comment directly on a state's proposed legislation, but we can offer the state technical assistance. Again, I can circle with the team on Monday and see what high-level technical assistance we can provide under the timing being offered by the state. It might be helpful for the state to send over technical questions that our team can review.

I hope this helps!

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: 410-786-5545  
E-mail: [John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)

**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>  
**Sent:** Friday, March 24, 2023 5:09 PM  
**To:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>  
**Cc:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>  
**Subject:** WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*  
**Importance:** High

Thank you John I appreciate that, I know next week will be difficult because of the meetings in Baltimore, especially since they are requesting a review by 3/28.

I took a look at your schedules for Monday and Rebecca will be OOO.

Do we need to necessarily have a call, or can the review and questions be conducted via email? They want this information Tuesday for their legislature.

Thank you,

**Edwin Walaszek**  
Washington State Lead  
Division of Program Operations – West | Medicaid & CHIP Operations Group

Center for Medicaid & CHIP Services | Centers for Medicare & Medicaid Services  
Email:Edwin.Walaszek1@cms.hhs.gov

**From:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>  
**Sent:** Friday, March 24, 2023 5:01 PM  
**To:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>  
**Cc:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>; Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>  
**Subject:** RE: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Hi Edwin – thanks! I think we can start with DMCP (please include Rebecca Burch Mack, Laura Snyder, and myself). We will ensure our other team members attend as well. If the state needs to address specific IGT questions, I will note that FMG is best positioned to answer those questions. I will also note that our teams are traveling next week to Baltimore for onsite meetings with MCOG and DEHPG, so I am predicting that scheduling a meeting next week will be difficult, as most of our teams will be in all-day strategic planning meetings on-site.

Thanks for helping us coordinate!

John Giles, MPA  
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Disabled and Elderly Health Programs Group  
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Centers for Medicare and Medicaid Services  
Department of Health and Human Services  
Phone: 410-786-5545  
E-mail: [John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)

**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>  
**Sent:** Friday, March 24, 2023 4:56 PM  
**To:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>  
**Cc:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>  
**Subject:** WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*  
**Importance:** High

Hi John,

Thank you I will certainly do that, they emailed both of us. When I emailed Andrew initially about this he indicated FMG would eventually get pulled into the IGT questions, but as far as transitioning the payments, DMCP is a good starting point.

Questions/Concerns:

**Washington state is requesting to transition their existing pass-through program to a directed payment to comply with CMS' requirements to sunset the pass throughs.**

**The state would like to discuss the expansion of the program, the proposed tiers for payment of assessment and the addition of an intergovernmental transfer program to fund a directed payment and an overall general discussion on permissibility of these items.**

They are looking for guidance by 3/28/23 the latest.

Should I setup a call with the state and DMCP only, or does FMG need to be on the call for their input. Andrew is out today and if FMG is needed should I contact Rory to see if he can make the call?

Thank you,

**Edwin Walaszek**

Washington State Lead

Division of Program Operations – West | Medicaid & CHIP Operations Group

Center for Medicaid & CHIP Services | Centers for Medicare & Medicaid Services

Email:Edwin.Walaszek1@cms.hhs.gov

**From:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>

**Sent:** Friday, March 24, 2023 4:45 PM

**To:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>

**Cc:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>; Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>

**Subject:** RE: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Hi Edwin – it does seem like emails are crossing between multiple teams. 😊

Perhaps it makes the most sense to allow you to coordinate us in the way that makes the most sense. I am happy to help or participate however I can.

Thank you so much!

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: 410-786-5545

E-mail: [John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)

**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>

**Sent:** Friday, March 24, 2023 4:39 PM

**To:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>

**Cc:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>

**Subject:** WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Hi John,

My name is Edwin Walaszek and I am the Washington state lead, I just emailed Laura Snyder and for context I am just forwarding over the states initial request and some background, I know Dr. Fotinos emailed you directly.

Please let me know if I can help in anyway.

Thank you,

**Edwin Walaszek**



Washington State Lead  
Division of Program Operations – West | Medicaid & CHIP Operations Group  
Center for Medicaid & CHIP Services | Centers for Medicare & Medicaid Services  
Email:Edwin.Walaszek1@cms.hhs.gov

**From:** Snyder, Laura (CMS/CMCS) <Laura.Snyder1@cms.hhs.gov>  
**Sent:** Friday, March 24, 2023 4:28 PM  
**To:** Walaszek, Edwin (CMS/CMCS) <Edwin.Walaszek1@cms.hhs.gov>; Badaracco, Andrew (CMS/CMCS) <Andrew.Badaracco@cms.hhs.gov>  
**Subject:** RE: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Hi Edwin,

We've received a separate request today from the state SMD on this topic; we'll follow-up after that meeting about any next steps.

Thanks,  
Laura

**From:** Walaszek, Edwin (CMS/CMCS) <Edwin.Walaszek1@cms.hhs.gov>  
**Sent:** Friday, March 24, 2023 4:19 PM  
**To:** Snyder, Laura (CMS/CMCS) <Laura.Snyder1@cms.hhs.gov>; Badaracco, Andrew (CMS/CMCS) <Andrew.Badaracco@cms.hhs.gov>  
**Subject:** WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*  
**Importance:** High

Good afternoon Laura,

We emailed a few days back, I work in DPO as the Washington state lead, I emailed you regarding a question that was submitted by Washington state and a bill in their legislature. **Washington state is requesting an expedited review of their concerns by Tuesday March 28<sup>th</sup> if possible.**

The bill is expected to be introduced in the next couple of days and their legislative partners are anxious to learn more about the permissibility of the program under CMS rules.

There is a link to a recent news article in Washington that provides some background on this topic?

<https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&cad=rja&uact=8&ved=2ahUKEwibu8-S2-9AhXcMVkFHZwzDROQFnoECAwQAQ&url=https%3A%2F%2Fwww.king5.com%2Farticle%2Fnews%2Fhealth%2Fwsha-hospitals-calling-for-increased-medicaid-payments%2F281-dd424f3a-d9e0-49e6-bf7a-eb70590e0124&usg=AOvVaw2GfMqm1iV0kCroAtAFWktf>

Please let me know how I can help out. I apologize they never indicated this guidance was needed so quickly.

Thank you,

**Edwin Walaszek**  
Washington State Lead  
Division of Program Operations – West | Medicaid & CHIP Operations Group  
Center for Medicaid & CHIP Services | Centers for Medicare & Medicaid Services

Email:Edwin.Walaszek1@cms.hhs.gov

**From:** Cole, Abby (HCA) <[abby.cole@hca.wa.gov](mailto:abby.cole@hca.wa.gov)>  
**Sent:** Friday, March 24, 2023 3:52 PM  
**To:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>  
**Cc:** Fotinos, Charissa (HCA) <[charissa.fotinos@hca.wa.gov](mailto:charissa.fotinos@hca.wa.gov)>  
**Subject:** RE: Technical Assistance Request

Yes, that article is about this bill.

Tuesday, March 28<sup>th</sup> would be ideal.

**Abby Cole**

Section Manager, Hospital Finance & Drug Rebate  
[Abby.cole@hca.wa.gov](mailto:Abby.cole@hca.wa.gov)  
Office: 360-725-1835  
She/Her (*why pronouns matter*)

Washington State  
Health Care Authority

[hca.wa.gov](http://hca.wa.gov)

**Connect with us**

**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>  
**Sent:** Friday, March 24, 2023 12:42 PM  
**To:** Cole, Abby (HCA) <[abby.cole@hca.wa.gov](mailto:abby.cole@hca.wa.gov)>  
**Cc:** Fotinos, Charissa (HCA) <[charissa.fotinos@hca.wa.gov](mailto:charissa.fotinos@hca.wa.gov)>  
**Subject:** Technical Assistance Request  
**Importance:** High

External Email

**From:** Cole, Abby (HCA) <[abby.cole@hca.wa.gov](mailto:abby.cole@hca.wa.gov)>  
**Sent:** Friday, March 24, 2023 3:32 PM  
**To:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>  
**Cc:** Fotinos, Charissa (HCA) <[charissa.fotinos@hca.wa.gov](mailto:charissa.fotinos@hca.wa.gov)>  
**Subject:** RE: Technical Assistance Request

Hello Edwin,

I'm following up on this. Any updates as to when we can expect to be able to have a TA call with CMS? The bill is expected to be introduced in the next couple of days and our legislative partners are

anxious to learn more about the permissibility of the program under CMS rules.

Thank you,  
Abby

**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>  
**Sent:** Wednesday, March 22, 2023 12:29 PM  
**To:** Cole, Abby (HCA) <[abby.cole@hca.wa.gov](mailto:abby.cole@hca.wa.gov)>  
**Subject:** RE: Technical Assistance Request

External Email

Thanks very much Abby

Thank you,

**Edwin Walaszek**

Washington State Lead  
Division of Program Operations – West | Medicaid & CHIP Operations Group  
Center for Medicaid & CHIP Services | Centers for Medicare & Medicaid Services  
Email: [Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)

**From:** Cole, Abby (HCA) <[abby.cole@hca.wa.gov](mailto:abby.cole@hca.wa.gov)>  
**Sent:** Wednesday, March 22, 2023 1:08 PM  
**To:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>  
**Cc:** Klein, Evan (HCA) <[evan.klein@hca.wa.gov](mailto:evan.klein@hca.wa.gov)>; Atkinson, Megan M. (HCA) <[megan.atkinson@hca.wa.gov](mailto:megan.atkinson@hca.wa.gov)>; Lucero, Catrina (HCA) <[catrina.lucero@hca.wa.gov](mailto:catrina.lucero@hca.wa.gov)>  
**Subject:** RE: Technical Assistance Request

Thank you.

We are looking to transition our existing pass-through program to a directed payment to comply with CMS' requirements to sunset the pass throughs.

The state would like to discuss the expansion of the program, the proposed tiers for payment of assessment and the addition of an intergovernmental transfer program to fund a directed payment. We are hoping for an overall general discussion on permissibility of those items.

Thank you,

**Abby Cole**

Section Manager, Hospital Finance  
[Abby.cole@hca.wa.gov](mailto:Abby.cole@hca.wa.gov)  
Office: 360-725-1835

Pronouns: she/her

Washington  
Health

Authority

[hca.wa.gov](http://hca.wa.gov)

Connect with us

**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>  
**Sent:** Thursday, March 16, 2023 3:19 PM  
**To:** Cole, Abby (HCA) <[abby.cole@hca.wa.gov](mailto:abby.cole@hca.wa.gov)>  
**Cc:** Klein, Evan (HCA) <[evan.klein@hca.wa.gov](mailto:evan.klein@hca.wa.gov)>; Atkinson, Megan M. (HCA) <[megan.atkinson@hca.wa.gov](mailto:megan.atkinson@hca.wa.gov)>; Lucero, Catrina (HCA) <[catrina.lucero@hca.wa.gov](mailto:catrina.lucero@hca.wa.gov)>  
**Subject:** Technical Assistance Request

External Email

Good afternoon Abby and team:

Thank you for submitting this request, I am reaching to out the team to see if they have any preliminary questions and I will follow up with some available time .

Thank you,

**Edwin Walaszek**

Washington State Lead

Division of Program Operations – West | Medicaid & CHIP Operations Group

Center for Medicaid & CHIP Services | Centers for Medicare & Medicaid Services

Email:[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)

**From:** Cole, Abby (HCA) <[abby.cole@hca.wa.gov](mailto:abby.cole@hca.wa.gov)>  
**Sent:** Thursday, March 16, 2023 2:09 PM  
**To:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>  
**Cc:** Klein, Evan (HCA) <[evan.klein@hca.wa.gov](mailto:evan.klein@hca.wa.gov)>; Atkinson, Megan M. (HCA) <[megan.atkinson@hca.wa.gov](mailto:megan.atkinson@hca.wa.gov)>; Lucero, Catrina (HCA) <[catrina.lucero@hca.wa.gov](mailto:catrina.lucero@hca.wa.gov)>  
**Subject:** Technical Assistance Request

Hello Edwin,

I'm attaching a draft of a proposed bill for a revised hospital assessment in Washington State. I'm hoping you can help me get something scheduled with the right individuals so we can discuss the permissibility of the proposed changes.

CMS002378cv1579

Thank you,

**Abby Cole**

Section Manager, Hospital Finance & Drug Rebate

[Abby.cole@hca.wa.gov](mailto:Abby.cole@hca.wa.gov)

Office: 360-725-1835

She/Her (*why pronouns matter*)

Washington State  
Health Care Authority

[hca.wa.gov](http://hca.wa.gov)

[Connect with us](#)

**From:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>  
**Sent:** Wednesday, March 22, 2023 4:00 PM  
**To:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>; CMS State Directed Payment <[StateDirectedPayment@cms.hhs.gov](mailto:StateDirectedPayment@cms.hhs.gov)>  
**Cc:** Caulder, Tara (CMS/CMCS) <[Tara.Caulder@cms.hhs.gov](mailto:Tara.Caulder@cms.hhs.gov)>; Kivisaari, John (CMS/CMCS) <[John.Kivisaari@cms.hhs.gov](mailto:John.Kivisaari@cms.hhs.gov)>  
**Subject:** RE: Technical Assistance-WA-WSHA Safety Net Draft

Hi Edwin,

Thanks for sharing and you've hit the right place. I've included our state directed payment mailbox on the email thread. For SDPs, Tara Caulder is our WA lead. I've also cc'ed John Kivisaari, the DMCO lead for WA, for awareness.

Let us take a look at this and follow-up with you on next steps.

Thanks,  
Laura

**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>  
**Sent:** Wednesday, March 22, 2023 3:43 PM  
**To:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>  
**Subject:** Technical Assistance-WA-WSHA Safety Net Draft

Good afternoon Laura,

My name is Edwin Walaszek and I am the CMS Medicaid Washington state lead. I am reaching out to you as I was referred by Andrew Badaracco, Washington state has submitted a draft bill (attached) that will revise the rating of Washington State Hospitals.

The state is looking to transition their existing pass-through program to a directed payment to comply with CMS' requirements to sunset the pass throughs.

**The state would like to discuss the expansion of the program, the proposed tiers for payment of assessment and the addition of an intergovernmental transfer program to fund a directed payment.**

They are hoping for an overall general discussion on permissibility of those items.

Thank you for any help you can provide, alternatively do you think it would be easier to setup a call with the state to discuss.

Please let me know if there are any other questions or concerns.

Thank you,

**Edwin Walaszek**

Washington State Lead

Division of Program Operations – West | Medicaid & CHIP Operations Group

Center for Medicaid & CHIP Services | Centers for Medicare & Medicaid Services

Email:Edwin.Walaszek1@cms.hhs.gov

**From:** Badaracco, Andrew (CMS/CMCS)

<[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>

**Sent:** Wednesday, March 22, 2023 3:38 PM

**To:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>;

Caughey, Tom (CMS/CMCS) <[Tom.Caughey@cms.hhs.gov](mailto:Tom.Caughey@cms.hhs.gov)>; Moreth,

James (CMS/CMCS) <[James.Moreth@cms.hhs.gov](mailto:James.Moreth@cms.hhs.gov)>; Knight, Gary

(CMS/CMCS) <[Gary.Knight@cms.hhs.gov](mailto:Gary.Knight@cms.hhs.gov)>

**Subject:** RE: Technical Assistance-WA-WSHA Safety Net Draft

Hey Edwin –

Pass-through payments and state-directed payments are DMCP's policy area. Suggest you reach out to Laura Snyder.

Thanks!

**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>

**Sent:** Wednesday, March 22, 2023 3:29 PM

**To:** Caughey, Tom (CMS/CMCS) <[Tom.Caughey@cms.hhs.gov](mailto:Tom.Caughey@cms.hhs.gov)>; Moreth,

James (CMS/CMCS) <[James.Moreth@cms.hhs.gov](mailto:James.Moreth@cms.hhs.gov)>; Knight, Gary

(CMS/CMCS) <[Gary.Knight@cms.hhs.gov](mailto:Gary.Knight@cms.hhs.gov)>; Badaracco, Andrew

(CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>

**Subject:** Technical Assistance-WA-WSHA Safety Net Draft

Hi Tom and team:

Thanks Tom, so I reached out to the state for some more specifics on their TA request regarding the draft by the legislature regarding the WSHA Safety Net draft.

The state is looking to transition their existing pass-through program to a directed payment to comply with CMS' requirements to sunset the pass throughs.

**The state would like to discuss the expansion of the program, the proposed tiers for payment of assessment and the addition of an intergovernmental transfer program to fund a directed payment.**

They are hoping for an overall general discussion on permissibility of those items.

Please let me know if there are any other questions or concerns.

Thank you,

**Edwin Walaszek**

Washington State Lead

Division of Program Operations – West | Medicaid & CHIP Operations Group

Center for Medicaid & CHIP Services | Centers for Medicare & Medicaid Services

Email:Edwin.Walaszek1@cms.hhs.gov

**From:** Walaszek, Edwin (CMS/CMCS) <Edwin.Walaszek1@cms.hhs.gov>

**Sent:** Friday, March 17, 2023 11:38 AM

**To:** Caughey, Tom (CMS/CMCS) <Tom.Caughey@cms.hhs.gov>; Moreth, James (CMS/CMCS) <James.Moreth@cms.hhs.gov>; Knight, Gary (CMS/CMCS) <Gary.Knight@cms.hhs.gov>; Badaracco, Andrew (CMS/CMCS) <Andrew.Badaracco@cms.hhs.gov>

**Subject:** RE: Technical Assistance-WA-WSHA Safety Net Draft

Good morning Tom,

Thank you, I will reach out to the state for more specifics.

Thank you,

**Edwin Walaszek**

Washington State Lead

Division of Program Operations – West | Medicaid & CHIP Operations Group

Center for Medicaid & CHIP Services | Centers for Medicare & Medicaid Services

Email:Edwin.Walaszek1@cms.hhs.gov

**From:** Caughey, Tom (CMS/CMCS) <Tom.Caughey@cms.hhs.gov>

**Sent:** Friday, March 17, 2023 11:23 AM

**To:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>; Moreth, James (CMS/CMCS) <[James.Moreth@cms.hhs.gov](mailto:James.Moreth@cms.hhs.gov)>; Knight, Gary (CMS/CMCS) <[Gary.Knight@cms.hhs.gov](mailto:Gary.Knight@cms.hhs.gov)>; Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>

**Subject:** RE: Technical Assistance-WA-WSHA Safety Net Draft

Hi Edwin,

Could the state please send questions they have before the call? Also, if they provide a little background on why they are making the changes could help. Thanks.

Tom Caughey, Funding Specialist  
Centers for Medicare & Medicaid Services  
Financial Management Group  
Division of Reimbursement Review

Federal Building  
Suite 208  
315 West Allegan  
Lansing, MI 48933  
517-487-8598

**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>

**Sent:** Thursday, March 16, 2023 6:18 PM

**To:** Moreth, James (CMS/CMCS) <[James.Moreth@cms.hhs.gov](mailto:James.Moreth@cms.hhs.gov)>; Caughey, Tom (CMS/CMCS) <[Tom.Caughey@cms.hhs.gov](mailto:Tom.Caughey@cms.hhs.gov)>; Knight, Gary (CMS/CMCS) <[Gary.Knight@cms.hhs.gov](mailto:Gary.Knight@cms.hhs.gov)>; Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>

**Subject:** Technical Assistance-WA-WSHA Safety Net Draft

Hello DRR team:

I am reaching out to the team because Washington state has submitted a draft bill (attached) that will revise the rating of Washington State Hospitals. The state is requesting to speak with CMS to discuss the acceptability of the proposed changes.

Are any questions or concerns I can help clarify with the state before scheduling some time with them?

Thank you,

Edwin Walaszek  
Washington State Lead  
Division of Program Operations – West | Medicaid & CHIP  
Operations Group



Center for Medicaid & CHIP Services | Centers for Medicare &  
Medicaid Services  
Email:Edwin.Walaszek1@cms.hhs.gov

Message

---

**From:** Snyder, Laura (CMS/CMCS) [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=2D53BC4ED19F4F5DAFD8C6BB295717C1-LAURA.SNYDE]  
**Sent:** 3/29/2023 3:54:59 PM  
**To:** Giles, John (CMS/CMCS) [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=979675cbceca42ffa0fae7b42c8cd016-john.giles1]  
**Subject:** RE: RE: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Thanks – sorry – the email traffic on this is voluminous and they are driving me a bit crazy.

**From:** Giles, John (CMS/CMCS) <John.Giles1@cms.hhs.gov>  
**Sent:** Wednesday, March 29, 2023 11:54 AM  
**To:** Snyder, Laura (CMS/CMCS) <Laura.Snyder1@cms.hhs.gov>  
**Cc:** Giles, John (CMS/CMCS) <John.Giles1@cms.hhs.gov>  
**Subject:** RE: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

#1 is not ours (in my read). #2 – agreed, we currently have no requirement, that is why we are modifying our MLR rules to account for this in future MLR reporting. #3 looks to belong to FMG. I don't know if you need to respond, but feel free to let them know on #2. Thanks!

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: 410-786-5545  
E-mail: [John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)

**From:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>  
**Sent:** Wednesday, March 29, 2023 7:49 AM  
**To:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>  
**Subject:** FW: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

I am not entirely sure what to do with this – we don't have a proposal in house.

For the second question posed here – there, I don't believe, is a requirement that 100% of the SDP be passed on to the providers. We know that states do this today with SPTs and are in fact required to account for admin in cap rate development. All of it gets matched at the state's FMAP, not admin match. We would see the difference in the MLR reporting under the NPRM better than we do today.

Do you want me to respond to any of this?

Thanks,  
Laura

**From:** Endelman (he/him), Jonathan (CMS/CMCS) <[Jonathan.Endelman@cms.hhs.gov](mailto:Jonathan.Endelman@cms.hhs.gov)>  
**Sent:** Tuesday, March 28, 2023 4:11 PM  
**To:** Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>; Snyder, Laura (CMS/CMCS)

<[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; Goldstein, Stuart (CMS/CMCS) <[STUART.GOLDSTEIN@cms.hhs.gov](mailto:STUART.GOLDSTEIN@cms.hhs.gov)>

**Cc:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>

**Subject:** RE: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Hello Laura,

Just wanted to let you know that I got off the phone with Rory and Stuart. He said that WA explained to us three weeks ago in a call with the SMD and the Health Secretary that the information that we had received regarding the possible existence of a similar arrangement as in Florida was based on incorrect information. Washington stated that they planned on increasing the amount of the hospital tax. Rory said that the assurances they gave to us on the call were sufficient to make sure that there was no specific indications that these types of pooling and redistribution arrangements existed in Washington. He did say that the issue of re-directing a portion of the SDP to pay for the MCO premium tax that Andrew mentioned was concerning. And that there may or may not be an issue on a couple of fronts:

1. The net expenditure issue raised by Andrew. That the state is in effect claiming on the CMS-64 for expenditures that it never had. What makes this more complex is that the state is claiming a rate, or a PMPM on the CMS-64, since this involves managed care and not FFS. They are not claiming for actual expenditures. So the net expenditure issue becomes trickier.
2. Is there any requirement under managed care statute or regulation that says that the MCO must pass on 100% of the SDP to the hospital and cannot retain any portion of it? In the scenario outlined by the state, 98% of the SDP would be passed on to the hospital and 2% of the SDP would be retained by the MCO to pay the MCO premium assessment. Is this allowed under managed care rules?
3. There is a concern that I mentioned earlier regarding the hold harmless. If the MCOs are allowed to retain some portion of the payments based on their proportion of Medicaid member months, that would probably be allowable from a tax perspective, because we allow states to recognize Medicaid's allowable portion of the tax. If, on the other hand, all MCOs retain a flat 2% of the SDP, that could be viewed as more problematic and could be viewed as a hold harmless.

Rory stated that he has a call at 5:15 p.m. today with Washington.

Best,

Jonathan

Jonathan Endelman, PhD  
Social Science Research Analyst  
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Mail Stop, S3-14-28  
Baltimore, MD 21244-1850

**From:** Endelman (he/him), Jonathan (CMS/CMCS)

**Sent:** Tuesday, March 28, 2023 1:33 PM

**To:** Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>; Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; Goldstein, Stuart (CMS/CMCS) <[STUART.GOLDSTEIN@cms.hhs.gov](mailto:STUART.GOLDSTEIN@cms.hhs.gov)>

**Cc:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>

**Subject:** RE: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Thanks for this Andrew. This certainly sounds strange. It sounds like the state is using the proceeds from one health care-related tax (a tax on inpatient and outpatient hospital services) in order to serve as the basis for paying another health care-related tax (services of managed care organizations). Inpatient hospital services, outpatient hospital services, and services of managed care organizations are all separate permissible classes under Section 1903 (w)(7) of the Social Security Act and 42 CFR 433.56. If this is the case, that could be a hold harmless under Section 1903 (w)(4) and 42 CFR 433.68 (f) because the statute states that a hold harmless occurs where, "The State or other unit of government imposing the tax provides (directly or indirectly) for any payment, offset, or waiver that guarantees to hold taxpayers harmless for any portion of the costs of the tax." If this situation occurs as it is being described, the state may be giving an offset to the managed care organizations to hold them harmless for a portion of the tax, which would not be permissible. It looks like there are multiple, interlocking, complicated, moving parts in the state of Washington when it comes to the relationships between their managed care organizations and their hospitals that we need to get a better idea of understanding in order to know what is going on and if it would be in accordance with the requirements laid out in federal statute and regulation.

Best,

Jonathan

Jonathan Endelman, PhD  
Social Science Research Analyst  
Centers for Medicare & Medicaid Services (CMS)  
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**From:** Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>  
**Sent:** Tuesday, March 28, 2023 12:26 PM  
**To:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; Goldstein, Stuart (CMS/CMCS) <[STUART.GOLDSTEIN@cms.hhs.gov](mailto:STUART.GOLDSTEIN@cms.hhs.gov)>; Endelman (he/him), Jonathan (CMS/CMCS) <[Jonathan.Endelman@cms.hhs.gov](mailto:Jonathan.Endelman@cms.hhs.gov)>  
**Cc:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>  
**Subject:** RE: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Thanks, Laura – We'll be looking out for follow ups on this.

Copying the email thread with Edwin for reference.

In this particular instance, they didn't say anything as of yet about which entities will be providing an IGT, but we'll be sure to advise on the upcoming drafts/SDPs. One thing to keep in mind, in particular in Edwin's email, they're talking about possibly shaving off some of the Medicaid SDPs and paying that money to the MCOs as an "assessment" of some kind. If there's no FFP involved in the state's payment to the MCO, then we're not super concerned about it. If there *is* FFP mixed into the amounts the MCOs are able to keep, then we would likely say that keeping revenue from a provider payment would not be allowable under 42 CFR 447.10. I don't know if you all have any similar regulations in MCOs, but

considering as these are state directed payments, I would think that the whole of the Medicaid payment would be directed to the providers.

**From:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>  
**Sent:** Tuesday, March 28, 2023 8:02 AM  
**To:** Goldstein, Stuart (CMS/CMCS) <[STUART.GOLDSTEIN@cms.hhs.gov](mailto:STUART.GOLDSTEIN@cms.hhs.gov)>; Endelman (he/him), Jonathan (CMS/CMCS) <[Jonathan.Endelman@cms.hhs.gov](mailto:Jonathan.Endelman@cms.hhs.gov)>; Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>  
**Cc:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>  
**Subject:** FW: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*  
**Importance:** High

Hi Jonathan and Stuart,

Sorry to ask for a quick turnaround, but WA is asking for some feedback by COB today. As you'll see in the draft below, we don't have any kind of submission in house at this point. All that's been shared with us is a draft bill in the WA legislature for a new series of payments (SDPs and it looks like some FFS payments as well. We are making clear to the state that CMS doesn't comment on draft legislation, but wanted to give them some level of general TA. In that spirit, are you comfortable with the highlighted bullet that calls out the recent guidance you all put out on hold harmless?

Andrew – I added you as you were on the chain at one point from Edwin in DPO; there is definitely IGT funding involved in the legislation. I suspect this will be one that DMCP and FMG will want to discuss more if the legislation/state moves ahead with the proposal.

Thanks,  
Laura

**From:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>  
**Sent:** Monday, March 27, 2023 4:08 PM  
**To:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>; Caulder, Tara (CMS/CMCS) <[Tara.Caulder@cms.hhs.gov](mailto:Tara.Caulder@cms.hhs.gov)>  
**Subject:** RE: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Draft to share with Edwin; I still need to check with FMG on the link to their guidance:

Hi Edwin –

DMCP has reviewed the email and documents shared by Washington. We recognize the state requested feedback by COB 3/28. We've prepared a written response to share with the state; can you share this with the state?

"Thank you for your request. CMS does not comment on state legislation; however, CMS is happy to provide technical assistance for the state as it drafts submissions for CMS to review and approve, such as state directed payment preprints. While CMS does not currently have a draft SDP proposal before us, we do offer these general pieces of technical assistance as the state considers a future SDP submission:

- CMS is happy to review early drafts of preprint submissions. We have found this useful for both states and CMS as it generally allows CMS to identify any issues early, which may expedite the formal review processes.
- SDPs are reviewed by a federal review team, of which DMCP is one party. While early technical assistance helps to identify issues early, all preprints must go through a formal review process. Issues may be identified during the formal review process that were not identified during technical assistance.
- We strongly encourage states to submit SDPs at least 90 days in advance of the start of the rating period. Barring any notable policy issues, this timing generally allows for the state and CMS to work through the prior approval process, making it easier for states to appropriately incorporate the SDP into their contracts and rates. The later

that states submit SDPs, the more likely that the related contracts and rates may be delayed and additional amendments may be needed. We do note that we cannot accept a preprint after the end of the rating period.

- We would also note that there is increased oversight interest in state directed payments, particularly in the financing of the non-federal share. We would recommend that the state consult with the appropriate FMG SMEs for any changing or new financing related to this SDP. We would also flag the following CIB that was published this past February on the use of provider taxes: <https://www.medicaid.gov/federal-policy-guidance/downloads/cib021723.pdf>.
- States must provide CMS with an evaluation plan that would evaluate the effectiveness of the SDP on furthering the goal(s) and objective(s) identified in the state's Medicaid managed care quality strategy. CMS has released guidance on what elements states should include in their evaluation plan – including identifying measure(s) such as those from the Medicaid and CHIP core set, as well as identifying baselines and targets to evaluate the relative success of the SDP. If you have questions about this, we are happy to connect you with our DQHO colleagues for more technical assistance.
- State directed payments must be based on the delivery and utilization of services to Medicaid beneficiaries covered under the contract for the applicable rating period. Therefore, state directed payments must be tied to utilization and delivery of services covered under the contract during the corresponding contract rating period; payment cannot be based solely on historical utilization. We note that the documentation provided to us suggests the use of reconciliation processes, where interim payments would be made based on historical utilization and then reconciled to utilization under the contract. While CMS has approved such models in SDPs historically, we did want to note that CMS and states have found such arrangements to be operationally challenging to implement. There often is increased work for states and plans in administering the interim payments and then the reconciliation process. We have also seen a number of states implement such payment arrangements and have to submit additional rate certification amendments and contract amendments in light of reconciliations, which can be administratively burdensome and time consuming for both CMS and states.

For more information, we do recommend that you review our more recent guidance on SDPs:

<https://www.medicaid.gov/Federal-Policy-Guidance/Downloads/smd21001.pdf>. If you would like further technical assistance on a draft SDP for submission, please reach out to [statedirectedpayment@cms.hhs.gov](mailto:statedirectedpayment@cms.hhs.gov). We would also like to reiterate that the technical assistance provided above should not be considered CMS signing-off on or commenting on the state's draft legislation.

Thank you"

**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>

**Sent:** Friday, March 24, 2023 5:34 PM

**To:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>

**Cc:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>

**Subject:** WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Hi John,

Thanks very much John for your guidance. Attached is their draft, I will contact Dr. Fotinos to make them aware CMS does not normally comment directly on a state's proposed legislation; their technical questions are noted below:

**Questions/Concerns:**

- Washington state is requesting to transition their existing pass-through program to a directed payment to comply with CMS' requirements to sunset the pass throughs.
- The state would like to discuss the expansion of the program, the proposed tiers for payment of assessment and the addition of an intergovernmental transfer program to fund a directed payment and an overall general discussion on permissibility of these items.

Please let me know if I can help out in any other way. I will email Dr. Fotinos in the interim.

Thank you,

**Edwin Walaszek**

Washington State Lead

Division of Program Operations – West | Medicaid & CHIP Operations Group

Center for Medicaid & CHIP Services | Centers for Medicare & Medicaid Services

Email:Edwin.Walaszek1@cms.hhs.gov

**From:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>

**Sent:** Friday, March 24, 2023 5:19 PM

**To:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>

**Cc:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>; Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>

**Subject:** RE: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Edwin – I can discuss with our team on Monday, but many of our folks (including Rebecca) are traveling on Monday. So, reviewing and providing formal feedback by 3/28 will likely not be possible. I can circle with our team on Monday and see if we have any high-level comments, but I can't guarantee what we can provide without additional details from the state. Is the attached document what the state is asking CMS to review? If so, is this draft legislation? CMS does not normally comment directly on a state's proposed legislation, but we can offer the state technical assistance. Again, I can circle with the team on Monday and see what high-level technical assistance we can provide under the timing being offered by the state. It might be helpful for the state to send over technical questions that our team can review.

I hope this helps!

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: 410-786-5545

E-mail: [John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)

**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>

**Sent:** Friday, March 24, 2023 5:09 PM

**To:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>

**Cc:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>

**Subject:** WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

**Importance:** High

Thank you John I appreciate that, I know next week will be difficult because of the meetings in Baltimore, especially since they are requesting a review by 3/28.

I took a look at your schedules for Monday and Rebecca will be OOO.

Do we need to necessarily have a call, or can the review and questions be conducted via email? They want this information Tuesday for their legislature.

Thank you,

**Edwin Walaszek**

Washington State Lead

Division of Program Operations – West | Medicaid & CHIP Operations Group

Center for Medicaid & CHIP Services | Centers for Medicare & Medicaid Services

Email:Edwin.Walaszek1@cms.hhs.gov

**From:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>

**Sent:** Friday, March 24, 2023 5:01 PM

**To:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>

**Cc:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>; Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>

**Subject:** RE: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Hi Edwin – thanks! I think we can start with DMCP (please include Rebecca Burch Mack, Laura Snyder, and myself). We will ensure our other team members attend as well. If the state needs to address specific IGT questions, I will note that FMG is best positioned to answer those questions. I will also note that our teams are traveling next week to Baltimore for onsite meetings with MCOG and DEHPG, so I am predicting that scheduling a meeting next week will be difficult, as most of our teams will be in all-day strategic planning meetings on-site.

Thanks for helping us coordinate!

John Giles, MPA

Director, Division of Managed Care Policy

Disabled and Elderly Health Programs Group

Center for Medicaid and CHIP Services

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Department of Health and Human Services

Phone: 410-786-5545

E-mail: [John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)

**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>

**Sent:** Friday, March 24, 2023 4:56 PM

**To:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>

**Cc:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>

**Subject:** WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

**Importance:** High

Hi John,

Thank you I will certainly do that, they emailed both of us. When I emailed Andrew initially about this he indicated FMG would eventually get pulled into the IGT questions, but as far as transitioning the payments, DMCP is a good starting point.

Questions/Concerns:



Washington state is requesting to transition their existing pass-through program to a directed payment to comply with CMS' requirements to sunset the pass throughs.

The state would like to discuss the expansion of the program, the proposed tiers for payment of assessment and the addition of an intergovernmental transfer program to fund a directed payment and an overall general discussion on permissibility of these items.

They are looking for guidance by 3/28/23 the latest.

Should I setup a call with the state and DMCP only, or does FMG need to be on the call for their input. Andrew is out today and if FMG is needed should I contact Rory to see if he can make the call?

Thank you,

**Edwin Walaszek**

Washington State Lead

Division of Program Operations – West | Medicaid & CHIP Operations Group

Center for Medicaid & CHIP Services | Centers for Medicare & Medicaid Services

Email:Edwin.Walaszek1@cms.hhs.gov

**From:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>

**Sent:** Friday, March 24, 2023 4:45 PM

**To:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>

**Cc:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>; Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>

**Subject:** RE: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Hi Edwin – it does seem like emails are crossing between multiple teams. 😊

Perhaps it makes the most sense to allow you to coordinate us in the way that makes the most sense. I am happy to help or participate however I can.

Thank you so much!

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: 410-786-5545

E-mail: [John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)

**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>

**Sent:** Friday, March 24, 2023 4:39 PM

**To:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>

**Cc:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>

**Subject:** WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Hi John,

My name is Edwin Walaszek and I am the Washington state lead, I just emailed Laura Snyder and for context I am just forwarding over the states initial request and some background, I know Dr. Fotinos emailed you directly.

Please let me know if I can help in anyway.

Thank you,

**Edwin Walaszek**

Washington State Lead

Division of Program Operations – West | Medicaid & CHIP Operations Group

Center for Medicaid & CHIP Services | Centers for Medicare & Medicaid Services

Email:Edwin.Walaszek1@cms.hhs.gov

**From:** Snyder, Laura (CMS/CMCS) <Laura.Snyder1@cms.hhs.gov>

**Sent:** Friday, March 24, 2023 4:28 PM

**To:** Walaszek, Edwin (CMS/CMCS) <Edwin.Walaszek1@cms.hhs.gov>; Badaracco, Andrew (CMS/CMCS) <Andrew.Badaracco@cms.hhs.gov>

**Subject:** RE: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Hi Edwin,

We've received a separate request today from the state SMD on this topic; we'll follow-up after that meeting about any next steps.

Thanks,  
Laura

**From:** Walaszek, Edwin (CMS/CMCS) <Edwin.Walaszek1@cms.hhs.gov>

**Sent:** Friday, March 24, 2023 4:19 PM

**To:** Snyder, Laura (CMS/CMCS) <Laura.Snyder1@cms.hhs.gov>; Badaracco, Andrew (CMS/CMCS) <Andrew.Badaracco@cms.hhs.gov>

**Subject:** WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

**Importance:** High

Good afternoon Laura,

We emailed a few days back, I work in DPO as the Washington state lead, I emailed you regarding a question that was submitted by Washington state and a bill in their legislature. **Washington state is requesting an expedited review of their concerns by Tuesday March 28<sup>th</sup> if possible.**

The bill is expected to be introduced in the next couple of days and their legislative partners are anxious to learn more about the permissibility of the program under CMS rules.

There is a link to a recent news article in Washington that provides some background on this topic?

<https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&cad=rja&uact=8&ved=2ahUKEwibu8-S2-9AhXcMVkFHZwzDROQFnoECAwQAQ&url=https%3A%2F%2Fwww.king5.com%2Farticle%2Fnews%2Fhealth%2Fwsha-hospitals-calling-for-increased-medicaid-payments%2F281-dd424f3a-d9e0-49e6-bf7a-eb70590e0124&usg=AOvVaw2GfMqm1iV0kCroAtAFWktf>

Please let me know how I can help out. I apologize they never indicated this guidance was needed so quickly.

Thank you,

**Edwin Walaszek**

Washington State Lead

Division of Program Operations – West | Medicaid & CHIP Operations Group

Center for Medicaid & CHIP Services | Centers for Medicare & Medicaid Services

Email:Edwin.Walaszek1@cms.hhs.gov

**From:** Cole, Abby (HCA) <[abby.cole@hca.wa.gov](mailto:abby.cole@hca.wa.gov)>

**Sent:** Friday, March 24, 2023 3:52 PM

**To:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>

**Cc:** Fotinos, Charissa (HCA) <[charissa.fotinos@hca.wa.gov](mailto:charissa.fotinos@hca.wa.gov)>

**Subject:** RE: Technical Assistance Request

Yes, that article is about this bill.

Tuesday, March 28<sup>th</sup> would be ideal.

**Abby Cole**

Section Manager, Hospital Finance & Drug Rebate

[Abby.cole@hca.wa.gov](mailto:Abby.cole@hca.wa.gov)

Office: 360-725-1835

She/Her (*why pronouns matter*)

Washington State

Health Care Authority

[hca.wa.gov](http://hca.wa.gov)

[Connect with us](#)

**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>

**Sent:** Friday, March 24, 2023 12:42 PM

**To:** Cole, Abby (HCA) <[abby.cole@hca.wa.gov](mailto:abby.cole@hca.wa.gov)>

**Cc:** Fotinos, Charissa (HCA) <[charissa.fotinos@hca.wa.gov](mailto:charissa.fotinos@hca.wa.gov)>

**Subject:** Technical Assistance Request

**Importance:** High

External Email

**From:** Cole, Abby (HCA) <[abby.cole@hca.wa.gov](mailto:abby.cole@hca.wa.gov)>

**Sent:** Friday, March 24, 2023 3:32 PM

**To:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>

**Cc:** Fotinos, Charissa (HCA) <[charissa.fotinos@hca.wa.gov](mailto:charissa.fotinos@hca.wa.gov)>

**Subject:** RE: Technical Assistance Request

Hello Edwin,

I'm following up on this. Any updates as to when we can expect to be able to have a TA call with CMS? The bill is expected to be introduced in the next couple of days and our legislative partners are anxious to learn more about the permissibility of the program under CMS rules.

Thank you,

Abby

**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>

**Sent:** Wednesday, March 22, 2023 12:29 PM

**To:** Cole, Abby (HCA) <[abby.cole@hca.wa.gov](mailto:abby.cole@hca.wa.gov)>

**Subject:** RE: Technical Assistance Request

External Email

Thanks very much Abby

Thank you,

**Edwin Walaszek**

Washington State Lead

Division of Program Operations – West | Medicaid & CHIP Operations Group

Center for Medicaid & CHIP Services | Centers for Medicare & Medicaid Services

Email: [Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)

**From:** Cole, Abby (HCA) <[abby.cole@hca.wa.gov](mailto:abby.cole@hca.wa.gov)>

**Sent:** Wednesday, March 22, 2023 1:08 PM

**To:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>

**Cc:** Klein, Evan (HCA) <[evan.klein@hca.wa.gov](mailto:evan.klein@hca.wa.gov)>; Atkinson, Megan M. (HCA) <[megan.atkinson@hca.wa.gov](mailto:megan.atkinson@hca.wa.gov)>; Lucero, Catrina (HCA) <[catrina.lucero@hca.wa.gov](mailto:catrina.lucero@hca.wa.gov)>

**Subject:** RE: Technical Assistance Request

Thank you.

We are looking to transition our existing pass-through program to a directed payment to comply with CMS' requirements to sunset the pass throughs.

The state would like to discuss the expansion of the program, the proposed tiers for payment of assessment and the addition of an intergovernmental transfer program to fund a directed payment. We are hoping for an overall general discussion on permissibility of those items.

Thank you,

**Abby Cole**

Section Manager, Hospital Finance

[Abby.cole@hca.wa.gov](mailto:Abby.cole@hca.wa.gov)

Office: 360-725-1835

Pronouns: she/her

Washington  
Health

Authoria

[hca.wa.gov](http://hca.wa.gov)

Connect with us

**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>

**Sent:** Thursday, March 16, 2023 3:19 PM

**To:** Cole, Abby (HCA) <[abby.cole@hca.wa.gov](mailto:abby.cole@hca.wa.gov)>

**Cc:** Klein, Evan (HCA) <[evan.klein@hca.wa.gov](mailto:evan.klein@hca.wa.gov)>; Atkinson, Megan M. (HCA) <[megan.atkinson@hca.wa.gov](mailto:megan.atkinson@hca.wa.gov)>; Lucero, Catrina (HCA) <[catrina.lucero@hca.wa.gov](mailto:catrina.lucero@hca.wa.gov)>

**Subject:** Technical Assistance Request

External Email

Good afternoon Abby and team:

Thank you for submitting this request, I am reaching to out the team to see if they have any preliminary questions and I will follow up with some available time .

Thank you,

**Edwin Walaszek**

Washington State Lead

Division of Program Operations – West | Medicaid & CHIP Operations Group

Center for Medicaid & CHIP Services | Centers for Medicare & Medicaid Services

Email: [Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)

**From:** Cole, Abby (HCA) <[abby.cole@hca.wa.gov](mailto:abby.cole@hca.wa.gov)>

**Sent:** Thursday, March 16, 2023 2:09 PM

**To:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>

**Cc:** Klein, Evan (HCA) <[evan.klein@hca.wa.gov](mailto:evan.klein@hca.wa.gov)>; Atkinson, Megan M. (HCA) <[megan.atkinson@hca.wa.gov](mailto:megan.atkinson@hca.wa.gov)>; Lucero, Catrina (HCA) <[catrina.lucero@hca.wa.gov](mailto:catrina.lucero@hca.wa.gov)>

**Subject:** Technical Assistance Request

Hello Edwin,

I'm attaching a draft of a proposed bill for a revised hospital assessment in Washington State. I'm hoping you can help me get something scheduled with the right individuals so we can discuss the permissibility of the proposed changes.

Thank you,

**Abby Cole**

Section Manager, Hospital Finance & Drug Rebate

[Abby.cole@hca.wa.gov](mailto:Abby.cole@hca.wa.gov)

Office: 360-725-1835

She/Her (*why pronouns matter*)

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**From:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>  
**Sent:** Wednesday, March 22, 2023 4:00 PM  
**To:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>;  
CMS State Directed Payment <[StateDirectedPayment@cms.hhs.gov](mailto:StateDirectedPayment@cms.hhs.gov)>  
**Cc:** Caulder, Tara (CMS/CMCS) <[Tara.Caulder@cms.hhs.gov](mailto:Tara.Caulder@cms.hhs.gov)>; Kivisaari,  
John (CMS/CMCS) <[John.Kivisaari@cms.hhs.gov](mailto:John.Kivisaari@cms.hhs.gov)>  
**Subject:** RE: Technical Assistance-WA-WSHA Safety Net Draft

Hi Edwin,

Thanks for sharing and you've hit the right place. I've included our state directed payment mailbox on the email thread. For SDPs, Tara Caulder is our WA lead. I've also cc'ed John Kivisaari, the DMCO lead for WA, for awareness.

Let us take a look at this and follow-up with you on next steps.

Thanks,  
Laura

**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>  
**Sent:** Wednesday, March 22, 2023 3:43 PM  
**To:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>  
**Subject:** Technical Assistance-WA-WSHA Safety Net Draft

Good afternoon Laura,

My name is Edwin Walaszek and I am the CMS Medicaid Washington state lead. I am reaching out to you as I was referred by Andrew Badaracco, Washington state has submitted a draft bill (attached) that will revise the rating of Washington State Hospitals.

The state is looking to transition their existing pass-through program to a directed payment to comply with CMS' requirements to sunset the pass throughs.

**The state would like to discuss the expansion of the program, the proposed tiers for payment of assessment and the addition of an intergovernmental transfer program to fund a directed payment.**

They are hoping for an overall general discussion on permissibility of those items.

Thank you for any help you can provide, alternatively do you think it would be easier to setup a call with the state to discuss.

Please let me know if there are any other questions or concerns.

Thank you,

**Edwin Walaszek**

Washington State Lead

Division of Program Operations – West | Medicaid & CHIP Operations Group

Center for Medicaid & CHIP Services | Centers for Medicare & Medicaid Services

Email:Edwin.Walaszek1@cms.hhs.gov

**From:** Badaracco, Andrew (CMS/CMCS)

<[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>

**Sent:** Wednesday, March 22, 2023 3:38 PM

**To:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>;

Caughey, Tom (CMS/CMCS) <[Tom.Caughey@cms.hhs.gov](mailto:Tom.Caughey@cms.hhs.gov)>; Moreth,

James (CMS/CMCS) <[James.Moreth@cms.hhs.gov](mailto:James.Moreth@cms.hhs.gov)>; Knight, Gary

(CMS/CMCS) <[Gary.Knight@cms.hhs.gov](mailto:Gary.Knight@cms.hhs.gov)>

**Subject:** RE: Technical Assistance-WA-WSHA Safety Net Draft

Hey Edwin –

Pass-through payments and state-directed payments are DMCP's policy area. Suggest you reach out to Laura Snyder.

Thanks!

**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>

**Sent:** Wednesday, March 22, 2023 3:29 PM

**To:** Caughey, Tom (CMS/CMCS) <[Tom.Caughey@cms.hhs.gov](mailto:Tom.Caughey@cms.hhs.gov)>; Moreth,

James (CMS/CMCS) <[James.Moreth@cms.hhs.gov](mailto:James.Moreth@cms.hhs.gov)>; Knight, Gary

(CMS/CMCS) <[Gary.Knight@cms.hhs.gov](mailto:Gary.Knight@cms.hhs.gov)>; Badaracco, Andrew

(CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>

**Subject:** Technical Assistance-WA-WSHA Safety Net Draft

Hi Tom and team:

Thanks Tom, so I reached out to the state for some more specifics on their TA request regarding the draft by the legislature regarding the WSHA Safety Net draft.

The state is looking to transition their existing pass-through program to a directed payment to comply with CMS' requirements to sunset the pass throughs.

**The state would like to discuss the expansion of the program, the proposed tiers for payment of assessment and the addition of an intergovernmental transfer program to fund a directed payment.**

They are hoping for an overall general discussion on permissibility of those items.

Please let me know if there are any other questions or concerns.

Thank you,

**Edwin Walaszek**

Washington State Lead

Division of Program Operations – West | Medicaid & CHIP Operations Group

Center for Medicaid & CHIP Services | Centers for Medicare & Medicaid Services

Email:Edwin.Walaszek1@cms.hhs.gov

**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>

**Sent:** Friday, March 17, 2023 11:38 AM

**To:** Caughey, Tom (CMS/CMCS) <[Tom.Caughey@cms.hhs.gov](mailto:Tom.Caughey@cms.hhs.gov)>; Moreth, James (CMS/CMCS) <[James.Moreth@cms.hhs.gov](mailto:James.Moreth@cms.hhs.gov)>; Knight, Gary (CMS/CMCS) <[Gary.Knight@cms.hhs.gov](mailto:Gary.Knight@cms.hhs.gov)>; Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>

**Subject:** RE: Technical Assistance-WA-WSHA Safety Net Draft

Good morning Tom,

Thank you, I will reach out to the state for more specifics.

Thank you,

**Edwin Walaszek**

Washington State Lead

Division of Program Operations – West | Medicaid & CHIP Operations Group

Center for Medicaid & CHIP Services | Centers for Medicare & Medicaid Services

Email:Edwin.Walaszek1@cms.hhs.gov



**From:** Caughey, Tom (CMS/CMCS) <[Tom.Caughey@cms.hhs.gov](mailto:Tom.Caughey@cms.hhs.gov)>  
**Sent:** Friday, March 17, 2023 11:23 AM  
**To:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>; Moreth, James (CMS/CMCS) <[James.Moreth@cms.hhs.gov](mailto:James.Moreth@cms.hhs.gov)>; Knight, Gary (CMS/CMCS) <[Gary.Knight@cms.hhs.gov](mailto:Gary.Knight@cms.hhs.gov)>; Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>  
**Subject:** RE: Technical Assistance-WA-WSHA Safety Net Draft

Hi Edwin,

Could the state please send questions they have before the call? Also, if they provide a little background on why they are making the changes could help. Thanks.

Tom Caughey, Funding Specialist  
Centers for Medicare & Medicaid Services  
Financial Management Group  
Division of Reimbursement Review

Federal Building  
Suite 208  
315 West Allegan  
Lansing, MI 48933  
517-487-8598

**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>  
**Sent:** Thursday, March 16, 2023 6:18 PM  
**To:** Moreth, James (CMS/CMCS) <[James.Moreth@cms.hhs.gov](mailto:James.Moreth@cms.hhs.gov)>; Caughey, Tom (CMS/CMCS) <[Tom.Caughey@cms.hhs.gov](mailto:Tom.Caughey@cms.hhs.gov)>; Knight, Gary (CMS/CMCS) <[Gary.Knight@cms.hhs.gov](mailto:Gary.Knight@cms.hhs.gov)>; Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>  
**Subject:** Technical Assistance-WA-WSHA Safety Net Draft

Hello DRR team:

I am reaching out to the team because Washington state has submitted a draft bill (attached) that will revise the rating of Washington State Hospitals. The state is requesting to speak with CMS to discuss the acceptability of the proposed changes.

Are any questions or concerns I can help clarify with the state before scheduling some time with them?

Thank you,

Edwin Walaszek  
Washington State Lead

Division of Program Operations – West | Medicaid & CHIP  
Operations Group  
Center for Medicaid & CHIP Services | Centers for Medicare &  
Medicaid Services  
Email:Edwin.Walaszek1@cms.hhs.gov

Message

**From:** Snyder, Laura (CMS/CMCS); (b)(6)  
(b)(6)  
**Sent:** 3/29/2023 4:10:56 PM  
**To:** Endelman (he/him), Jonathan (CMS/CMCS); (b)(6)  
(b)(6); Badaracco, Andrew  
(b)(6); Goldstein, Stuart  
**CC:** Giles, John (CMS/CMCS); (b)(6)  
(b)(6)  
**Subject:** RE: RE: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Hi Jonathan,

Sorry for delays in responding – DE and MCOG have onsite meetings this week in addition to showstopper comments on the NPRM.

I appreciate you all sharing information; going back down to the 3 items you described in the email from yesterday at 4:11pm, we defer to you all on items 1 and 3. On item 2, there is no requirement that 100% of the SDP be passed on to the providers. As you flagged in the regulations in 438, capitation rate development needs to account for the cost of delivering services and appropriate admin costs, including licensing fees, taxes, etc. This also extends to SDPs – whether they are incorporated into the capitation rate or are paid through a separate payment term. In fact, we know that some states do permit plans to keep a portion of the separate payment term for admin costs. That is why the NPRM is proposing to have states report in a separate line item the spending on SDPs in their MLR, which will require plans to identify the portion of payments to plans for SDPs (whether the SDP is incorporated into capitation rate development or paid through a separate payment term) that is for benefit/services vs. admin costs.

I hope that helps. Please let us know how we can help further.

Thanks,  
Laura

**From:** Endelman (he/him), Jonathan (CMS/CMCS) <Jonathan.Endelman@cms.hhs.gov>  
**Sent:** Wednesday, March 29, 2023 11:59 AM  
**To:** Badaracco, Andrew (CMS/CMCS) <Andrew.Badaracco@cms.hhs.gov>; Snyder, Laura (CMS/CMCS) <Laura.Snyder1@cms.hhs.gov>; Goldstein, Stuart (CMS/CMCS) <STUART.GOLDSTEIN@cms.hhs.gov>  
**Cc:** Giles, John (CMS/CMCS) <John.Giles1@cms.hhs.gov>  
**Subject:** RE: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Laura,

I wanted to be in touch again. I have an update from Rory's call with Washington yesterday from Stuart. Stuart said that Rory said that the State Medicaid agency expressed concern to him that there may be issues with provider pooling and redistribution of Medicaid payments along the lines of what we described in our CIB of February 17, 2023 on health care-related taxes. The state Medicaid agency does not want to be on the hook or at risk in terms of financial recoupment from CMS due to the presence of a hold harmless arrangement that would make the assessment on inpatient hospital services an impermissible health care-related tax. He said that he would be having a conversation with Dan about the Washington issue today. There appears to be more to come on this issue. We would like to get more

information from Rory about what specifically the state Medicaid agency's concerns are. So, the focus here appears to be at least as much on what the state Medicaid agency's concerns are related to the possible presence of a hold harmless arrangement with regard to the state's hospital tax as it is on DFP's concerns on the same subject.

With regard to the 2% withhold, we do not think this would necessarily be a problem from a health care-related tax perspective as far as the MCO tax goes. We would defer to DMCP regarding if this would be a problem from a managed care payment perspective as far as the rates being actuarially sound. However, we have come across other regulations, specifically 42 CFR § 438.5(e), and guidance documents that suggest that this is generally allowed in managed care. Please see attached.

We look forward to talking with you.

Best,

Jonathan

Jonathan Endelman, PhD  
Social Science Research Analyst  
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Financial Management Group (FMG)  
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[jonathan.endelman@cms.hhs.gov](mailto:jonathan.endelman@cms.hhs.gov)  
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Mail Stop, S3-14-28  
Baltimore, MD 21244-1850

**From:** Endelman (he/him), Jonathan (CMS/CMCS)

**Sent:** Tuesday, March 28, 2023 4:11 PM

**To:** Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>; Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; Goldstein, Stuart (CMS/CMCS) <[STUART.GOLDSTEIN@cms.hhs.gov](mailto:STUART.GOLDSTEIN@cms.hhs.gov)>

**Cc:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>

**Subject:** RE: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Hello Laura,

Just wanted to let you know that I got off the phone with Rory and Stuart. He said that WA explained to us three weeks ago in a call with the SMD and the Health Secretary that the information that we had received regarding the possible existence of a similar arrangement as in Florida was based on incorrect information. Washington stated that they planned on increasing the amount of the hospital tax. Rory said that the assurances they gave to us on the call were sufficient to make sure that there was no specific indications that these types of pooling and redistribution arrangements existed in Washington. He did say that the issue of re-directing a portion of the SDP to pay for the MCO premium tax that Andrew mentioned was concerning. And that there may or may not be an issue on a couple of fronts:

1. The net expenditure issue raised by Andrew. That the state is in effect claiming on the CMS-64 for expenditures that it never had. What makes this more complex is that the state is claiming a rate, or a PMPM on the CMS-64, since this involves managed care and not FFS. They are not claiming for actual expenditures. So the net expenditure issue becomes trickier.
2. Is there any requirement under managed care statute or regulation that says that the MCO must pass on 100% of the SDP to the hospital and cannot retain any portion of it? In the scenario outlined by the state, 98% of the

SDP would be passed on to the hospital and 2% of the SDP would be retained by the MCO to pay the MCO premium assessment. Is this allowed under managed care rules?

3. There is a concern that I mentioned earlier regarding the hold harmless. If the MCOs are allowed to retain some portion of the payments based on their proportion of Medicaid member months, that would probably be allowable from a tax perspective, because we allow states to recognize Medicaid's allowable portion of the tax. If, on the other hand, all MCOs retain a flat 2% of the SDP, that could be viewed as more problematic and could be viewed as a hold harmless.

Rory stated that he has a call at 5:15 p.m. today with Washington.

Best,

Jonathan

Jonathan Endelman, PhD  
Social Science Research Analyst  
Centers for Medicare & Medicaid Services (CMS)  
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Baltimore, MD 21244-1850

**From:** Endelman (he/him), Jonathan (CMS/CMCS)

**Sent:** Tuesday, March 28, 2023 1:33 PM

**To:** Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>; Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; Goldstein, Stuart (CMS/CMCS) <[STUART.GOLDSTEIN@cms.hhs.gov](mailto:STUART.GOLDSTEIN@cms.hhs.gov)>

**Cc:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>

**Subject:** RE: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Thanks for this Andrew. This certainly sounds strange. It sounds like the state is using the proceeds from one health care-related tax (a tax on inpatient and outpatient hospital services) in order to serve as the basis for paying another health care-related tax (services of managed care organizations). Inpatient hospital services, outpatient hospital services, and services of managed care organizations are all separate permissible classes under Section 1903 (w)(7) of the Social Security Act and 42 CFR 433.56. If this is the case, that could be a hold harmless under Section 1903 (w)(4) and 42 CFR 433.68 (f) because the statute states that a hold harmless occurs where, "The State or other unit of government imposing the tax provides (directly or indirectly) for any payment, offset, or waiver that guarantees to hold taxpayers harmless for any portion of the costs of the tax." If this situation occurs as it is being described, the state may be giving an offset to the managed care organizations to hold them harmless for a portion of the tax, which would not be permissible. It looks like there are multiple, interlocking, complicated, moving parts in the state of Washington when it comes to the relationships between their managed care organizations and their hospitals that we need to get a better idea of understanding in order to know what is going on and if it would be in accordance with the requirements laid out in federal statute and regulation.

Best,

Jonathan

Jonathan Endelman, PhD  
Social Science Research Analyst  
Centers for Medicare & Medicaid Services (CMS)  
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**From:** Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>  
**Sent:** Tuesday, March 28, 2023 12:26 PM  
**To:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; Goldstein, Stuart (CMS/CMCS) <[STUART.GOLDSTEIN@cms.hhs.gov](mailto:STUART.GOLDSTEIN@cms.hhs.gov)>; Endelman (he/him), Jonathan (CMS/CMCS) <[Jonathan.Endelman@cms.hhs.gov](mailto:Jonathan.Endelman@cms.hhs.gov)>  
**Cc:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>  
**Subject:** RE: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Thanks, Laura – We'll be looking out for follow ups on this.

Copying the email thread with Edwin for reference.

In this particular instance, they didn't say anything as of yet about which entities will be providing an IGT, but we'll be sure to advise on the upcoming drafts/SDPs. One thing to keep in mind, in particular in Edwin's email, they're talking about possibly shaving off some of the Medicaid SDPs and paying that money to the MCOs as an "assessment" of some kind. If there's no FFP involved in the state's payment to the MCO, then we're not super concerned about it. If there *is* FFP mixed into the amounts the MCOs are able to keep, then we would likely say that keeping revenue from a provider payment would not be allowable under 42 CFR 447.10. I don't know if you all have any similar regulations in MCOs, but considering as these are state directed payments, I would think that the whole of the Medicaid payment would be directed to the providers.

**From:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>  
**Sent:** Tuesday, March 28, 2023 8:02 AM  
**To:** Goldstein, Stuart (CMS/CMCS) <[STUART.GOLDSTEIN@cms.hhs.gov](mailto:STUART.GOLDSTEIN@cms.hhs.gov)>; Endelman (he/him), Jonathan (CMS/CMCS) <[Jonathan.Endelman@cms.hhs.gov](mailto:Jonathan.Endelman@cms.hhs.gov)>; Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>  
**Cc:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>  
**Subject:** FW: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*  
**Importance:** High

Hi Jonathan and Stuart,

Sorry to ask for a quick turnaround, but WA is asking for some feedback by COB today. As you'll see in the draft below, we don't have any kind of submission in house at this point. All that's been shared with us is a draft bill in the WA legislature for a new series of payments (SDPs and it looks like some FFS payments as well). We are making clear to the state that CMS doesn't comment on draft legislation, but wanted to give them some level of general TA. In that spirit, are you comfortable with the highlighted bullet that calls out the recent guidance you all put out on hold harmless?

Andrew – I added you as you were on the chain at one point from Edwin in DPO; there is definitely IGT funding involved in the legislation. I suspect this will be one that DMCP and FMG will want to discuss more if the legislation/state moves ahead with the proposal.

Thanks,  
Laura

**From:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>

**Sent:** Monday, March 27, 2023 4:08 PM

**To:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>; Caulder, Tara (CMS/CMCS) <[Tara.Caulder@cms.hhs.gov](mailto:Tara.Caulder@cms.hhs.gov)>

**Subject:** RE: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Draft to share with Edwin; I still need to check with FMG on the link to their guidance:

Hi Edwin –

DMCP has reviewed the email and documents shared by Washington. We recognize the state requested feedback by COB 3/28. We've prepared a written response to share with the state; can you share this with the state?

"Thank you for your request. CMS does not comment on state legislation; however, CMS is happy to provide technical assistance for the state as it drafts submissions for CMS to review and approve, such as state directed payment preprints. While CMS does not currently have a draft SDP proposal before us, we do offer these general pieces of technical assistance as the state considers a future SDP submission:

- CMS is happy to review early drafts of preprint submissions. We have found this useful for both states and CMS as it generally allows CMS to identify any issues early, which may expedite the formal review processes.
- SDPs are reviewed by a federal review team, of which DMCP is one party. While early technical assistance helps to identify issues early, all preprints must go through a formal review process. Issues may be identified during the formal review process that were not identified during technical assistance.
- We strongly encourage states to submit SDPs at least 90 days in advance of the start of the rating period. Barring any notable policy issues, this timing generally allows for the state and CMS to work through the prior approval process, making it easier for states to appropriately incorporate the SDP into their contracts and rates. The later that states submit SDPs, the more likely that the related contracts and rates may be delayed and additional amendments may be needed. We do note that we cannot accept a preprint after the end of the rating period.
- We would also note that there is increased oversight interest in state directed payments, particularly in the financing of the non-federal share. We would recommend that the state consult with the appropriate FMG SMEs for any changing or new financing related to this SDP. We would also flag the following CIB that was published this past February on the use of provider taxes: <https://www.medicaid.gov/federal-policy-guidance/downloads/cib021723.pdf>.
- States must provide CMS with an evaluation plan that would evaluate the effectiveness of the SDP on furthering the goal(s) and objective(s) identified in the state's Medicaid managed care quality strategy. CMS has released guidance on what elements states should include in their evaluation plan – including identifying measure(s) such as those from the Medicaid and CHIP core set, as well as identifying baselines and targets to evaluate the relative success of the SDP. If you have questions about this, we are happy to connect you with our DQHO colleagues for more technical assistance.
- State directed payments must be based on the delivery and utilization of services to Medicaid beneficiaries covered under the contract for the applicable rating period. Therefore, state directed payments must be tied to utilization and delivery of services covered under the contract during the corresponding contract rating period; payment cannot be based solely on historical utilization. We note that the documentation provided to us suggests the use of reconciliation processes, where interim payments would be made based on historical utilization and then reconciled to utilization under the contract. While CMS has approved such models in SDPs historically, we did want to note that CMS and states have found such arrangements to be operationally challenging to implement. There often is increased work for states and plans in administering the interim

payments and then the reconciliation process. We have also seen a number of states implement such payment arrangements and have to submit additional rate certification amendments and contract amendments in light of reconciliations, which can be administratively burdensome and time consuming for both CMS and states.

For more information, we do recommend that you review our more recent guidance on SDPs:

<https://www.medicaid.gov/Federal-Policy-Guidance/Downloads/smd21001.pdf>. If you would like further technical assistance on a draft SDP for submission, please reach out to [statedirectedpayment@cms.hhs.gov](mailto:statedirectedpayment@cms.hhs.gov). We would also like to reiterate that the technical assistance provided above should not be considered CMS signing-off on or commenting on the state's draft legislation.

Thank you"

**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>

**Sent:** Friday, March 24, 2023 5:34 PM

**To:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>

**Cc:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>

**Subject:** WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Hi John,

Thanks very much John for your guidance. Attached is their draft, I will contact Dr. Fotinos to make them aware CMS does not normally comment directly on a state's proposed legislation; their technical questions are noted below:

**Questions/Concerns:**

- **Washington state is requesting to transition their existing pass-through program to a directed payment to comply with CMS' requirements to sunset the pass throughs.**
- **The state would like to discuss the expansion of the program, the proposed tiers for payment of assessment and the addition of an intergovernmental transfer program to fund a directed payment and an overall general discussion on permissibility of these items.**

Please let me know if I can help out in any other way. I will email Dr. Fotinos in the interim.

Thank you,

**Edwin Walaszek**

Washington State Lead

Division of Program Operations – West | Medicaid & CHIP Operations Group

Center for Medicaid & CHIP Services | Centers for Medicare & Medicaid Services

Email:[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)

**From:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>

**Sent:** Friday, March 24, 2023 5:19 PM

**To:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>

**Cc:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>; Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>

**Subject:** RE: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*



Edwin – I can discuss with our team on Monday, but many of our folks (including Rebecca) are traveling on Monday. So, reviewing and providing formal feedback by 3/28 will likely not be possible. I can circle with our team on Monday and see if we have any high-level comments, but I can't guarantee what we can provide without additional details from the state. Is the attached document what the state is asking CMS to review? If so, is this draft legislation? CMS does not normally comment directly on a state's proposed legislation, but we can offer the state technical assistance. Again, I can circle with the team on Monday and see what high-level technical assistance we can provide under the timing being offered by the state. It might be helpful for the state to send over technical questions that our team can review.

I hope this helps!

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: 410-786-5545  
E-mail: [John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)

**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>  
**Sent:** Friday, March 24, 2023 5:09 PM  
**To:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>  
**Cc:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>  
**Subject:** WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*  
**Importance:** High

Thank you John I appreciate that, I know next week will be difficult because of the meetings in Baltimore, especially since they are requesting a review by 3/28.

I took a look at your schedules for Monday and Rebecca will be OOO.

Do we need to necessarily have a call, or can the review and questions be conducted via email? They want this information Tuesday for their legislature.

Thank you,

**Edwin Walaszek**  
Washington State Lead  
Division of Program Operations – West | Medicaid & CHIP Operations Group  
Center for Medicaid & CHIP Services | Centers for Medicare & Medicaid Services  
Email: [Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)

**From:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>  
**Sent:** Friday, March 24, 2023 5:01 PM  
**To:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>  
**Cc:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>; Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>  
**Subject:** RE: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Hi Edwin – thanks! I think we can start with DMCP (please include Rebecca Burch Mack, Laura Snyder, and myself). We will ensure our other team members attend as well. If the state needs to address specific IGT questions, I will note that FMG is best positioned to answer those questions. I will also note that our teams are traveling next week to Baltimore for onsite meetings with MCOG and DEHPG, so I am predicting that scheduling a meeting next week will be difficult, as most of our teams will be in all-day strategic planning meetings on-site.

Thanks for helping us coordinate!

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: 410-786-5545  
E-mail: [John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)

**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>  
**Sent:** Friday, March 24, 2023 4:56 PM  
**To:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>  
**Cc:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>  
**Subject:** WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*  
**Importance:** High

Hi John,

Thank you I will certainly do that, they emailed both of us. When I emailed Andrew initially about this he indicated FMG would eventually get pulled into the IGT questions, but as far as transitioning the payments, DMCP is a good starting point.

Questions/Concerns:

**Washington state is requesting to transition their existing pass-through program to a directed payment to comply with CMS' requirements to sunset the pass throughs.**

**The state would like to discuss the expansion of the program, the proposed tiers for payment of assessment and the addition of an intergovernmental transfer program to fund a directed payment and an overall general discussion on permissibility of these items.**

They are looking for guidance by 3/28/23 the latest.

Should I setup a call with the state and DMCP only, or does FMG need to be on the call for their input. Andrew is out today and if FMG is needed should I contact Rory to see if he can make the call?

Thank you,

**Edwin Walaszek**  
Washington State Lead  
Division of Program Operations – West | Medicaid & CHIP Operations Group  
Center for Medicaid & CHIP Services | Centers for Medicare & Medicaid Services  
Email: [Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)

**From:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>  
**Sent:** Friday, March 24, 2023 4:45 PM  
**To:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>  
**Cc:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>; Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>  
**Subject:** RE: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Hi Edwin – it does seem like emails are crossing between multiple teams. ☺

Perhaps it makes the most sense to allow you to coordinate us in the way that makes the most sense. I am happy to help or participate however I can.

Thank you so much!

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: 410-786-5545  
E-mail: [John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)

**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>  
**Sent:** Friday, March 24, 2023 4:39 PM  
**To:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>  
**Cc:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>  
**Subject:** WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Hi John,

My name is Edwin Walaszek and I am the Washington state lead, I just emailed Laura Snyder and for context I am just forwarding over the states initial request and some background, I know Dr. Fotinos emailed you directly.

Please let me know if I can help in anyway.

Thank you,

**Edwin Walaszek**  
Washington State Lead  
Division of Program Operations – West | Medicaid & CHIP Operations Group  
Center for Medicaid & CHIP Services | Centers for Medicare & Medicaid Services  
Email: [Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)

**From:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>  
**Sent:** Friday, March 24, 2023 4:28 PM  
**To:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>; Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>

**Subject:** RE: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Hi Edwin,

We've received a separate request today from the state SMD on this topic; we'll follow-up after that meeting about any next steps.

Thanks,  
Laura

**From:** Walaszek, Edwin (CMS/CMCS) <Edwin.Walaszek1@cms.hhs.gov>

**Sent:** Friday, March 24, 2023 4:19 PM

**To:** Snyder, Laura (CMS/CMCS) <Laura.Snyder1@cms.hhs.gov>; Badaracco, Andrew (CMS/CMCS) <Andrew.Badaracco@cms.hhs.gov>

**Subject:** WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

**Importance:** High

Good afternoon Laura,

We emailed a few days back, I work in DPO as the Washington state lead, I emailed you regarding a question that was submitted by Washington state and a bill in their legislature. **Washington state is requesting an expedited review of their concerns by Tuesday March 28<sup>th</sup> if possible.**

The bill is expected to be introduced in the next couple of days and their legislative partners are anxious to learn more about the permissibility of the program under CMS rules.

There is a link to a recent news article in Washington that provides some background on this topic?

<https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&cad=rja&uact=8&ved=2ahUKEwibu8-S2-9AhXcMVkFHZwzDROQFnoECAwQAQ&url=https%3A%2F%2Fwww.king5.com%2Farticle%2Fnews%2Fhealth%2Fwsha-hospitals-calling-for-increased-medicaid-payments%2F281-dd424f3a-d9e0-49e6-bf7a-eb70590e0124&usg=AOvVaw2GfMqm1iV0kCroAtAFWktf>

Please let me know how I can help out. I apologize they never indicated this guidance was needed so quickly.

Thank you,

**Edwin Walaszek**

Washington State Lead

Division of Program Operations – West | Medicaid & CHIP Operations Group

Center for Medicaid & CHIP Services | Centers for Medicare & Medicaid Services

Email:Edwin.Walaszek1@cms.hhs.gov

**From:** Cole, Abby (HCA) <abby.cole@hca.wa.gov>

**Sent:** Friday, March 24, 2023 3:52 PM

**To:** Walaszek, Edwin (CMS/CMCS) <Edwin.Walaszek1@cms.hhs.gov>

**Cc:** Fotinos, Charissa (HCA) <charissa.fotinos@hca.wa.gov>

**Subject:** RE: Technical Assistance Request

Yes, that article is about this bill.

Tuesday, March 28<sup>th</sup> would be ideal.

**Abby Cole**

Section Manager, Hospital Finance & Drug Rebate

[Abby.cole@hca.wa.gov](mailto:Abby.cole@hca.wa.gov)

Office: 360-725-1835

She/Her (*why pronouns matter*)

Washington State

Health Care Authority

[hca.wa.gov](http://hca.wa.gov)

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**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>

**Sent:** Friday, March 24, 2023 12:42 PM

**To:** Cole, Abby (HCA) <[abby.cole@hca.wa.gov](mailto:abby.cole@hca.wa.gov)>

**Cc:** Fotinos, Charissa (HCA) <[charissa.fotinos@hca.wa.gov](mailto:charissa.fotinos@hca.wa.gov)>

**Subject:** Technical Assistance Request

**Importance:** High

External Email

**From:** Cole, Abby (HCA) <[abby.cole@hca.wa.gov](mailto:abby.cole@hca.wa.gov)>

**Sent:** Friday, March 24, 2023 3:32 PM

**To:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>

**Cc:** Fotinos, Charissa (HCA) <[charissa.fotinos@hca.wa.gov](mailto:charissa.fotinos@hca.wa.gov)>

**Subject:** RE: Technical Assistance Request

Hello Edwin,

I'm following up on this. Any updates as to when we can expect to be able to have a TA call with CMS? The bill is expected to be introduced in the next couple of days and our legislative partners are anxious to learn more about the permissibility of the program under CMS rules.

Thank you,  
Abby

**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>

**Sent:** Wednesday, March 22, 2023 12:29 PM

**To:** Cole, Abby (HCA) <[abby.cole@hca.wa.gov](mailto:abby.cole@hca.wa.gov)>

**Subject:** RE: Technical Assistance Request

Thanks very much Abby

Thank you,

**Edwin Walaszek**

Washington State Lead

Division of Program Operations – West | Medicaid & CHIP Operations Group

Center for Medicaid & CHIP Services | Centers for Medicare & Medicaid Services

Email:Edwin.Walaszek1@cms.hhs.gov

**From:** Cole, Abby (HCA) <[abby.cole@hca.wa.gov](mailto:abby.cole@hca.wa.gov)>

**Sent:** Wednesday, March 22, 2023 1:08 PM

**To:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>

**Cc:** Klein, Evan (HCA) <[evan.klein@hca.wa.gov](mailto:evan.klein@hca.wa.gov)>; Atkinson, Megan M. (HCA) <[megan.atkinson@hca.wa.gov](mailto:megan.atkinson@hca.wa.gov)>; Lucero, Catrina (HCA) <[catrina.lucero@hca.wa.gov](mailto:catrina.lucero@hca.wa.gov)>

**Subject:** RE: Technical Assistance Request

Thank you.

We are looking to transition our existing pass-through program to a directed payment to comply with CMS' requirements to sunset the pass throughs.

The state would like to discuss the expansion of the program, the proposed tiers for payment of assessment and the addition of an intergovernmental transfer program to fund a directed payment. We are hoping for an overall general discussion on permissibility of those items.

Thank you,

**Abby Cole**

Section Manager, Hospital Finance

[Abby.cole@hca.wa.gov](mailto:Abby.cole@hca.wa.gov)

Office: 360-725-1835

Pronouns: she/her

Washington  
Health

Authoria

[hca.wa.gov](http://hca.wa.gov)

Connect with us

**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>

**Sent:** Thursday, March 16, 2023 3:19 PM

**To:** Cole, Abby (HCA) <[abby.cole@hca.wa.gov](mailto:abby.cole@hca.wa.gov)>

**Cc:** Klein, Evan (HCA) <[evan.klein@hca.wa.gov](mailto:evan.klein@hca.wa.gov)>; Atkinson, Megan M. (HCA) <[megan.atkinson@hca.wa.gov](mailto:megan.atkinson@hca.wa.gov)>; Lucero, Catrina (HCA) <[catrina.lucero@hca.wa.gov](mailto:catrina.lucero@hca.wa.gov)>

**Subject:** Technical Assistance Request

External Email

Good afternoon Abby and team:

Thank you for submitting this request, I am reaching out to the team to see if they have any preliminary questions and I will follow up with some available time .

Thank you,

**Edwin Walaszek**

Washington State Lead

Division of Program Operations – West | Medicaid & CHIP Operations Group

Center for Medicaid & CHIP Services | Centers for Medicare & Medicaid Services

Email: [Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)

**From:** Cole, Abby (HCA) <[abby.cole@hca.wa.gov](mailto:abby.cole@hca.wa.gov)>

**Sent:** Thursday, March 16, 2023 2:09 PM

**To:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>

**Cc:** Klein, Evan (HCA) <[evan.klein@hca.wa.gov](mailto:evan.klein@hca.wa.gov)>; Atkinson, Megan M. (HCA) <[megan.atkinson@hca.wa.gov](mailto:megan.atkinson@hca.wa.gov)>; Lucero, Catrina (HCA) <[catrina.lucero@hca.wa.gov](mailto:catrina.lucero@hca.wa.gov)>

**Subject:** Technical Assistance Request

Hello Edwin,

I'm attaching a draft of a proposed bill for a revised hospital assessment in Washington State. I'm hoping you can help me get something scheduled with the right individuals so we can discuss the permissibility of the proposed changes.

Thank you,

**Abby Cole**

Section Manager, Hospital Finance & Drug Rebate

[Abby.cole@hca.wa.gov](mailto:Abby.cole@hca.wa.gov)

Office: 360-725-1835

She/Her (*why pronouns matter*)

Washington State  
Health Care Authority

[hca.wa.gov](http://hca.wa.gov)

[Connect with us](#)

**From:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>  
**Sent:** Wednesday, March 22, 2023 4:00 PM  
**To:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>; CMS State Directed Payment <[StateDirectedPayment@cms.hhs.gov](mailto:StateDirectedPayment@cms.hhs.gov)>  
**Cc:** Caulder, Tara (CMS/CMCS) <[Tara.Caulder@cms.hhs.gov](mailto:Tara.Caulder@cms.hhs.gov)>; Kivisaari, John (CMS/CMCS) <[John.Kivisaari@cms.hhs.gov](mailto:John.Kivisaari@cms.hhs.gov)>  
**Subject:** RE: Technical Assistance-WA-WSHA Safety Net Draft

Hi Edwin,

Thanks for sharing and you've hit the right place. I've included our state directed payment mailbox on the email thread. For SDPs, Tara Caulder is our WA lead. I've also cc'ed John Kivisaari, the DMCO lead for WA, for awareness.

Let us take a look at this and follow-up with you on next steps.

Thanks,  
Laura

**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>  
**Sent:** Wednesday, March 22, 2023 3:43 PM  
**To:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>  
**Subject:** Technical Assistance-WA-WSHA Safety Net Draft

Good afternoon Laura,

My name is Edwin Walaszek and I am the CMS Medicaid Washington state lead. I am reaching out to you as I was referred by Andrew Badaracco, Washington state has submitted a draft bill (attached) that will revise the rating of Washington State Hospitals.

The state is looking to transition their existing pass-through program to a directed payment to comply with CMS' requirements to sunset the pass throughs.

**The state would like to discuss the expansion of the program, the proposed tiers for payment of assessment and the addition of an intergovernmental transfer program to fund a directed payment.**

They are hoping for an overall general discussion on permissibility of those items.

Thank you for any help you can provide, alternatively do you think it would be easier to setup a call with the state to discuss.

Please let me know if there are any other questions or concerns.

Thank you,

**Edwin Walaszek**



Washington State Lead  
Division of Program Operations – West | Medicaid & CHIP Operations  
Group  
Center for Medicaid & CHIP Services | Centers for Medicare & Medicaid  
Services  
Email:Edwin.Walaszek1@cms.hhs.gov

**From:** Badaracco, Andrew (CMS/CMCS)  
<[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>  
**Sent:** Wednesday, March 22, 2023 3:38 PM  
**To:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>;  
Caughey, Tom (CMS/CMCS) <[Tom.Caughey@cms.hhs.gov](mailto:Tom.Caughey@cms.hhs.gov)>; Moreth,  
James (CMS/CMCS) <[James.Moreth@cms.hhs.gov](mailto:James.Moreth@cms.hhs.gov)>; Knight, Gary  
(CMS/CMCS) <[Gary.Knight@cms.hhs.gov](mailto:Gary.Knight@cms.hhs.gov)>  
**Subject:** RE: Technical Assistance-WA-WSHA Safety Net Draft

Hey Edwin –

Pass-through payments and state-directed payments are DMCP's policy  
area. Suggest you reach out to Laura Snyder.

Thanks!

**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>  
**Sent:** Wednesday, March 22, 2023 3:29 PM  
**To:** Caughey, Tom (CMS/CMCS) <[Tom.Caughey@cms.hhs.gov](mailto:Tom.Caughey@cms.hhs.gov)>; Moreth,  
James (CMS/CMCS) <[James.Moreth@cms.hhs.gov](mailto:James.Moreth@cms.hhs.gov)>; Knight, Gary  
(CMS/CMCS) <[Gary.Knight@cms.hhs.gov](mailto:Gary.Knight@cms.hhs.gov)>; Badaracco, Andrew  
(CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>  
**Subject:** Technical Assistance-WA-WSHA Safety Net Draft

Hi Tom and team:

Thanks Tom, so I reached out to the state for some more specifics on  
their TA request regarding the draft by the legislature regarding the  
WSHA Safety Net draft.

The state is looking to transition their existing pass-through program to  
a directed payment to comply with CMS' requirements to sunset the  
pass throughs.

**The state would like to discuss the expansion of the program, the  
proposed tiers for payment of assessment and the addition of an  
intergovernmental transfer program to fund a directed payment.**

They are hoping for an overall general discussion on permissibility of  
those items.

Please let me know if there are any other questions or concerns.

Thank you,

**Edwin Walaszek**

Washington State Lead  
Division of Program Operations – West | Medicaid & CHIP Operations  
Group  
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Email:Edwin.Walaszek1@cms.hhs.gov

**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>  
**Sent:** Friday, March 17, 2023 11:38 AM  
**To:** Caughey, Tom (CMS/CMCS) <[Tom.Caughey@cms.hhs.gov](mailto:Tom.Caughey@cms.hhs.gov)>; Moreth,  
James (CMS/CMCS) <[James.Moreth@cms.hhs.gov](mailto:James.Moreth@cms.hhs.gov)>; Knight, Gary  
(CMS/CMCS) <[Gary.Knight@cms.hhs.gov](mailto:Gary.Knight@cms.hhs.gov)>; Badaracco, Andrew  
(CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>  
**Subject:** RE: Technical Assistance-WA-WSHA Safety Net Draft

Good morning Tom,

Thank you, I will reach out to the state for more specifics.

Thank you,

**Edwin Walaszek**

Washington State Lead  
Division of Program Operations – West | Medicaid & CHIP Operations  
Group  
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Email:Edwin.Walaszek1@cms.hhs.gov

**From:** Caughey, Tom (CMS/CMCS) <[Tom.Caughey@cms.hhs.gov](mailto:Tom.Caughey@cms.hhs.gov)>  
**Sent:** Friday, March 17, 2023 11:23 AM  
**To:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>;  
Moreth, James (CMS/CMCS) <[James.Moreth@cms.hhs.gov](mailto:James.Moreth@cms.hhs.gov)>; Knight,  
Gary (CMS/CMCS) <[Gary.Knight@cms.hhs.gov](mailto:Gary.Knight@cms.hhs.gov)>; Badaracco, Andrew  
(CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>  
**Subject:** RE: Technical Assistance-WA-WSHA Safety Net Draft

Hi Edwin,

Could the state please send questions they have before the call? Also, if they provide a little background on why they are making the changes could help. Thanks.

Tom Caughey, Funding Specialist  
Centers for Medicare & Medicaid Services  
Financial Management Group  
Division of Reimbursement Review

Federal Building

Suite 208  
315 West Allegan  
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**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>  
**Sent:** Thursday, March 16, 2023 6:18 PM  
**To:** Moreth, James (CMS/CMCS) <[James.Moreth@cms.hhs.gov](mailto:James.Moreth@cms.hhs.gov)>;  
Caughey, Tom (CMS/CMCS) <[Tom.Caughey@cms.hhs.gov](mailto:Tom.Caughey@cms.hhs.gov)>; Knight, Gary  
(CMS/CMCS) <[Gary.Knight@cms.hhs.gov](mailto:Gary.Knight@cms.hhs.gov)>; Badaracco, Andrew  
(CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>  
**Subject:** Technical Assistance-WA-WSHA Safety Net Draft

Hello DRR team:

I am reaching out to the team because Washington state has submitted a draft bill (attached) that will revise the rating of Washington State Hospitals. The state is requesting to speak with CMS to discuss the acceptability of the proposed changes.

Are any questions or concerns I can help clarify with the state before scheduling some time with them?

Thank you,

Edwin Walaszek  
Washington State Lead  
Division of Program Operations – West | Medicaid & CHIP  
Operations Group  
Center for Medicaid & CHIP Services | Centers for Medicare &  
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Message

**From:** Endelman (he/him), Jonathan (CMS/CMCS); (b)(6)  
(b)(6)  
**Sent:** 4/5/2023 1:19:42 PM  
**To:** Snyder, Laura (CMS/CMCS); (b)(6)  
(b)(6); Badaracco, Andrew  
]; Goldstein, Stuart  
**CC:** Giles, John (CMS/CMCS); (b)(6)  
(FYDIBOHF23SPDLT)/cn=Recipients/cn=979675cbceca42ffa0fae7b42c8cd016-john.giles1]  
**Subject:** RE: RE: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Laura,

Please let us know if and when Washington submits its hospital SDPs or how else we can be of assistance in reviewing the financing for these SDPs. Thank you.

Best,

Jonathan

Jonathan Endelman, PhD  
Social Science Research Analyst  
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**From:** Snyder, Laura (CMS/CMCS) <Laura.Snyder1@cms.hhs.gov>  
**Sent:** Wednesday, March 29, 2023 12:11 PM  
**To:** Endelman (he/him), Jonathan (CMS/CMCS) <Jonathan.Endelman@cms.hhs.gov>; Badaracco, Andrew (CMS/CMCS) <Andrew.Badaracco@cms.hhs.gov>; Goldstein, Stuart (CMS/CMCS) <STUART.GOLDSTEIN@cms.hhs.gov>  
**Cc:** Giles, John (CMS/CMCS) <John.Giles1@cms.hhs.gov>  
**Subject:** RE: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Hi Jonathan,

Sorry for delays in responding – DE and MCOG have onsite meetings this week in addition to showstopper comments on the NPRM.

I appreciate you all sharing information; going back down to the 3 items you described in the email from yesterday at 4:11pm, we defer to you all on items 1 and 3. On item 2, there is no requirement that 100% of the SDP be passed on to the providers. As you flagged in the regulations in 438, capitation rate development needs to account for the cost of

delivering services and appropriate admin costs, including licensing fees, taxes, etc. This also extends to SDPs – whether they are incorporated into the capitation rate or are paid through a separate payment term. In fact, we know that some states do permit plans to keep a portion of the separate payment term for admin costs. That is why the NPRM is proposing to have states report in a separate line item the spending on SDPs in their MLR, which will require plans to identify the portion of payments to plans for SDPs (whether the SDP is incorporated into capitation rate development or paid through a separate payment term) that is for benefit/services vs. admin costs.

I hope that helps. Please let us know how we can help further.

Thanks,  
Laura

**From:** Endelman (he/him), Jonathan (CMS/CMCS) <[Jonathan.Endelman@cms.hhs.gov](mailto:Jonathan.Endelman@cms.hhs.gov)>  
**Sent:** Wednesday, March 29, 2023 11:59 AM  
**To:** Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>; Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; Goldstein, Stuart (CMS/CMCS) <[STUART.GOLDSTEIN@cms.hhs.gov](mailto:STUART.GOLDSTEIN@cms.hhs.gov)>  
**Cc:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>  
**Subject:** RE: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Laura,

I wanted to be in touch again. I have an update from Rory's call with Washington yesterday from Stuart. Stuart said that Rory said that the State Medicaid agency expressed concern to him that there may be issues with provider pooling and redistribution of Medicaid payments along the lines of what we described in our CIB of February 17, 2023 on health care-related taxes. The state Medicaid agency does not want to be on the hook or at risk in terms of financial recoupment from CMS due to the presence of a hold harmless arrangement that would make the assessment on inpatient hospital services an impermissible health care-related tax. He said that he would be having a conversation with Dan about the Washington issue today. There appears to be more to come on this issue. We would like to get more information from Rory about what specifically the state Medicaid agency's concerns are. So, the focus here appears to be at least as much on what the state Medicaid agency's concerns are related to the possible presence of a hold harmless arrangement with regard to the state's hospital tax as it is on DFP's concerns on the same subject.

With regard to the 2% withhold, we do not think this would necessarily be a problem from a health care-related tax perspective as far as the MCO tax goes. We would defer to DMCP regarding if this would be a problem from a managed care payment perspective as far as the rates being actuarially sound. However, we have come across other regulations, specifically 42 CFR § 438.5(e), and guidance documents that suggest that this is generally allowed in managed care. Please see attached.

We look forward to talking with you.

Best,

Jonathan

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**From:** Endelman (he/him), Jonathan (CMS/CMCS)  
**Sent:** Tuesday, March 28, 2023 4:11 PM  
**To:** Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>; Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; Goldstein, Stuart (CMS/CMCS) <[STUART.GOLDSTEIN@cms.hhs.gov](mailto:STUART.GOLDSTEIN@cms.hhs.gov)>  
**Cc:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>  
**Subject:** RE: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Hello Laura,

Just wanted to let you know that I got off the phone with Rory and Stuart. He said that WA explained to us three weeks ago in a call with the SMD and the Health Secretary that the information that we had received regarding the possible existence of a similar arrangement as in Florida was based on incorrect information. Washington stated that they planned on increasing the amount of the hospital tax. Rory said that the assurances they gave to us on the call were sufficient to make sure that there was no specific indications that these types of pooling and redistribution arrangements existed in Washington. He did say that the issue of re-directing a portion of the SDP to pay for the MCO premium tax that Andrew mentioned was concerning. And that there may or may not be an issue on a couple of fronts:

1. The net expenditure issue raised by Andrew. That the state is in effect claiming on the CMS-64 for expenditures that it never had. What makes this more complex is that the state is claiming a rate, or a PMPM on the CMS-64, since this involves managed care and not FFS. They are not claiming for actual expenditures. So the net expenditure issue becomes trickier.
2. Is there any requirement under managed care statute or regulation that says that the MCO must pass on 100% of the SDP to the hospital and cannot retain any portion of it? In the scenario outlined by the state, 98% of the SDP would be passed on to the hospital and 2% of the SDP would be retained by the MCO to pay the MCO premium assessment. Is this allowed under managed care rules?
3. There is a concern that I mentioned earlier regarding the hold harmless. If the MCOs are allowed to retain some portion of the payments based on their proportion of Medicaid member months, that would probably be allowable from a tax perspective, because we allow states to recognize Medicaid's allowable portion of the tax. If, on the other hand, all MCOs retain a flat 2% of the SDP, that could be viewed as more problematic and could be viewed as a hold harmless.

Rory stated that he has a call at 5:15 p.m. today with Washington.

Best,

Jonathan

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**From:** Endelman (he/him), Jonathan (CMS/CMCS)  
**Sent:** Tuesday, March 28, 2023 1:33 PM  
**To:** Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>; Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; Goldstein, Stuart (CMS/CMCS) <[STUART.GOLDSTEIN@cms.hhs.gov](mailto:STUART.GOLDSTEIN@cms.hhs.gov)>  
**Cc:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>  
**Subject:** RE: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Thanks for this Andrew. This certainly sounds strange. It sounds like the state is using the proceeds from one health care-related tax (a tax on inpatient and outpatient hospital services) in order to serve as the basis for paying another health care-related tax (services of managed care organizations). Inpatient hospital services, outpatient hospital services, and services of managed care organizations are all separate permissible classes under Section 1903 (w)(7) of the Social Security Act and 42 CFR 433.56. If this is the case, that could be a hold harmless under Section 1903 (w)(4) and 42 CFR 433.68 (f) because the statute states that a hold harmless occurs where, "The State or other unit of government imposing the tax provides (directly or indirectly) for any payment, offset, or waiver that guarantees to hold taxpayers harmless for any portion of the costs of the tax." If this situation occurs as it is being described, the state may be giving an offset to the managed care organizations to hold them harmless for a portion of the tax, which would not be permissible. It looks like there are multiple, interlocking, complicated, moving parts in the state of Washington when it comes to the relationships between their managed care organizations and their hospitals that we need to get a better idea of understanding in order to know what is going on and if it would be in accordance with the requirements laid out in federal statute and regulation.

Best,

Jonathan

Jonathan Endelman, PhD  
Social Science Research Analyst  
Centers for Medicare & Medicaid Services (CMS)  
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**From:** Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>  
**Sent:** Tuesday, March 28, 2023 12:26 PM  
**To:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; Goldstein, Stuart (CMS/CMCS) <[STUART.GOLDSTEIN@cms.hhs.gov](mailto:STUART.GOLDSTEIN@cms.hhs.gov)>; Endelman (he/him), Jonathan (CMS/CMCS) <[Jonathan.Endelman@cms.hhs.gov](mailto:Jonathan.Endelman@cms.hhs.gov)>  
**Cc:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>  
**Subject:** RE: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Thanks, Laura – We'll be looking out for follow ups on this.

Copying the email thread with Edwin for reference.

In this particular instance, they didn't say anything as of yet about which entities will be providing an IGT, but we'll be sure to advise on the upcoming drafts/SDPs. One thing to keep in mind, in particular in Edwin's email, they're talking about possibly shaving off some of the Medicaid SDPs and paying that money to the MCOs as an "assessment" of some kind. If there's no FFP involved in the state's payment to the MCO, then we're not super concerned about it. If there *is* FFP mixed into the amounts the MCOs are able to keep, then we would likely say that keeping revenue from a provider payment would not be allowable under 42 CFR 447.10. I don't know if you all have any similar regulations in MCOs, but considering as these are state directed payments, I would think that the whole of the Medicaid payment would be directed to the providers.

**From:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>  
**Sent:** Tuesday, March 28, 2023 8:02 AM  
**To:** Goldstein, Stuart (CMS/CMCS) <[STUART.GOLDSTEIN@cms.hhs.gov](mailto:STUART.GOLDSTEIN@cms.hhs.gov)>; Endelman (he/him), Jonathan (CMS/CMCS) <[Jonathan.Endelman@cms.hhs.gov](mailto:Jonathan.Endelman@cms.hhs.gov)>; Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>  
**Cc:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>  
**Subject:** FW: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*  
**Importance:** High

Hi Jonathan and Stuart,

Sorry to ask for a quick turnaround, but WA is asking for some feedback by COB today. As you'll see in the draft below, we don't have any kind of submission in house at this point. All that's been shared with us is a draft bill in the WA legislature for a new series of payments (SDPs and it looks like some FFS payments as well. We are making clear to the state that CMS doesn't comment on draft legislation, but wanted to give them some level of general TA. In that spirit, are you comfortable with the highlighted bullet that calls out the recent guidance you all put out on hold harmless?

Andrew – I added you as you were on the chain at one point from Edwin in DPO; there is definitely IGT funding involved in the legislation. I suspect this will be one that DMCP and FMG will want to discuss more if the legislation/state moves ahead with the proposal.

Thanks,  
Laura

**From:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>  
**Sent:** Monday, March 27, 2023 4:08 PM  
**To:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>; Caulder, Tara (CMS/CMCS) <[Tara.Caulder@cms.hhs.gov](mailto:Tara.Caulder@cms.hhs.gov)>  
**Subject:** RE: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Draft to share with Edwin; I still need to check with FMG on the link to their guidance:

Hi Edwin –

DMCP has reviewed the email and documents shared by Washington. We recognize the state requested feedback by COB 3/28. We've prepared a written response to share with the state; can you share this with the state?

"Thank you for your request. CMS does not comment on state legislation; however, CMS is happy to provide technical assistance for the state as it drafts submissions for CMS to review and approve, such as state directed payment preprints. While CMS does not currently have a draft SDP proposal before us, we do offer these general pieces of technical assistance as the state considers a future SDP submission:

- CMS is happy to review early drafts of preprint submissions. We have found this useful for both states and CMS as it generally allows CMS to identify any issues early, which may expedite the formal review processes.



- SDPs are reviewed by a federal review team, of which DMCP is one party. While early technical assistance helps to identify issues early, all preprints must go through a formal review process. Issues may be identified during the formal review process that were not identified during technical assistance.
- We strongly encourage states to submit SDPs at least 90 days in advance of the start of the rating period. Barring any notable policy issues, this timing generally allows for the state and CMS to work through the prior approval process, making it easier for states to appropriately incorporate the SDP into their contracts and rates. The later that states submit SDPs, the more likely that the related contracts and rates may be delayed and additional amendments may be needed. We do note that we cannot accept a preprint after the end of the rating period.
- We would also note that there is increased oversight interest in state directed payments, particularly in the financing of the non-federal share. We would recommend that the state consult with the appropriate FMG SMEs for any changing or new financing related to this SDP. We would also flag the following CIB that was published this past February on the use of provider taxes: <https://www.medicaid.gov/federal-policy-guidance/downloads/cib021723.pdf>.
- States must provide CMS with an evaluation plan that would evaluate the effectiveness of the SDP on furthering the goal(s) and objective(s) identified in the state's Medicaid managed care quality strategy. CMS has released guidance on what elements states should include in their evaluation plan – including identifying measure(s) such as those from the Medicaid and CHIP core set, as well as identifying baselines and targets to evaluate the relative success of the SDP. If you have questions about this, we are happy to connect you with our DQHO colleagues for more technical assistance.
- State directed payments must be based on the delivery and utilization of services to Medicaid beneficiaries covered under the contract for the applicable rating period. Therefore, state directed payments must be tied to utilization and delivery of services covered under the contract during the corresponding contract rating period; payment cannot be based solely on historical utilization. We note that the documentation provided to us suggests the use of reconciliation processes, where interim payments would be made based on historical utilization and then reconciled to utilization under the contract. While CMS has approved such models in SDPs historically, we did want to note that CMS and states have found such arrangements to be operationally challenging to implement. There often is increased work for states and plans in administering the interim payments and then the reconciliation process. We have also seen a number of states implement such payment arrangements and have to submit additional rate certification amendments and contract amendments in light of reconciliations, which can be administratively burdensome and time consuming for both CMS and states.

For more information, we do recommend that you review our more recent guidance on SDPs:

<https://www.medicaid.gov/Federal-Policy-Guidance/Downloads/smd21001.pdf>. If you would like further technical assistance on a draft SDP for submission, please reach out to [statedirectedpayment@cms.hhs.gov](mailto:statedirectedpayment@cms.hhs.gov). We would also like to reiterate that the technical assistance provided above should not be considered CMS signing-off on or commenting on the state's draft legislation.

Thank you"

**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>

**Sent:** Friday, March 24, 2023 5:34 PM

**To:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>

**Cc:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>

**Subject:** WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Hi John,

Thanks very much John for your guidance. Attached is their draft, I will contact Dr. Fotinos to make them aware CMS does not normally comment directly on a state's proposed legislation; their technical questions are noted below:

**Questions/Concerns:**

- Washington state is requesting to transition their existing pass-through program to a directed payment to comply with CMS' requirements to sunset the pass throughs.
- The state would like to discuss the expansion of the program, the proposed tiers for payment of assessment and the addition of an intergovernmental transfer program to fund a directed payment and an overall general discussion on permissibility of these items.

Please let me know if I can help out in any other way. I will email Dr. Fotinos in the interim.

Thank you,

**Edwin Walaszek**

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**From:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>  
**Sent:** Friday, March 24, 2023 5:19 PM  
**To:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>  
**Cc:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>; Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>  
**Subject:** RE: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Edwin – I can discuss with our team on Monday, but many of our folks (including Rebecca) are traveling on Monday. So, reviewing and providing formal feedback by 3/28 will likely not be possible. I can circle with our team on Monday and see if we have any high-level comments, but I can't guarantee what we can provide without additional details from the state. Is the attached document what the state is asking CMS to review? If so, is this draft legislation? CMS does not normally comment directly on a state's proposed legislation, but we can offer the state technical assistance. Again, I can circle with the team on Monday and see what high-level technical assistance we can provide under the timing being offered by the state. It might be helpful for the state to send over technical questions that our team can review.

I hope this helps!

John Giles, MPA  
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Disabled and Elderly Health Programs Group  
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Department of Health and Human Services  
Phone: 410-786-5545  
E-mail: [John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)

**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>  
**Sent:** Friday, March 24, 2023 5:09 PM  
**To:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>  
**Cc:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>  
**Subject:** WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*  
**Importance:** High

Thank you John I appreciate that, I know next week will be difficult because of the meetings in Baltimore, especially since they are requesting a review by 3/28.

I took a look at your schedules for Monday and Rebecca will be OOO.

Do we need to necessarily have a call, or can the review and questions be conducted via email? They want this information Tuesday for their legislature.

Thank you,

**Edwin Walaszek**

Washington State Lead

Division of Program Operations – West | Medicaid & CHIP Operations Group

Center for Medicaid & CHIP Services | Centers for Medicare & Medicaid Services

Email: [Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)

**From:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>

**Sent:** Friday, March 24, 2023 5:01 PM

**To:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>

**Cc:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>; Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>

**Subject:** RE: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Hi Edwin – thanks! I think we can start with DMCP (please include Rebecca Burch Mack, Laura Snyder, and myself). We will ensure our other team members attend as well. If the state needs to address specific IGT questions, I will note that FMG is best positioned to answer those questions. I will also note that our teams are traveling next week to Baltimore for onsite meetings with MCOG and DEHPG, so I am predicting that scheduling a meeting next week will be difficult, as most of our teams will be in all-day strategic planning meetings on-site.

Thanks for helping us coordinate!

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: 410-786-5545

E-mail: [John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)

**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>

**Sent:** Friday, March 24, 2023 4:56 PM

**To:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>

**Cc:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>

**Subject:** WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

**Importance:** High

Hi John,

Thank you I will certainly do that, they emailed both of us. When I emailed Andrew initially about this he indicated FMG would eventually get pulled into the IGT questions, but as far as transitioning the payments, DMCP is a good starting point.

Questions/Concerns:

**Washington state is requesting to transition their existing pass-through program to a directed payment to comply with CMS' requirements to sunset the pass throughs.**

**The state would like to discuss the expansion of the program, the proposed tiers for payment of assessment and the addition of an intergovernmental transfer program to fund a directed payment and an overall general discussion on permissibility of these items.**

They are looking for guidance by 3/28/23 the latest.

Should I setup a call with the state and DMCP only, or does FMG need to be on the call for their input. Andrew is out today and if FMG is needed should I contact Rory to see if he can make the call?

Thank you,

**Edwin Walaszek**

Washington State Lead

Division of Program Operations – West | Medicaid & CHIP Operations Group

Center for Medicaid & CHIP Services | Centers for Medicare & Medicaid Services

Email:Edwin.Walaszek1@cms.hhs.gov

**From:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>

**Sent:** Friday, March 24, 2023 4:45 PM

**To:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>

**Cc:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>; Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>

**Subject:** RE: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Hi Edwin – it does seem like emails are crossing between multiple teams. 😊

Perhaps it makes the most sense to allow you to coordinate us in the way that makes the most sense. I am happy to help or participate however I can.

Thank you so much!

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: 410-786-5545

E-mail: [John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)

**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>

**Sent:** Friday, March 24, 2023 4:39 PM

**To:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>

**Cc:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>

**Subject:** WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Hi John,

My name is Edwin Walaszek and I am the Washington state lead, I just emailed Laura Snyder and for context I am just forwarding over the states initial request and some background, I know Dr. Fotinos emailed you directly.

Please let me know if I can help in anyway.

Thank you,

**Edwin Walaszek**

Washington State Lead

Division of Program Operations – West | Medicaid & CHIP Operations Group

Center for Medicaid & CHIP Services | Centers for Medicare & Medicaid Services

Email:Edwin.Walaszek1@cms.hhs.gov

**From:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>

**Sent:** Friday, March 24, 2023 4:28 PM

**To:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>; Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>

**Subject:** RE: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Hi Edwin,

We've received a separate request today from the state SMD on this topic; we'll follow-up after that meeting about any next steps.

Thanks,  
Laura

**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>

**Sent:** Friday, March 24, 2023 4:19 PM

**To:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>

**Subject:** WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*  
**Importance:** High

Good afternoon Laura,

We emailed a few days back, I work in DPO as the Washington state lead, I emailed you regarding a question that was submitted by Washington state and a bill in their legislature. **Washington state is requesting an expedited review of their concerns by Tuesday March 28<sup>th</sup> if possible.**

The bill is expected to be introduced in the next couple of days and their legislative partners are anxious to learn more about the permissibility of the program under CMS rules.

There is a link to a recent news article in Washington that provides some background on this topic?

<https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&cad=rja&uact=8&ved=2ahUKEwibu8-S2-9AhXcMVkFHZwzDROQFnoECAwQAQ&url=https%3A%2F%2Fwww.king5.com%2Farticle%2Fnews%2Fhealth%2Fwsha-hospitals-calling-for-increased-medicaid-payments%2F281-dd424f3a-d9e0-49e6-bf7a-eb70590e0124&usg=AOvVaw2GfMqm1iV0kCroAtAFWktf>

Please let me know how I can help out. I apologize they never indicated this guidance was needed so quickly.

Thank you,

**Edwin Walaszek**

Washington State Lead

Division of Program Operations – West | Medicaid & CHIP Operations Group

Center for Medicaid & CHIP Services | Centers for Medicare & Medicaid Services

Email:Edwin.Walaszek1@cms.hhs.gov

**From:** Cole, Abby (HCA) <[abby.cole@hca.wa.gov](mailto:abby.cole@hca.wa.gov)>

**Sent:** Friday, March 24, 2023 3:52 PM

**To:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>

**Cc:** Fotinos, Charissa (HCA) <[charissa.fotinos@hca.wa.gov](mailto:charissa.fotinos@hca.wa.gov)>

**Subject:** RE: Technical Assistance Request

Yes, that article is about this bill.

Tuesday, March 28<sup>th</sup> would be ideal.

**Abby Cole**

Section Manager, Hospital Finance & Drug Rebate

[Abby.cole@hca.wa.gov](mailto:Abby.cole@hca.wa.gov)

Office: 360-725-1835

She/Her (*why pronouns matter*)

Washington State

Health Care Authority

[hca.wa.gov](http://hca.wa.gov)

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**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>

**Sent:** Friday, March 24, 2023 12:42 PM

**To:** Cole, Abby (HCA) <[abby.cole@hca.wa.gov](mailto:abby.cole@hca.wa.gov)>

**Cc:** Fotinos, Charissa (HCA) <[charissa.fotinos@hca.wa.gov](mailto:charissa.fotinos@hca.wa.gov)>

**Subject:** Technical Assistance Request

**Importance:** High

External Email

**From:** Cole, Abby (HCA) <[abby.cole@hca.wa.gov](mailto:abby.cole@hca.wa.gov)>  
**Sent:** Friday, March 24, 2023 3:32 PM  
**To:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>  
**Cc:** Fotinos, Charissa (HCA) <[charissa.fotinos@hca.wa.gov](mailto:charissa.fotinos@hca.wa.gov)>  
**Subject:** RE: Technical Assistance Request

Hello Edwin,

I'm following up on this. Any updates as to when we can expect to be able to have a TA call with CMS? The bill is expected to be introduced in the next couple of days and our legislative partners are anxious to learn more about the permissibility of the program under CMS rules.

Thank you,  
Abby

**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>  
**Sent:** Wednesday, March 22, 2023 12:29 PM  
**To:** Cole, Abby (HCA) <[abby.cole@hca.wa.gov](mailto:abby.cole@hca.wa.gov)>  
**Subject:** RE: Technical Assistance Request

External Email

Thanks very much Abby

Thank you,

**Edwin Walaszek**  
Washington State Lead  
Division of Program Operations – West | Medicaid & CHIP Operations Group  
Center for Medicaid & CHIP Services | Centers for Medicare & Medicaid Services  
Email: [Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)

**From:** Cole, Abby (HCA) <[abby.cole@hca.wa.gov](mailto:abby.cole@hca.wa.gov)>  
**Sent:** Wednesday, March 22, 2023 1:08 PM  
**To:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>  
**Cc:** Klein, Evan (HCA) <[evan.klein@hca.wa.gov](mailto:evan.klein@hca.wa.gov)>; Atkinson, Megan M. (HCA) <[megan.atkinson@hca.wa.gov](mailto:megan.atkinson@hca.wa.gov)>; Lucero, Catrina (HCA) <[catrina.lucero@hca.wa.gov](mailto:catrina.lucero@hca.wa.gov)>  
**Subject:** RE: Technical Assistance Request

Thank you.

We are looking to transition our existing pass-through program to a directed payment to comply with CMS' requirements to sunset the pass throughs.

The state would like to discuss the expansion of the program, the proposed tiers for payment of assessment and the addition of an intergovernmental transfer program to fund a directed payment. We are hoping for an overall general discussion on permissibility of those items.

Thank you,

**Abby Cole**

Section Manager, Hospital Finance

[Abby.cole@hca.wa.gov](mailto:Abby.cole@hca.wa.gov)

Office: 360-725-1835

Pronouns: she/her

Washington  
Health

Authority

[hca.wa.gov](http://hca.wa.gov)

Connect with us

**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>

**Sent:** Thursday, March 16, 2023 3:19 PM

**To:** Cole, Abby (HCA) <[abby.cole@hca.wa.gov](mailto:abby.cole@hca.wa.gov)>

**Cc:** Klein, Evan (HCA) <[evan.klein@hca.wa.gov](mailto:evan.klein@hca.wa.gov)>; Atkinson, Megan M. (HCA) <[megan.atkinson@hca.wa.gov](mailto:megan.atkinson@hca.wa.gov)>; Lucero, Catrina (HCA) <[catrina.lucero@hca.wa.gov](mailto:catrina.lucero@hca.wa.gov)>

**Subject:** Technical Assistance Request

External Email

Good afternoon Abby and team:

Thank you for submitting this request, I am reaching to out the team to see if they have any preliminary questions and I will follow up with some available time .

Thank you,

**Edwin Walaszek**

Washington State Lead

Division of Program Operations – West | Medicaid & CHIP Operations Group

Center for Medicaid & CHIP Services | Centers for Medicare & Medicaid Services

Email: [Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)

**From:** Cole, Abby (HCA) <[abby.cole@hca.wa.gov](mailto:abby.cole@hca.wa.gov)>

**Sent:** Thursday, March 16, 2023 2:09 PM

**To:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>



**Cc:** Klein, Evan (HCA) <[evan.klein@hca.wa.gov](mailto:evan.klein@hca.wa.gov)>; Atkinson, Megan M. (HCA) <[megan.atkinson@hca.wa.gov](mailto:megan.atkinson@hca.wa.gov)>; Lucero, Catrina (HCA) <[catrina.lucero@hca.wa.gov](mailto:catrina.lucero@hca.wa.gov)>

**Subject:** Technical Assistance Request

Hello Edwin,

I'm attaching a draft of a proposed bill for a revised hospital assessment in Washington State. I'm hoping you can help me get something scheduled with the right individuals so we can discuss the permissibility of the proposed changes.

Thank you,

**Abby Cole**

Section Manager, Hospital Finance & Drug Rebate

[Abby.cole@hca.wa.gov](mailto:Abby.cole@hca.wa.gov)

Office: 360-725-1835

She/Her (*why pronouns matter*)

Washington State  
Health Care Authority

[hca.wa.gov](http://hca.wa.gov)

[Connect with us](#)

**From:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>

**Sent:** Wednesday, March 22, 2023 4:00 PM

**To:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>;

CMS State Directed Payment <[StateDirectedPayment@cms.hhs.gov](mailto:StateDirectedPayment@cms.hhs.gov)>

**Cc:** Caulder, Tara (CMS/CMCS) <[Tara.Caulder@cms.hhs.gov](mailto:Tara.Caulder@cms.hhs.gov)>; Kivisaari,

John (CMS/CMCS) <[John.Kivisaari@cms.hhs.gov](mailto:John.Kivisaari@cms.hhs.gov)>

**Subject:** RE: Technical Assistance-WA-WSHA Safety Net Draft

Hi Edwin,

Thanks for sharing and you've hit the right place. I've included our state directed payment mailbox on the email thread. For SDPs, Tara Caulder is our WA lead. I've also cc'ed John Kivisaari, the DMCO lead for WA, for awareness.

Let us take a look at this and follow-up with you on next steps.

Thanks,

Laura

**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>

**Sent:** Wednesday, March 22, 2023 3:43 PM

**To:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>

**Subject:** Technical Assistance-WA-WSHA Safety Net Draft

Good afternoon Laura,

My name is Edwin Walaszek and I am the CMS Medicaid Washington state lead. I am reaching out to you as I was referred by Andrew Badaracco, Washington state has submitted a draft bill (attached) that will revise the rating of Washington State Hospitals.

The state is looking to transition their existing pass-through program to a directed payment to comply with CMS' requirements to sunset the pass throughs.

**The state would like to discuss the expansion of the program, the proposed tiers for payment of assessment and the addition of an intergovernmental transfer program to fund a directed payment.**

They are hoping for an overall general discussion on permissibility of those items.

Thank you for any help you can provide, alternatively do you think it would be easier to setup a call with the state to discuss.

Please let me know if there are any other questions or concerns.

Thank you,

**Edwin Walaszek**

Washington State Lead

Division of Program Operations – West | Medicaid & CHIP Operations Group

Center for Medicaid & CHIP Services | Centers for Medicare & Medicaid Services

Email:Edwin.Walaszek1@cms.hhs.gov

**From:** Badaracco, Andrew (CMS/CMCS)

<[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>

**Sent:** Wednesday, March 22, 2023 3:38 PM

**To:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>;

Caughey, Tom (CMS/CMCS) <[Tom.Caughey@cms.hhs.gov](mailto:Tom.Caughey@cms.hhs.gov)>; Moreth,

James (CMS/CMCS) <[James.Moreth@cms.hhs.gov](mailto:James.Moreth@cms.hhs.gov)>; Knight, Gary

(CMS/CMCS) <[Gary.Knight@cms.hhs.gov](mailto:Gary.Knight@cms.hhs.gov)>

**Subject:** RE: Technical Assistance-WA-WSHA Safety Net Draft

Hey Edwin –

Pass-through payments and state-directed payments are DMCP's policy area. Suggest you reach out to Laura Snyder.

Thanks!

**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>

**Sent:** Wednesday, March 22, 2023 3:29 PM

**To:** Caughey, Tom (CMS/CMCS) <Tom.Caughey@cms.hhs.gov>; Moreth, James (CMS/CMCS) <James.Moreth@cms.hhs.gov>; Knight, Gary (CMS/CMCS) <Gary.Knight@cms.hhs.gov>; Badaracco, Andrew (CMS/CMCS) <Andrew.Badaracco@cms.hhs.gov>  
**Subject:** Technical Assistance-WA-WSHA Safety Net Draft

Hi Tom and team:

Thanks Tom, so I reached out to the state for some more specifics on their TA request regarding the draft by the legislature regarding the WSHA Safety Net draft.

The state is looking to transition their existing pass-through program to a directed payment to comply with CMS' requirements to sunset the pass throughs.

**The state would like to discuss the expansion of the program, the proposed tiers for payment of assessment and the addition of an intergovernmental transfer program to fund a directed payment.**

They are hoping for an overall general discussion on permissibility of those items.

Please let me know if there are any other questions or concerns.

Thank you,

**Edwin Walaszek**

Washington State Lead

Division of Program Operations – West | Medicaid & CHIP Operations Group

Center for Medicaid & CHIP Services | Centers for Medicare & Medicaid Services

Email:Edwin.Walaszek1@cms.hhs.gov

**From:** Walaszek, Edwin (CMS/CMCS) <Edwin.Walaszek1@cms.hhs.gov>

**Sent:** Friday, March 17, 2023 11:38 AM

**To:** Caughey, Tom (CMS/CMCS) <Tom.Caughey@cms.hhs.gov>; Moreth, James (CMS/CMCS) <James.Moreth@cms.hhs.gov>; Knight, Gary (CMS/CMCS) <Gary.Knight@cms.hhs.gov>; Badaracco, Andrew (CMS/CMCS) <Andrew.Badaracco@cms.hhs.gov>

**Subject:** RE: Technical Assistance-WA-WSHA Safety Net Draft

Good morning Tom,

Thank you, I will reach out to the state for more specifics.

Thank you,

**Edwin Walaszek**

Washington State Lead

Division of Program Operations – West | Medicaid & CHIP Operations  
Group  
Center for Medicaid & CHIP Services | Centers for Medicare & Medicaid  
Services  
Email:Edwin.Walaszek1@cms.hhs.gov

**From:** Caughey, Tom (CMS/CMCS) <Tom.Caughey@cms.hhs.gov>  
**Sent:** Friday, March 17, 2023 11:23 AM  
**To:** Walaszek, Edwin (CMS/CMCS) <Edwin.Walaszek1@cms.hhs.gov>;  
Moreth, James (CMS/CMCS) <James.Moreth@cms.hhs.gov>; Knight,  
Gary (CMS/CMCS) <Gary.Knight@cms.hhs.gov>; Badaracco, Andrew  
(CMS/CMCS) <Andrew.Badaracco@cms.hhs.gov>  
**Subject:** RE: Technical Assistance-WA-WSHA Safety Net Draft

Hi Edwin,

Could the state please send questions they have before the call? Also, if they provide a little background on why they are making the changes could help. Thanks.

Tom Caughey, Funding Specialist  
Centers for Medicare & Medicaid Services  
Financial Management Group  
Division of Reimbursement Review

Federal Building  
Suite 208  
315 West Allegan  
Lansing, MI 48933  
517-487-8598

**From:** Walaszek, Edwin (CMS/CMCS) <Edwin.Walaszek1@cms.hhs.gov>  
**Sent:** Thursday, March 16, 2023 6:18 PM  
**To:** Moreth, James (CMS/CMCS) <James.Moreth@cms.hhs.gov>;  
Caughey, Tom (CMS/CMCS) <Tom.Caughey@cms.hhs.gov>; Knight, Gary  
(CMS/CMCS) <Gary.Knight@cms.hhs.gov>; Badaracco, Andrew  
(CMS/CMCS) <Andrew.Badaracco@cms.hhs.gov>  
**Subject:** Technical Assistance-WA-WSHA Safety Net Draft

Hello DRR team:

I am reaching out to the team because Washington state has submitted a draft bill (attached) that will revise the rating of Washington State Hospitals. The state is requesting to speak with CMS to discuss the acceptability of the proposed changes.

Are any questions or concerns I can help clarify with the state before scheduling some time with them?

Thank you,

Edwin Walaszek  
Washington State Lead  
Division of Program Operations – West | Medicaid & CHIP  
Operations Group  
Center for Medicaid & CHIP Services | Centers for Medicare &  
Medicaid Services  
Email:Edwin.Walaszek1@cms.hhs.gov

Message

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**From:** Snyder, Laura (b)(6)  
(b)(6)  
**Sent:** 4/5/2023 3:23:11 PM  
**To:** Endelman (he/him), Jonathan (CMS/CMCS); (b)(6)  
(b)(6) Badaracco, Andrew  
Goldstein, Stuart  
**CC:** Giles, John (CMS/CMCS); (b)(6)  
(b)(6)  
**Subject:** RE: RE: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Hi Jonathan,

We will let you know as soon as we hear anything from WA.

Thanks,  
Laura

**From:** Endelman (he/him), Jonathan (CMS/CMCS) <Jonathan.Endelman@cms.hhs.gov>  
**Sent:** Wednesday, April 5, 2023 9:20 AM  
**To:** Snyder, Laura (CMS/CMCS) <Laura.Snyder1@cms.hhs.gov>; Badaracco, Andrew (CMS/CMCS) <Andrew.Badaracco@cms.hhs.gov>; Goldstein, Stuart (CMS/CMCS) <STUART.GOLDSTEIN@cms.hhs.gov>  
**Cc:** Giles, John (CMS/CMCS) <John.Giles1@cms.hhs.gov>  
**Subject:** RE: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Laura,

Please let us know if and when Washington submits its hospital SDPs or how else we can be of assistance in reviewing the financing for these SDPs. Thank you.

Best,

Jonathan

Jonathan Endelman, PhD  
Social Science Research Analyst  
Centers for Medicare & Medicaid Services (CMS)  
Center for Medicaid and CHIP Services (CMCS)  
Financial Management Group (FMG)  
Division of Financial Policy (DFP)  
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**From:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>

**Sent:** Wednesday, March 29, 2023 12:11 PM

**To:** Endelman (he/him), Jonathan (CMS/CMCS) <[Jonathan.Endelman@cms.hhs.gov](mailto:Jonathan.Endelman@cms.hhs.gov)>; Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>; Goldstein, Stuart (CMS/CMCS) <[STUART.GOLDSTEIN@cms.hhs.gov](mailto:STUART.GOLDSTEIN@cms.hhs.gov)>

**Cc:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>

**Subject:** RE: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Hi Jonathan,

Sorry for delays in responding – DE and MCOG have onsite meetings this week in addition to showstopper comments on the NPRM.

I appreciate you all sharing information; going back down to the 3 items you described in the email from yesterday at 4:11pm, we defer to you all on items 1 and 3. On item 2, there is no requirement that 100% of the SDP be passed on to the providers. As you flagged in the regulations in 438, capitation rate development needs to account for the cost of delivering services and appropriate admin costs, including licensing fees, taxes, etc. This also extends to SDPs – whether they are incorporated into the capitation rate or are paid through a separate payment term. In fact, we know that some states do permit plans to keep a portion of the separate payment term for admin costs. That is why the NPRM is proposing to have states report in a separate line item the spending on SDPs in their MLR, which will require plans to identify the portion of payments to plans for SDPs (whether the SDP is incorporated into capitation rate development or paid through a separate payment term) that is for benefit/services vs. admin costs.

I hope that helps. Please let us know how we can help further.

Thanks,

Laura

**From:** Endelman (he/him), Jonathan (CMS/CMCS) <[Jonathan.Endelman@cms.hhs.gov](mailto:Jonathan.Endelman@cms.hhs.gov)>

**Sent:** Wednesday, March 29, 2023 11:59 AM

**To:** Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>; Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; Goldstein, Stuart (CMS/CMCS) <[STUART.GOLDSTEIN@cms.hhs.gov](mailto:STUART.GOLDSTEIN@cms.hhs.gov)>

**Cc:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>

**Subject:** RE: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Laura,

I wanted to be in touch again. I have an update from Rory's call with Washington yesterday from Stuart. Stuart said that Rory said that the State Medicaid agency expressed concern to him that there may be issues with provider pooling and redistribution of Medicaid payments along the lines of what we described in our CIB of February 17, 2023 on health care-related taxes. The state Medicaid agency does not want to be on the hook or at risk in terms of financial recoupment from CMS due to the presence of a hold harmless arrangement that would make the assessment on inpatient hospital services an impermissible health care-related tax. He said that he would be having a conversation with Dan about the Washington issue today. There appears to be more to come on this issue. We would like to get more information from Rory about what specifically the state Medicaid agency's concerns are. So, the focus here appears to be at least as much on what the state Medicaid agency's concerns are related to the possible presence of a hold harmless arrangement with regard to the state's hospital tax as it is on DFP's concerns on the same subject.

With regard to the 2% withhold, we do not think this would necessarily be a problem from a health care-related tax perspective as far as the MCO tax goes. We would defer to DMCP regarding if this would be a problem from a managed care payment perspective as far as the rates being actuarially sound. However, we have come across other regulations,

specifically 42 CFR § 438.5(e), and guidance documents that suggest that this is generally allowed in managed care. Please see attached.

We look forward to talking with you.

Best,

Jonathan

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**From:** Endelman (he/him), Jonathan (CMS/CMCS)

**Sent:** Tuesday, March 28, 2023 4:11 PM

**To:** Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>; Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; Goldstein, Stuart (CMS/CMCS) <[STUART.GOLDSTEIN@cms.hhs.gov](mailto:STUART.GOLDSTEIN@cms.hhs.gov)>

**Cc:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>

**Subject:** RE: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Hello Laura,

Just wanted to let you know that I got off the phone with Rory and Stuart. He said that WA explained to us three weeks ago in a call with the SMD and the Health Secretary that the information that we had received regarding the possible existence of a similar arrangement as in Florida was based on incorrect information. Washington stated that they planned on increasing the amount of the hospital tax. Rory said that the assurances they gave to us on the call were sufficient to make sure that there was no specific indications that these types of pooling and redistribution arrangements existed in Washington. He did say that the issue of re-directing a portion of the SDP to pay for the MCO premium tax that Andrew mentioned was concerning. And that there may or may not be an issue on a couple of fronts:

1. The net expenditure issue raised by Andrew. That the state is in effect claiming on the CMS-64 for expenditures that it never had. What makes this more complex is that the state is claiming a rate, or a PMPM on the CMS-64, since this involves managed care and not FFS. They are not claiming for actual expenditures. So the net expenditure issue becomes trickier.
2. Is there any requirement under managed care statute or regulation that says that the MCO must pass on 100% of the SDP to the hospital and cannot retain any portion of it? In the scenario outlined by the state, 98% of the SDP would be passed on to the hospital and 2% of the SDP would be retained by the MCO to pay the MCO premium assessment. Is this allowed under managed care rules?
3. There is a concern that I mentioned earlier regarding the hold harmless. If the MCOs are allowed to retain some portion of the payments based on their proportion of Medicaid member months, that would probably be allowable from a tax perspective, because we allow states to recognize Medicaid's allowable portion of the tax. If, on the other hand, all MCOs retain a flat 2% of the SDP, that could be viewed as more problematic and could be viewed as a hold harmless.



Rory stated that he has a call at 5:15 p.m. today with Washington.

Best,

Jonathan

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**From:** Endelman (he/him), Jonathan (CMS/CMCS)

**Sent:** Tuesday, March 28, 2023 1:33 PM

**To:** Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>; Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; Goldstein, Stuart (CMS/CMCS) <[STUART.GOLDSTEIN@cms.hhs.gov](mailto:STUART.GOLDSTEIN@cms.hhs.gov)>

**Cc:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>

**Subject:** RE: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Thanks for this Andrew. This certainly sounds strange. It sounds like the state is using the proceeds from one health care-related tax (a tax on inpatient and outpatient hospital services) in order to serve as the basis for paying another health care-related tax (services of managed care organizations). Inpatient hospital services, outpatient hospital services, and services of managed care organizations are all separate permissible classes under Section 1903 (w)(7) of the Social Security Act and 42 CFR 433.56. If this is the case, that could be a hold harmless under Section 1903 (w)(4) and 42 CFR 433.68 (f) because the statute states that a hold harmless occurs where, "The State or other unit of government imposing the tax provides (directly or indirectly) for any payment, offset, or waiver that guarantees to hold taxpayers harmless for any portion of the costs of the tax." If this situation occurs as it is being described, the state may be giving an offset to the managed care organizations to hold them harmless for a portion of the tax, which would not be permissible. It looks like there are multiple, interlocking, complicated, moving parts in the state of Washington when it comes to the relationships between their managed care organizations and their hospitals that we need to get a better idea of understanding in order to know what is going on and if it would be in accordance with the requirements laid out in federal statute and regulation.

Best,

Jonathan

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**From:** Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>

**Sent:** Tuesday, March 28, 2023 12:26 PM

**To:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; Goldstein, Stuart (CMS/CMCS) <[STUART.GOLDSTEIN@cms.hhs.gov](mailto:STUART.GOLDSTEIN@cms.hhs.gov)>; Endelman (he/him), Jonathan (CMS/CMCS) <[Jonathan.Endelman@cms.hhs.gov](mailto:Jonathan.Endelman@cms.hhs.gov)>

**Cc:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>

**Subject:** RE: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Thanks, Laura – We'll be looking out for follow ups on this.

Copying the email thread with Edwin for reference.

In this particular instance, they didn't say anything as of yet about which entities will be providing an IGT, but we'll be sure to advise on the upcoming drafts/SDPs. One thing to keep in mind, in particular in Edwin's email, they're talking about possibly shaving off some of the Medicaid SDPs and paying that money to the MCOs as an "assessment" of some kind. If there's no FFP involved in the state's payment to the MCO, then we're not super concerned about it. If there *is* FFP mixed into the amounts the MCOs are able to keep, then we would likely say that keeping revenue from a provider payment would not be allowable under 42 CFR 447.10. I don't know if you all have any similar regulations in MCOs, but considering as these are state directed payments, I would think that the whole of the Medicaid payment would be directed to the providers.

**From:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>

**Sent:** Tuesday, March 28, 2023 8:02 AM

**To:** Goldstein, Stuart (CMS/CMCS) <[STUART.GOLDSTEIN@cms.hhs.gov](mailto:STUART.GOLDSTEIN@cms.hhs.gov)>; Endelman (he/him), Jonathan (CMS/CMCS) <[Jonathan.Endelman@cms.hhs.gov](mailto:Jonathan.Endelman@cms.hhs.gov)>; Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>

**Cc:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>

**Subject:** FW: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

**Importance:** High

Hi Jonathan and Stuart,

Sorry to ask for a quick turnaround, but WA is asking for some feedback by COB today. As you'll see in the draft below, we don't have any kind of submission in house at this point. All that's been shared with us is a draft bill in the WA legislature for a new series of payments (SDPs and it looks like some FFS payments as well. We are making clear to the state that CMS doesn't comment on draft legislation, but wanted to give them some level of general TA. In that spirit, are you comfortable with the highlighted bullet that calls out the recent guidance you all put out on hold harmless?

Andrew – I added you as you were on the chain at one point from Edwin in DPO; there is definitely IGT funding involved in the legislation. I suspect this will be one that DMCP and FMG will want to discuss more if the legislation/state moves ahead with the proposal.

Thanks,  
Laura

**From:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>

**Sent:** Monday, March 27, 2023 4:08 PM

**To:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>; Caulder, Tara (CMS/CMCS) <[Tara.Caulder@cms.hhs.gov](mailto:Tara.Caulder@cms.hhs.gov)>

**Subject:** RE: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Draft to share with Edwin; I still need to check with FMG on the link to their guidance:

Hi Edwin –

DMCP has reviewed the email and documents shared by Washington. We recognize the state requested feedback by COB 3/28. We've prepared a written response to share with the state; can you share this with the state?

"Thank you for your request. CMS does not comment on state legislation; however, CMS is happy to provide technical assistance for the state as it drafts submissions for CMS to review and approve, such as state directed payment preprints. While CMS does not currently have a draft SDP proposal before us, we do offer these general pieces of technical assistance as the state considers a future SDP submission:

- CMS is happy to review early drafts of preprint submissions. We have found this useful for both states and CMS as it generally allows CMS to identify any issues early, which may expedite the formal review processes.
- SDPs are reviewed by a federal review team, of which DMCP is one party. While early technical assistance helps to identify issues early, all preprints must go through a formal review process. Issues may be identified during the formal review process that were not identified during technical assistance.
- We strongly encourage states to submit SDPs at least 90 days in advance of the start of the rating period. Barring any notable policy issues, this timing generally allows for the state and CMS to work through the prior approval process, making it easier for states to appropriately incorporate the SDP into their contracts and rates. The later that states submit SDPs, the more likely that the related contracts and rates may be delayed and additional amendments may be needed. We do note that we cannot accept a preprint after the end of the rating period.
- We would also note that there is increased oversight interest in state directed payments, particularly in the financing of the non-federal share. We would recommend that the state consult with the appropriate FMG SMEs for any changing or new financing related to this SDP. We would also flag the following CIB that was published this past February on the use of provider taxes: <https://www.medicaid.gov/federal-policy-guidance/downloads/cib021723.pdf>.
- States must provide CMS with an evaluation plan that would evaluate the effectiveness of the SDP on furthering the goal(s) and objective(s) identified in the state's Medicaid managed care quality strategy. CMS has released guidance on what elements states should include in their evaluation plan – including identifying measure(s) such as those from the Medicaid and CHIP core set, as well as identifying baselines and targets to evaluate the relative success of the SDP. If you have questions about this, we are happy to connect you with our DQHO colleagues for more technical assistance.
- State directed payments must be based on the delivery and utilization of services to Medicaid beneficiaries covered under the contract for the applicable rating period. Therefore, state directed payments must be tied to utilization and delivery of services covered under the contract during the corresponding contract rating period; payment cannot be based solely on historical utilization. We note that the documentation provided to us suggests the use of reconciliation processes, where interim payments would be made based on historical utilization and then reconciled to utilization under the contract. While CMS has approved such models in SDPs historically, we did want to note that CMS and states have found such arrangements to be operationally challenging to implement. There often is increased work for states and plans in administering the interim payments and then the reconciliation process. We have also seen a number of states implement such payment arrangements and have to submit additional rate certification amendments and contract amendments in light of reconciliations, which can be administratively burdensome and time consuming for both CMS and states.

For more information, we do recommend that you review our more recent guidance on SDPs:

<https://www.medicaid.gov/Federal-Policy-Guidance/Downloads/smd21001.pdf>. If you would like further technical assistance on a draft SDP for submission, please reach out to [statedirectedpayment@cms.hhs.gov](mailto:statedirectedpayment@cms.hhs.gov). We would also like to

reiterate that the technical assistance provided above should not be considered CMS signing-off on or commenting on the state's draft legislation.

Thank you"

**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>

**Sent:** Friday, March 24, 2023 5:34 PM

**To:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>

**Cc:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>

**Subject:** WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Hi John,

Thanks very much John for your guidance. Attached is their draft, I will contact Dr. Fotinos to make them aware CMS does not normally comment directly on a state's proposed legislation; their technical questions are noted below:

**Questions/Concerns:**

- **Washington state is requesting to transition their existing pass-through program to a directed payment to comply with CMS' requirements to sunset the pass throughs.**
- **The state would like to discuss the expansion of the program, the proposed tiers for payment of assessment and the addition of an intergovernmental transfer program to fund a directed payment and an overall general discussion on permissibility of these items.**

Please let me know if I can help out in any other way. I will email Dr. Fotinos in the interim.

Thank you,

**Edwin Walaszek**

Washington State Lead

Division of Program Operations – West | Medicaid & CHIP Operations Group

Center for Medicaid & CHIP Services | Centers for Medicare & Medicaid Services

Email:[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)

**From:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>

**Sent:** Friday, March 24, 2023 5:19 PM

**To:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>

**Cc:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>; Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>

**Subject:** RE: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Edwin – I can discuss with our team on Monday, but many of our folks (including Rebecca) are traveling on Monday. So, reviewing and providing formal feedback by 3/28 will likely not be possible. I can circle with our team on Monday and see if we have any high-level comments, but I can't guarantee what we can provide without additional details from the state. Is the attached document what the state is asking CMS to review? If so, is this draft legislation? CMS does not normally comment directly on a state's proposed legislation, but we can offer the state technical assistance. Again, I can circle with the team on Monday and see what high-level technical assistance we can provide under the timing being offered by the state. It might be helpful for the state to send over technical questions that our team can review.

I hope this helps!

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Director, Division of Managed Care Policy  
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Phone: 410-786-5545  
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**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>  
**Sent:** Friday, March 24, 2023 5:09 PM  
**To:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>  
**Cc:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>  
**Subject:** WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*  
**Importance:** High

Thank you John I appreciate that, I know next week will be difficult because of the meetings in Baltimore, especially since they are requesting a review by 3/28.

I took a look at your schedules for Monday and Rebecca will be OOO.

Do we need to necessarily have a call, or can the review and questions be conducted via email? They want this information Tuesday for their legislature.

Thank you,

**Edwin Walaszek**

Washington State Lead  
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Center for Medicaid & CHIP Services | Centers for Medicare & Medicaid Services  
Email:[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)

**From:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>  
**Sent:** Friday, March 24, 2023 5:01 PM  
**To:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>  
**Cc:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>; Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>  
**Subject:** RE: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Hi Edwin – thanks! I think we can start with DMCP (please include Rebecca Burch Mack, Laura Snyder, and myself). We will ensure our other team members attend as well. If the state needs to address specific IGT questions, I will note that FMG is best positioned to answer those questions. I will also note that our teams are traveling next week to Baltimore for onsite meetings with MCOG and DEHPG, so I am predicting that scheduling a meeting next week will be difficult, as most of our teams will be in all-day strategic planning meetings on-site.

Thanks for helping us coordinate!

John Giles, MPA  
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**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>  
**Sent:** Friday, March 24, 2023 4:56 PM  
**To:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>  
**Cc:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>  
**Subject:** WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*  
**Importance:** High

Hi John,

Thank you I will certainly do that, they emailed both of us. When I emailed Andrew initially about this he indicated FMG would eventually get pulled into the IGT questions, but as far as transitioning the payments, DMCP is a good starting point.

Questions/Concerns:

**Washington state is requesting to transition their existing pass-through program to a directed payment to comply with CMS' requirements to sunset the pass throughs.**

**The state would like to discuss the expansion of the program, the proposed tiers for payment of assessment and the addition of an intergovernmental transfer program to fund a directed payment and an overall general discussion on permissibility of these items.**

They are looking for guidance by 3/28/23 the latest.

Should I setup a call with the state and DMCP only, or does FMG need to be on the call for their input. Andrew is out today and if FMG is needed should I contact Rory to see if he can make the call?

Thank you,

**Edwin Walaszek**

Washington State Lead  
Division of Program Operations – West | Medicaid & CHIP Operations Group  
Center for Medicaid & CHIP Services | Centers for Medicare & Medicaid Services  
Email:[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)

**From:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>  
**Sent:** Friday, March 24, 2023 4:45 PM  
**To:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>  
**Cc:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>; Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>  
**Subject:** RE: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Hi Edwin – it does seem like emails are crossing between multiple teams. 😊

Perhaps it makes the most sense to allow you to coordinate us in the way that makes the most sense. I am happy to help or participate however I can.

Thank you so much!

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Phone: 410-786-5545  
E-mail: [John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)

**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>  
**Sent:** Friday, March 24, 2023 4:39 PM  
**To:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>  
**Cc:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>  
**Subject:** WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Hi John,

My name is Edwin Walaszek and I am the Washington state lead, I just emailed Laura Snyder and for context I am just forwarding over the states initial request and some background, I know Dr. Fotinos emailed you directly.

Please let me know if I can help in anyway.

Thank you,

**Edwin Walaszek**  
Washington State Lead  
Division of Program Operations – West | Medicaid & CHIP Operations Group  
Center for Medicaid & CHIP Services | Centers for Medicare & Medicaid Services  
Email:[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)

**From:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>  
**Sent:** Friday, March 24, 2023 4:28 PM  
**To:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>; Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>  
**Subject:** RE: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Hi Edwin,

We've received a separate request today from the state SMD on this topic; we'll follow-up after that meeting about any next steps.

Thanks,  
Laura

**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>  
**Sent:** Friday, March 24, 2023 4:19 PM  
**To:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>  
**Subject:** WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*  
**Importance:** High

Good afternoon Laura,

We emailed a few days back, I work in DPO as the Washington state lead, I emailed you regarding a question that was submitted by Washington state and a bill in their legislature. **Washington state is requesting an expedited review of their concerns by Tuesday March 28<sup>th</sup> if possible.**

The bill is expected to be introduced in the next couple of days and their legislative partners are anxious to learn more about the permissibility of the program under CMS rules.

There is a link to a recent news article in Washington that provides some background on this topic?

<https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&cad=rja&uact=8&ved=2ahUKEwibu8-S2-9AhXcMVkFHZwzDR0QFnoECAwQAQ&url=https%3A%2F%2Fwww.king5.com%2Farticle%2Fnews%2Fhealth%2Fwsha-hospitals-calling-for-increased-medicaid-payments%2F281-dd424f3a-d9e0-49e6-bf7a-eb70590e0124&usg=AOvVaw2GfMqm1iV0kCroAtAFWktf>

Please let me know how I can help out. I apologize they never indicated this guidance was needed so quickly.

Thank you,

**Edwin Walaszek**

Washington State Lead  
Division of Program Operations – West | Medicaid & CHIP Operations Group  
Center for Medicaid & CHIP Services | Centers for Medicare & Medicaid Services  
Email: [Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)

**From:** Cole, Abby (HCA) <[abby.cole@hca.wa.gov](mailto:abby.cole@hca.wa.gov)>  
**Sent:** Friday, March 24, 2023 3:52 PM  
**To:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>  
**Cc:** Fotinos, Charissa (HCA) <[charissa.fotinos@hca.wa.gov](mailto:charissa.fotinos@hca.wa.gov)>  
**Subject:** RE: Technical Assistance Request

Yes, that article is about this bill.

Tuesday, March 28<sup>th</sup> would be ideal.

**Abby Cole**

Section Manager, Hospital Finance & Drug Rebate  
[Abby.cole@hca.wa.gov](mailto:Abby.cole@hca.wa.gov)  
Office: 360-725-1835  
She/Her (*why pronouns matter*)



**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>  
**Sent:** Friday, March 24, 2023 12:42 PM  
**To:** Cole, Abby (HCA) <[abby.cole@hca.wa.gov](mailto:abby.cole@hca.wa.gov)>  
**Cc:** Fotinos, Charissa (HCA) <[charissa.fotinos@hca.wa.gov](mailto:charissa.fotinos@hca.wa.gov)>  
**Subject:** Technical Assistance Request  
**Importance:** High

External Email

**From:** Cole, Abby (HCA) <[abby.cole@hca.wa.gov](mailto:abby.cole@hca.wa.gov)>  
**Sent:** Friday, March 24, 2023 3:32 PM  
**To:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>  
**Cc:** Fotinos, Charissa (HCA) <[charissa.fotinos@hca.wa.gov](mailto:charissa.fotinos@hca.wa.gov)>  
**Subject:** RE: Technical Assistance Request

Hello Edwin,

I'm following up on this. Any updates as to when we can expect to be able to have a TA call with CMS? The bill is expected to be introduced in the next couple of days and our legislative partners are anxious to learn more about the permissibility of the program under CMS rules.

Thank you,  
Abby

**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>  
**Sent:** Wednesday, March 22, 2023 12:29 PM  
**To:** Cole, Abby (HCA) <[abby.cole@hca.wa.gov](mailto:abby.cole@hca.wa.gov)>  
**Subject:** RE: Technical Assistance Request

External Email

Thanks very much Abby

Thank you,

**Edwin Walaszek**  
Washington State Lead

Division of Program Operations – West | Medicaid & CHIP Operations Group  
Center for Medicaid & CHIP Services | Centers for Medicare & Medicaid Services  
Email:Edwin.Walaszek1@cms.hhs.gov

**From:** Cole, Abby (HCA) <[abby.cole@hca.wa.gov](mailto:abby.cole@hca.wa.gov)>  
**Sent:** Wednesday, March 22, 2023 1:08 PM  
**To:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>  
**Cc:** Klein, Evan (HCA) <[evan.klein@hca.wa.gov](mailto:evan.klein@hca.wa.gov)>; Atkinson, Megan M. (HCA) <[megan.atkinson@hca.wa.gov](mailto:megan.atkinson@hca.wa.gov)>; Lucero, Catrina (HCA) <[catrina.lucero@hca.wa.gov](mailto:catrina.lucero@hca.wa.gov)>  
**Subject:** RE: Technical Assistance Request

Thank you.

We are looking to transition our existing pass-through program to a directed payment to comply with CMS' requirements to sunset the pass throughs.

The state would like to discuss the expansion of the program, the proposed tiers for payment of assessment and the addition of an intergovernmental transfer program to fund a directed payment. We are hoping for an overall general discussion on permissibility of those items.

Thank you,

**Abby Cole**

Section Manager, Hospital Finance  
[Abby.cole@hca.wa.gov](mailto:Abby.cole@hca.wa.gov)  
Office: 360-725-1835  
Pronouns: she/her

Washington  
Health



[hca.wa.gov](http://hca.wa.gov)

Connect with us

**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>  
**Sent:** Thursday, March 16, 2023 3:19 PM  
**To:** Cole, Abby (HCA) <[abby.cole@hca.wa.gov](mailto:abby.cole@hca.wa.gov)>  
**Cc:** Klein, Evan (HCA) <[evan.klein@hca.wa.gov](mailto:evan.klein@hca.wa.gov)>; Atkinson, Megan M. (HCA) <[megan.atkinson@hca.wa.gov](mailto:megan.atkinson@hca.wa.gov)>; Lucero, Catrina (HCA) <[catrina.lucero@hca.wa.gov](mailto:catrina.lucero@hca.wa.gov)>  
**Subject:** Technical Assistance Request

External Email

Good afternoon Abby and team:

CMS002448cv1579

Thank you for submitting this request, I am reaching out to the team to see if they have any preliminary questions and I will follow up with some available time .

Thank you,

**Edwin Walaszek**

Washington State Lead

Division of Program Operations – West | Medicaid & CHIP Operations Group

Center for Medicaid & CHIP Services | Centers for Medicare & Medicaid Services

Email:Edwin.Walaszek1@cms.hhs.gov

**From:** Cole, Abby (HCA) <[abby.cole@hca.wa.gov](mailto:abby.cole@hca.wa.gov)>

**Sent:** Thursday, March 16, 2023 2:09 PM

**To:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>

**Cc:** Klein, Evan (HCA) <[evan.klein@hca.wa.gov](mailto:evan.klein@hca.wa.gov)>; Atkinson, Megan M. (HCA) <[megan.atkinson@hca.wa.gov](mailto:megan.atkinson@hca.wa.gov)>; Lucero, Catrina (HCA) <[catrina.lucero@hca.wa.gov](mailto:catrina.lucero@hca.wa.gov)>

**Subject:** Technical Assistance Request

Hello Edwin,

I'm attaching a draft of a proposed bill for a revised hospital assessment in Washington State. I'm hoping you can help me get something scheduled with the right individuals so we can discuss the permissibility of the proposed changes.

Thank you,

**Abby Cole**

Section Manager, Hospital Finance & Drug Rebate

[Abby.cole@hca.wa.gov](mailto:Abby.cole@hca.wa.gov)

Office: 360-725-1835

She/Her (*why pronouns matter*)

Washington State

Health Care Authority

[hca.wa.gov](http://hca.wa.gov)

[Connect with us](#)

**From:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>

**Sent:** Wednesday, March 22, 2023 4:00 PM

**To:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>;

CMS State Directed Payment <[StateDirectedPayment@cms.hhs.gov](mailto:StateDirectedPayment@cms.hhs.gov)>

**Cc:** Caulder, Tara (CMS/CMCS) <[Tara.Caulder@cms.hhs.gov](mailto:Tara.Caulder@cms.hhs.gov)>; Kivisaari, John (CMS/CMCS) <[John.Kivisaari@cms.hhs.gov](mailto:John.Kivisaari@cms.hhs.gov)>

**Subject:** RE: Technical Assistance-WA-WSHA Safety Net Draft

Hi Edwin,

Thanks for sharing and you've hit the right place. I've included our state directed payment mailbox on the email thread. For SDPs, Tara Caulder is our WA lead. I've also cc'ed John Kivisaari, the DMCO lead for WA, for awareness.

Let us take a look at this and follow-up with you on next steps.

Thanks,  
Laura

**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>  
**Sent:** Wednesday, March 22, 2023 3:43 PM  
**To:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>  
**Subject:** Technical Assistance-WA-WSHA Safety Net Draft

Good afternoon Laura,

My name is Edwin Walaszek and I am the CMS Medicaid Washington state lead. I am reaching out to you as I was referred by Andrew Badaracco, Washington state has submitted a draft bill (attached) that will revise the rating of Washington State Hospitals.

The state is looking to transition their existing pass-through program to a directed payment to comply with CMS' requirements to sunset the pass throughs.

**The state would like to discuss the expansion of the program, the proposed tiers for payment of assessment and the addition of an intergovernmental transfer program to fund a directed payment.**

They are hoping for an overall general discussion on permissibility of those items.

Thank you for any help you can provide, alternatively do you think it would be easier to setup a call with the state to discuss.

Please let me know if there are any other questions or concerns.

Thank you,

**Edwin Walaszek**  
Washington State Lead  
Division of Program Operations – West | Medicaid & CHIP Operations Group  
Center for Medicaid & CHIP Services | Centers for Medicare & Medicaid Services  
Email: [Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)

**From:** Badaracco, Andrew (CMS/CMCS)  
<[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>

**Sent:** Wednesday, March 22, 2023 3:38 PM  
**To:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>; Caughey, Tom (CMS/CMCS) <[Tom.Caughey@cms.hhs.gov](mailto:Tom.Caughey@cms.hhs.gov)>; Moreth, James (CMS/CMCS) <[James.Moreth@cms.hhs.gov](mailto:James.Moreth@cms.hhs.gov)>; Knight, Gary (CMS/CMCS) <[Gary.Knight@cms.hhs.gov](mailto:Gary.Knight@cms.hhs.gov)>  
**Subject:** RE: Technical Assistance-WA-WSHA Safety Net Draft

Hey Edwin –

Pass-through payments and state-directed payments are DMCP's policy area. Suggest you reach out to Laura Snyder.

Thanks!

**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>  
**Sent:** Wednesday, March 22, 2023 3:29 PM  
**To:** Caughey, Tom (CMS/CMCS) <[Tom.Caughey@cms.hhs.gov](mailto:Tom.Caughey@cms.hhs.gov)>; Moreth, James (CMS/CMCS) <[James.Moreth@cms.hhs.gov](mailto:James.Moreth@cms.hhs.gov)>; Knight, Gary (CMS/CMCS) <[Gary.Knight@cms.hhs.gov](mailto:Gary.Knight@cms.hhs.gov)>; Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>  
**Subject:** Technical Assistance-WA-WSHA Safety Net Draft

Hi Tom and team:

Thanks Tom, so I reached out to the state for some more specifics on their TA request regarding the draft by the legislature regarding the WSHA Safety Net draft.

The state is looking to transition their existing pass-through program to a directed payment to comply with CMS' requirements to sunset the pass throughs.

**The state would like to discuss the expansion of the program, the proposed tiers for payment of assessment and the addition of an intergovernmental transfer program to fund a directed payment.**

They are hoping for an overall general discussion on permissibility of those items.

Please let me know if there are any other questions or concerns.

Thank you,

**Edwin Walaszek**  
Washington State Lead  
Division of Program Operations – West | Medicaid & CHIP Operations Group  
Center for Medicaid & CHIP Services | Centers for Medicare & Medicaid Services  
Email: [Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)

**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>  
**Sent:** Friday, March 17, 2023 11:38 AM  
**To:** Caughey, Tom (CMS/CMCS) <[Tom.Caughey@cms.hhs.gov](mailto:Tom.Caughey@cms.hhs.gov)>; Moreth, James (CMS/CMCS) <[James.Moreth@cms.hhs.gov](mailto:James.Moreth@cms.hhs.gov)>; Knight, Gary (CMS/CMCS) <[Gary.Knight@cms.hhs.gov](mailto:Gary.Knight@cms.hhs.gov)>; Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>  
**Subject:** RE: Technical Assistance-WA-WSHA Safety Net Draft

Good morning Tom,

Thank you, I will reach out to the state for more specifics.

Thank you,

**Edwin Walaszek**

Washington State Lead

Division of Program Operations – West | Medicaid & CHIP Operations Group

Center for Medicaid & CHIP Services | Centers for Medicare & Medicaid Services

Email:[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)

**From:** Caughey, Tom (CMS/CMCS) <[Tom.Caughey@cms.hhs.gov](mailto:Tom.Caughey@cms.hhs.gov)>  
**Sent:** Friday, March 17, 2023 11:23 AM  
**To:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>; Moreth, James (CMS/CMCS) <[James.Moreth@cms.hhs.gov](mailto:James.Moreth@cms.hhs.gov)>; Knight, Gary (CMS/CMCS) <[Gary.Knight@cms.hhs.gov](mailto:Gary.Knight@cms.hhs.gov)>; Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>  
**Subject:** RE: Technical Assistance-WA-WSHA Safety Net Draft

Hi Edwin,

Could the state please send questions they have before the call? Also, if they provide a little background on why they are making the changes could help. Thanks.

Tom Caughey, Funding Specialist  
Centers for Medicare & Medicaid Services  
Financial Management Group  
Division of Reimbursement Review

Federal Building  
Suite 208  
315 West Allegan  
Lansing, MI 48933  
517-487-8598

**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>  
**Sent:** Thursday, March 16, 2023 6:18 PM  
**To:** Moreth, James (CMS/CMCS) <[James.Moreth@cms.hhs.gov](mailto:James.Moreth@cms.hhs.gov)>;  
Caughey, Tom (CMS/CMCS) <[Tom.Caughey@cms.hhs.gov](mailto:Tom.Caughey@cms.hhs.gov)>; Knight, Gary  
(CMS/CMCS) <[Gary.Knight@cms.hhs.gov](mailto:Gary.Knight@cms.hhs.gov)>; Badaracco, Andrew  
(CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>  
**Subject:** Technical Assistance-WA-WSHA Safety Net Draft

Hello DRR team:

I am reaching out to the team because Washington state has submitted a draft bill (attached) that will revise the rating of Washington State Hospitals. The state is requesting to speak with CMS to discuss the acceptability of the proposed changes.

Are any questions or concerns I can help clarify with the state before scheduling some time with them?

Thank you,

Edwin Walaszek  
Washington State Lead  
Division of Program Operations – West | Medicaid & CHIP  
Operations Group  
Center for Medicaid & CHIP Services | Centers for Medicare &  
Medicaid Services  
Email:[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)

Message

**From:** Snyder, Laura (CMS/CMCS) (b)(6)  
**Sent:** 3/29/2023 4:10:56 PM (b)(6)  
**To:** Endelman (he/him), Jonathan (CMS/CMCS) (b)(6); Badaracco, Andrew; Goldstein, Stuart  
**CC:** Giles, John (CMS/CMCS) (b)(6)  
**Subject:** RE: RE: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Hi Jonathan,

Sorry for delays in responding – DE and MCOG have onsite meetings this week in addition to showstopper comments on the NPRM.

I appreciate you all sharing information; going back down to the 3 items you described in the email from yesterday at 4:11pm, we defer to you all on items 1 and 3. On item 2, there is no requirement that 100% of the SDP be passed on to the providers. As you flagged in the regulations in 438, capitation rate development needs to account for the cost of delivering services and appropriate admin costs, including licensing fees, taxes, etc. This also extends to SDPs – whether they are incorporated into the capitation rate or are paid through a separate payment term. In fact, we know that some states do permit plans to keep a portion of the separate payment term for admin costs. That is why the NPRM is proposing to have states report in a separate line item the spending on SDPs in their MLR, which will require plans to identify the portion of payments to plans for SDPs (whether the SDP is incorporated into capitation rate development or paid through a separate payment term) that is for benefit/services vs. admin costs.

I hope that helps. Please let us know how we can help further.

Thanks,  
Laura

**From:** Endelman (he/him), Jonathan (CMS/CMCS) <Jonathan.Endelman@cms.hhs.gov>  
**Sent:** Wednesday, March 29, 2023 11:59 AM  
**To:** Badaracco, Andrew (CMS/CMCS) <Andrew.Badaracco@cms.hhs.gov>; Snyder, Laura (CMS/CMCS) <Laura.Snyder1@cms.hhs.gov>; Goldstein, Stuart (CMS/CMCS) <STUART.GOLDSTEIN@cms.hhs.gov>  
**Cc:** Giles, John (CMS/CMCS) <John.Giles1@cms.hhs.gov>  
**Subject:** RE: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Laura,

I wanted to be in touch again. I have an update from Rory's call with Washington yesterday from Stuart. Stuart said that Rory said that the State Medicaid agency expressed concern to him that there may be issues with provider pooling and redistribution of Medicaid payments along the lines of what we described in our CIB of February 17, 2023 on health care-related taxes. The state Medicaid agency does not want to be on the hook or at risk in terms of financial recoupment from CMS due to the presence of a hold harmless arrangement that would make the assessment on inpatient hospital services an impermissible health care-related tax. He said that he would be having a conversation with Dan about the Washington issue today. There appears to be more to come on this issue. We would like to get more



information from Rory about what specifically the state Medicaid agency's concerns are. So, the focus here appears to be at least as much on what the state Medicaid agency's concerns are related to the possible presence of a hold harmless arrangement with regard to the state's hospital tax as it is on DFP's concerns on the same subject.

With regard to the 2% withhold, we do not think this would necessarily be a problem from a health care-related tax perspective as far as the MCO tax goes. We would defer to DMCP regarding if this would be a problem from a managed care payment perspective as far as the rates being actuarially sound. However, we have come across other regulations, specifically 42 CFR § 438.5(e), and guidance documents that suggest that this is generally allowed in managed care. Please see attached.

We look forward to talking with you.

Best,

Jonathan

Jonathan Endelman, PhD  
Social Science Research Analyst  
Centers for Medicare & Medicaid Services (CMS)  
Center for Medicaid and CHIP Services (CMCS)  
Financial Management Group (FMG)  
Division of Financial Policy (DFP)  
410.786.4738  
[jonathan.endelman@cms.hhs.gov](mailto:jonathan.endelman@cms.hhs.gov)  
7500 Security Blvd.  
Mail Stop, S3-14-28  
Baltimore, MD 21244-1850

**From:** Endelman (he/him), Jonathan (CMS/CMCS)

**Sent:** Tuesday, March 28, 2023 4:11 PM

**To:** Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>; Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; Goldstein, Stuart (CMS/CMCS) <[STUART.GOLDSTEIN@cms.hhs.gov](mailto:STUART.GOLDSTEIN@cms.hhs.gov)>

**Cc:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>

**Subject:** RE: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Hello Laura,

Just wanted to let you know that I got off the phone with Rory and Stuart. He said that WA explained to us three weeks ago in a call with the SMD and the Health Secretary that the information that we had received regarding the possible existence of a similar arrangement as in Florida was based on incorrect information. Washington stated that they planned on increasing the amount of the hospital tax. Rory said that the assurances they gave to us on the call were sufficient to make sure that there was no specific indications that these types of pooling and redistribution arrangements existed in Washington. He did say that the issue of re-directing a portion of the SDP to pay for the MCO premium tax that Andrew mentioned was concerning. And that there may or may not be an issue on a couple of fronts:

1. The net expenditure issue raised by Andrew. That the state is in effect claiming on the CMS-64 for expenditures that it never had. What makes this more complex is that the state is claiming a rate, or a PMPM on the CMS-64, since this involves managed care and not FFS. They are not claiming for actual expenditures. So the net expenditure issue becomes trickier.
2. Is there any requirement under managed care statute or regulation that says that the MCO must pass on 100% of the SDP to the hospital and cannot retain any portion of it? In the scenario outlined by the state, 98% of the

SDP would be passed on to the hospital and 2% of the SDP would be retained by the MCO to pay the MCO premium assessment. Is this allowed under managed care rules?

3. There is a concern that I mentioned earlier regarding the hold harmless. If the MCOs are allowed to retain some portion of the payments based on their proportion of Medicaid member months, that would probably be allowable from a tax perspective, because we allow states to recognize Medicaid's allowable portion of the tax. If, on the other hand, all MCOs retain a flat 2% of the SDP, that could be viewed as more problematic and could be viewed as a hold harmless.

Rory stated that he has a call at 5:15 p.m. today with Washington.

Best,

Jonathan

Jonathan Endelman, PhD  
Social Science Research Analyst  
Centers for Medicare & Medicaid Services (CMS)  
Center for Medicaid and CHIP Services (CMCS)  
Financial Management Group (FMG)  
Division of Financial Policy (DFP)  
410.786.4738  
[jonathan.endelman@cms.hhs.gov](mailto:jonathan.endelman@cms.hhs.gov)  
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Mail Stop, S3-14-28  
Baltimore, MD 21244-1850

**From:** Endelman (he/him), Jonathan (CMS/CMCS)

**Sent:** Tuesday, March 28, 2023 1:33 PM

**To:** Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>; Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; Goldstein, Stuart (CMS/CMCS) <[STUART.GOLDSTEIN@cms.hhs.gov](mailto:STUART.GOLDSTEIN@cms.hhs.gov)>

**Cc:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>

**Subject:** RE: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Thanks for this Andrew. This certainly sounds strange. It sounds like the state is using the proceeds from one health care-related tax (a tax on inpatient and outpatient hospital services) in order to serve as the basis for paying another health care-related tax (services of managed care organizations). Inpatient hospital services, outpatient hospital services, and services of managed care organizations are all separate permissible classes under Section 1903 (w)(7) of the Social Security Act and 42 CFR 433.56. If this is the case, that could be a hold harmless under Section 1903 (w)(4) and 42 CFR 433.68 (f) because the statute states that a hold harmless occurs where, "The State or other unit of government imposing the tax provides (directly or indirectly) for any payment, offset, or waiver that guarantees to hold taxpayers harmless for any portion of the costs of the tax." If this situation occurs as it is being described, the state may be giving an offset to the managed care organizations to hold them harmless for a portion of the tax, which would not be permissible. It looks like there are multiple, interlocking, complicated, moving parts in the state of Washington when it comes to the relationships between their managed care organizations and their hospitals that we need to get a better idea of understanding in order to know what is going on and if it would be in accordance with the requirements laid out in federal statute and regulation.

Best,

Jonathan

Jonathan Endelman, PhD  
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Baltimore, MD 21244-1850

**From:** Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>  
**Sent:** Tuesday, March 28, 2023 12:26 PM  
**To:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; Goldstein, Stuart (CMS/CMCS) <[STUART.GOLDSTEIN@cms.hhs.gov](mailto:STUART.GOLDSTEIN@cms.hhs.gov)>; Endelman (he/him), Jonathan (CMS/CMCS) <[Jonathan.Endelman@cms.hhs.gov](mailto:Jonathan.Endelman@cms.hhs.gov)>  
**Cc:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>  
**Subject:** RE: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Thanks, Laura – We'll be looking out for follow ups on this.

Copying the email thread with Edwin for reference.

In this particular instance, they didn't say anything as of yet about which entities will be providing an IGT, but we'll be sure to advise on the upcoming drafts/SDPs. One thing to keep in mind, in particular in Edwin's email, they're talking about possibly shaving off some of the Medicaid SDPs and paying that money to the MCOs as an "assessment" of some kind. If there's no FFP involved in the state's payment to the MCO, then we're not super concerned about it. If there *is* FFP mixed into the amounts the MCOs are able to keep, then we would likely say that keeping revenue from a provider payment would not be allowable under 42 CFR 447.10. I don't know if you all have any similar regulations in MCOs, but considering as these are state directed payments, I would think that the whole of the Medicaid payment would be directed to the providers.

**From:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>  
**Sent:** Tuesday, March 28, 2023 8:02 AM  
**To:** Goldstein, Stuart (CMS/CMCS) <[STUART.GOLDSTEIN@cms.hhs.gov](mailto:STUART.GOLDSTEIN@cms.hhs.gov)>; Endelman (he/him), Jonathan (CMS/CMCS) <[Jonathan.Endelman@cms.hhs.gov](mailto:Jonathan.Endelman@cms.hhs.gov)>; Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>  
**Cc:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>  
**Subject:** FW: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*  
**Importance:** High

Hi Jonathan and Stuart,

Sorry to ask for a quick turnaround, but WA is asking for some feedback by COB today. As you'll see in the draft below, we don't have any kind of submission in house at this point. All that's been shared with us is a draft bill in the WA legislature for a new series of payments (SDPs and it looks like some FFS payments as well). We are making clear to the state that CMS doesn't comment on draft legislation, but wanted to give them some level of general TA. In that spirit, are you comfortable with the highlighted bullet that calls out the recent guidance you all put out on hold harmless?

Andrew – I added you as you were on the chain at one point from Edwin in DPO; there is definitely IGT funding involved in the legislation. I suspect this will be one that DMCP and FMG will want to discuss more if the legislation/state moves ahead with the proposal.

Thanks,  
Laura

**From:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>

**Sent:** Monday, March 27, 2023 4:08 PM

**To:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>; Caulder, Tara (CMS/CMCS) <[Tara.Caulder@cms.hhs.gov](mailto:Tara.Caulder@cms.hhs.gov)>

**Subject:** RE: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Draft to share with Edwin; I still need to check with FMG on the link to their guidance:

Hi Edwin –

DMCP has reviewed the email and documents shared by Washington. We recognize the state requested feedback by COB 3/28. We've prepared a written response to share with the state; can you share this with the state?

"Thank you for your request. CMS does not comment on state legislation; however, CMS is happy to provide technical assistance for the state as it drafts submissions for CMS to review and approve, such as state directed payment preprints. While CMS does not currently have a draft SDP proposal before us, we do offer these general pieces of technical assistance as the state considers a future SDP submission:

- CMS is happy to review early drafts of preprint submissions. We have found this useful for both states and CMS as it generally allows CMS to identify any issues early, which may expedite the formal review processes.
- SDPs are reviewed by a federal review team, of which DMCP is one party. While early technical assistance helps to identify issues early, all preprints must go through a formal review process. Issues may be identified during the formal review process that were not identified during technical assistance.
- We strongly encourage states to submit SDPs at least 90 days in advance of the start of the rating period. Barring any notable policy issues, this timing generally allows for the state and CMS to work through the prior approval process, making it easier for states to appropriately incorporate the SDP into their contracts and rates. The later that states submit SDPs, the more likely that the related contracts and rates may be delayed and additional amendments may be needed. We do note that we cannot accept a preprint after the end of the rating period.
- We would also note that there is increased oversight interest in state directed payments, particularly in the financing of the non-federal share. We would recommend that the state consult with the appropriate FMG SMEs for any changing or new financing related to this SDP. We would also flag the following CIB that was published this past February on the use of provider taxes: <https://www.medicaid.gov/federal-policy-guidance/downloads/cib021723.pdf>.
- States must provide CMS with an evaluation plan that would evaluate the effectiveness of the SDP on furthering the goal(s) and objective(s) identified in the state's Medicaid managed care quality strategy. CMS has released guidance on what elements states should include in their evaluation plan – including identifying measure(s) such as those from the Medicaid and CHIP core set, as well as identifying baselines and targets to evaluate the relative success of the SDP. If you have questions about this, we are happy to connect you with our DQHO colleagues for more technical assistance.
- State directed payments must be based on the delivery and utilization of services to Medicaid beneficiaries covered under the contract for the applicable rating period. Therefore, state directed payments must be tied to utilization and delivery of services covered under the contract during the corresponding contract rating period; payment cannot be based solely on historical utilization. We note that the documentation provided to us suggests the use of reconciliation processes, where interim payments would be made based on historical utilization and then reconciled to utilization under the contract. While CMS has approved such models in SDPs historically, we did want to note that CMS and states have found such arrangements to be operationally challenging to implement. There often is increased work for states and plans in administering the interim

payments and then the reconciliation process. We have also seen a number of states implement such payment arrangements and have to submit additional rate certification amendments and contract amendments in light of reconciliations, which can be administratively burdensome and time consuming for both CMS and states.

For more information, we do recommend that you review our more recent guidance on SDPs:

<https://www.medicaid.gov/Federal-Policy-Guidance/Downloads/smd21001.pdf>. If you would like further technical assistance on a draft SDP for submission, please reach out to [statedirectedpayment@cms.hhs.gov](mailto:statedirectedpayment@cms.hhs.gov). We would also like to reiterate that the technical assistance provided above should not be considered CMS signing-off on or commenting on the state's draft legislation.

Thank you"

**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>

**Sent:** Friday, March 24, 2023 5:34 PM

**To:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>

**Cc:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>

**Subject:** WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Hi John,

Thanks very much John for your guidance. Attached is their draft, I will contact Dr. Fotinos to make them aware CMS does not normally comment directly on a state's proposed legislation; their technical questions are noted below:

**Questions/Concerns:**

- **Washington state is requesting to transition their existing pass-through program to a directed payment to comply with CMS' requirements to sunset the pass throughs.**
- **The state would like to discuss the expansion of the program, the proposed tiers for payment of assessment and the addition of an intergovernmental transfer program to fund a directed payment and an overall general discussion on permissibility of these items.**

Please let me know if I can help out in any other way. I will email Dr. Fotinos in the interim.

Thank you,

**Edwin Walaszek**

Washington State Lead

Division of Program Operations – West | Medicaid & CHIP Operations Group

Center for Medicaid & CHIP Services | Centers for Medicare & Medicaid Services

Email:[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)

**From:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>

**Sent:** Friday, March 24, 2023 5:19 PM

**To:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>

**Cc:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>; Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>

**Subject:** RE: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Edwin – I can discuss with our team on Monday, but many of our folks (including Rebecca) are traveling on Monday. So, reviewing and providing formal feedback by 3/28 will likely not be possible. I can circle with our team on Monday and see if we have any high-level comments, but I can't guarantee what we can provide without additional details from the state. Is the attached document what the state is asking CMS to review? If so, is this draft legislation? CMS does not normally comment directly on a state's proposed legislation, but we can offer the state technical assistance. Again, I can circle with the team on Monday and see what high-level technical assistance we can provide under the timing being offered by the state. It might be helpful for the state to send over technical questions that our team can review.

I hope this helps!

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: 410-786-5545  
E-mail: [John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)

**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>  
**Sent:** Friday, March 24, 2023 5:09 PM  
**To:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>  
**Cc:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>  
**Subject:** WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*  
**Importance:** High

Thank you John I appreciate that, I know next week will be difficult because of the meetings in Baltimore, especially since they are requesting a review by 3/28.

I took a look at your schedules for Monday and Rebecca will be OOO.

Do we need to necessarily have a call, or can the review and questions be conducted via email? They want this information Tuesday for their legislature.

Thank you,

**Edwin Walaszek**  
Washington State Lead  
Division of Program Operations – West | Medicaid & CHIP Operations Group  
Center for Medicaid & CHIP Services | Centers for Medicare & Medicaid Services  
Email: [Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)

**From:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>  
**Sent:** Friday, March 24, 2023 5:01 PM  
**To:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>  
**Cc:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>; Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>  
**Subject:** RE: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Hi Edwin – thanks! I think we can start with DMCP (please include Rebecca Burch Mack, Laura Snyder, and myself). We will ensure our other team members attend as well. If the state needs to address specific IGT questions, I will note that FMG is best positioned to answer those questions. I will also note that our teams are traveling next week to Baltimore for onsite meetings with MCOG and DEHPG, so I am predicting that scheduling a meeting next week will be difficult, as most of our teams will be in all-day strategic planning meetings on-site.

Thanks for helping us coordinate!

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: 410-786-5545  
E-mail: [John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)

**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>

**Sent:** Friday, March 24, 2023 4:56 PM

**To:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>

**Cc:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>

**Subject:** WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

**Importance:** High

Hi John,

Thank you I will certainly do that, they emailed both of us. When I emailed Andrew initially about this he indicated FMG would eventually get pulled into the IGT questions, but as far as transitioning the payments, DMCP is a good starting point.

Questions/Concerns:

**Washington state is requesting to transition their existing pass-through program to a directed payment to comply with CMS' requirements to sunset the pass throughs.**

**The state would like to discuss the expansion of the program, the proposed tiers for payment of assessment and the addition of an intergovernmental transfer program to fund a directed payment and an overall general discussion on permissibility of these items.**

They are looking for guidance by 3/28/23 the latest.

Should I setup a call with the state and DMCP only, or does FMG need to be on the call for their input. Andrew is out today and if FMG is needed should I contact Rory to see if he can make the call?

Thank you,

**Edwin Walaszek**

Washington State Lead

Division of Program Operations – West | Medicaid & CHIP Operations Group

Center for Medicaid & CHIP Services | Centers for Medicare & Medicaid Services

Email: [Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)

**From:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>  
**Sent:** Friday, March 24, 2023 4:45 PM  
**To:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>  
**Cc:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>; Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>  
**Subject:** RE: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Hi Edwin – it does seem like emails are crossing between multiple teams. ☺

Perhaps it makes the most sense to allow you to coordinate us in the way that makes the most sense. I am happy to help or participate however I can.

Thank you so much!

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: 410-786-5545  
E-mail: [John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)

**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>  
**Sent:** Friday, March 24, 2023 4:39 PM  
**To:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>  
**Cc:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>  
**Subject:** WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Hi John,

My name is Edwin Walaszek and I am the Washington state lead, I just emailed Laura Snyder and for context I am just forwarding over the states initial request and some background, I know Dr. Fotinos emailed you directly.

Please let me know if I can help in anyway.

Thank you,

**Edwin Walaszek**  
Washington State Lead  
Division of Program Operations – West | Medicaid & CHIP Operations Group  
Center for Medicaid & CHIP Services | Centers for Medicare & Medicaid Services  
Email:[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)

**From:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>  
**Sent:** Friday, March 24, 2023 4:28 PM  
**To:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>; Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>



**Subject:** RE: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Hi Edwin,

We've received a separate request today from the state SMD on this topic; we'll follow-up after that meeting about any next steps.

Thanks,  
Laura

**From:** Walaszek, Edwin (CMS/CMCS) <Edwin.Walaszek1@cms.hhs.gov>

**Sent:** Friday, March 24, 2023 4:19 PM

**To:** Snyder, Laura (CMS/CMCS) <Laura.Snyder1@cms.hhs.gov>; Badaracco, Andrew (CMS/CMCS) <Andrew.Badaracco@cms.hhs.gov>

**Subject:** WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

**Importance:** High

Good afternoon Laura,

We emailed a few days back, I work in DPO as the Washington state lead, I emailed you regarding a question that was submitted by Washington state and a bill in their legislature. **Washington state is requesting an expedited review of their concerns by Tuesday March 28<sup>th</sup> if possible.**

The bill is expected to be introduced in the next couple of days and their legislative partners are anxious to learn more about the permissibility of the program under CMS rules.

There is a link to a recent news article in Washington that provides some background on this topic?

<https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&cad=rja&uact=8&ved=2ahUKEwibu8-S2-9AhXcMVkFHZwzDROQFnoECAwQAQ&url=https%3A%2F%2Fwww.king5.com%2Farticle%2Fnews%2Fhealth%2Fwsha-hospitals-calling-for-increased-medicaid-payments%2F281-dd424f3a-d9e0-49e6-bf7a-eb70590e0124&usg=AOvVaw2GfMqm1iV0kCroAtAFWktf>

Please let me know how I can help out. I apologize they never indicated this guidance was needed so quickly.

Thank you,

**Edwin Walaszek**

Washington State Lead

Division of Program Operations – West | Medicaid & CHIP Operations Group

Center for Medicaid & CHIP Services | Centers for Medicare & Medicaid Services

Email:Edwin.Walaszek1@cms.hhs.gov

**From:** Cole, Abby (HCA) <abby.cole@hca.wa.gov>

**Sent:** Friday, March 24, 2023 3:52 PM

**To:** Walaszek, Edwin (CMS/CMCS) <Edwin.Walaszek1@cms.hhs.gov>

**Cc:** Fotinos, Charissa (HCA) <charissa.fotinos@hca.wa.gov>

**Subject:** RE: Technical Assistance Request

Yes, that article is about this bill.

Tuesday, March 28<sup>th</sup> would be ideal.

**Abby Cole**

Section Manager, Hospital Finance & Drug Rebate

[Abby.cole@hca.wa.gov](mailto:Abby.cole@hca.wa.gov)

Office: 360-725-1835

She/Her (*why pronouns matter*)

Washington State

Health Care Authority

[hca.wa.gov](http://hca.wa.gov)

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**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>

**Sent:** Friday, March 24, 2023 12:42 PM

**To:** Cole, Abby (HCA) <[abby.cole@hca.wa.gov](mailto:abby.cole@hca.wa.gov)>

**Cc:** Fotinos, Charissa (HCA) <[charissa.fotinos@hca.wa.gov](mailto:charissa.fotinos@hca.wa.gov)>

**Subject:** Technical Assistance Request

**Importance:** High

External Email

**From:** Cole, Abby (HCA) <[abby.cole@hca.wa.gov](mailto:abby.cole@hca.wa.gov)>

**Sent:** Friday, March 24, 2023 3:32 PM

**To:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>

**Cc:** Fotinos, Charissa (HCA) <[charissa.fotinos@hca.wa.gov](mailto:charissa.fotinos@hca.wa.gov)>

**Subject:** RE: Technical Assistance Request

Hello Edwin,

I'm following up on this. Any updates as to when we can expect to be able to have a TA call with CMS? The bill is expected to be introduced in the next couple of days and our legislative partners are anxious to learn more about the permissibility of the program under CMS rules.

Thank you,  
Abby

**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>

**Sent:** Wednesday, March 22, 2023 12:29 PM

**To:** Cole, Abby (HCA) <[abby.cole@hca.wa.gov](mailto:abby.cole@hca.wa.gov)>

**Subject:** RE: Technical Assistance Request

Thanks very much Abby

Thank you,

**Edwin Walaszek**

Washington State Lead

Division of Program Operations – West | Medicaid & CHIP Operations Group

Center for Medicaid & CHIP Services | Centers for Medicare & Medicaid Services

Email:Edwin.Walaszek1@cms.hhs.gov

**From:** Cole, Abby (HCA) <[abby.cole@hca.wa.gov](mailto:abby.cole@hca.wa.gov)>

**Sent:** Wednesday, March 22, 2023 1:08 PM

**To:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>

**Cc:** Klein, Evan (HCA) <[evan.klein@hca.wa.gov](mailto:evan.klein@hca.wa.gov)>; Atkinson, Megan M. (HCA) <[megan.atkinson@hca.wa.gov](mailto:megan.atkinson@hca.wa.gov)>; Lucero, Catrina (HCA) <[catrina.lucero@hca.wa.gov](mailto:catrina.lucero@hca.wa.gov)>

**Subject:** RE: Technical Assistance Request

Thank you.

We are looking to transition our existing pass-through program to a directed payment to comply with CMS' requirements to sunset the pass throughs.

The state would like to discuss the expansion of the program, the proposed tiers for payment of assessment and the addition of an intergovernmental transfer program to fund a directed payment. We are hoping for an overall general discussion on permissibility of those items.

Thank you,

**Abby Cole**

Section Manager, Hospital Finance

[Abby.cole@hca.wa.gov](mailto:Abby.cole@hca.wa.gov)

Office: 360-725-1835

Pronouns: she/her

Washington  
Health

Authoria

[hca.wa.gov](http://hca.wa.gov)

Connect with us

**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>

**Sent:** Thursday, March 16, 2023 3:19 PM

**To:** Cole, Abby (HCA) <[abby.cole@hca.wa.gov](mailto:abby.cole@hca.wa.gov)>

**Cc:** Klein, Evan (HCA) <[evan.klein@hca.wa.gov](mailto:evan.klein@hca.wa.gov)>; Atkinson, Megan M. (HCA) <[megan.atkinson@hca.wa.gov](mailto:megan.atkinson@hca.wa.gov)>; Lucero, Catrina (HCA) <[catrina.lucero@hca.wa.gov](mailto:catrina.lucero@hca.wa.gov)>

**Subject:** Technical Assistance Request

External Email

Good afternoon Abby and team:

Thank you for submitting this request, I am reaching out to the team to see if they have any preliminary questions and I will follow up with some available time .

Thank you,

**Edwin Walaszek**

Washington State Lead

Division of Program Operations – West | Medicaid & CHIP Operations Group

Center for Medicaid & CHIP Services | Centers for Medicare & Medicaid Services

Email: [Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)

**From:** Cole, Abby (HCA) <[abby.cole@hca.wa.gov](mailto:abby.cole@hca.wa.gov)>

**Sent:** Thursday, March 16, 2023 2:09 PM

**To:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>

**Cc:** Klein, Evan (HCA) <[evan.klein@hca.wa.gov](mailto:evan.klein@hca.wa.gov)>; Atkinson, Megan M. (HCA) <[megan.atkinson@hca.wa.gov](mailto:megan.atkinson@hca.wa.gov)>; Lucero, Catrina (HCA) <[catrina.lucero@hca.wa.gov](mailto:catrina.lucero@hca.wa.gov)>

**Subject:** Technical Assistance Request

Hello Edwin,

I'm attaching a draft of a proposed bill for a revised hospital assessment in Washington State. I'm hoping you can help me get something scheduled with the right individuals so we can discuss the permissibility of the proposed changes.

Thank you,

**Abby Cole**

Section Manager, Hospital Finance & Drug Rebate

[Abby.cole@hca.wa.gov](mailto:Abby.cole@hca.wa.gov)

Office: 360-725-1835

She/Her (*why pronouns matter*)

Washington State  
Health Care Authority

[hca.wa.gov](http://hca.wa.gov)

[Connect with us](#)

**From:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>  
**Sent:** Wednesday, March 22, 2023 4:00 PM  
**To:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>; CMS State Directed Payment <[StateDirectedPayment@cms.hhs.gov](mailto:StateDirectedPayment@cms.hhs.gov)>  
**Cc:** Caulder, Tara (CMS/CMCS) <[Tara.Caulder@cms.hhs.gov](mailto:Tara.Caulder@cms.hhs.gov)>; Kivisaari, John (CMS/CMCS) <[John.Kivisaari@cms.hhs.gov](mailto:John.Kivisaari@cms.hhs.gov)>  
**Subject:** RE: Technical Assistance-WA-WSHA Safety Net Draft

Hi Edwin,

Thanks for sharing and you've hit the right place. I've included our state directed payment mailbox on the email thread. For SDPs, Tara Caulder is our WA lead. I've also cc'ed John Kivisaari, the DMCO lead for WA, for awareness.

Let us take a look at this and follow-up with you on next steps.

Thanks,  
Laura

**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>  
**Sent:** Wednesday, March 22, 2023 3:43 PM  
**To:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>  
**Subject:** Technical Assistance-WA-WSHA Safety Net Draft

Good afternoon Laura,

My name is Edwin Walaszek and I am the CMS Medicaid Washington state lead. I am reaching out to you as I was referred by Andrew Badaracco, Washington state has submitted a draft bill (attached) that will revise the rating of Washington State Hospitals.

The state is looking to transition their existing pass-through program to a directed payment to comply with CMS' requirements to sunset the pass throughs.

**The state would like to discuss the expansion of the program, the proposed tiers for payment of assessment and the addition of an intergovernmental transfer program to fund a directed payment.**

They are hoping for an overall general discussion on permissibility of those items.

Thank you for any help you can provide, alternatively do you think it would be easier to setup a call with the state to discuss.

Please let me know if there are any other questions or concerns.

Thank you,

**Edwin Walaszek**

Washington State Lead  
Division of Program Operations – West | Medicaid & CHIP Operations  
Group  
Center for Medicaid & CHIP Services | Centers for Medicare & Medicaid  
Services  
Email:Edwin.Walaszek1@cms.hhs.gov

**From:** Badaracco, Andrew (CMS/CMCS)  
<[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>  
**Sent:** Wednesday, March 22, 2023 3:38 PM  
**To:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>;  
Caughey, Tom (CMS/CMCS) <[Tom.Caughey@cms.hhs.gov](mailto:Tom.Caughey@cms.hhs.gov)>; Moreth,  
James (CMS/CMCS) <[James.Moreth@cms.hhs.gov](mailto:James.Moreth@cms.hhs.gov)>; Knight, Gary  
(CMS/CMCS) <[Gary.Knight@cms.hhs.gov](mailto:Gary.Knight@cms.hhs.gov)>  
**Subject:** RE: Technical Assistance-WA-WSHA Safety Net Draft

Hey Edwin –

Pass-through payments and state-directed payments are DMCP's policy  
area. Suggest you reach out to Laura Snyder.

Thanks!

**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>  
**Sent:** Wednesday, March 22, 2023 3:29 PM  
**To:** Caughey, Tom (CMS/CMCS) <[Tom.Caughey@cms.hhs.gov](mailto:Tom.Caughey@cms.hhs.gov)>; Moreth,  
James (CMS/CMCS) <[James.Moreth@cms.hhs.gov](mailto:James.Moreth@cms.hhs.gov)>; Knight, Gary  
(CMS/CMCS) <[Gary.Knight@cms.hhs.gov](mailto:Gary.Knight@cms.hhs.gov)>; Badaracco, Andrew  
(CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>  
**Subject:** Technical Assistance-WA-WSHA Safety Net Draft

Hi Tom and team:

Thanks Tom, so I reached out to the state for some more specifics on  
their TA request regarding the draft by the legislature regarding the  
WSHA Safety Net draft.

The state is looking to transition their existing pass-through program to  
a directed payment to comply with CMS' requirements to sunset the  
pass throughs.

**The state would like to discuss the expansion of the program, the  
proposed tiers for payment of assessment and the addition of an  
intergovernmental transfer program to fund a directed payment.**

They are hoping for an overall general discussion on permissibility of  
those items.

Please let me know if there are any other questions or concerns.

Thank you,

**Edwin Walaszek**

Washington State Lead  
Division of Program Operations – West | Medicaid & CHIP Operations  
Group  
Center for Medicaid & CHIP Services | Centers for Medicare & Medicaid  
Services  
Email:Edwin.Walaszek1@cms.hhs.gov

**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>  
**Sent:** Friday, March 17, 2023 11:38 AM  
**To:** Caughey, Tom (CMS/CMCS) <[Tom.Caughey@cms.hhs.gov](mailto:Tom.Caughey@cms.hhs.gov)>; Moreth,  
James (CMS/CMCS) <[James.Moreth@cms.hhs.gov](mailto:James.Moreth@cms.hhs.gov)>; Knight, Gary  
(CMS/CMCS) <[Gary.Knight@cms.hhs.gov](mailto:Gary.Knight@cms.hhs.gov)>; Badaracco, Andrew  
(CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>  
**Subject:** RE: Technical Assistance-WA-WSHA Safety Net Draft

Good morning Tom,

Thank you, I will reach out to the state for more specifics.

Thank you,

**Edwin Walaszek**

Washington State Lead  
Division of Program Operations – West | Medicaid & CHIP Operations  
Group  
Center for Medicaid & CHIP Services | Centers for Medicare & Medicaid  
Services  
Email:Edwin.Walaszek1@cms.hhs.gov

**From:** Caughey, Tom (CMS/CMCS) <[Tom.Caughey@cms.hhs.gov](mailto:Tom.Caughey@cms.hhs.gov)>  
**Sent:** Friday, March 17, 2023 11:23 AM  
**To:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>;  
Moreth, James (CMS/CMCS) <[James.Moreth@cms.hhs.gov](mailto:James.Moreth@cms.hhs.gov)>; Knight,  
Gary (CMS/CMCS) <[Gary.Knight@cms.hhs.gov](mailto:Gary.Knight@cms.hhs.gov)>; Badaracco, Andrew  
(CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>  
**Subject:** RE: Technical Assistance-WA-WSHA Safety Net Draft

Hi Edwin,

Could the state please send questions they have before the call? Also, if  
they provide a little background on why they are making the changes  
could help. Thanks.

Tom Caughey, Funding Specialist  
Centers for Medicare & Medicaid Services  
Financial Management Group  
Division of Reimbursement Review

Federal Building

Suite 208  
315 West Allegan  
Lansing, MI 48933  
517-487-8598

**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>  
**Sent:** Thursday, March 16, 2023 6:18 PM  
**To:** Moreth, James (CMS/CMCS) <[James.Moreth@cms.hhs.gov](mailto:James.Moreth@cms.hhs.gov)>;  
Caughey, Tom (CMS/CMCS) <[Tom.Caughey@cms.hhs.gov](mailto:Tom.Caughey@cms.hhs.gov)>; Knight, Gary  
(CMS/CMCS) <[Gary.Knight@cms.hhs.gov](mailto:Gary.Knight@cms.hhs.gov)>; Badaracco, Andrew  
(CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>  
**Subject:** Technical Assistance-WA-WSHA Safety Net Draft

Hello DRR team:

I am reaching out to the team because Washington state has submitted a draft bill (attached) that will revise the rating of Washington State Hospitals. The state is requesting to speak with CMS to discuss the acceptability of the proposed changes.

Are any questions or concerns I can help clarify with the state before scheduling some time with them?

Thank you,

Edwin Walaszek  
Washington State Lead  
Division of Program Operations – West | Medicaid & CHIP  
Operations Group  
Center for Medicaid & CHIP Services | Centers for Medicare &  
Medicaid Services  
Email:[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)



Message

**From:** Endelman (he/him), Jonathan (CMS/CMCS); (b)(6)  
**Sent:** 2/6/2023 1:34:12 PM  
**To:** Snyder, Laura (CMS/CMCS); (b)(6)  
**CC:** (b)(6) Bonelli, Anna  
(b)(6) Goldstein, Stuart  
(b)(6) Holligan, Ricardo  
(b)(6) Staton, Sidney  
(b)(6) Arnold, Charlie  
(b)(6) Clark, Jennifer  
(b)(6) Cuno, Richard  
(b)(6) Fan, Kristin  
(b)(6) Heitt, Melissa  
(b)(6) Mosley, Elle (CMS/CMCS)  
(b)(6) Schoonover, Matthew

**Subject:** RE: RE: FL\_Fee\_IPH.OPH4\_Renewal\_20221001-20230930  
**Attachments:** RE: RE: FL FMR Materials for Dan's Book

Hello Laura,

We are in the process of conducting a financial management review for the State of Florida relating to its SDPs and the LPPF with the assistance of our contractor NORC. We had a meeting to discuss this last Thursday. We have a timeline for our review attached that we placed in Dan's book last Friday. We also provided for Dan's book a more in-depth presentation on the possible proposed tax rule designed to close down the loophole in the statistical test for waivers of the uniformity requirement for health care-related taxes that enable states to pass in regulation despite taxing Medicaid business much more heavily than non-Medicaid business contrary to statutory and regulatory intent. We have been working with OACT to devise a new statistical test to shut down this loophole, which we have called the M1/M2. We are awaiting Dan's feedback on proceeding forward with proposing a rule in this direction. We look forward to talking with you this morning.

Best,

Jonathan

Jonathan Endelman, PhD  
Social Science Research Analyst  
Centers for Medicare & Medicaid Services (CMS)  
Center for Medicaid and CHIP Services (CMCS)  
Financial Management Group (FMG)

Division of Financial Policy (DFP)  
410.786.4738  
[jonathan.endelman@cms.hhs.gov](mailto:jonathan.endelman@cms.hhs.gov)  
7500 Security Blvd.  
Mail Stop, S3-14-28  
Baltimore, MD 21244-1850

**From:** Snyder, Laura (CMS/CMCS) <Laura.Snyder1@cms.hhs.gov>  
**Sent:** Sunday, February 5, 2023 9:37 AM  
**To:** Bonelli, Anna (CMS/CMCS) <Anna.Bonelli@cms.hhs.gov>; Endelman (he/him), Jonathan (CMS/CMCS) <Jonathan.Endelman@cms.hhs.gov>  
**Cc:** Giles, John (CMS/CMCS) <John.Giles1@cms.hhs.gov>; Goldstein, Stuart (CMS/CMCS) <STUART.GOLDSTEIN@cms.hhs.gov>  
**Subject:** FW: FL\_Fee\_IPH.OPH4\_Renewal\_20221001-20230930

Hi Anna, Jonathan and Stuart,

We wanted to consult with you all. Florida has indicated that several pieces of this preprint submission are still incomplete (and will likely to remain so until they complete an analysis in April 2023.)

We are considering options on next steps. At a staff level, we think that it makes sense to still consider this incomplete. However, we didn't know if you all would want to engage with the state now on the financing. The final figures on the financing are dependent on the analysis in April, but I believe, though defer to you all, that the LPPF concerns from the last review, were not dependent upon the final \$\$\$. Would you all believe it would be beneficial to engage the state on any of the financing now?

Happy to talk further tomorrow at the scheduled FMG/DMCP TB or outside of that meeting too.

Thanks,  
Laura

**From:** Wallace, Tom <Thomas.Wallace@ahca.myflorida.com>  
**Sent:** Friday, February 3, 2023 10:00 PM  
**To:** CMS State Directed Payment <StateDirectedPayment@cms.hhs.gov>; Giering, Cole <cole.giering@ahca.myflorida.com>  
**Cc:** Sokoloski, Kristin <Kristin.Sokoloski@ahca.myflorida.com>; Barry, Joyce <Joycee.Barry@ahca.myflorida.com>; Cai, Jun <Jun.Cai@ahca.myflorida.com>; Lacroix, Rachel <Rachel.Lacroix@ahca.myflorida.com>; Giles, John (CMS/CMCS) <John.Giles1@cms.hhs.gov>; Snyder, Laura (CMS/CMCS) <Laura.Snyder1@cms.hhs.gov>  
**Subject:** RE: FL\_Fee\_IPH.OPH4\_Renewal\_20221001-20230930

Hello,

The State acknowledges receipt of CMS's response to our preprint submission. The sections of the preprint highlighted below depend on an updated calculation of gross Medicaid shortfall and allocation percentages by provider class based on CY 2021 claims and encounter experience. The State is in the process of updating this analysis and anticipates providing an amended preprint that includes the requested information in April 2023.

Thank you,

Tom

Tom Wallace  
Deputy Secretary  
Agency for Health Care Administration  
850-251-0095

**From:** CMS State Directed Payment <[StateDirectedPayment@cms.hhs.gov](mailto:StateDirectedPayment@cms.hhs.gov)>  
**Sent:** Wednesday, February 1, 2023 1:36 PM  
**To:** Giering, Cole <[cole.giering@ahca.myflorida.com](mailto:cole.giering@ahca.myflorida.com)>  
**Cc:** Wallace, Tom <[Thomas.Wallace@ahca.myflorida.com](mailto:Thomas.Wallace@ahca.myflorida.com)>; Sokoloski, Kristin <[Kristin.Sokoloski@ahca.myflorida.com](mailto:Kristin.Sokoloski@ahca.myflorida.com)>; Barry, Joycee <[Joycee.Barry@ahca.myflorida.com](mailto:Joycee.Barry@ahca.myflorida.com)>; Cai, Jun <[Jun.Cai@ahca.myflorida.com](mailto:Jun.Cai@ahca.myflorida.com)>; Lacroix, Rachel <[Rachel.Lacroix@ahca.myflorida.com](mailto:Rachel.Lacroix@ahca.myflorida.com)>; Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>; Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; CMS State Directed Payment <[StateDirectedPayment@cms.hhs.gov](mailto:StateDirectedPayment@cms.hhs.gov)>  
**Subject:** FL\_Fee\_IPH.OPH4\_Renewal\_20221001-20230930

Good morning,

Thank you for your submission. CMS has determined that we require responses to the below questions to ensure CMS has adequate documentation to begin our review.

- 1) Specifically, please include responses to the following incomplete sections:
  - the provider payment analysis section is incomplete (Preprint Question 23/ Table 2); and
  - the data sources and methodology are incomplete (Preprint Question 27).
- 2) In addition, the state noted several sections of the preprint that are incomplete and/or missing updated information including:
  - Updated gross payment amounts based on CY 2021 Medicaid shortfall calculations (impacting responses to prompts 4 and 23 - 27).
  - Updated estimated uniform percentage increase amounts (impacting response to prompt 19.b)
  - Non-federal funding sources and amounts (impacting response to prompts 35 and 36).

Please provide the state's anticipated timeline to submit the updated information to CMS for review.

**We request that the state acknowledge receipt of this communication and respond within 2 working days to respond to the above questions.** CMS awaits the state's response to begin review of the preprint.

The control name for this preprint will be "FL\_Fee\_IPH.OPH4\_Renewal\_20221001-20230930." This control name must be used for all communication regarding the review of this preprint. CMS also requests that the state utilize this control name for the preprint when referencing this state directed payment within the applicable rate certification(s).

Thanks,  
Laura

**From:** CMS State Directed Payment <[StateDirectedPayment@cms.hhs.gov](mailto:StateDirectedPayment@cms.hhs.gov)>  
**Sent:** Wednesday, February 1, 2023 11:48 AM  
**To:** Giering, Cole <[cole.giering@ahca.myflorida.com](mailto:cole.giering@ahca.myflorida.com)>  
**Cc:** Wallace, Tom <[Thomas.Wallace@ahca.myflorida.com](mailto:Thomas.Wallace@ahca.myflorida.com)>; Sokoloski, Kristin <[Kristin.Sokoloski@ahca.myflorida.com](mailto:Kristin.Sokoloski@ahca.myflorida.com)>; Barry, Joycee <[Joycee.Barry@ahca.myflorida.com](mailto:Joycee.Barry@ahca.myflorida.com)>; Cai, Jun <[Jun.Cai@ahca.myflorida.com](mailto:Jun.Cai@ahca.myflorida.com)>; Lacroix, Rachel <[Rachel.Lacroix@ahca.myflorida.com](mailto:Rachel.Lacroix@ahca.myflorida.com)>; Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>; Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; CMS State Directed Payment <[StateDirectedPayment@cms.hhs.gov](mailto:StateDirectedPayment@cms.hhs.gov)>  
**Subject:** RE: FL\_Fee\_IPH.OPH4 RY 22/23 Renewal

Good Morning Cole,

Thank you for your email. CMS acknowledges receipt of the preprint and corresponding documents. We would like to request status updates regarding the state's anticipated timeframe to submit the following items:

- (1) Preprint amendment related to Florida's revised HCBS Spending Plan,
- (2) FL Proposal D 2020-2021 revised preprint amendment, and
- (3) The five state directed payment preprints for the October 1, 2022 through September 30, 2023 rating period.

Thank you,  
Lovie

**From:** Giering, Cole <[cole.giering@ahca.myflorida.com](mailto:cole.giering@ahca.myflorida.com)>

**Sent:** Tuesday, January 31, 2023 4:22 PM

**To:** CMS State Directed Payment <[StateDirectedPayment@cms.hhs.gov](mailto:StateDirectedPayment@cms.hhs.gov)>

**Cc:** Wallace, Tom <[Thomas.Wallace@ahca.myflorida.com](mailto:Thomas.Wallace@ahca.myflorida.com)>; Sokoloski, Kristin <[Kristin.Sokoloski@ahca.myflorida.com](mailto:Kristin.Sokoloski@ahca.myflorida.com)>; Barry, Joyce <[Joycee.Barry@ahca.myflorida.com](mailto:Joycee.Barry@ahca.myflorida.com)>; Cai, Jun <[Jun.Cai@ahca.myflorida.com](mailto:Jun.Cai@ahca.myflorida.com)>; Lacroix, Rachel <[Rachel.Lacroix@ahca.myflorida.com](mailto:Rachel.Lacroix@ahca.myflorida.com)>

**Subject:** FL\_Fee.IPH.OPH4 RY 22/23 Renewal

Good afternoon,

Please find attached the State of Florida's preprint for program year 3 of the hospital uniform rate increase directed payment program (CMS Provided State Directed Payment Identifier: FL\_Fee.IPH.OPH4).

**Please Note:** we are in the process of updating the calculation of gross Medicaid shortfall and allocation percentages by provider class based on CY 2021 claims and encounter experience. When this analysis is complete, we will amend this preprint to include final values for:

- Updated gross payment amounts based on CY 2021 Medicaid shortfall calculations (impacting responses to prompts 4 and 23 - 27).
- Updated estimated uniform percentage increase amounts (impacting response to prompt 19.b)
- Non-federal funding sources and amounts (impacting response to prompts 35 and 36).

Best,

**Cole Giering, MPH**

Program Administrator

Rules and State Plan Unit

[cole.giering@ahca.myflorida.com](mailto:cole.giering@ahca.myflorida.com)

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BUREAU OF MEDICAID POLICY

AHCA HQ Bidg 3 Rm 2307D



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Message

**From:** Endelman (he/him), Jonathan (CMS/CMCS); (b)(6)  
(b)(6)  
**Sent:** 2/3/2023 8:35:50 PM  
**To:** Arnold, Charlie (CMS/CMCS); (b)(6)  
Clark, Jennifer (CMS/CMCS); (b)(6)  
Fan, Kristin (CMS/CMCS); (b)(6)  
Heitt, Melissa (CMS/FCHCO); (b)(6)  
Schoonover, Matthew (CMS/CMCS) [matthew.schoonover@cms.hhs.gov]  
**Subject:** RE: RE: FL FMR Materials for Dan's Book  
**Attachments:** RE\_ FL FMR Materials for Dan's Book.msg; RE\_ Discussion of Possible Proposed Tax Rule .msg

Dear all,

There are two sets of materials that moved forward for Dan's book. The first is on the Florida FMR. The second is on the possible proposed tax rule.

Best,

Jonathan

Jonathan Endelman, PhD  
Social Science Research Analyst  
Centers for Medicare & Medicaid Services (CMS)  
Center for Medicaid and CHIP Services (CMCS)  
Financial Management Group (FMG)  
Division of Financial Policy (DFP)  
410.786.4738  
[jonathan.endelman@cms.hhs.gov](mailto:jonathan.endelman@cms.hhs.gov)  
7500 Security Blvd.  
Mail Stop, S3-14-28  
Baltimore, MD 21244-1850

**From:** Endelman (he/him), Jonathan (CMS/CMCS)  
**Sent:** Friday, February 3, 2023 3:13 PM  
**To:** Mosley, Elle (CMS/CMCS) <larrica.mosley@cms.hhs.gov>; Heitt, Melissa (CMS/FCHCO) <Melissa.Heitt@cms.hhs.gov>; Arnold, Charlie (CMS/CMCS) <Charlie.Arnold@cms.hhs.gov>; Bonelli, Anna (CMS/CMCS) <Anna.Bonelli@cms.hhs.gov>; Clark, Jennifer (CMS/CMCS) <Jennifer.Clark@cms.hhs.gov>; Cuno, Richard (CMS/CMCS) <Richard.Cuno@cms.hhs.gov>; Fan, Kristin (CMS/CMCS) <Kristin.Fan@cms.hhs.gov>; Goldstein, Stuart (CMS/CMCS) <STUART.GOLDSTEIN@cms.hhs.gov>  
**Subject:** FW: FL FMR Materials for Dan's Book

Dear all,

Please find below the materials that have been placed in Dan's book for tonight.

Best,

Jonathan

Jonathan Endelman, PhD  
Social Science Research Analyst

Centers for Medicare & Medicaid Services (CMS)  
Center for Medicaid and CHIP Services (CMCS)  
Financial Management Group (FMG)  
Division of Financial Policy (DFP)  
410.786.4738  
[jonathan.endelman@cms.hhs.gov](mailto:jonathan.endelman@cms.hhs.gov)  
7500 Security Blvd.  
Mail Stop, S3-14-28  
Baltimore, MD 21244-1850

**From:** adams, lia (CMS/CMCS) <[Lia.Adams@cms.hhs.gov](mailto:Lia.Adams@cms.hhs.gov)>  
**Sent:** Friday, February 3, 2023 3:07 PM  
**To:** Howe, Rory (CMS/CMCS) <[Rory.Howe@cms.hhs.gov](mailto:Rory.Howe@cms.hhs.gov)>  
**Cc:** Boston, Beverly (CMS/CMCS) <[Beverly.Boston@cms.hhs.gov](mailto:Beverly.Boston@cms.hhs.gov)>; Maccarroll, Amber (CMS/CMCS) <[Amber.MacCarroll@cms.hhs.gov](mailto:Amber.MacCarroll@cms.hhs.gov)>; Arnold, Charlie (CMS/CMCS) <[Charlie.Arnold@cms.hhs.gov](mailto:Charlie.Arnold@cms.hhs.gov)>; Goldstein, Stuart (CMS/CMCS) <[STUART.GOLDSTEIN@cms.hhs.gov](mailto:STUART.GOLDSTEIN@cms.hhs.gov)>; Endelman (he/him), Jonathan (CMS/CMCS) <[Jonathan.Endelman@cms.hhs.gov](mailto:Jonathan.Endelman@cms.hhs.gov)>; Lane, Robert (CMS/CMCS) <[Robert.Lane@cms.hhs.gov](mailto:Robert.Lane@cms.hhs.gov)>; Barraza, Leticia (CMS/CMCS) <[Leticia.Barraza@cms.hhs.gov](mailto:Leticia.Barraza@cms.hhs.gov)>; Clark, Jennifer (CMS/CMCS) <[Jennifer.Clark@cms.hhs.gov](mailto:Jennifer.Clark@cms.hhs.gov)>; Holligan, Ricardo (CMS/CMCS) <[Ricardo.Holligan@cms.hhs.gov](mailto:Ricardo.Holligan@cms.hhs.gov)>  
**Subject:** RE: FL FMR Materials for Dan's Book

Thanks, Rory.

Below is what moved forward:

<b>2/3</b>	<b>FMG:</b> Florida Tax FMR Follow-up <b>Purpose:</b> As a follow-up to 01/18 Joint Clearance, FMG has revised the draft FMR engagement letter (incorporating OCD feedback). We are also including the documentation request and timeline of the FMR and possible compliance enforcement.	<ul style="list-style-type: none"><li>• <b><u>Engagement Letter</u></b></li><li>• <b><u>Document and Information Request</u></b></li><li>• <b><u>Timeline</u></b></li></ul>	<b>OCD/Dan</b>	<b>N/A</b>
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**From:** Howe, Rory (CMS/CMCS) <[Rory.Howe@cms.hhs.gov](mailto:Rory.Howe@cms.hhs.gov)>  
**Sent:** Friday, February 3, 2023 3:00 PM  
**To:** adams, lia (CMS/CMCS) <[Lia.Adams@cms.hhs.gov](mailto:Lia.Adams@cms.hhs.gov)>  
**Cc:** Boston, Beverly (CMS/CMCS) <[Beverly.Boston@cms.hhs.gov](mailto:Beverly.Boston@cms.hhs.gov)>; Maccarroll, Amber (CMS/CMCS) <[Amber.MacCarroll@cms.hhs.gov](mailto:Amber.MacCarroll@cms.hhs.gov)>; Arnold, Charlie (CMS/CMCS) <[Charlie.Arnold@cms.hhs.gov](mailto:Charlie.Arnold@cms.hhs.gov)>; Goldstein, Stuart (CMS/CMCS) <[STUART.GOLDSTEIN@cms.hhs.gov](mailto:STUART.GOLDSTEIN@cms.hhs.gov)>; Endelman (he/him), Jonathan (CMS/CMCS) <[Jonathan.Endelman@cms.hhs.gov](mailto:Jonathan.Endelman@cms.hhs.gov)>; Lane, Robert (CMS/CMCS) <[Robert.Lane@cms.hhs.gov](mailto:Robert.Lane@cms.hhs.gov)>; Barraza, Leticia (CMS/CMCS) <[Leticia.Barraza@cms.hhs.gov](mailto:Leticia.Barraza@cms.hhs.gov)>; Clark, Jennifer (CMS/CMCS) <[Jennifer.Clark@cms.hhs.gov](mailto:Jennifer.Clark@cms.hhs.gov)>; Holligan, Ricardo (CMS/CMCS) <[Ricardo.Holligan@cms.hhs.gov](mailto:Ricardo.Holligan@cms.hhs.gov)>  
**Subject:** FL FMR Materials for Dan's Book

Hi Lia,

Per our discussion, for Dan's book please see attached the FL FMR timeline Dan requested and an updated draft (incorporating OCD feedback) of the FMR engagement letter and documentation request.

Thanks,  
Rory

Message

**From:** adams.lia (CMS/CMCS) (b)(6)  
(b)(6)  
**Sent:** 2/3/2023 8:07:08 PM  
**To:** Howe, Rory (CMS/CMCS) [rory.howe@cms.hhs.gov]  
**CC:** Boston, Beverly (CMS/CMCS) [beverly.boston@cms.hhs.gov]; Maccarroll, Amber (CMS/CMCS) [amber.maccarroll@cms.hhs.gov]; Arnold, Charlie (CMS/CMCS) [charlie.arnold@cms.hhs.gov]; Goldstein, Stuart (CMS/CMCS) [stuart.goldstein@cms.hhs.gov]; Endelman (he/him), Jonathan (CMS/CMCS) [jonathan.endelman@cms.hhs.gov]; Lane, Robert (CMS/CMCS) [robert.lane@cms.hhs.gov]; Barraza, Leticia (CMS/CMCS) [leticia.barraza@cms.hhs.gov]; Clark, Jennifer (CMS/CMCS) [jennifer.clark@cms.hhs.gov]; Holligan, Ricardo (CMS/CMCS) [ricardo.holligan@cms.hhs.gov]  
**Subject:** RE: RE: FL FMR Materials for Dan's Book

Thanks, Rory.

Below is what moved forward:

<b>2/3</b>	<b>FMG:</b> Florida Tax FMR Follow-up <b>Purpose:</b> As a follow-up to 01/18 Joint Clearance, FMG has revised the draft FMR engagement letter (incorporating OCD feedback). We are also including the documentation request and timeline of the FMR and possible compliance enforcement.	<ul style="list-style-type: none"><li>• <u>Engagement Letter</u></li><li>• <u>Document and Information Request</u></li><li>• <u>Timeline</u></li></ul>	<b>OCD/Dan</b>	<b>N/A</b>
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**From:** Howe, Rory (CMS/CMCS) <Rory.Howe@cms.hhs.gov>  
**Sent:** Friday, February 3, 2023 3:00 PM  
**To:** adams, lia (CMS/CMCS) <Lia.Adams@cms.hhs.gov>  
**Cc:** Boston, Beverly (CMS/CMCS) <Beverly.Boston@cms.hhs.gov>; Maccarroll, Amber (CMS/CMCS) <Amber.MacCarroll@cms.hhs.gov>; Arnold, Charlie (CMS/CMCS) <Charlie.Arnold@cms.hhs.gov>; Goldstein, Stuart (CMS/CMCS) <STUART.GOLDSTEIN@cms.hhs.gov>; Endelman (he/him), Jonathan (CMS/CMCS) <Jonathan.Endelman@cms.hhs.gov>; Lane, Robert (CMS/CMCS) <Robert.Lane@cms.hhs.gov>; Barraza, Leticia (CMS/CMCS) <Leticia.Barraza@cms.hhs.gov>; Clark, Jennifer (CMS/CMCS) <Jennifer.Clark@cms.hhs.gov>; Holligan, Ricardo (CMS/CMCS) <Ricardo.Holligan@cms.hhs.gov>  
**Subject:** FL FMR Materials for Dan's Book

Hi Lia,

Per our discussion, for Dan's book please see attached the FL FMR timeline Dan requested and an updated draft (incorporating OCD feedback) of the FMR engagement letter and documentation request.

Thanks,  
Rory



Message

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**From:** Maccarroll, Amber (CMS/CMCS) [redacted] (b)(6)  
[redacted] (b)(6)  
**Sent:** 2/3/2023 8:04:41 PM  
**To:** Endelman (he/him), Jonathan (CMS/CMCS) [jonathan.endelman@cms.hhs.gov]; adams, lia (CMS/CMCS) [lia.adams@cms.hhs.gov]; Howe, Rory (CMS/CMCS) [rory.howe@cms.hhs.gov]  
**CC:** Boston, Beverly (CMS/CMCS) [beverly.boston@cms.hhs.gov]; Arnold, Charlie (CMS/CMCS) [charlie.arnold@cms.hhs.gov]; Goldstein, Stuart (CMS/CMCS) [stuart.goldstein@cms.hhs.gov]; Fan, Kristin (CMS/CMCS) [kristin.fan@cms.hhs.gov]; Silanskis, Jeremy (CMS/CMCS) [jeremy.silanskis@cms.hhs.gov]  
**Subject:** RE: RE: Discussion of Possible Proposed Tax Rule

Hi Jonathan –

Good catch. The only comment we see is on slide 8 – and yes, we should delete that. Are you or Lia able to do so?

Let us know if there are other comments we missed.

Thanks, Amber

**From:** Endelman (he/him), Jonathan (CMS/CMCS) <Jonathan.Endelman@cms.hhs.gov>  
**Sent:** Friday, February 3, 2023 3:01 PM  
**To:** adams, lia (CMS/CMCS) <Lia.Adams@cms.hhs.gov>; Howe, Rory (CMS/CMCS) <Rory.Howe@cms.hhs.gov>  
**Cc:** Boston, Beverly (CMS/CMCS) <Beverly.Boston@cms.hhs.gov>; Maccarroll, Amber (CMS/CMCS) <Amber.MacCarroll@cms.hhs.gov>; Arnold, Charlie (CMS/CMCS) <Charlie.Arnold@cms.hhs.gov>; Goldstein, Stuart (CMS/CMCS) <STUART.GOLDSTEIN@cms.hhs.gov>; Fan, Kristin (CMS/CMCS) <Kristin.Fan@cms.hhs.gov>; Silanskis, Jeremy (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>  
**Subject:** RE: Discussion of Possible Proposed Tax Rule

Lia and Stuart,

I went in and updated the links Lia provided with the correct information. That should take care of it. There are still comments in the PowerPoint. Let me know if you think we should delete those or leave them.

Best,

Jonathan

Jonathan Endelman, PhD  
Social Science Research Analyst  
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7500 Security Blvd.  
Mail Stop, S3-14-28  
Baltimore, MD 21244-1850

**From:** adams, lia (CMS/CMCS) <Lia.Adams@cms.hhs.gov>  
**Sent:** Friday, February 3, 2023 2:51 PM

**To:** Howe, Rory (CMS/CMCS) <Rory.Howe@cms.hhs.gov>  
**Cc:** Boston, Beverly (CMS/CMCS) <Beverly.Boston@cms.hhs.gov>; Maccarroll, Amber (CMS/CMCS) <Amber.MacCarroll@cms.hhs.gov>; Arnold, Charlie (CMS/CMCS) <Charlie.Arnold@cms.hhs.gov>; Goldstein, Stuart (CMS/CMCS) <STUART.GOLDSTEIN@cms.hhs.gov>; Endelman (he/him), Jonathan (CMS/CMCS) <Jonathan.Endelman@cms.hhs.gov>; Fan, Kristin (CMS/CMCS) <Kristin.Fan@cms.hhs.gov>; Silanskis, Jeremy (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>  
**Subject:** RE: Discussion of Possible Proposed Tax Rule

This is what moved forward to Dan's book. Please let me know if needs to be revised.

2/3	<b>FMG: Provider Taxes M1/M2 Test Deep Dive</b>	<b>Provider Taxes – M1/M2 Test Deep Dive</b>	OCD/Dan	ASAP
	<b>Purpose:</b> As a follow-up to 01/26 Joint Clearance, FMG has prepared slides on a deep dive of the M1/M2 Test with examples. FMG is also providing very detailed underlying supporting calculations for the three examples in the slides if Dan is interested. FMG is seeking guidance from OCD on whether we should move forward drafting the NPRM. FMG is available to meet to walk through the slide deck and/or the detailed calculations.	<b>* very detailed calculations that we are sharing only if you want to review them</b> <ul style="list-style-type: none"><li>• <b>Hawaii</b></li><li>• <b>Nevada</b></li><li>• <b>California</b></li></ul>		

**From:** Howe, Rory (CMS/CMCS) <Rory.Howe@cms.hhs.gov>  
**Sent:** Friday, February 3, 2023 2:35 PM  
**To:** adams, lia (CMS/CMCS) <Lia.Adams@cms.hhs.gov>  
**Cc:** Boston, Beverly (CMS/CMCS) <Beverly.Boston@cms.hhs.gov>; Maccarroll, Amber (CMS/CMCS) <Amber.MacCarroll@cms.hhs.gov>; Arnold, Charlie (CMS/CMCS) <Charlie.Arnold@cms.hhs.gov>; Goldstein, Stuart (CMS/CMCS) <STUART.GOLDSTEIN@cms.hhs.gov>; Endelman (he/him), Jonathan (CMS/CMCS) <Jonathan.Endelman@cms.hhs.gov>; Fan, Kristin (CMS/CMCS) <Kristin.Fan@cms.hhs.gov>; Silanskis, Jeremy (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>  
**Subject:** FW: Discussion of Possible Proposed Tax Rule

Per our conversation

**From:** Endelman (he/him), Jonathan (CMS/CMCS) <Jonathan.Endelman@cms.hhs.gov>  
**Sent:** Friday, February 3, 2023 11:12 AM  
**To:** Howe, Rory (CMS/CMCS) <Rory.Howe@cms.hhs.gov>; Arnold, Charlie (CMS/CMCS) <Charlie.Arnold@cms.hhs.gov>  
**Cc:** Silanskis, Jeremy (CMS/CMCS) <Jeremy.Silanskis@cms.hhs.gov>; Maccarroll, Amber (CMS/CMCS) <Amber.MacCarroll@cms.hhs.gov>; Bonelli, Anna (CMS/CMCS) <Anna.Bonelli@cms.hhs.gov>; Clark, Jennifer (CMS/CMCS) <Jennifer.Clark@cms.hhs.gov>; Cuno, Richard (CMS/CMCS) <Richard.Cuno@cms.hhs.gov>; Goldstein, Stuart (CMS/CMCS) <STUART.GOLDSTEIN@cms.hhs.gov>; Mosley, Elle (CMS/CMCS) <larrica.mosley@cms.hhs.gov>; Schoonover, Matthew (CMS/CMCS) <matthew.schoonover@cms.hhs.gov>; Truffer, Christopher (CMS/OACT) <Christopher.Truffer@cms.hhs.gov>; Sagandykov, Makhmud (CMS/OACT) <Makhmud.Sagandykov@cms.hhs.gov>; Fan, Kristin (CMS/CMCS) <Kristin.Fan@cms.hhs.gov>  
**Subject:** RE: Discussion of Possible Proposed Tax Rule

Rory,

While the Arizona NF tax with an effective date of October 1, 2021 did not pass the M1/M2 the Arizona NF tax with an effective date of October 1, 2022 does just barely pass the M1/M2 test with a value of .9519. This is the case with many

of the NF taxes that don't pass the M1/M2. They just barely don't pass and could pass if slightly modified. I could put AZ back as the example in the PowerPoint if desired using the October 1, 2022 tax.

Best,

Jonathan

Jonathan Endelman, PhD  
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Mail Stop, S3-14-28  
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**From:** Endelman (he/him), Jonathan (CMS/CMCS)

**Sent:** Friday, February 3, 2023 10:10 AM

**To:** Howe, Rory (CMS/CMCS) <[Rory.Howe@cms.hhs.gov](mailto:Rory.Howe@cms.hhs.gov)>; Arnold, Charlie (CMS/CMCS) <[Charlie.Arnold@cms.hhs.gov](mailto:Charlie.Arnold@cms.hhs.gov)>

**Cc:** Silanskis, Jeremy (CMS/CMCS) <[Jeremy.Silanskis@cms.hhs.gov](mailto:Jeremy.Silanskis@cms.hhs.gov)>; Maccarroll, Amber (CMS/CMCS) <[Amber.MacCarroll@cms.hhs.gov](mailto:Amber.MacCarroll@cms.hhs.gov)>; Bonelli, Anna (CMS/CMCS) <[Anna.Bonelli@cms.hhs.gov](mailto:Anna.Bonelli@cms.hhs.gov)>; Clark, Jennifer (CMS/CMCS) <[Jennifer.Clark@cms.hhs.gov](mailto:Jennifer.Clark@cms.hhs.gov)>; Cuno, Richard (CMS/CMCS) <[Richard.Cuno@cms.hhs.gov](mailto:Richard.Cuno@cms.hhs.gov)>; Goldstein, Stuart (CMS/CMCS) <[STUART.GOLDSTEIN@cms.hhs.gov](mailto:STUART.GOLDSTEIN@cms.hhs.gov)>; Mosley, Elle (CMS/CMCS) <[larrica.mosley@cms.hhs.gov](mailto:larrica.mosley@cms.hhs.gov)>; Schoonover, Matthew (CMS/CMCS) <[matthew.schoonover@cms.hhs.gov](mailto:matthew.schoonover@cms.hhs.gov)>; Truffer, Christopher (CMS/OACT) <[Christopher.Truffer@cms.hhs.gov](mailto:Christopher.Truffer@cms.hhs.gov)>; Sagandykov, Makhmud (CMS/OACT) <[Makhmud.Sagandykov@cms.hhs.gov](mailto:Makhmud.Sagandykov@cms.hhs.gov)>; Fan, Kristin (CMS/CMCS) <[Kristin.Fan@cms.hhs.gov](mailto:Kristin.Fan@cms.hhs.gov)>

**Subject:** RE: Discussion of Possible Proposed Tax Rule

Dear Rory,

Please see attached for a PowerPoint presentation that answers your questions as well as supporting spreadsheets. We have included additional details for how we calculated M1 and M2 as requested. CA's MCO tax was on "member months" and the presentation had been changed to "covered lives." I am not sure if that is synonymous. We had to take out the AZ example and replace it with Hawaii because AZ NF does not pass. It comes out to 0.93. We had inadvertently switched M1 and M2 in the original calculation. I believe the Center Director has a valid point that the M1 M2 could be disruptive to states with existing NF taxes. North Carolina, California, Arizona, and Pennsylvania would all not pass the M1/M2 with value of 0.95. However, we are not currently proposing to apply the M1/M2 to these taxes. Our options are as follows:

1. Apply M1/M2 only to MCO taxes
2. Apply M1/M2 only to Medicaid/non-Medicaid broken down taxes.
3. Give states the choice of M1/M2 or undue burden for Medicaid/non-Medicaid broken down taxes.

I think we have discarded the option of applying the M1/M2 to all B1/B2 taxes. None of the remaining options would involve us imposing the M1/M2 on any NF taxes. These documents are also attached to the meeting on Monday.

Best,

Jonathan

Jonathan Endelman, PhD

Social Science Research Analyst  
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Financial Management Group (FMG)  
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7500 Security Blvd.  
Mail Stop, S3-14-28  
Baltimore, MD 21244-1850

**From:** Endelman (he/him), Jonathan (CMS/CMCS)  
**Sent:** Thursday, February 2, 2023 1:31 PM  
**To:** Howe, Rory (CMS/CMCS) <[Rory.Howe@cms.hhs.gov](mailto:Rory.Howe@cms.hhs.gov)>; Arnold, Charlie (CMS/CMCS) <[Charlie.Arnold@cms.hhs.gov](mailto:Charlie.Arnold@cms.hhs.gov)>  
**Cc:** Silanskis, Jeremy (CMS/CMCS) <[Jeremy.Silanskis@cms.hhs.gov](mailto:Jeremy.Silanskis@cms.hhs.gov)>; Maccarroll, Amber (CMS/CMCS) <[Amber.MacCarroll@cms.hhs.gov](mailto:Amber.MacCarroll@cms.hhs.gov)>; Bonelli, Anna (CMS/CMCS) <[Anna.Bonelli@cms.hhs.gov](mailto:Anna.Bonelli@cms.hhs.gov)>; Clark, Jennifer (CMS/CMCS) <[Jennifer.Clark@cms.hhs.gov](mailto:Jennifer.Clark@cms.hhs.gov)>; Cuno, Richard (CMS/CMCS) <[Richard.Cuno@cms.hhs.gov](mailto:Richard.Cuno@cms.hhs.gov)>; Goldstein, Stuart (CMS/CMCS) <[STUART.GOLDSTEIN@cms.hhs.gov](mailto:STUART.GOLDSTEIN@cms.hhs.gov)>; Mosley, Elle (CMS/CMCS) <[larrica.mosley@cms.hhs.gov](mailto:larrica.mosley@cms.hhs.gov)>; Schoonover, Matthew (CMS/CMCS) <[matthew.schoonover@cms.hhs.gov](mailto:matthew.schoonover@cms.hhs.gov)>; Truffer, Christopher (CMS/OACT) <[Christopher.Truffer@cms.hhs.gov](mailto:Christopher.Truffer@cms.hhs.gov)>; Sagandykov, Makhmud (CMS/OACT) <[Makhmud.Sagandykov@cms.hhs.gov](mailto:Makhmud.Sagandykov@cms.hhs.gov)>; Fan, Kristin (CMS/CMCS) <[Kristin.Fan@cms.hhs.gov](mailto:Kristin.Fan@cms.hhs.gov)>  
**Subject:** RE: Discussion of Possible Proposed Tax Rule

Thank you Rory. We will take a look at the comments and edits and respond by tomorrow in preparation for the meeting on Monday. We will also include the spreadsheets that are the basis for the PowerPoint for reference and in case the Center Director wants to take a closer look at them.

Best,

Jonathan

Jonathan Endelman, PhD  
Social Science Research Analyst  
Centers for Medicare & Medicaid Services (CMS)  
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Financial Management Group (FMG)  
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Baltimore, MD 21244-1850

**From:** Howe, Rory (CMS/CMCS) <[Rory.Howe@cms.hhs.gov](mailto:Rory.Howe@cms.hhs.gov)>  
**Sent:** Thursday, February 2, 2023 1:27 PM  
**To:** Arnold, Charlie (CMS/CMCS) <[Charlie.Arnold@cms.hhs.gov](mailto:Charlie.Arnold@cms.hhs.gov)>  
**Cc:** Silanskis, Jeremy (CMS/CMCS) <[Jeremy.Silanskis@cms.hhs.gov](mailto:Jeremy.Silanskis@cms.hhs.gov)>; Maccarroll, Amber (CMS/CMCS) <[Amber.MacCarroll@cms.hhs.gov](mailto:Amber.MacCarroll@cms.hhs.gov)>; Bonelli, Anna (CMS/CMCS) <[Anna.Bonelli@cms.hhs.gov](mailto:Anna.Bonelli@cms.hhs.gov)>; Clark, Jennifer (CMS/CMCS) <[Jennifer.Clark@cms.hhs.gov](mailto:Jennifer.Clark@cms.hhs.gov)>; Cuno, Richard (CMS/CMCS) <[Richard.Cuno@cms.hhs.gov](mailto:Richard.Cuno@cms.hhs.gov)>; Goldstein, Stuart (CMS/CMCS) <[STUART.GOLDSTEIN@cms.hhs.gov](mailto:STUART.GOLDSTEIN@cms.hhs.gov)>; Mosley, Elle (CMS/CMCS) <[larrica.mosley@cms.hhs.gov](mailto:larrica.mosley@cms.hhs.gov)>; Schoonover, Matthew (CMS/CMCS) <[matthew.schoonover@cms.hhs.gov](mailto:matthew.schoonover@cms.hhs.gov)>; Truffer, Christopher (CMS/OACT) <[Christopher.Truffer@cms.hhs.gov](mailto:Christopher.Truffer@cms.hhs.gov)>; Sagandykov, Makhmud (CMS/OACT) <[Makhmud.Sagandykov@cms.hhs.gov](mailto:Makhmud.Sagandykov@cms.hhs.gov)>; Fan, Kristin (CMS/CMCS) <[Kristin.Fan@cms.hhs.gov](mailto:Kristin.Fan@cms.hhs.gov)>; Endelman (he/him), Jonathan (CMS/CMCS)

<Jonathan.Endelman@cms.hhs.gov>

**Subject:** RE: Discussion of Possible Proposed Tax Rule

Hi Charlie,

Thanks to Jonathan for pulling this together so quickly. Per our discussion, please see attached some suggested edits and three comments requesting that we show a little bit more of the M1/M2 calculation for each example (i.e., the “standard” tax, the “loophole” tax and the “standard tax with breaks”). I think this could easily happen on the existing slide for each example. As discussed, please also share the underlying Excel spreadsheets supporting each example. I plan to share with Dan and provide the option for him to dive in separately or for us to walk through them live. Let me know if you have any questions.

Thanks again,  
Rory

**From:** Fan, Kristin (CMS/CMCS) <Kristin.Fan@cms.hhs.gov>

**Sent:** Monday, January 30, 2023 12:53 PM

**To:** Endelman (he/him), Jonathan (CMS/CMCS) <Jonathan.Endelman@cms.hhs.gov>; Arnold, Charlie (CMS/CMCS) <Charlie.Arnold@cms.hhs.gov>; Bonelli, Anna (CMS/CMCS) <Anna.Bonelli@cms.hhs.gov>; Clark, Jennifer (CMS/CMCS) <Jennifer.Clark@cms.hhs.gov>; Cuno, Richard (CMS/CMCS) <Richard.Cuno@cms.hhs.gov>; Goldstein, Stuart (CMS/CMCS) <STUART.GOLDSTEIN@cms.hhs.gov>; Mosley, Elle (CMS/CMCS) <larrica.mosley@cms.hhs.gov>; Schoonover, Matthew (CMS/CMCS) <matthew.schoonover@cms.hhs.gov>; Truffer, Christopher (CMS/OACT) <Christopher.Truffer@cms.hhs.gov>; Sagandykov, Makhmud (CMS/OACT) <Makhmud.Sagandykov@cms.hhs.gov>

**Cc:** 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>

**Subject:** RE: Discussion of Possible Proposed Tax Rule

Thanks Jonathan. I added some comments about whether we should distinguish the notion between “standard” and “bad”. What we consider standard is where the rates within an individual provider do not vary – rather rates vary about the characteristic of the totality of the provider.

**From:** Endelman (he/him), Jonathan (CMS/CMCS) <Jonathan.Endelman@cms.hhs.gov>

**Sent:** Friday, January 27, 2023 3:28 PM

**To:** Arnold, Charlie (CMS/CMCS) <Charlie.Arnold@cms.hhs.gov>; Bonelli, Anna (CMS/CMCS) <Anna.Bonelli@cms.hhs.gov>; Clark, Jennifer (CMS/CMCS) <Jennifer.Clark@cms.hhs.gov>; Cuno, Richard (CMS/CMCS) <Richard.Cuno@cms.hhs.gov>; Fan, Kristin (CMS/CMCS) <Kristin.Fan@cms.hhs.gov>; Goldstein, Stuart (CMS/CMCS) <STUART.GOLDSTEIN@cms.hhs.gov>; Mosley, Elle (CMS/CMCS) <larrica.mosley@cms.hhs.gov>; Schoonover, Matthew (CMS/CMCS) <matthew.schoonover@cms.hhs.gov>; Truffer, Christopher (CMS/OACT) <Christopher.Truffer@cms.hhs.gov>; Sagandykov, Makhmud (CMS/OACT) <Makhmud.Sagandykov@cms.hhs.gov>

**Cc:** 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>

**Subject:** RE: Discussion of Possible Proposed Tax Rule

Dear all,

Please see attached for the PowerPoint presentation for Dan. As always, please edit to improve if you see anything that can be made better. Please use the SharePoint link provided below for any edits, comments, or changes. I am quite proud of how this turned out. I hope that it is useful. We will use this as the basis for Tuesday’s discussion. The PowerPoint shows how B1/B2 and M1/M2 would work in three instances:

1. “Standard” tax waivers that we have approved repeatedly that we have approved repeatedly like Nevada’s NF tax. These taxes continue to pass the B1/B2 and the M1/M2

2. “Bad” tax waivers that exploit the statistical loophole and pose an undue burden of the Medicaid program. These taxes pass the B1/B2 and, by design, fail the M1/M2.
3. Taxes that give “breaks” to **some** low Medicaid utilization providers such as CCRCs or small facilities, but balance those breaks out with breaks to **other** higher Medicaid utilizing facilities. **These facilities continue to pass the M1/M2 just as they pass the B1/B2.** This will allay OCD’s fear that states can never give breaks to some low Medicaid utilization facilities for policy reasons and pass the M1/M2. This is not the case.

### An Illustration of the M1 M2 Test in Action with Concrete Examples

I look forward to discussing this on Tuesday

Best,

Jonathan

**From:** Endelman (he/him), Jonathan (CMS/CMCS)

**Sent:** Friday, January 27, 2023 12:40 PM

**To:** Arnold, Charlie (CMS/CMCS) <[Charlie.Arnold@cms.hhs.gov](mailto:Charlie.Arnold@cms.hhs.gov)>; Bonelli, Anna (CMS/CMCS) <[Anna.Bonelli@cms.hhs.gov](mailto:Anna.Bonelli@cms.hhs.gov)>; Clark, Jennifer (CMS/CMCS) <[Jennifer.Clark@cms.hhs.gov](mailto:Jennifer.Clark@cms.hhs.gov)>; Cuno, Richard (CMS/CMCS) <[Richard.Cuno@cms.hhs.gov](mailto:Richard.Cuno@cms.hhs.gov)>; Fan, Kristin (CMS/CMCS) <[Kristin.Fan@cms.hhs.gov](mailto:Kristin.Fan@cms.hhs.gov)>; Goldstein, Stuart (CMS/CMCS) <[STUART.GOLDSTEIN@cms.hhs.gov](mailto:STUART.GOLDSTEIN@cms.hhs.gov)>; Mosley, Elle (CMS/CMCS) <[larrica.mosley@cms.hhs.gov](mailto:larrica.mosley@cms.hhs.gov)>; Schoonover, Matthew (CMS/CMCS) <[matthew.schoonover@cms.hhs.gov](mailto:matthew.schoonover@cms.hhs.gov)>

**Cc:** Howe, Rory (CMS/CMCS) <[Rory.Howe@cms.hhs.gov](mailto:Rory.Howe@cms.hhs.gov)>; Silanskis, Jeremy (CMS/CMCS) <[Jeremy.Silanskis@cms.hhs.gov](mailto:Jeremy.Silanskis@cms.hhs.gov)>; Maccarroll, Amber (CMS/CMCS) <[Amber.MacCarroll@cms.hhs.gov](mailto:Amber.MacCarroll@cms.hhs.gov)>

**Subject:** RE: Discussion of Possible Proposed Tax Rule

Hello all,

I wanted to give an update. I met today with Kristin, Jeremy, and Rory to follow up on Dan’s Feedback from 1/25/2023. Rory said that we should come up with a series of examples to show Dan to illustrate how the M1/M2 works. I was thinking of three examples:

1. An illustration of how a “standard” health care-related tax we have passes the M1/M2 test. I was thinking the Nevada NF tax.
2. An illustration of how a “clearly bad” tax that exploits the statistical loophole fails the M1/M2. I was thinking of the California MCO tax because Dan is very familiar with that example.
3. An illustration of how states can still exclude or tax at a lower rate certain groups of providers, such as CCRCs, and still manage to pass the M1/M2 like they currently pass the B1/B2 by giving other taxes a “break.” I was thinking Michigan’s nursing facility tax since it gives a “break” to CCRC and facilities with fewer than 40 beds, which both have low Medicaid, but makes up for it by taking higher Medicaid facilities a lower tax rate than all other facilities.
4. I am thinking that the best, i.e. most effective way to do this is a PowerPoint presentation where we show:
  - The structure of the tax for each of these taxes by taking a “snip” from the tax waiver approval letters. I don’t think Dan wants to see actual spreadsheets and, in any case, it would be very difficult to “share” spreadsheets on Zoom anyway. You would constantly need to start and stop sharing when you move from spreadsheet to spreadsheet. We can say that if he wants to take a look at the spreadsheets, we can email them to him.
  - The M1/M2 for each of these taxes by taking a “snip” of the Excel spreadsheets.
  - In the case of the Michigan NF tax, a “snip” of the Goldstein-Fan test that shows the tax rates and Medicaid utilization for all taxpayer groups. It would show that this passes the M1/M2 test despite giving a “break” to CCRCs and under 40 beds (low Medicaid) by making up for it with a “break” for high Medicaid facilities.

We are thinking that it would be beneficial to have a smaller group discussion apart from joint/cross cutting clearance with more time to explain. I think it would also be beneficial to invite OACT again. We have a meeting to discuss this on Tuesday. I will have the PowerPoint ready by then. Thanks.

Best,

Jonathan

-----Original Appointment-----

**From:** Endelman (he/him), Jonathan (CMS/CMCS)

**Sent:** Friday, January 20, 2023 11:17 AM

**To:** Endelman (he/him), Jonathan (CMS/CMCS); Arnold, Charlie (CMS/CMCS); Bonelli, Anna (CMS/CMCS); Clark, Jennifer (CMS/CMCS); Cuno, Richard (CMS/CMCS); Fan, Kristin (CMS/CMCS); Goldstein, Stuart (CMS/CMCS); Mosley, Elle (CMS/CMCS)

**Subject:** Discussion of Possible Proposed Tax Rule

**When:** Tuesday, January 31, 2023 9:00 AM-9:30 AM (UTC-05:00) Eastern Time (US & Canada).

**Where:** <https://cms.zoomgov.com/>; (b)(6)

This is a meeting to discuss the possible proposed tax rule.

Best,

Jonathan

Join ZoomGov Meeting

<https://cms.zoomgov.com/>; (b)(6)

Meeting ID: (b)(6)

Password: (b)(6)

One tap mobile

+16692545252; (b)(6) (San Jose)

+16468287666; (b)(6) (New York)

Dial by your location

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Meeting ID: (b)(6)

Find your local number: <https://cms.zoomgov.com/u/aeenCLsqpo>

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.

Message

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**From:** Giles, John (CMS/CMCS); (b)(6)  
(b)(6)  
**Sent:** 1/18/2023 3:44:55 PM  
**To:** Stegmaier, Jason (CMS/CMCS); (b)(6)  
(b)(6)  
**CC:** Giles, John (CMS/CMCS); (b)(6)  
(b)(6)  
**Subject:** RE: RE: Hot Issue Questions  
**Attachments:** RE: RE: Happy New Year and meeting request!

Thanks Jason – the revisions look good to me. Also, yes, the current status can just be that the review is ongoing.

For Mary’s meeting, I am attaching an email with the latest information. From the email, it looks like Lela will book the meeting and include staff with Anne Marie. I haven’t seen the meeting land just yet.

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](mailto:John.Giles1@cms.hhs.gov)

**From:** Stegmaier, Jason (CMS/CMCS) <Jason.Stegmaier@cms.hhs.gov>  
**Sent:** Wednesday, January 18, 2023 10:42 AM  
**To:** Giles, John (CMS/CMCS) <John.Giles1@cms.hhs.gov>  
**Subject:** Hot Issue Questions

John,

I updated the write up you submitted to streamline it for OCD and OA. Do you have any issues with the revisions?

For the current status, can we simply say that the review is ongoing? For Mary’s meeting request do we know the status?

**Issue:** Florida’s use of revenues derived from its Local Provider Participation Fund Tax Program

**Background:** CMCS has ongoing concerns that Florida’s use of revenues derived from its Local Provider Participation Fund (LPPF) tax program as a source of Florida’s non-federal share for payments under Medicaid managed care state directed payments may not comply with certain health care-related tax requirements of the Social Security Act and federal regulations.

In September 2022, CMS provided a companion letter to the approval of a state directed payment preprint for inpatient and outpatient hospital services that addressed our ongoing concerns that the state's use of revenues



derived from its LPPF program as a source of Florida's non-federal share may not comply with certain health care-related tax requirements. Specifically, CMS raised concerns in our letter that there may be pre-arranged agreements between hospitals to redirect Medicaid payments away from Medicaid providers serving a high percentage of Medicaid beneficiaries to hospitals that do not participate in Medicaid or that serve a low percentage of Medicaid beneficiaries (thus, violating federal requirements that the payments are not subject to any hold harmless arrangements). In the letter, CMS informed Florida that we intended to conduct a focused review of the state's LPPF program during Federal Fiscal Year 2023.

Additionally, Mary Mayhew, CEO of the Florida Hospital Association, requested a meeting with CMCS leadership to discuss concerns on Florida's Medicaid Waiver and the State Directed Payment Programs.

**Current Status:** In the letter, CMS committed to continue discussions with Florida to ensure its sources of non-federal share meet all applicable federal requirements.

Jason Stegmaier  
Medicaid & CHIP Operations Group  
Center for Medicaid and CHIP Services  
Email: [jason.stegmaier@cms.hhs.gov](mailto:jason.stegmaier@cms.hhs.gov)  
Cell: (b)(6)

Confidential and deliberative, pre-decisional communication.

Message

---

**From:** Briskin, Perrie J.(CMS/CMCS) (b)(6)  
(b)(6)  
**Sent:** 1/11/2023 4:14:31 PM  
**To:** Deboy, Alissa (CMS/CMCS) [alissa.deboy1@cms.hhs.gov]; Harris, Melissa (CMS/CMCS) [melissa.harris@cms.hhs.gov]; Delozier, Adrienne (CMS/CMCS) [adrienne.delozier@cms.hhs.gov]; Giles, John (CMS/CMCS) [john.giles1@cms.hhs.gov]; Rashid, Mehreen (CMS/CMCS) [mehreen.rashid@cms.hhs.gov]; Decaro, Teresa (CMS/CMCS) [teresa.decara@cms.hhs.gov]; Kostasich, Jennifer (CMS/CMCS) [jennifer.kostasich@cms.hhs.gov]; Hill, Elizabeth (CMS/CMCS) [elizabeth.hill@cms.hhs.gov]; Howe, Rory (CMS/CMCS) [rory.howe@cms.hhs.gov]; Badaracco, Andrew (CMS/CMCS) [andrew.badaracco@cms.hhs.gov]; Silanskis, Jeremy (CMS/CMCS) [jeremy.silanskis@cms.hhs.gov]; Boston, Beverly (CMS/CMCS) [beverly.boston@cms.hhs.gov]  
**CC:** Tsai, Daniel (CMS/CMCS) [daniel.tsai@cms.hhs.gov]; Costello, Anne Marie (CMS/CMCS) [annemarie.costello@cms.hhs.gov]; Teal, Lela (CMS/CMCS) [lela.teal@cms.hhs.gov]  
**Subject:** RE: RE: Happy New Year and meeting request!

+ FMG

It is Dan's recommendations that AMC takes this meeting with a few key staff. Lela – before you book, I will loop back to Dan and make sure I have the full context (or maybe AMC already does...).

**From:** Briskin, Perrie (CMS/CMCS)  
**Sent:** Wednesday, January 11, 2023 10:53 AM  
**To:** 'Deboy, Alissa M. (CMS/CMCS)' <alissa.deboy1@cms.hhs.gov>; Harris, Melissa (CMS/CMCS) <Melissa.Harris@cms.hhs.gov>; Delozier, Adrienne (CMS/CMCS) <Adrienne.Delozier@cms.hhs.gov>; Giles, John (CMS/CMCS) <John.Giles1@cms.hhs.gov>; Rashid, Mehreen (CMS/CMCS) <mehreen.rashid@cms.hhs.gov>; Decaro, Teresa (CMS/CMCS) <teresa.decara@cms.hhs.gov>; Kostasich, Jennifer (CMS/CMCS) <Jennifer.Kostasich@cms.hhs.gov>; Hill, Elizabeth (CMS/CMCS) <Elizabeth.Hill@cms.hhs.gov>  
**Cc:** 'Daniel Tsai (CMS/OA) (daniel.tsai@cms.hhs.gov)' <daniel.tsai@cms.hhs.gov>; annemarie.costello@cms.hhs.gov  
**Subject:** FW: Happy New Year and meeting request!

Hi DE and SDG – See request from the Florida Hospital Association to meet on Florida's Medicaid Waiver and the Directed Payment Program. Have you met with FHA recently? Or can we work with you to set up a meeting?

Dan or AMC – I don't think you need to be in this meeting, but can flag for you and add if you want.

**From:** Katch (she/her), Hannah (CMS/OA) <Hannah.Katch@cms.hhs.gov>  
**Sent:** Wednesday, January 11, 2023 10:39 AM  
**To:** Tsai, Daniel (CMS/CMCS) <Daniel.Tsai@cms.hhs.gov>; Briskin, Perrie (CMS/CMCS) <Perrie.Briskin@cms.hhs.gov>  
**Subject:** FW: Happy New Year and meeting request!

Hi team – Jesse just called me about this – given that it's all Medicaid, I think my suggestion is that Marvin respond, loop us, and we can offer times to meet virtually next week. Ok with you?

**From:** MB Savary Taylor <mbst@nicklesgroup.com>  
**Sent:** Wednesday, January 4, 2023 1:50:15 PM  
**To:** Figueroa, Marvin (HHS/IEA) <Marvin.Figueroa@hhs.gov>; Harris, James (OS/IEA) <James.Harris3@hhs.gov>  
**Subject:** Happy New Year and meeting request!

Hi Marvin and James! I hope you both are doing well! Happy New Year and, Marvin, a belated Happy Birthday to you! Hope it was a good one!

Would you please have time next week to meet with Mary Mayhew, CEO of Florida Hospital Association concerning Florida's Medicaid Waiver and the Directed Payment Program? If so, would you please have availability the afternoon of Thursday, January 12 anytime between 1:30 and 6pm?  
Really appreciate your consideration!! MB

Message

**From:** Tsai, Daniel (CMS/CMCS) (b)(6)  
(b)(6)  
**Sent:** 4/20/2023 10:31:39 PM  
**To:** Pryor, Rachel (HHS/OS/IOS) (b)(6)  
**CC:** Egorin, Melanie  
(b)(6)  
Hannah Katch  
(b)(6)  
**Subject:** FW: FW: Texas Congressional Delegation Letter on the CMS Informational Bulletin (the "Bulletin") entitled "Health Care-Related Taxes and Hold Harmless Arrangements Involving the Redistribution of Medicaid Payments"  
**Attachments:** Texas Delegation CMS Letter on the Bulletin on Health Care-Related Taxes and Hold Harmless Arrangements Involving the Redistribution of Medicaid Payments.pdf

See below...

**From:** Coney, Lillie <Lillie.Coney@mail.house.gov>  
**Sent:** Thursday, April 20, 2023 5:48 PM  
**To:** 'secretary@hhs.gov' <secretary@hhs.gov>; Mccluskie, Sean (HHS/IOS) <Sean.Mccluskie@hhs.gov>; Ramirez, Angela (HHS/IOS) <Angela.Ramirez@hhs.gov>; Brooks-LaSure, Chiquita (CMS/OA) <Chiquita.Brooks-LaSure@cms.hhs.gov>; Woronoff, Arielle (CMS/OL) <Arielle.Woronoff@cms.hhs.gov>; Tsai, Daniel (CMS/CMCS) <Daniel.Tsai@cms.hhs.gov>  
**Cc:** Coney, Lillie <Lillie.Coney@mail.house.gov>; Arceo, Amy <Amy.Arceo@mail.house.gov>  
**Subject:** Texas Congressional Delegation Letter on the CMS Informational Bulletin (the "Bulletin") entitled "Health Care-Related Taxes and Hold Harmless Arrangements Involving the Redistribution of Medicaid Payments"  
**Importance:** High

April 19, 2023

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

The Honorable Chiquita Brooks-LaSure  
Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
Hubert H. Humphrey Building  
200 Independence Avenue, SW  
Washington, DC 2021

The Honorable Daniel Tsai  
The Deputy Administrator and Director  
Center for Medicaid and CHIP Services  
Centers for Medicare and Medicaid Services  
U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Washington, DC 20201

Dear Secretary Becerra, Administrator Brooks-LaSure, and Deputy Administrator and Director Tsai:

As members of the Texas Congressional Delegation, we have worked with President Biden and with you to improve access to care for all Americans, regardless of income or need. We applaud the Department

of Health and Human Services (“HHS”) for its dedication to sustaining and strengthening the health care safety net. The Administration’s investment in the Medicaid program is invaluable, particularly as we transition out of a global public health emergency. We share the Administration’s commitment to supporting our most vulnerable communities and stand ready to assist with your agency’s laudable efforts.

However, while we closely align with your mission, we are deeply concerned by the Informational Bulletin (the “Bulletin”) entitled “Health Care-Related Taxes and Hold Harmless Arrangements Involving the Redistribution of Medicaid Payments”, which was released by the Centers for Medicare & Medicaid Services (“CMS”) on February 17, 2023. The Bulletin echoes many of the themes of the Medicaid Fiscal Accountability Regulation (“MFAR”) proposed in 2019. The Bulletin specifically revives the agency’s attempts to assert its jurisdiction over wholly private arrangements between hospitals, lacking any state involvement.

As you may recall, the MFAR proposed rule received such strong bipartisan opposition that President Trump’s Administration initiated its withdrawal. President Biden also noted his opposition to MFAR as part of his campaign platform, followed by HHS taking quick action to withdraw the proposed rule in January 2021. Like President Biden, we recognized the existential threat the proposed policies posed to our communities’ hospitals and the Medicaid beneficiaries they serve, prompting us to introduce bipartisan legislation that would have halted any implementation of the MFAR proposed rule.

It is clear, however, that some within CMS continue to push the MFAR agenda despite its withdrawal and the agency lacking the authority to set forth such provider tax policies. In fact, the Office of Inspector General (“OIG”) previously opined that there are no regulations to preclude this type of arrangement. Moreover, when CMS raised this issue last year in federal court, a federal judge in Texas reasoned that CMS’s legal position was not at all in line with the Medicaid statute. In short, the Bulletin is a significant and inappropriate shift in policy by CMS that is inconsistent with current law and the agency’s own history of enforcement action.

A policy shift of this significance threatens not only the most vulnerable citizens of our home state, but Medicaid beneficiaries across the country. We question what good this policy shift will have for the health care safety net and how it will ensure equitable access to care for patients. In the nearly four years since CMS first announced its MFAR proposal, not a single time has CMS staff been able to quantify the impact or assure us that this policy will not disrupt equitable access to care.

Moreover, we wish to emphasize that the local provider taxes under attack serve a critical purpose: they provide an avenue for hospitals that have historically struggled to gain access to much-needed supplemental Medicaid payments. This path is a lifeline for hospitals along the southern border and in the 89 Texas counties where non-governmental hospitals are the primary providers for Medicaid patients—areas where Medicaid beneficiaries already have limited access to care. Absent the local financing mechanism, these hospitals, and the patients they serve once again face disenfranchisement.

For these reasons, we ask CMS to withdraw the Bulletin and refrain from seeking to enforce it until the agency can determine the impact it will have on the providers serving our Medicaid beneficiaries. Unless we understand how this policy enhances, rather than reduces equitable access to care, we will continue in our efforts to oppose the agency’s policies.

Thank you for your attention to this very important matter.

Very Truly Yours

Sheila Jackson Lee  
Member of Congress

Colin Allred  
Member of Congress

Joaquin Castro  
Member of Congress

Jasmine Crockett  
Member of Congress

Henry Cuellar  
Member of Congress

Marc A. Veasey  
Member of Congress

Vincent Gonzalez  
Member of Congress

Regards,  
Lillie Coney  
Chief of Staff  
Congresswoman Sheila Jackson Lee (TX-18)  
2426 Rayburn HOB  
Washington, DC 20515  
(202) 225-3816  
(202) 870-6429  
[Lillie.Coney@mail.house.gov](mailto:Lillie.Coney@mail.house.gov)

Message

**From:** Giles, John (CMS/CMCS); (b)(6)  
**Sent:** 1/30/2023 5:39:20 PM; (b)(6)  
**To:** CMS State Directed Payment; (b)(6)  
**CC:** (b)(6); Giles, John (CMS/CMCS)  
**Subject:** RE: RE: For Signature - IL\_Fee\_NF2\_New\_20220101-20221231  
**Attachments:** IL\_Fee\_NF2\_New\_20220101-20221231 Approval Package.pdf

Signed and attached. 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](mailto:John.Giles1@cms.hhs.gov)

**From:** CMS State Directed Payment <[StateDirectedPayment@cms.hhs.gov](mailto:StateDirectedPayment@cms.hhs.gov)>  
**Sent:** Monday, January 30, 2023 10:09 AM  
**To:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>  
**Cc:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>  
**Subject:** For Signature - IL\_Fee\_NF2\_New\_20220101-20221231

Hi John,

Please find attached and prepped for your signature an approval package for IL\_Fee\_NF2\_New\_20220101-20221231. Details outlined below. Juliet has peer reviewed.

Thanks and please reach out with any questions,  
Alex

**From:** CMS State Directed Payment <[StateDirectedPayment@cms.hhs.gov](mailto:StateDirectedPayment@cms.hhs.gov)>  
**Sent:** Wednesday, September 28, 2022 10:37 AM  
**To:** Kuhn, Juliet (CMS/CMCS) <[Juliet.Kuhn@cms.hhs.gov](mailto:Juliet.Kuhn@cms.hhs.gov)>  
**Cc:** CMS State Directed Payment <[StateDirectedPayment@cms.hhs.gov](mailto:StateDirectedPayment@cms.hhs.gov)>  
**Subject:** Peer Review - IL\_Fee\_NF2\_New\_20220101-20221231

- Tiered incentive payments for NFs based on CMS Star Ratings
- Initial submission
- Funded via a provider tax. FMG reviewed and did not have any questions/concerns.
- This impacts both the HealthNet and MMAI duals program; the Duals office has reviewed and did not have any questions/concerns

- As the state noted that the SDP is compliant with Medicare UPL and the payment methodology is aligned with an approved SPA, I believe that they satisfactorily demonstrated that the SDP will result in reasonable, attainable and appropriate payment levels.
- Incorporated into rates as a SPT
- Neither DQ nor OACT had any follow up questions or conditions of concurrence.



Message

**From:** Giles, John (CMS/CMCS); (b)(6)  
(b)(6)  
**Sent:** 2/1/2023 7:34:46 PM  
**To:** Tsai, Daniel (CMS/CMCS); (b)(6)  
(b)(6)  
**CC:** Deboy, Alissa (CMS/CMCS); (b)(6)  
(b)(6); Smith, Carrie  
Giles, John (CMS/CMCS)  
Gibson, Alexis  
**Subject:** FL Managed Care Preprint Update  
**Attachments:** FL\_Fee\_IPH.OPH4\_Renewal\_20221001-20230930

Hi Dan – here is the latest information on the FL preprint submission:

- We received one hospital preprint from FL for review last night at 4:22pm. This is the preprint that was approved last year with conditional language and the companion letter noting our concerns with the LPPF state financing.
- The team has been assessing the preprint for completeness today, and we can confirm that we have completeness issues that will require follow-up with the state prior to entering the preprint into federal review (see attached email for completeness issues that we flagged for FL today).
- The state’s rating period began October 1, 2022. We advise states to submit preprints 90 days in advance of the rating period. We have followed-up with the state numerous times on outstanding preprints, including this preprint. In the email response acknowledging receipt of the preprint today, we again flagged that the state was delinquent on the following items:
  - Preprint amendment related to Florida’s revised HCBS spending plan;
  - FL Proposal D 2020-2021 revised preprint amendment; and
  - Five additional SDP preprints for the 2022-2023 rating period.

If you need anything further, please let me know. Thanks!

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](mailto:John.Giles1@cms.hhs.gov)

Message

**From:** CMS State Directed Payment (b)(6)  
(b)(6)  
**Sent:** 2/1/2023 6:35:55 PM  
**To:** Giering, Cole [cole.giering@ahca.myflorida.com]  
**CC:** Wallace, Tom [Thomas.Wallace@ahca.myflorida.com]; Sokoloski, Kristin [Kristin.Sokoloski@ahca.myflorida.com]; Barry, Joyce [Joyce.Barry@ahca.myflorida.com]; Cai, Jun [Jun.Cai@ahca.myflorida.com]; Lacroix, Rachel [Rachel.Lacroix@ahca.myflorida.com]; Giles, John (CMS/CMCS) [john.giles1@cms.hhs.gov]; Snyder, Laura (CMS/CMCS) [laura.snyder1@cms.hhs.gov]; CMS State Directed Payment [statedirectedpayment@cms.hhs.gov]  
**Subject:** FL\_Fee\_IPH.OPH4\_Renewal\_20221001-20230930

Good morning,

Thank you for your submission. CMS has determined that we require responses to the below questions to ensure CMS has adequate documentation to begin our review.

- 1) Specifically, please include responses to the following incomplete sections:
  - the provider payment analysis section is incomplete (Preprint Question 23/ Table 2); and
  - the data sources and methodology are incomplete (Preprint Question 27).
- 2) In addition, the state noted several sections of the preprint that are incomplete and/or missing updated information including:
  - Updated gross payment amounts based on CY 2021 Medicaid shortfall calculations (impacting responses to prompts 4 and 23 - 27).
  - Updated estimated uniform percentage increase amounts (impacting response to prompt 19.b)
  - Non-federal funding sources and amounts (impacting response to prompts 35 and 36).

Please provide the state's anticipated timeline to submit the updated information to CMS for review.

**We request that the state acknowledge receipt of this communication and respond within 2 working days to respond to the above questions.** CMS awaits the state's response to begin review of the preprint.

The control name for this preprint will be "FL\_Fee\_IPH.OPH4\_Renewal\_20221001-20230930." This control name must be used for all communication regarding the review of this preprint. CMS also requests that the state utilize this control name for the preprint when referencing this state directed payment within the applicable rate certification(s).

Thanks,  
Laura

**From:** CMS State Directed Payment <StateDirectedPayment@cms.hhs.gov>  
**Sent:** Wednesday, February 1, 2023 11:48 AM  
**To:** Giering, Cole <cole.giering@ahca.myflorida.com>  
**Cc:** Wallace, Tom <Thomas.Wallace@ahca.myflorida.com>; Sokoloski, Kristin <Kristin.Sokoloski@ahca.myflorida.com>; Barry, Joyce <Joyce.Barry@ahca.myflorida.com>; Cai, Jun <Jun.Cai@ahca.myflorida.com>; Lacroix, Rachel <Rachel.Lacroix@ahca.myflorida.com>; Giles, John (CMS/CMCS) <John.Giles1@cms.hhs.gov>; Snyder, Laura (CMS/CMCS) <Laura.Snyder1@cms.hhs.gov>; CMS State Directed Payment <StateDirectedPayment@cms.hhs.gov>  
**Subject:** RE: FL\_Fee\_IPH.OPH4 RY 22/23 Renewal

Good Morning Cole,

Thank you for your email. CMS acknowledges receipt of the preprint and corresponding documents. We would like to request status updates regarding the state's anticipated timeframe to submit the following items:

- (1) Preprint amendment related to Florida's revised HCBS Spending Plan,
- (2) FL Proposal D 2020-2021 revised preprint amendment, and
- (3) The five state directed payment preprints for the October 1, 2022 through September 30, 2023 rating period.

Thank you,  
Lovie

**From:** Giering, Cole <[cole.giering@ahca.myflorida.com](mailto:cole.giering@ahca.myflorida.com)>  
**Sent:** Tuesday, January 31, 2023 4:22 PM  
**To:** CMS State Directed Payment <[StateDirectedPayment@cms.hhs.gov](mailto:StateDirectedPayment@cms.hhs.gov)>  
**Cc:** Wallace, Tom <[Thomas.Wallace@ahca.myflorida.com](mailto:Thomas.Wallace@ahca.myflorida.com)>; Sokoloski, Kristin <[Kristin.Sokoloski@ahca.myflorida.com](mailto:Kristin.Sokoloski@ahca.myflorida.com)>; Barry, Joycee <[Joycee.Barry@ahca.myflorida.com](mailto:Joycee.Barry@ahca.myflorida.com)>; Cai, Jun <[Jun.Cai@ahca.myflorida.com](mailto:Jun.Cai@ahca.myflorida.com)>; Lacroix, Rachel <[Rachel.Lacroix@ahca.myflorida.com](mailto:Rachel.Lacroix@ahca.myflorida.com)>  
**Subject:** FL\_Fee.IPH.OPH4 RY 22/23 Renewal

Good afternoon,

Please find attached the State of Florida's preprint for program year 3 of the hospital uniform rate increase directed payment program (CMS Provided State Directed Payment Identifier: FL\_Fee.IPH.OPH4).

**Please Note:** we are in the process of updating the calculation of gross Medicaid shortfall and allocation percentages by provider class based on CY 2021 claims and encounter experience. When this analysis is complete, we will amend this preprint to include final values for:

- Updated gross payment amounts based on CY 2021 Medicaid shortfall calculations (impacting responses to prompts 4 and 23 - 27).
- Updated estimated uniform percentage increase amounts (impacting response to prompt 19.b)
- Non-federal funding sources and amounts (impacting response to prompts 35 and 36).

Best,

## **Cole Giering, MPH**

Program Administrator

Rules and State Plan Unit

[cole.giering@ahca.myflorida.com](mailto:cole.giering@ahca.myflorida.com)

+1 850-412-4691 (Office)

BUREAU OF MEDICAID POLICY

AHCA HQ Bidg 3 Rm 2307D



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Message

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**From:** Snyder, Laura (CMS/CMCS) (b)(6)  
(b)(6)  
**Sent:** 1/26/2023 1:34:52 PM  
**To:** Giles, John (CMS/CMCS) (b)(6)  
(b)(6)  
**Subject:** FW: FW: FL Companion letter on LPPF  
**Attachments:** RE: RE: WA Inquiry-hospital directed payment CMS conditions letter

FYI – we can definitely follow-up with WA per FMG’s suggestions (they didn’t want to share the letter....there is a CIB coming, etc.)

However, I wanted to flag – they asked for the email chain; apparently the question set of a “ripple of worry in FMG”. The email thread we have so far is attached; the WA Medicaid Assistant Director cited you mentioning something a month or so ago at a meeting. Let me know how you want to handle this.

Thanks,  
Laura

**From:** Bonelli, Anna (CMS/CMCS) <Anna.Bonelli@cms.hhs.gov>  
**Sent:** Wednesday, January 25, 2023 10:35 AM  
**To:** Snyder, Laura (CMS/CMCS) <Laura.Snyder1@cms.hhs.gov>  
**Cc:** CMS State Directed Payment <StateDirectedPayment@cms.hhs.gov>  
**Subject:** RE: FL Companion letter on LPPF

Laura,

Couple things. FMG does not want to share the letter:

- First, it is going to be out of date/old news once the CIB comes out (CIB just went through HHS clearance).
- Second, we try not to share things that put other states in a bad light.

Suggest saying to the state something like, “We generally do not like to share such information with other states, but you may reach out to Florida directly for the information. If this information is pressing (that is, you need to share it with your Legislature in order to inform legislation), we may be able to talk with you further on this. In addition, we are planning to release new guidance that clarifies CMS’ policies that should help.”

I have to say, this question has touched off a ripple of worry in FMG. Can you please send me the email chain so I can see how clear/unclear the tone is about the LPPF?

Thank you!  
anna

**From:** Snyder, Laura (CMS/CMCS) <Laura.Snyder1@cms.hhs.gov>  
**Sent:** Tuesday, January 24, 2023 11:30 AM  
**To:** Bonelli, Anna (CMS/CMCS) <Anna.Bonelli@cms.hhs.gov>  
**Cc:** CMS State Directed Payment <StateDirectedPayment@cms.hhs.gov>  
**Subject:** RE: FL Companion letter on LPPF

To be honest, not clear; the email was routed through lots of hands before getting to us and there is not a lot of detail.

**From:** Bonelli, Anna (CMS/CMCS) <Anna.Bonelli@cms.hhs.gov>  
**Sent:** Tuesday, January 24, 2023 11:29 AM

**To:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>  
**Cc:** CMS State Directed Payment <[StateDirectedPayment@cms.hhs.gov](mailto:StateDirectedPayment@cms.hhs.gov)>  
**Subject:** RE: FL Companion letter on LPPF

Hi Laura! I think it's fine but let me double check.

And when you say that Washington may have similar issues, do you mean they have an LPPF or something similar?  
[nervous emoji]

**From:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>  
**Sent:** Tuesday, January 24, 2023 10:23 AM  
**To:** Bonelli, Anna (CMS/CMCS) <[Anna.Bonelli@cms.hhs.gov](mailto:Anna.Bonelli@cms.hhs.gov)>  
**Cc:** CMS State Directed Payment <[StateDirectedPayment@cms.hhs.gov](mailto:StateDirectedPayment@cms.hhs.gov)>  
**Subject:** FL Companion letter on LPPF

Hi Anna,

We got a really random question from the Assistant Medicaid Director in WA. He heard about the companion letter issued to FL (the one that references LPPF and denotes CMS' concerns.) He is apparently having similar issues in WA or starting to and wanted a copy of the letter that FL received. We wanted to check with you all if you have any concerns with sharing that letter with WA; we think it should be fine, but wanted to check particularly given the FL FMR that will focus on the LPPF issue.

Thanks,  
Laura

Laura Snyder  
(she/her/hers)  
Technical Director  
Division of Managed Care Policy  
Centers for Medicaid and CHIP Services  
Phone: 410-786-3198  
[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)

Message

---

**From:** CMS State Directed Payment (b)(6)  
(b)(6)  
**Sent:** 1/20/2023 7:48:34 PM  
**To:** Kivisaari, John (CMS/CMCS) [john.kivisaari@cms.hhs.gov]; Walaszek, Edwin (CMS/CMCS) [edwin.walaszek1@cms.hhs.gov]  
**CC:** Delvecchio, Lynn (CMS/CMCS) [lynn.delvecchio@cms.hhs.gov]; CMS State Directed Payment [statedirectedpayment@cms.hhs.gov]  
**Subject:** RE: RE: WA Inquiry-hospital directed payment CMS conditions letter  
**Flag:** Follow up

Hi John,

Thanks for sending this request our way. I am the lead SDP analyst for Washington – nice to meet you 😊.

The short answer is, yes, we will be able to assist Washington. The longer answer is that I will need to circle with the lead analyst for FL next week when she returns and try to decipher exactly what information WA is seeking so we can help them out.

In the meantime, Edwin, you may direct the state to send their questions to the SDP inbox at [statedirectedpayment@cms.hhs.gov](mailto:statedirectedpayment@cms.hhs.gov). This way we will be able to track the inquiry and make sure the state gets the information they need.

Thanks,  
Tara

**From:** Kivisaari, John (CMS/CMCS) <John.Kivisaari@cms.hhs.gov>  
**Sent:** Friday, January 20, 2023 2:40 PM  
**To:** Walaszek, Edwin (CMS/CMCS) <Edwin.Walaszek1@cms.hhs.gov>; CMS State Directed Payment <StateDirectedPayment@cms.hhs.gov>  
**Cc:** Delvecchio, Lynn (CMS/CMCS) <Lynn.DelVecchio@cms.hhs.gov>  
**Subject:** RE: WA Inquiry-hospital directed payment CMS conditions letter

(Adding the DMCP SDP mailbox)

Good afternoon, Edwin:

Thanks for reaching out. This issue appears related to a recently approved state-directed payment out of Florida. **SDP team, are you able to assist regarding Washington's request for information related to the Florida SDP?** Their request is more fully-described below.

Note: I have only just begun transitioning to my role as the managed care analyst in DMCO for WA, but if there's anything DMCO can do to assist with this request please let me know.

Best regards,

John

John Kivisaari  
Managed Care Analyst  
Centers for Medicare & Medicaid Services (CMS)  
Medicaid and Children's Health Operations Group (MCOG)

Division of Managed Care Operations (DMCO)  
(312)-353-0508  
[john.kivisaari@cms.hhs.gov](mailto:john.kivisaari@cms.hhs.gov)

**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>  
**Sent:** Friday, January 20, 2023 1:07 PM  
**To:** Delvecchio, Lynn (CMS/CMCS) <[Lynn.DelVecchio@cms.hhs.gov](mailto:Lynn.DelVecchio@cms.hhs.gov)>  
**Cc:** Kivisaari, John (CMS/CMCS) <[John.Kivisaari@cms.hhs.gov](mailto:John.Kivisaari@cms.hhs.gov)>  
**Subject:** WA Inquiry-hospital directed payment CMS conditions letter

Hi Lynn and John,

Hope your Friday is going well, I'm sorry to bother you, Washington state Assistant Director Jason McGill reached out this morning on a letter that was issued in Florida related to recent hospital safety net/directed payment, their request is a little vague, do you happen to know any information on this letter issued to Florida? Washington is seeking out information as how this will relate to them?

Thank you,

**Edwin Walaszek**  
Washington State Lead  
Division of Program Operations – West | Medicaid & CHIP Operations Group  
Center for Medicaid & CHIP Services | Centers for Medicare & Medicaid Services  
Email:[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)

**From:** Tisdale, Ryan (CMS/CMCS) <[Ryan.Tisdale@cms.hhs.gov](mailto:Ryan.Tisdale@cms.hhs.gov)>  
**Sent:** Friday, January 20, 2023 1:58 PM  
**To:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>; Abdullah-Mclaughlin, Annese (CMS/CMCS) <[Annese.Abdullah-Mclaughlin@cms.hhs.gov](mailto:Annese.Abdullah-Mclaughlin@cms.hhs.gov)>; Moreth, James (CMS/CMCS) <[James.Moreth@cms.hhs.gov](mailto:James.Moreth@cms.hhs.gov)>; Caughey, Tom (CMS/CMCS) <[Tom.Caughey@cms.hhs.gov](mailto:Tom.Caughey@cms.hhs.gov)>; Knight, Gary (CMS/CMCS) <[Gary.Knight@cms.hhs.gov](mailto:Gary.Knight@cms.hhs.gov)>  
**Subject:** RE: WA Inquiry-hospital directed payment CMS conditions letter

Hi Edwin,

I believe directed payments are specific to managed care, so DMCP may be the best equipped to help with this inquiry?

Thanks,  
Ryan

**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>  
**Sent:** Friday, January 20, 2023 1:47 PM  
**To:** Abdullah-Mclaughlin, Annese (CMS/CMCS) <[Annese.Abdullah-Mclaughlin@cms.hhs.gov](mailto:Annese.Abdullah-Mclaughlin@cms.hhs.gov)>; Moreth, James (CMS/CMCS) <[James.Moreth@cms.hhs.gov](mailto:James.Moreth@cms.hhs.gov)>; Tisdale, Ryan (CMS/CMCS) <[Ryan.Tisdale@cms.hhs.gov](mailto:Ryan.Tisdale@cms.hhs.gov)>; Caughey, Tom (CMS/CMCS) <[Tom.Caughey@cms.hhs.gov](mailto:Tom.Caughey@cms.hhs.gov)>; Knight, Gary (CMS/CMCS) <[Gary.Knight@cms.hhs.gov](mailto:Gary.Knight@cms.hhs.gov)>  
**Subject:** WA Inquiry-hospital directed payment CMS conditions letter

Good Friday all,

Washington state is inquiring about a letter that was issued in Florida related to recent hospital safety net/directed payment, their request is a little vague at least from my view, would you all happen to have any additional information on this topic or have any suggestions on who would?

Thank you in advance for any guidance,

**Edwin Walaszek**

Washington State Lead

Division of Program Operations – West | Medicaid & CHIP Operations Group

Center for Medicaid & CHIP Services | Centers for Medicare & Medicaid Services

Email:Edwin.Walaszek1@cms.hhs.gov

**From:** McGill, Jason T (HCA) <jason.mcgill@hca.wa.gov>

**Sent:** Friday, January 20, 2023 1:39 PM

**To:** Walaszek, Edwin (CMS/CMCS) <Edwin.Walaszek1@cms.hhs.gov>

**Subject:** Re: Florida hospital directed payment CMS conditions letter

I understood it's the entire state hospital inpatient payment (billions of dollars) for Florida through a directed payment. John reported he issued a 7 page conditions letter due to many concerns. Hope this helps. Thanks!

**From:** Walaszek, Edwin (CMS/CMCS) <Edwin.Walaszek1@cms.hhs.gov>

**Sent:** Friday, January 20, 2023 9:55:50 AM

**To:** McGill, Jason T (HCA) <jason.mcgill@hca.wa.gov>

**Subject:** Florida hospital directed payment CMS conditions letter

External Email

Hi Jason,

Thank you for reaching out, can you provide a little more context as I need to reach out to the team that specializes in this area, is this related to administrative claiming or reimbursement? Is Washington state currently working with anyone in CMS related to this issue or area so that I can reach out to them for a status on this?

Thank you,

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Email:Edwin.Walaszek1@cms.hhs.gov

**From:** McGill, Jason T (HCA) <jason.mcgill@hca.wa.gov>

**Sent:** Friday, January 20, 2023 12:42 PM

**To:** Walaszek, Edwin (CMS/CMCS) <Edwin.Walaszek1@cms.hhs.gov>

**Subject:** Florida hospital directed payment CMS conditions letter

Hi Edwin,

I understand CMS issued a fairly detailed conditions letter to Florida upon approval of its recent hospital safety net/directed payment. John Giles mentioned that to me at a meeting a month or so ago. I was hoping to see that as we're also starting to deal with it here in Washington.

Thanks,

jason



**Jason T. McGill**

Assistant Director

Medicaid Programs Division

office: 360-725-1093 | cell:

(b)(6)

[jason.mcgill@hca.wa.gov](mailto:jason.mcgill@hca.wa.gov)

Washington State

Health Care Authority

[www.hca.wa.gov](http://www.hca.wa.gov)



Message

**From:** CMS State Directed Payment (b)(6)  
**Sent:** 1/20/2023 7:48:34 PM (b)(6)  
**To:** Kivisaari, John (b)(6)  
**CC:** (b)(6); Walaszek, Edwin  
(b)(6)  
(b)(6); CMS State Directed  
**Subject:** RE: RE: WA Inquiry-hospital directed payment CMS conditions letter  
**Flag:** Follow up

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**Sent:** Friday, January 20, 2023 2:40 PM  
**To:** Walaszek, Edwin (CMS/CMCS) <Edwin.Walaszek1@cms.hhs.gov>; CMS State Directed Payment <StateDirectedPayment@cms.hhs.gov>  
**Cc:** DelVecchio, Lynn (CMS/CMCS) <Lynn.DelVecchio@cms.hhs.gov>  
**Subject:** RE: WA Inquiry-hospital directed payment CMS conditions letter

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Washington State Lead

Division of Program Operations – West | Medicaid & CHIP Operations Group

Center for Medicaid & CHIP Services | Centers for Medicare & Medicaid Services

Email:Edwin.Walaszek1@cms.hhs.gov

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**Sent:** Friday, January 20, 2023 1:39 PM

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**Sent:** Friday, January 20, 2023 9:55:50 AM

**To:** McGill, Jason T (HCA) <jason.mcgill@hca.wa.gov>

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External Email

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**Edwin Walaszek**

Washington State Lead

Division of Program Operations – West | Medicaid & CHIP Operations Group

Center for Medicaid & CHIP Services | Centers for Medicare & Medicaid Services

Email:Edwin.Walaszek1@cms.hhs.gov

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Hi Edwin,

I understand CMS issued a fairly detailed conditions letter to Florida upon approval of its recent hospital safety net/directed payment. John Giles mentioned that to me at a meeting a month or so ago. I was hoping to see that as we're also starting to deal with it here in Washington.

Thanks,  
jason

**Jason T. McGill**

Assistant Director

Medicaid Programs Division

office: 360-725-1093 | ce

(b)(6)

[jason.mcgill@hca.wa.gov](mailto:jason.mcgill@hca.wa.gov)

Washington State  
Health Care Authority

[www.hca.wa.gov](http://www.hca.wa.gov)



Message

**From:** Endelman (he/him), Jonathan (CMS/CMCS); (b)(6)  
(b)(6)

**Sent:** 3/29/2023 3:59:26 PM

**To:** Badaracco, Andrew (CMS/CMCS) [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0d42d5b2a43f40b9895d7a0754c63a4a-andrew.bada]; Snyder, Laura (CMS/CMCS) [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=2d53bc4ed19f4f5dafd8c6bb295717c1-laura.snyde]; Goldstein, Stuart (CMS/CMCS) [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=e2641eee3b854b3dbd0755b94f2c5674-stuart.gold]

**CC:** Giles, John (CMS/CMCS) [/o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=979675cbceca42ffa0fae7b42c8cd016-john.giles1]

**Subject:** RE: RE: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

**Attachments:** FAQ-10-06-2014.pdf; RE: RE: Washington Documents

Laura,

I wanted to be in touch again. I have an update from Rory's call with Washington yesterday from Stuart. Stuart said that Rory said that the State Medicaid agency expressed concern to him that there may be issues with provider pooling and redistribution of Medicaid payments along the lines of what we described in our CIB of February 17, 2023 on health care-related taxes. The state Medicaid agency does not want to be on the hook or at risk in terms of financial recoupment from CMS due to the presence of a hold harmless arrangement that would make the assessment on inpatient hospital services an impermissible health care-related tax. He said that he would be having a conversation with Dan about the Washington issue today. There appears to be more to come on this issue. We would like to get more information from Rory about what specifically the state Medicaid agency's concerns are. So, the focus here appears to be at least as much on what the state Medicaid agency's concerns are related to the possible presence of a hold harmless arrangement with regard to the state's hospital tax as it is on DFP's concerns on the same subject.

With regard to the 2% withhold, we do not think this would necessarily be a problem from a health care-related tax perspective as far as the MCO tax goes. We would defer to DMCP regarding if this would be a problem from a managed care payment perspective as far as the rates being actuarially sound. However, we have come across other regulations, specifically 42 CFR § 438.5(e), and guidance documents that suggest that this is generally allowed in managed care. Please see attached.

We look forward to talking with you.

Best,

Jonathan

Jonathan Endelman, PhD  
Social Science Research Analyst  
Centers for Medicare & Medicaid Services (CMS)  
Center for Medicaid and CHIP Services (CMCS)  
Financial Management Group (FMG)  
Division of Financial Policy (DFP)  
410.786.4738  
[jonathan.endelman@cms.hhs.gov](mailto:jonathan.endelman@cms.hhs.gov)  
7500 Security Blvd.  
Mail Stop, S3-14-28  
Baltimore, MD 21244-1850

**From:** Endelman (he/him), Jonathan (CMS/CMCS)

**Sent:** Tuesday, March 28, 2023 4:11 PM

**To:** Badaracco, Andrew (CMS/CMCS) <Andrew.Badaracco@cms.hhs.gov>; Snyder, Laura (CMS/CMCS) <Laura.Snyder1@cms.hhs.gov>; Goldstein, Stuart (CMS/CMCS) <STUART.GOLDSTEIN@cms.hhs.gov>

**Cc:** Giles, John (CMS/CMCS) <John.Giles1@cms.hhs.gov>

**Subject:** RE: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Hello Laura,

Just wanted to let you know that I got off the phone with Rory and Stuart. He said that WA explained to us three weeks ago in a call with the SMD and the Health Secretary that the information that we had received regarding the possible existence of a similar arrangement as in Florida was based on incorrect information. Washington stated that they planned on increasing the amount of the hospital tax. Rory said that the assurances they gave to us on the call were sufficient to make sure that there was no specific indications that these types of pooling and redistribution arrangements existed in Washington. He did say that the issue of re-directing a portion of the SDP to pay for the MCO premium tax that Andrew mentioned was concerning. And that there may or may not be an issue on a couple of fronts:

1. The net expenditure issue raised by Andrew. That the state is in effect claiming on the CMS-64 for expenditures that it never had. What makes this more complex is that the state is claiming a rate, or a PMPM on the CMS-64, since this involves managed care and not FFS. They are not claiming for actual expenditures. So the net expenditure issue becomes trickier.
2. Is there any requirement under managed care statute or regulation that says that the MCO must pass on 100% of the SDP to the hospital and cannot retain any portion of it? In the scenario outlined by the state, 98% of the SDP would be passed on to the hospital and 2% of the SDP would be retained by the MCO to pay the MCO premium assessment. Is this allowed under managed care rules?
3. There is a concern that I mentioned earlier regarding the hold harmless. If the MCOs are allowed to retain some portion of the payments based on their proportion of Medicaid member months, that would probably be allowable from a tax perspective, because we allow states to recognize Medicaid's allowable portion of the tax. If, on the other hand, all MCOs retain a flat 2% of the SDP, that could be viewed as more problematic and could be viewed as a hold harmless.

Rory stated that he has a call at 5:15 p.m. today with Washington.

Best,

Jonathan

Jonathan Endelman, PhD  
Social Science Research Analyst  
Centers for Medicare & Medicaid Services (CMS)  
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7500 Security Blvd.  
Mail Stop, S3-14-28  
Baltimore, MD 21244-1850

**From:** Endelman (he/him), Jonathan (CMS/CMCS)

**Sent:** Tuesday, March 28, 2023 1:33 PM

**To:** Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>; Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; Goldstein, Stuart (CMS/CMCS) <[STUART.GOLDSTEIN@cms.hhs.gov](mailto:STUART.GOLDSTEIN@cms.hhs.gov)>  
**Cc:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>  
**Subject:** RE: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Thanks for this Andrew. This certainly sounds strange. It sounds like the state is using the proceeds from one health care-related tax (a tax on inpatient and outpatient hospital services) in order to serve as the basis for paying another health care-related tax (services of managed care organizations). Inpatient hospital services, outpatient hospital services, and services of managed care organizations are all separate permissible classes under Section 1903 (w)(7) of the Social Security Act and 42 CFR 433.56. If this is the case, that could be a hold harmless under Section 1903 (w)(4) and 42 CFR 433.68 (f) because the statute states that a hold harmless occurs where, "The State or other unit of government imposing the tax provides (directly or indirectly) for any payment, offset, or waiver that guarantees to hold taxpayers harmless for any portion of the costs of the tax." If this situation occurs as it is being described, the state may be giving an offset to the managed care organizations to hold them harmless for a portion of the tax, which would not be permissible. It looks like there are multiple, interlocking, complicated, moving parts in the state of Washington when it comes to the relationships between their managed care organizations and their hospitals that we need to get a better idea of understanding in order to know what is going on and if it would be in accordance with the requirements laid out in federal statute and regulation.

Best,

Jonathan

Jonathan Endelman, PhD  
Social Science Research Analyst  
Centers for Medicare & Medicaid Services (CMS)  
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**From:** Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>  
**Sent:** Tuesday, March 28, 2023 12:26 PM  
**To:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; Goldstein, Stuart (CMS/CMCS) <[STUART.GOLDSTEIN@cms.hhs.gov](mailto:STUART.GOLDSTEIN@cms.hhs.gov)>; Endelman (he/him), Jonathan (CMS/CMCS) <[Jonathan.Endelman@cms.hhs.gov](mailto:Jonathan.Endelman@cms.hhs.gov)>  
**Cc:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>  
**Subject:** RE: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Thanks, Laura – We'll be looking out for follow ups on this.

Copying the email thread with Edwin for reference.

In this particular instance, they didn't say anything as of yet about which entities will be providing an IGT, but we'll be sure to advise on the upcoming drafts/SDPs. One thing to keep in mind, in particular in Edwin's email, they're talking about possibly shaving off some of the Medicaid SDPs and paying that money to the MCOs as an "assessment" of some



kind. If there's no FFP involved in the state's payment to the MCO, then we're not super concerned about it. If there *is* FFP mixed into the amounts the MCOs are able to keep, then we would likely say that keeping revenue from a provider payment would not be allowable under 42 CFR 447.10. I don't know if you all have any similar regulations in MCOs, but considering as these are state directed payments, I would think that the whole of the Medicaid payment would be directed to the providers.

**From:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>

**Sent:** Tuesday, March 28, 2023 8:02 AM

**To:** Goldstein, Stuart (CMS/CMCS) <[STUART.GOLDSTEIN@cms.hhs.gov](mailto:STUART.GOLDSTEIN@cms.hhs.gov)>; Endelman (he/him), Jonathan (CMS/CMCS) <[Jonathan.Endelman@cms.hhs.gov](mailto:Jonathan.Endelman@cms.hhs.gov)>; Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>

**Cc:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>

**Subject:** FW: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

**Importance:** High

Hi Jonathan and Stuart,

Sorry to ask for a quick turnaround, but WA is asking for some feedback by COB today. As you'll see in the draft below, we don't have any kind of submission in house at this point. All that's been shared with us is a draft bill in the WA legislature for a new series of payments (SDPs and it looks like some FFS payments as well. We are making clear to the state that CMS doesn't comment on draft legislation, but wanted to give them some level of general TA. In that spirit, are you comfortable with the highlighted bullet that calls out the recent guidance you all put out on hold harmless?

Andrew – I added you as you were on the chain at one point from Edwin in DPO; there is definitely IGT funding involved in the legislation. I suspect this will be one that DMCP and FMG will want to discuss more if the legislation/state moves ahead with the proposal.

Thanks,  
Laura

**From:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>

**Sent:** Monday, March 27, 2023 4:08 PM

**To:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>; Caulder, Tara (CMS/CMCS) <[Tara.Caulder@cms.hhs.gov](mailto:Tara.Caulder@cms.hhs.gov)>

**Subject:** RE: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Draft to share with Edwin; I still need to check with FMG on the link to their guidance:

Hi Edwin –

DMCP has reviewed the email and documents shared by Washington. We recognize the state requested feedback by COB 3/28. We've prepared a written response to share with the state; can you share this with the state?

"Thank you for your request. CMS does not comment on state legislation; however, CMS is happy to provide technical assistance for the state as it drafts submissions for CMS to review and approve, such as state directed payment preprints. While CMS does not currently have a draft SDP proposal before us, we do offer these general pieces of technical assistance as the state considers a future SDP submission:

- CMS is happy to review early drafts of preprint submissions. We have found this useful for both states and CMS as it generally allows CMS to identify any issues early, which may expedite the formal review processes.
- SDPs are reviewed by a federal review team, of which DMCP is one party. While early technical assistance helps to identify issues early, all preprints must go through a formal review process. Issues may be identified during the formal review process that were not identified during technical assistance.

- We strongly encourage states to submit SDPs at least 90 days in advance of the start of the rating period. Barring any notable policy issues, this timing generally allows for the state and CMS to work through the prior approval process, making it easier for states to appropriately incorporate the SDP into their contracts and rates. The later that states submit SDPs, the more likely that the related contracts and rates may be delayed and additional amendments may be needed. We do note that we cannot accept a preprint after the end of the rating period.
- We would also note that there is increased oversight interest in state directed payments, particularly in the financing of the non-federal share. We would recommend that the state consult with the appropriate FMG SMEs for any changing or new financing related to this SDP. We would also flag the following CIB that was published this past February on the use of provider taxes: <https://www.medicaid.gov/federal-policy-guidance/downloads/cib021723.pdf>.
- States must provide CMS with an evaluation plan that would evaluate the effectiveness of the SDP on furthering the goal(s) and objective(s) identified in the state's Medicaid managed care quality strategy. CMS has released guidance on what elements states should include in their evaluation plan – including identifying measure(s) such as those from the Medicaid and CHIP core set, as well as identifying baselines and targets to evaluate the relative success of the SDP. If you have questions about this, we are happy to connect you with our DQHO colleagues for more technical assistance.
- State directed payments must be based on the delivery and utilization of services to Medicaid beneficiaries covered under the contract for the applicable rating period. Therefore, state directed payments must be tied to utilization and delivery of services covered under the contract during the corresponding contract rating period; payment cannot be based solely on historical utilization. We note that the documentation provided to us suggests the use of reconciliation processes, where interim payments would be made based on historical utilization and then reconciled to utilization under the contract. While CMS has approved such models in SDPs historically, we did want to note that CMS and states have found such arrangements to be operationally challenging to implement. There often is increased work for states and plans in administering the interim payments and then the reconciliation process. We have also seen a number of states implement such payment arrangements and have to submit additional rate certification amendments and contract amendments in light of reconciliations, which can be administratively burdensome and time consuming for both CMS and states.

For more information, we do recommend that you review our more recent guidance on SDPs:

<https://www.medicaid.gov/Federal-Policy-Guidance/Downloads/smd21001.pdf>. If you would like further technical assistance on a draft SDP for submission, please reach out to [statedirectedpayment@cms.hhs.gov](mailto:statedirectedpayment@cms.hhs.gov). We would also like to reiterate that the technical assistance provided above should not be considered CMS signing-off on or commenting on the state's draft legislation.

Thank you"

**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>

**Sent:** Friday, March 24, 2023 5:34 PM

**To:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>

**Cc:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>

**Subject:** WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Hi John,

Thanks very much John for your guidance. Attached is their draft, I will contact Dr. Fotinos to make them aware CMS does not normally comment directly on a state's proposed legislation; their technical questions are noted below:

**Questions/Concerns:**

- Washington state is requesting to transition their existing pass-through program to a directed payment to comply with CMS' requirements to sunset the pass throughs.

- The state would like to discuss the expansion of the program, the proposed tiers for payment of assessment and the addition of an intergovernmental transfer program to fund a directed payment and an overall general discussion on permissibility of these items.

Please let me know if I can help out in any other way. I will email Dr. Fotinos in the interim.

Thank you,

**Edwin Walaszek**

Washington State Lead

Division of Program Operations – West | Medicaid & CHIP Operations Group

Center for Medicaid & CHIP Services | Centers for Medicare & Medicaid Services

Email:Edwin.Walaszek1@cms.hhs.gov

**From:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>

**Sent:** Friday, March 24, 2023 5:19 PM

**To:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>

**Cc:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>; Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>

**Subject:** RE: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Edwin – I can discuss with our team on Monday, but many of our folks (including Rebecca) are traveling on Monday. So, reviewing and providing formal feedback by 3/28 will likely not be possible. I can circle with our team on Monday and see if we have any high-level comments, but I can't guarantee what we can provide without additional details from the state. Is the attached document what the state is asking CMS to review? If so, is this draft legislation? CMS does not normally comment directly on a state's proposed legislation, but we can offer the state technical assistance. Again, I can circle with the team on Monday and see what high-level technical assistance we can provide under the timing being offered by the state. It might be helpful for the state to send over technical questions that our team can review.

I hope this helps!

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: 410-786-5545

E-mail: [John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)

**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>

**Sent:** Friday, March 24, 2023 5:09 PM

**To:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>

**Cc:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>

**Subject:** WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

**Importance:** High

Thank you John I appreciate that, I know next week will be difficult because of the meetings in Baltimore, especially since they are requesting a review by 3/28.

I took a look at your schedules for Monday and Rebecca will be OOO.

Do we need to necessarily have a call, or can the review and questions be conducted via email? They want this information Tuesday for their legislature.

Thank you,

**Edwin Walaszek**

Washington State Lead

Division of Program Operations – West | Medicaid & CHIP Operations Group

Center for Medicaid & CHIP Services | Centers for Medicare & Medicaid Services

Email:Edwin.Walaszek1@cms.hhs.gov

**From:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>

**Sent:** Friday, March 24, 2023 5:01 PM

**To:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>

**Cc:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>; Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>

**Subject:** RE: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Hi Edwin – thanks! I think we can start with DMCP (please include Rebecca Burch Mack, Laura Snyder, and myself). We will ensure our other team members attend as well. If the state needs to address specific IGT questions, I will note that FMG is best positioned to answer those questions. I will also note that our teams are traveling next week to Baltimore for onsite meetings with MCOG and DEHPG, so I am predicting that scheduling a meeting next week will be difficult, as most of our teams will be in all-day strategic planning meetings on-site.

Thanks for helping us coordinate!

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: 410-786-5545

E-mail: [John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)

**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>

**Sent:** Friday, March 24, 2023 4:56 PM

**To:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>

**Cc:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>

**Subject:** WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

**Importance:** High

Hi John,

Thank you I will certainly do that, they emailed both of us. When I emailed Andrew initially about this he indicated FMG would eventually get pulled into the IGT questions, but as far as transitioning the payments, DMCP is a good starting point.

Questions/Concerns:

Washington state is requesting to transition their existing pass-through program to a directed payment to comply with CMS' requirements to sunset the pass throughs.

The state would like to discuss the expansion of the program, the proposed tiers for payment of assessment and the addition of an intergovernmental transfer program to fund a directed payment and an overall general discussion on permissibility of these items.

They are looking for guidance by 3/28/23 the latest.

Should I setup a call with the state and DMCP only, or does FMG need to be on the call for their input. Andrew is out today and if FMG is needed should I contact Rory to see if he can make the call?

Thank you,

**Edwin Walaszek**

Washington State Lead

Division of Program Operations – West | Medicaid & CHIP Operations Group

Center for Medicaid & CHIP Services | Centers for Medicare & Medicaid Services

Email:Edwin.Walaszek1@cms.hhs.gov

**From:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>

**Sent:** Friday, March 24, 2023 4:45 PM

**To:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>

**Cc:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>; Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>

**Subject:** RE: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Hi Edwin – it does seem like emails are crossing between multiple teams. 😊

Perhaps it makes the most sense to allow you to coordinate us in the way that makes the most sense. I am happy to help or participate however I can.

Thank you so much!

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: 410-786-5545

E-mail: [John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)

**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>

**Sent:** Friday, March 24, 2023 4:39 PM

**To:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>

**Cc:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>

**Subject:** WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Hi John,

My name is Edwin Walaszek and I am the Washington state lead, I just emailed Laura Snyder and for context I am just forwarding over the states initial request and some background, I know Dr. Fotinos emailed you directly.

Please let me know if I can help in anyway.

Thank you,

**Edwin Walaszek**

Washington State Lead

Division of Program Operations – West | Medicaid & CHIP Operations Group

Center for Medicaid & CHIP Services | Centers for Medicare & Medicaid Services

Email:Edwin.Walaszek1@cms.hhs.gov

**From:** Snyder, Laura (CMS/CMCS) <Laura.Snyder1@cms.hhs.gov>

**Sent:** Friday, March 24, 2023 4:28 PM

**To:** Walaszek, Edwin (CMS/CMCS) <Edwin.Walaszek1@cms.hhs.gov>; Badaracco, Andrew (CMS/CMCS) <Andrew.Badaracco@cms.hhs.gov>

**Subject:** RE: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Hi Edwin,

We've received a separate request today from the state SMD on this topic; we'll follow-up after that meeting about any next steps.

Thanks,  
Laura

**From:** Walaszek, Edwin (CMS/CMCS) <Edwin.Walaszek1@cms.hhs.gov>

**Sent:** Friday, March 24, 2023 4:19 PM

**To:** Snyder, Laura (CMS/CMCS) <Laura.Snyder1@cms.hhs.gov>; Badaracco, Andrew (CMS/CMCS) <Andrew.Badaracco@cms.hhs.gov>

**Subject:** WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*  
**Importance:** High

Good afternoon Laura,

We emailed a few days back, I work in DPO as the Washington state lead, I emailed you regarding a question that was submitted by Washington state and a bill in their legislature. **Washington state is requesting an expedited review of their concerns by Tuesday March 28<sup>th</sup> if possible.**

The bill is expected to be introduced in the next couple of days and their legislative partners are anxious to learn more about the permissibility of the program under CMS rules.

There is a link to a recent news article in Washington that provides some background on this topic?

<https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&cad=rja&uact=8&ved=2ahUKEwibu8-S2-9AhXcMVkFHZwzDROQFnoECAwQAQ&url=https%3A%2F%2Fwww.king5.com%2Farticle%2Fnews%2Fhealth%2Fwsha->

[hospitals-calling-for-increased-medicaid-payments%2F281-dd424f3a-d9e0-49e6-bf7a-eb70590e0124&usg=AOvVaw2GfMqm1iV0kCroAtAFWktf](https://www.wa.gov/hospitals-calling-for-increased-medicaid-payments%2F281-dd424f3a-d9e0-49e6-bf7a-eb70590e0124&usg=AOvVaw2GfMqm1iV0kCroAtAFWktf)

Please let me know how I can help out. I apologize they never indicated this guidance was needed so quickly.

Thank you,

**Edwin Walaszek**

Washington State Lead

Division of Program Operations – West | Medicaid & CHIP Operations Group

Center for Medicaid & CHIP Services | Centers for Medicare & Medicaid Services

Email:Edwin.Walaszek1@cms.hhs.gov

**From:** Cole, Abby (HCA) <[abby.cole@hca.wa.gov](mailto:abby.cole@hca.wa.gov)>

**Sent:** Friday, March 24, 2023 3:52 PM

**To:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>

**Cc:** Fotinos, Charissa (HCA) <[charissa.fotinos@hca.wa.gov](mailto:charissa.fotinos@hca.wa.gov)>

**Subject:** RE: Technical Assistance Request

Yes, that article is about this bill.

Tuesday, March 28<sup>th</sup> would be ideal.

**Abby Cole**

Section Manager, Hospital Finance & Drug Rebate

[Abby.cole@hca.wa.gov](mailto:Abby.cole@hca.wa.gov)

Office: 360-725-1835

She/Her (*why pronouns matter*)

Washington State

Health Care Authority

[hca.wa.gov](http://hca.wa.gov)

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**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>

**Sent:** Friday, March 24, 2023 12:42 PM

**To:** Cole, Abby (HCA) <[abby.cole@hca.wa.gov](mailto:abby.cole@hca.wa.gov)>

**Cc:** Fotinos, Charissa (HCA) <[charissa.fotinos@hca.wa.gov](mailto:charissa.fotinos@hca.wa.gov)>

**Subject:** Technical Assistance Request

**Importance:** High

External Email

**From:** Cole, Abby (HCA) <[abby.cole@hca.wa.gov](mailto:abby.cole@hca.wa.gov)>  
**Sent:** Friday, March 24, 2023 3:32 PM  
**To:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>  
**Cc:** Fotinos, Charissa (HCA) <[charissa.fotinos@hca.wa.gov](mailto:charissa.fotinos@hca.wa.gov)>  
**Subject:** RE: Technical Assistance Request

Hello Edwin,

I'm following up on this. Any updates as to when we can expect to be able to have a TA call with CMS? The bill is expected to be introduced in the next couple of days and our legislative partners are anxious to learn more about the permissibility of the program under CMS rules.

Thank you,  
Abby

**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>  
**Sent:** Wednesday, March 22, 2023 12:29 PM  
**To:** Cole, Abby (HCA) <[abby.cole@hca.wa.gov](mailto:abby.cole@hca.wa.gov)>  
**Subject:** RE: Technical Assistance Request

External Email

Thanks very much Abby

Thank you,

**Edwin Walaszek**

Washington State Lead

Division of Program Operations – West | Medicaid & CHIP Operations Group

Center for Medicaid & CHIP Services | Centers for Medicare & Medicaid Services

Email:[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)

**From:** Cole, Abby (HCA) <[abby.cole@hca.wa.gov](mailto:abby.cole@hca.wa.gov)>  
**Sent:** Wednesday, March 22, 2023 1:08 PM  
**To:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>  
**Cc:** Klein, Evan (HCA) <[evan.klein@hca.wa.gov](mailto:evan.klein@hca.wa.gov)>; Atkinson, Megan M. (HCA) <[megan.atkinson@hca.wa.gov](mailto:megan.atkinson@hca.wa.gov)>; Lucero, Catrina (HCA) <[catrina.lucero@hca.wa.gov](mailto:catrina.lucero@hca.wa.gov)>  
**Subject:** RE: Technical Assistance Request

Thank you.

We are looking to transition our existing pass-through program to a directed payment to comply with CMS' requirements to sunset the pass throughs.

The state would like to discuss the expansion of the program, the proposed tiers for payment of assessment and the addition of an intergovernmental transfer program to fund a directed payment.



We are hoping for an overall general discussion on permissibility of those items.

Thank you,

**Abby Cole**

Section Manager, Hospital Finance

[Abby.cole@hca.wa.gov](mailto:Abby.cole@hca.wa.gov)

Office: 360-725-1835

Pronouns: she/her

Wash.  
Health

Authoria

[hca.wa.gov](http://hca.wa.gov)

Connect with us

**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>

**Sent:** Thursday, March 16, 2023 3:19 PM

**To:** Cole, Abby (HCA) <[abby.cole@hca.wa.gov](mailto:abby.cole@hca.wa.gov)>

**Cc:** Klein, Evan (HCA) <[evan.klein@hca.wa.gov](mailto:evan.klein@hca.wa.gov)>; Atkinson, Megan M. (HCA) <[megan.atkinson@hca.wa.gov](mailto:megan.atkinson@hca.wa.gov)>; Lucero, Catrina (HCA) <[catrina.lucero@hca.wa.gov](mailto:catrina.lucero@hca.wa.gov)>

**Subject:** Technical Assistance Request

External Email

Good afternoon Abby and team:

Thank you for submitting this request, I am reaching to out the team to see if they have any preliminary questions and I will follow up with some available time .

Thank you,

**Edwin Walaszek**

Washington State Lead

Division of Program Operations – West | Medicaid & CHIP Operations Group

Center for Medicaid & CHIP Services | Centers for Medicare & Medicaid Services

Email:[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)

**From:** Cole, Abby (HCA) <[abby.cole@hca.wa.gov](mailto:abby.cole@hca.wa.gov)>

**Sent:** Thursday, March 16, 2023 2:09 PM

**To:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>

**Cc:** Klein, Evan (HCA) <[evan.klein@hca.wa.gov](mailto:evan.klein@hca.wa.gov)>; Atkinson, Megan M. (HCA) <[megan.atkinson@hca.wa.gov](mailto:megan.atkinson@hca.wa.gov)>; Lucero, Catrina (HCA) <[catrina.lucero@hca.wa.gov](mailto:catrina.lucero@hca.wa.gov)>

**Subject:** Technical Assistance Request

Hello Edwin,

I'm attaching a draft of a proposed bill for a revised hospital assessment in Washington State. I'm hoping you can help me get something scheduled with the right individuals so we can discuss the permissibility of the proposed changes.

Thank you,

**Abby Cole**

Section Manager, Hospital Finance & Drug Rebate

[Abby.cole@hca.wa.gov](mailto:Abby.cole@hca.wa.gov)

Office: 360-725-1835

She/Her (*why pronouns matter*)

Washington State  
Health Care Authority

[hca.wa.gov](http://hca.wa.gov)

**Connect with us**

**From:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>  
**Sent:** Wednesday, March 22, 2023 4:00 PM  
**To:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>;  
CMS State Directed Payment <[StateDirectedPayment@cms.hhs.gov](mailto:StateDirectedPayment@cms.hhs.gov)>  
**Cc:** Caulder, Tara (CMS/CMCS) <[Tara.Caulder@cms.hhs.gov](mailto:Tara.Caulder@cms.hhs.gov)>; Kivisaari,  
John (CMS/CMCS) <[John.Kivisaari@cms.hhs.gov](mailto:John.Kivisaari@cms.hhs.gov)>  
**Subject:** RE: Technical Assistance-WA-WSHA Safety Net Draft

Hi Edwin,

Thanks for sharing and you've hit the right place. I've included our state directed payment mailbox on the email thread. For SDPs, Tara Caulder is our WA lead. I've also cc'ed John Kivisaari, the DMCO lead for WA, for awareness.

Let us take a look at this and follow-up with you on next steps.

Thanks,  
Laura

**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>  
**Sent:** Wednesday, March 22, 2023 3:43 PM  
**To:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>  
**Subject:** Technical Assistance-WA-WSHA Safety Net Draft

Good afternoon Laura,

My name is Edwin Walaszek and I am the CMS Medicaid Washington state lead. I am reaching out to you as I was referred by Andrew

Badaracco, Washington state has submitted a draft bill (attached) that will revise the rating of Washington State Hospitals.

The state is looking to transition their existing pass-through program to a directed payment to comply with CMS' requirements to sunset the pass throughs.

**The state would like to discuss the expansion of the program, the proposed tiers for payment of assessment and the addition of an intergovernmental transfer program to fund a directed payment.**

They are hoping for an overall general discussion on permissibility of those items.

Thank you for any help you can provide, alternatively do you think it would be easier to setup a call with the state to discuss.

Please let me know if there are any other questions or concerns.

Thank you,

**Edwin Walaszek**

Washington State Lead

Division of Program Operations – West | Medicaid & CHIP Operations Group

Center for Medicaid & CHIP Services | Centers for Medicare & Medicaid Services

Email:Edwin.Walaszek1@cms.hhs.gov

**From:** Badaracco, Andrew (CMS/CMCS)

<[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>

**Sent:** Wednesday, March 22, 2023 3:38 PM

**To:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>; Caughey, Tom (CMS/CMCS) <[Tom.Caughey@cms.hhs.gov](mailto:Tom.Caughey@cms.hhs.gov)>; Moreth, James (CMS/CMCS) <[James.Moreth@cms.hhs.gov](mailto:James.Moreth@cms.hhs.gov)>; Knight, Gary (CMS/CMCS) <[Gary.Knight@cms.hhs.gov](mailto:Gary.Knight@cms.hhs.gov)>

**Subject:** RE: Technical Assistance-WA-WSHA Safety Net Draft

Hey Edwin –

Pass-through payments and state-directed payments are DMCP's policy area. Suggest you reach out to Laura Snyder.

Thanks!

**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>

**Sent:** Wednesday, March 22, 2023 3:29 PM

**To:** Caughey, Tom (CMS/CMCS) <[Tom.Caughey@cms.hhs.gov](mailto:Tom.Caughey@cms.hhs.gov)>; Moreth, James (CMS/CMCS) <[James.Moreth@cms.hhs.gov](mailto:James.Moreth@cms.hhs.gov)>; Knight, Gary (CMS/CMCS) <[Gary.Knight@cms.hhs.gov](mailto:Gary.Knight@cms.hhs.gov)>; Badaracco, Andrew

(CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>

**Subject:** Technical Assistance-WA-WSHA Safety Net Draft

Hi Tom and team:

Thanks Tom, so I reached out to the state for some more specifics on their TA request regarding the draft by the legislature regarding the WSHA Safety Net draft.

The state is looking to transition their existing pass-through program to a directed payment to comply with CMS' requirements to sunset the pass throughs.

**The state would like to discuss the expansion of the program, the proposed tiers for payment of assessment and the addition of an intergovernmental transfer program to fund a directed payment.**

They are hoping for an overall general discussion on permissibility of those items.

Please let me know if there are any other questions or concerns.

Thank you,

**Edwin Walaszek**

Washington State Lead

Division of Program Operations – West | Medicaid & CHIP Operations Group

Center for Medicaid & CHIP Services | Centers for Medicare & Medicaid Services

Email: [Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)

**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>

**Sent:** Friday, March 17, 2023 11:38 AM

**To:** Caughey, Tom (CMS/CMCS) <[Tom.Caughey@cms.hhs.gov](mailto:Tom.Caughey@cms.hhs.gov)>; Moreth, James (CMS/CMCS) <[James.Moreth@cms.hhs.gov](mailto:James.Moreth@cms.hhs.gov)>; Knight, Gary (CMS/CMCS) <[Gary.Knight@cms.hhs.gov](mailto:Gary.Knight@cms.hhs.gov)>; Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>

**Subject:** RE: Technical Assistance-WA-WSHA Safety Net Draft

Good morning Tom,

Thank you, I will reach out to the state for more specifics.

Thank you,

**Edwin Walaszek**

Washington State Lead

Division of Program Operations – West | Medicaid & CHIP Operations Group

Center for Medicaid & CHIP Services | Centers for Medicare & Medicaid Services

Email:Edwin.Walaszek1@cms.hhs.gov

**From:** Caughey, Tom (CMS/CMCS) <Tom.Caughey@cms.hhs.gov>  
**Sent:** Friday, March 17, 2023 11:23 AM  
**To:** Walaszek, Edwin (CMS/CMCS) <Edwin.Walaszek1@cms.hhs.gov>; Moreth, James (CMS/CMCS) <James.Moreth@cms.hhs.gov>; Knight, Gary (CMS/CMCS) <Gary.Knight@cms.hhs.gov>; Badaracco, Andrew (CMS/CMCS) <Andrew.Badaracco@cms.hhs.gov>  
**Subject:** RE: Technical Assistance-WA-WSHA Safety Net Draft

Hi Edwin,

Could the state please send questions they have before the call? Also, if they provide a little background on why they are making the changes could help. Thanks.

Tom Caughey, Funding Specialist  
Centers for Medicare & Medicaid Services  
Financial Management Group  
Division of Reimbursement Review

Federal Building  
Suite 208  
315 West Allegan  
Lansing, MI 48933  
517-487-8598

**From:** Walaszek, Edwin (CMS/CMCS) <Edwin.Walaszek1@cms.hhs.gov>  
**Sent:** Thursday, March 16, 2023 6:18 PM  
**To:** Moreth, James (CMS/CMCS) <James.Moreth@cms.hhs.gov>; Caughey, Tom (CMS/CMCS) <Tom.Caughey@cms.hhs.gov>; Knight, Gary (CMS/CMCS) <Gary.Knight@cms.hhs.gov>; Badaracco, Andrew (CMS/CMCS) <Andrew.Badaracco@cms.hhs.gov>  
**Subject:** Technical Assistance-WA-WSHA Safety Net Draft

Hello DRR team:

I am reaching out to the team because Washington state has submitted a draft bill (attached) that will revise the rating of Washington State Hospitals. The state is requesting to speak with CMS to discuss the acceptability of the proposed changes.

Are any questions or concerns I can help clarify with the state before scheduling some time with them?

Thank you,

Edwin Walaszek  
Washington State Lead  
Division of Program Operations – West | Medicaid & CHIP  
Operations Group  
Center for Medicaid & CHIP Services | Centers for Medicare &  
Medicaid Services  
Email:Edwin.Walaszek1@cms.hhs.gov

Message

---

**From:** Badaracco, Andrew (CMS/CMCS) (b)(6)  
(b)(6)  
**Sent:** 3/29/2023 2:24:56 PM  
**To:** Endelman (he/him), Jonathan (CMS/CMCS) [jonathan.endelman@cms.hhs.gov]; Goldstein, Stuart (CMS/CMCS) [stuart.goldstein@cms.hhs.gov]  
**CC:** Howe, Rory (CMS/CMCS) [rory.howe@cms.hhs.gov]  
**Subject:** RE: RE: Washington Documents

Thanks, Jonathan –

I think that's my point. I'm saying that in FFS, we wouldn't allow such arrangements, but since Managed Care may have other rules, and it sounds like they do, DRP would otherwise defer to DMCP to make that decision on whether or not MCOs are able to keep a portion of a state directed payment intended for the hospitals.

**From:** Endelman (he/him), Jonathan (CMS/CMCS) <Jonathan.Endelman@cms.hhs.gov>  
**Sent:** Wednesday, March 29, 2023 7:45 AM  
**To:** Badaracco, Andrew (CMS/CMCS) <Andrew.Badaracco@cms.hhs.gov>; Goldstein, Stuart (CMS/CMCS) <STUART.GOLDSTEIN@cms.hhs.gov>  
**Cc:** Howe, Rory (CMS/CMCS) <Rory.Howe@cms.hhs.gov>  
**Subject:** RE: Washington Documents

42 CFR § 438.5(e) says that (e) Non-benefit component of the rate. The development of the non-benefit component of the rate must include reasonable, appropriate, and attainable expenses related to MCO, PIHP, or PAHP administration, taxes, licensing and regulatory fees, contribution to reserves, risk margin, cost of capital, and other operational costs associated with the provision of services identified in § 438.3(c)(1)(ii) to the populations covered under the contract." Presumably, this would include health care-related taxes.

In October 2014, CMS released guidance on how MCOs should account for a tax that Section 9010 of the Affordable Care Act imposed on all insurance companies. This was known as the Health Insurance Provider Fee (HIPF). President Trump signed the Consolidated Appropriations Act of 2020 on December 20, 2019, that repealed the HIPF.

*Q1: How should states account for the cost of the Health Insurance Providers Fee in their actuarially sound capitation rates?*

*A1: States and their actuaries have flexibility in incorporating the Health Insurance Providers Fee into the state's managed care capitation rates. This fee is not unlike other taxes and fees that actuaries regularly reflect in developing capitation rates as part of the non-benefit portion of the rate. CMS believes that the Health Insurance Providers Fee is therefore a reasonable business cost to health plans that is appropriate for consideration as part of the non-benefit component of the rate, just as are other taxes and fees.*

I suppose, I had thought the point of this regulation was to enable MCOs to take into account the cost of paying a tax on inpatient hospital services and outpatient hospital services similar to how states say that health care-related taxes are an allowable cost for the facilities that pay them. For example, we have an NF reimbursement SPA for Missouri where they say that their health care-related tax on nursing facilities, the Nursing Facility Reimbursement Allowance, is an allowable cost. They say, "Nursing Facility Reimbursement Allowance (NFRA). Effective October 1, 1996, the fee assessed to nursing facilities in the state of Missouri for the privilege of doing business in the state will be an allowable cost." I thought that this worked the same way. They account for the **hospital's** cost of paying the **hospital tax** while developing the capitation rate that the MCO pays to the hospital.

However, here it is the **MCO's** tax cost when developing the capitation rate that the MCO pays the hospital. I suppose that would be consistent with the regulation at 42 CFR § 438.5(e) and the guidance that we released in 2014, that both talk about taxes that the **MCO** must pay not taxes that the **hospital** must pay.

When the state makes a claim on the CMS-64 for a medical assistance expenditure they make under fee-for-service, they are claiming the actual dollar amount that they spent to provide medical services to an eligible beneficiary. When the state makes a claim on the CMS-64 for a medical assistance expenditure, they are making a claim for the total amount of capitation payments that they made to provide medical services to an eligible beneficiary, which is not necessarily the same thing as the amount of money that it cost to treat the beneficiary. Therefore, I believe what matters for the purposes of managed care is if the capitation rate that the state pays to the MCO is actuarially sound. The close connection that you have between a service being provided and the state paying for that service to be provided that you have under fee-for-service is completely different under managed care. I would defer to DMCP to ask if this practice would be allowable or not allowable.

From the perspective of health care-related taxes and hold harmless consideration, I don't necessarily see a problem since it is a percentage and not a flat dollar amount. Since the SDP is, by its nature, tied to Medicaid expenditures, because the state only pays the MCO for Medicaid services to be provided and not other services, any flat percentage could not give low-Medicaid utilization MCOs a bigger break than high Medicaid utilization MCOs, which is what we are concerned about. So I don't think that there appears to be a problem from a hold harmless perspective. And, now that I think about it, it's not so unusual for MCOs to account for the cost of paying taxes when developing their rates. We have a regulation that explicitly tells them to do that because it is actuarially sound.

Best,

Jonathan

Jonathan Endelman, PhD  
Social Science Research Analyst  
Centers for Medicare & Medicaid Services (CMS)  
Center for Medicaid and CHIP Services (CMCS)  
Financial Management Group (FMG)  
Division of Financial Policy (DFP)  
410.786.4738  
[jonathan.endelman@cms.hhs.gov](mailto:jonathan.endelman@cms.hhs.gov)  
7500 Security Blvd.  
Mail Stop, S3-14-28  
Baltimore, MD 21244-1850

**From:** Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>

**Sent:** Tuesday, March 28, 2023 4:31 PM

**To:** Endelman (he/him), Jonathan (CMS/CMCS) <[Jonathan.Endelman@cms.hhs.gov](mailto:Jonathan.Endelman@cms.hhs.gov)>; Goldstein, Stuart (CMS/CMCS) <[STUART.GOLDSTEIN@cms.hhs.gov](mailto:STUART.GOLDSTEIN@cms.hhs.gov)>

**Cc:** Howe, Rory (CMS/CMCS) <[Rory.Howe@cms.hhs.gov](mailto:Rory.Howe@cms.hhs.gov)>

**Subject:** RE: Washington Documents

To me, the issue is that the MCO is retaining payment intended for the provider with FFP being drawn on the premise of an approved Medicaid state directed payment, then the provider is receiving *less* than amount the state claimed was being paid and matched with FFP. I can't speak to this as a payment policy for DMCP, but if this were FFS, we would say that that FFP matching the amount retained by the MCO (withheld from the providers) is unallowable.



If DMCP has a different read on direct payment policy, and they may very well have a different read since all payments run through the MCO, then it's their call how to proceed. In my mind, if the provider receives 100% of the non-federal and federal share of the payment and the MCO receives a separate payment equal to 2% of the payment amount funded with state-only funds, we wouldn't really have an opinion about it.

**From:** Endelman (he/him), Jonathan (CMS/CMCS) <[Jonathan.Endelman@cms.hhs.gov](mailto:Jonathan.Endelman@cms.hhs.gov)>  
**Sent:** Tuesday, March 28, 2023 4:22 PM  
**To:** Goldstein, Stuart (CMS/CMCS) <[STUART.GOLDSTEIN@cms.hhs.gov](mailto:STUART.GOLDSTEIN@cms.hhs.gov)>; Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>  
**Cc:** Howe, Rory (CMS/CMCS) <[Rory.Howe@cms.hhs.gov](mailto:Rory.Howe@cms.hhs.gov)>  
**Subject:** RE: Washington Documents

My understanding is that this would be a flat 2% withhold for the MCO. It would not vary based on Medicaid utilization. So every MCO would retain 2% of the payment and pass on 98% of the payment regardless of how much Medicaid it had or did not have. Obviously, MCOs with no Medicaid business at all would not get any SDPs, so the issue would be moot for them. But if you had two MCOs, MCO A and MCO B. MCO A had 90% Medicaid member months. MCO B had 10% Medicaid member months. MCO A receives a payment of \$100 because it has a lot of Medicaid member months. MCO B receives a payment of \$10 because it has fewer Medicaid member months. Both MCOs would be allowed to retain 2% of the payment. SO that would be \$2 in the case of MCO A and \$0.02 in the case of MCO B. I guess that would be allowable? Since the MCO with a lot of member months receives a bigger discount than the MCO with fewer member months. I know that MCOs are allowed to build into the rates the cost of health care-related taxes. I guess this makes it okay? As long as it is okay with DMCP? I just don't think I have seen anything exactly like this before.

Best,

Jonathan Endelman, PhD  
Social Science Research Analyst  
Centers for Medicare & Medicaid Services (CMS)  
Center for Medicaid and CHIP Services (CMCS)  
Financial Management Group (FMG)  
Division of Financial Policy (DFP)  
410.786.4738  
[jonathan.endelman@cms.hhs.gov](mailto:jonathan.endelman@cms.hhs.gov)  
7500 Security Blvd.  
Mail Stop, S3-14-28  
Baltimore, MD 21244-1850

**From:** Endelman (he/him), Jonathan (CMS/CMCS)  
**Sent:** Tuesday, March 28, 2023 4:00 PM  
**To:** Goldstein, Stuart (CMS/CMCS) <[STUART.GOLDSTEIN@cms.hhs.gov](mailto:STUART.GOLDSTEIN@cms.hhs.gov)>  
**Cc:** Howe, Rory (CMS/CMCS) <[Rory.Howe@cms.hhs.gov](mailto:Rory.Howe@cms.hhs.gov)>  
**Subject:** Washington Documents

Please see attached for the Washington documents requested.

Best,

Jonathan

Jonathan Endelman, PhD  
Social Science Research Analyst

Centers for Medicare & Medicaid Services (CMS)

Center for Medicaid and CHIP Services (CMCS)

Financial Management Group (FMG)

Division of Financial Policy (DFP)

410.786.4738

[jonathan.endelman@cms.hhs.gov](mailto:jonathan.endelman@cms.hhs.gov)

7500 Security Blvd.

Mail Stop, S3-14-28

Baltimore, MD 21244-1850

Message

---

**From:** Burke, Sherry Lynn (HHS/OGC) [SherryLynn.Burke@hhs.gov]

**Sent:** 4/28/2023 12:19:54 PM

**To:** Giles, John (CMS/CMCS); (b)(6)

**CC:**

(b)(6)

Burns, Amanda Paige

; Gentile, Amy

Snyder, Laura

Giles, John (CMS/CMCS)

**Subject:** RE: RE: [FR] Public Inspection Documents from Centers for Medicare & Medicaid Services

**Attachments:** OMB Severability Memo -- March 23 2023 (005).pdf

Thanks John.

(b)(5)

Best,  
Sherry Lynn

**From:** Giles, John (CMS/CMCS) <John.Giles1@cms.hhs.gov>

**Sent:** Friday, April 28, 2023 7:02 AM

**To:** Burke, Sherry Lynn (HHS/OGC) <SherryLynn.Burke@hhs.gov>; Burns, Amanda Paige (CMS/CMCS) <AmandaPaige.Burns@cms.hhs.gov>; Gentile, Amy (CMS/CMCS) <Amy.Gentile@cms.hhs.gov>; Snyder, Laura (CMS/CMCS) <Laura.Snyder1@cms.hhs.gov>

**Cc:** Kosin, Donald (HHS/OGC) <Donald.Kosin@HHS.GOV>; Giles, John (CMS/CMCS) <John.Giles1@cms.hhs.gov>

**Subject:** RE: [FR] Public Inspection Documents from Centers for Medicare & Medicaid Services

Thank you Sherry Lynn and Don for everything you do to make our rules the best. ☺ Have a wonderful weekend!

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: 410-786-5545

E-mail: [John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)

**From:** Burke, Sherry Lynn (HHS/OGC) <[SherryLynn.Burke@hhs.gov](mailto:SherryLynn.Burke@hhs.gov)>

**Sent:** Thursday, April 27, 2023 4:55 PM

**To:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>; Burns, Amanda Paige (CMS/CMCS) <[AmandaPaige.Burns@cms.hhs.gov](mailto:AmandaPaige.Burns@cms.hhs.gov)>; Gentile, Amy (CMS/CMCS) <[Amy.Gentile@cms.hhs.gov](mailto:Amy.Gentile@cms.hhs.gov)>; Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>

**Cc:** Kosin, Donald (HHS/OGC) <[Donald.Kosin@HHS.GOV](mailto:Donald.Kosin@HHS.GOV)>

**Subject:** FW: [FR] Public Inspection Documents from Centers for Medicare & Medicaid Services

Congrats on the NPRM going out.

**From:** Federal Register Subscriptions <[subscriptions@mail.federalregister.gov](mailto:subscriptions@mail.federalregister.gov)>

**Sent:** Thursday, April 27, 2023 4:17 PM

**To:** Burke, Sherry Lynn (HHS/OGC) <[SherryLynn.Burke@hhs.gov](mailto:SherryLynn.Burke@hhs.gov)>

**Subject:** [FR] Public Inspection Documents from Centers for Medicare & Medicaid Services



*subscription results for Thursday, April 27th, 2023 2 matching public inspection documents*

## Public Inspection Documents from Centers for Medicare & Medicaid Services

### **MATCHING SPECIAL FILINGS**

Special Filing updated at 4:15 PM on Thursday, April 27, 2023

Centers for Medicare & Medicaid Services

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### **Proposed Rules**

**Medicaid Program:**

**Ensuring Access to Medicaid Services**

Filed on: 04/27/2023 at 4:15 pm  
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# Medicaid and Children's Health Insurance Program Managed Care Access, Finance, and Quality

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Message

**From:** hillarie643@aol.com [hillarie643@aol.com]  
**Sent:** 2/28/2023 10:00:19 PM  
**To:** elizabeth.ritchter@cms.hhs.gov; Tsai, Daniel (CMS/CMCS); (b)(6);  
(b)(6); Rice, Cheri (CMS/CM)  
anne.costello@cms.hhs.gov; Vitolo, Sara; (b)(6)  
aditi.mallick@cms.hhs.gov; (b)(6)  
**Subject:** continued refusal of GI treatment  
**Attachments:** image0.jpeg

Attention:  
Medicare

Healthnet/Optum/Wellcare threatened to drop me from their insurance do to my valid complaints of constantly delaying and refusing care. Please refer to emails and picture of wound below.

----- Forwarded Message -----

**From:** hillarie643@aol.com <hillarie643@aol.com>  
**To:** dana.g.webb@healthnet.com <dana.g.webb@healthnet.com>; brian.ternan@healthnet.com <brian.ternan@healthnet.com>; christy.bosse@healthnet.com <christy.bosse@healthnet.com>; hany.farid@optumcare.com <hany.farid@optumcare.com>; anat.hakim@wellcare.com <anat.hakim@wellcare.com>; derek.chao@optumcare.com <derek.chao@optumcare.com>; daniel.tsai@medicare.gov <daniel.tsai@cms.gov>; john.prince@optum.com <john.prince@optum.com>; Emma L. Jones <emma.jones@optum.com>; exec-esc@healthnet.com <exec-esc@healthnet.com>; kenneth.burdick@wellcare.com <kenneth.burdick@wellcare.com>; Katie R. Gillis <katie.gillis@optum.com>  
**Sent:** Tuesday, February 28, 2023 at 08:56:30 AM PST  
**Subject:** Update: continued refusal of GI treatment

RE: Update

In response to this complaint, Antonio from Healthnet (818-756-25200) advised me to go elsewhere!!! He stated that due to the disconnect with my care the Medical Directors suggested this!!!

Please note, Healthnet/Optum/Wellcare have a fiduciary duty to abide by this Medicare contract and ensure I do not have to continue to endure pain and suffering related to lack of care!

Attention:  
Healthnet/Optum/Wellcare

I endured the Podiatrist leaving part of a nail in my toe, forcing me to visit the ER multiple times as I fought for care, then refusal of the Dermatologist to treat and biopsy a cancerous lesion on my leg, forcing me to again fight for care, resulting in a nine month delay of cancer surgery, and a large gaping hole where I continue to have wound care, which I also fought for. (bottom picture)

Now I again must endure pain as I fight for care for intermittent diarrhea and vomiting I have suffered for over one year, resulting in a 20 pound weight loss and weakness. I went to Holly Cross ER and because it was intermittent, they triaged me as not being an emergency and I left after 5 hours. GI physician, Dr Patel ordered c-diff testing and lab work which came back normal. His voice message from yesterday stated "I had a virus which I got on the cruise, go to the ER if necessary, and keep taking Immodium," in response to me not needing an appointment. Please note, the visit with Dr. Patel was prior to the cruise!! Frammie Delarosa, my case worker, was also trying to assist me but ran into the same roadblocks; a non-working message machine, the Simi Valley office telling patients "they called the Granada Hills office

and it works so keep trying." Frammie was able to obtain another GI authorization, Dr. Rivera in Mission Hills, but they have a message machine which they haven't responded to for two days. Frammie just informed me, after many unsuccessful calls, she does not think Dr. Rivera's office will respond and she is now trying to contact Dr. Patel's office again.

Due to the weakness from worsening vomiting and diarrhea which is now sometimes yellow, I fell on my left shoulder two days ago, which I had prior surgery, and now suffer from pain and limited range of motion.

My dog is currently hospitalized due to severe pancreatitis and I envy the level of care she is receiving. Perhaps Healthnet/Optum/Wellcare can follow their example of excellent care by immediately addressing and treating medical complaints instead of consistently ignoring patients until the situation is critical.

It is elder abuse to ignore medical complaints which will only result in continued suffering, weakness and falls.

Hillarie Levy  
Wellcare by Healthnet  
MR# C40227589-01

12750 Willard Street  
North Hollywood, CA 91605  
818-308-7994

4x4 wound, to the bone, as a result of refusal and delay in removing cancer.

Message

**From:** Coney, Lillie [Lillie.Coney@mail.house.gov]  
**Sent:** 4/20/2023 9:47:43 PM  
**To:** 'secretary@hhs.gov' [secretary@hhs.gov]; Mccluskie, Sean (HHS/IOS); (b)(6)  
(b)(6)  
(b)(6) Brooks-LaSure,  
Chiquita (CMS/OA); (b)(6)  
(b)(6) ]; Woronoff, Arielle  
(b)(6) ]; Tsai, Daniel (CMS/CMCS)  
**CC:** Coney, Lillie [Lillie.Coney@mail.house.gov]; Arceo, Amy [Amy.Arceo@mail.house.gov]  
**Subject:** Texas Congressional Delegation Letter on the CMS Informational Bulletin (the "Bulletin") entitled "Health Care-Related Taxes and Hold Harmless Arrangements Involving the Redistribution of Medicaid Payments"  
**Attachments:** Texas Delegation CMS Letter on the Bulletin on Health Care-Related Taxes and Hold Harmless Arrangements Involving the Redistribution of Medicaid Payments.pdf

April 19, 2023

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

The Honorable Chiquita Brooks-LaSure  
Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
Hubert H. Humphrey Building  
200 Independence Avenue, SW  
Washington, DC 2021

The Honorable Daniel Tsai  
The Deputy Administrator and Director  
Center for Medicaid and CHIP Services  
Centers for Medicare and Medicaid Services  
U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Washington, DC 20201

Dear Secretary Becerra, Administrator Brooks-LaSure, and Deputy Administrator and Director Tsai:

As members of the Texas Congressional Delegation, we have worked with President Biden and with you to improve access to care for all Americans, regardless of income or need. We applaud the Department of Health and Human Services ("HHS") for its dedication to sustaining and strengthening the health care safety net. The Administration's investment in the Medicaid program is invaluable, particularly as we transition out of a global public health emergency. We share the Administration's commitment to supporting our most vulnerable communities and stand ready to assist with your agency's laudable efforts.

However, while we closely align with your mission, we are deeply concerned by the Informational Bulletin (the "Bulletin") entitled "Health Care-Related Taxes and Hold Harmless Arrangements Involving the Redistribution of Medicaid Payments", which was released by the Centers for Medicare & Medicaid Services ("CMS") on February 17, 2023. The Bulletin echoes many of the themes of the



Medicaid Fiscal Accountability Regulation (“MFAR”) proposed in 2019. The Bulletin specifically revives the agency’s attempts to assert its jurisdiction over wholly private arrangements between hospitals, lacking any state involvement.

As you may recall, the MFAR proposed rule received such strong bipartisan opposition that President Trump’s Administration initiated its withdrawal. President Biden also noted his opposition to MFAR as part of his campaign platform, followed by HHS taking quick action to withdraw the proposed rule in January 2021. Like President Biden, we recognized the existential threat the proposed policies posed to our communities’ hospitals and the Medicaid beneficiaries they serve, prompting us to introduce bipartisan legislation that would have halted any implementation of the MFAR proposed rule.

It is clear, however, that some within CMS continue to push the MFAR agenda despite its withdrawal and the agency lacking the authority to set forth such provider tax policies. In fact, the Office of Inspector General (“OIG”) previously opined that there are no regulations to preclude this type of arrangement. Moreover, when CMS raised this issue last year in federal court, a federal judge in Texas reasoned that CMS’s legal position was not at all in line with the Medicaid statute. In short, the Bulletin is a significant and inappropriate shift in policy by CMS that is inconsistent with current law and the agency’s own history of enforcement action.

A policy shift of this significance threatens not only the most vulnerable citizens of our home state, but Medicaid beneficiaries across the country. We question what good this policy shift will have for the health care safety net and how it will ensure equitable access to care for patients. In the nearly four years since CMS first announced its MFAR proposal, not a single time has CMS staff been able to quantify the impact or assure us that this policy will not disrupt equitable access to care.

Moreover, we wish to emphasize that the local provider taxes under attack serve a critical purpose: they provide an avenue for hospitals that have historically struggled to gain access to much-needed supplemental Medicaid payments. This path is a lifeline for hospitals along the southern border and in the 89 Texas counties where non-governmental hospitals are the primary providers for Medicaid patients—areas where Medicaid beneficiaries already have limited access to care. Absent the local financing mechanism, these hospitals, and the patients they serve once again face disenfranchisement.

For these reasons, we ask CMS to withdraw the Bulletin and refrain from seeking to enforce it until the agency can determine the impact it will have on the providers serving our Medicaid beneficiaries. Unless we understand how this policy enhances, rather than reduces equitable access to care, we will continue in our efforts to oppose the agency’s policies.

Thank you for your attention to this very important matter.

Very Truly Yours

Sheila Jackson Lee  
Member of Congress

Colin Allred  
Member of Congress

Joaquin Castro  
Member of Congress

Jasmine Crockett  
Member of Congress

Henry Cuellar  
Member of Congress

Marc A. Veasey  
Member of Congress

Vincent Gonzalez  
Member of Congress

Regards,  
Lillie Coney  
Chief of Staff  
Congresswoman Sheila Jackson Lee (TX-18)  
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Washington, DC 20515  
(202) 225-3816  
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Lillie.Coney@mail.house.gov

Message

**From:** Snyder, Laura (CMS/CMCS) (b)(6)  
**Sent:** 3/29/2023 4:10:56 PM (b)(6)  
**To:** Endelman (he/him), Jonathan (CMS/CMCS) (b)(6); Badaracco, Andrew; Goldstein, Stuart  
**CC:** Giles, John (CMS/CMCS) (b)(6)  
**Subject:** RE: RE: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Hi Jonathan,

Sorry for delays in responding – DE and MCOG have onsite meetings this week in addition to showstopper comments on the NPRM.

I appreciate you all sharing information; going back down to the 3 items you described in the email from yesterday at 4:11pm, we defer to you all on items 1 and 3. On item 2, there is no requirement that 100% of the SDP be passed on to the providers. As you flagged in the regulations in 438, capitation rate development needs to account for the cost of delivering services and appropriate admin costs, including licensing fees, taxes, etc. This also extends to SDPs – whether they are incorporated into the capitation rate or are paid through a separate payment term. In fact, we know that some states do permit plans to keep a portion of the separate payment term for admin costs. That is why the NPRM is proposing to have states report in a separate line item the spending on SDPs in their MLR, which will require plans to identify the portion of payments to plans for SDPs (whether the SDP is incorporated into capitation rate development or paid through a separate payment term) that is for benefit/services vs. admin costs.

I hope that helps. Please let us know how we can help further.

Thanks,  
Laura

**From:** Endelman (he/him), Jonathan (CMS/CMCS) <Jonathan.Endelman@cms.hhs.gov>  
**Sent:** Wednesday, March 29, 2023 11:59 AM  
**To:** Badaracco, Andrew (CMS/CMCS) <Andrew.Badaracco@cms.hhs.gov>; Snyder, Laura (CMS/CMCS) <Laura.Snyder1@cms.hhs.gov>; Goldstein, Stuart (CMS/CMCS) <STUART.GOLDSTEIN@cms.hhs.gov>  
**Cc:** Giles, John (CMS/CMCS) <John.Giles1@cms.hhs.gov>  
**Subject:** RE: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Laura,

I wanted to be in touch again. I have an update from Rory's call with Washington yesterday from Stuart. Stuart said that Rory said that the State Medicaid agency expressed concern to him that there may be issues with provider pooling and redistribution of Medicaid payments along the lines of what we described in our CIB of February 17, 2023 on health care-related taxes. The state Medicaid agency does not want to be on the hook or at risk in terms of financial recoupment from CMS due to the presence of a hold harmless arrangement that would make the assessment on inpatient hospital services an impermissible health care-related tax. He said that he would be having a conversation with Dan about the Washington issue today. There appears to be more to come on this issue. We would like to get more

information from Rory about what specifically the state Medicaid agency's concerns are. So, the focus here appears to be at least as much on what the state Medicaid agency's concerns are related to the possible presence of a hold harmless arrangement with regard to the state's hospital tax as it is on DFP's concerns on the same subject.

With regard to the 2% withhold, we do not think this would necessarily be a problem from a health care-related tax perspective as far as the MCO tax goes. We would defer to DMCP regarding if this would be a problem from a managed care payment perspective as far as the rates being actuarially sound. However, we have come across other regulations, specifically 42 CFR § 438.5(e), and guidance documents that suggest that this is generally allowed in managed care. Please see attached.

We look forward to talking with you.

Best,

Jonathan

Jonathan Endelman, PhD  
Social Science Research Analyst  
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Baltimore, MD 21244-1850

**From:** Endelman (he/him), Jonathan (CMS/CMCS)

**Sent:** Tuesday, March 28, 2023 4:11 PM

**To:** Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>; Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; Goldstein, Stuart (CMS/CMCS) <[STUART.GOLDSTEIN@cms.hhs.gov](mailto:STUART.GOLDSTEIN@cms.hhs.gov)>

**Cc:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>

**Subject:** RE: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Hello Laura,

Just wanted to let you know that I got off the phone with Rory and Stuart. He said that WA explained to us three weeks ago in a call with the SMD and the Health Secretary that the information that we had received regarding the possible existence of a similar arrangement as in Florida was based on incorrect information. Washington stated that they planned on increasing the amount of the hospital tax. Rory said that the assurances they gave to us on the call were sufficient to make sure that there was no specific indications that these types of pooling and redistribution arrangements existed in Washington. He did say that the issue of re-directing a portion of the SDP to pay for the MCO premium tax that Andrew mentioned was concerning. And that there may or may not be an issue on a couple of fronts:

1. The net expenditure issue raised by Andrew. That the state is in effect claiming on the CMS-64 for expenditures that it never had. What makes this more complex is that the state is claiming a rate, or a PMPM on the CMS-64, since this involves managed care and not FFS. They are not claiming for actual expenditures. So the net expenditure issue becomes trickier.
2. Is there any requirement under managed care statute or regulation that says that the MCO must pass on 100% of the SDP to the hospital and cannot retain any portion of it? In the scenario outlined by the state, 98% of the

SDP would be passed on to the hospital and 2% of the SDP would be retained by the MCO to pay the MCO premium assessment. Is this allowed under managed care rules?

3. There is a concern that I mentioned earlier regarding the hold harmless. If the MCOs are allowed to retain some portion of the payments based on their proportion of Medicaid member months, that would probably be allowable from a tax perspective, because we allow states to recognize Medicaid's allowable portion of the tax. If, on the other hand, all MCOs retain a flat 2% of the SDP, that could be viewed as more problematic and could be viewed as a hold harmless.

Rory stated that he has a call at 5:15 p.m. today with Washington.

Best,

Jonathan

Jonathan Endelman, PhD  
Social Science Research Analyst  
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**From:** Endelman (he/him), Jonathan (CMS/CMCS)

**Sent:** Tuesday, March 28, 2023 1:33 PM

**To:** Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>; Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; Goldstein, Stuart (CMS/CMCS) <[STUART.GOLDSTEIN@cms.hhs.gov](mailto:STUART.GOLDSTEIN@cms.hhs.gov)>

**Cc:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>

**Subject:** RE: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Thanks for this Andrew. This certainly sounds strange. It sounds like the state is using the proceeds from one health care-related tax (a tax on inpatient and outpatient hospital services) in order to serve as the basis for paying another health care-related tax (services of managed care organizations). Inpatient hospital services, outpatient hospital services, and services of managed care organizations are all separate permissible classes under Section 1903 (w)(7) of the Social Security Act and 42 CFR 433.56. If this is the case, that could be a hold harmless under Section 1903 (w)(4) and 42 CFR 433.68 (f) because the statute states that a hold harmless occurs where, "The State or other unit of government imposing the tax provides (directly or indirectly) for any payment, offset, or waiver that guarantees to hold taxpayers harmless for any portion of the costs of the tax." If this situation occurs as it is being described, the state may be giving an offset to the managed care organizations to hold them harmless for a portion of the tax, which would not be permissible. It looks like there are multiple, interlocking, complicated, moving parts in the state of Washington when it comes to the relationships between their managed care organizations and their hospitals that we need to get a better idea of understanding in order to know what is going on and if it would be in accordance with the requirements laid out in federal statute and regulation.

Best,

Jonathan

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**From:** Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>  
**Sent:** Tuesday, March 28, 2023 12:26 PM  
**To:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; Goldstein, Stuart (CMS/CMCS) <[STUART.GOLDSTEIN@cms.hhs.gov](mailto:STUART.GOLDSTEIN@cms.hhs.gov)>; Endelman (he/him), Jonathan (CMS/CMCS) <[Jonathan.Endelman@cms.hhs.gov](mailto:Jonathan.Endelman@cms.hhs.gov)>  
**Cc:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>  
**Subject:** RE: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Thanks, Laura – We'll be looking out for follow ups on this.

Copying the email thread with Edwin for reference.

In this particular instance, they didn't say anything as of yet about which entities will be providing an IGT, but we'll be sure to advise on the upcoming drafts/SDPs. One thing to keep in mind, in particular in Edwin's email, they're talking about possibly shaving off some of the Medicaid SDPs and paying that money to the MCOs as an "assessment" of some kind. If there's no FFP involved in the state's payment to the MCO, then we're not super concerned about it. If there *is* FFP mixed into the amounts the MCOs are able to keep, then we would likely say that keeping revenue from a provider payment would not be allowable under 42 CFR 447.10. I don't know if you all have any similar regulations in MCOs, but considering as these are state directed payments, I would think that the whole of the Medicaid payment would be directed to the providers.

**From:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>  
**Sent:** Tuesday, March 28, 2023 8:02 AM  
**To:** Goldstein, Stuart (CMS/CMCS) <[STUART.GOLDSTEIN@cms.hhs.gov](mailto:STUART.GOLDSTEIN@cms.hhs.gov)>; Endelman (he/him), Jonathan (CMS/CMCS) <[Jonathan.Endelman@cms.hhs.gov](mailto:Jonathan.Endelman@cms.hhs.gov)>; Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>  
**Cc:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>  
**Subject:** FW: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*  
**Importance:** High

Hi Jonathan and Stuart,

Sorry to ask for a quick turnaround, but WA is asking for some feedback by COB today. As you'll see in the draft below, we don't have any kind of submission in house at this point. All that's been shared with us is a draft bill in the WA legislature for a new series of payments (SDPs and it looks like some FFS payments as well). We are making clear to the state that CMS doesn't comment on draft legislation, but wanted to give them some level of general TA. In that spirit, are you comfortable with the highlighted bullet that calls out the recent guidance you all put out on hold harmless?

Andrew – I added you as you were on the chain at one point from Edwin in DPO; there is definitely IGT funding involved in the legislation. I suspect this will be one that DMCP and FMG will want to discuss more if the legislation/state moves ahead with the proposal.

Thanks,  
Laura

**From:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>

**Sent:** Monday, March 27, 2023 4:08 PM

**To:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>; Caulder, Tara (CMS/CMCS) <[Tara.Caulder@cms.hhs.gov](mailto:Tara.Caulder@cms.hhs.gov)>

**Subject:** RE: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Draft to share with Edwin; I still need to check with FMG on the link to their guidance:

Hi Edwin –

DMCP has reviewed the email and documents shared by Washington. We recognize the state requested feedback by COB 3/28. We've prepared a written response to share with the state; can you share this with the state?

"Thank you for your request. CMS does not comment on state legislation; however, CMS is happy to provide technical assistance for the state as it drafts submissions for CMS to review and approve, such as state directed payment preprints. While CMS does not currently have a draft SDP proposal before us, we do offer these general pieces of technical assistance as the state considers a future SDP submission:

- CMS is happy to review early drafts of preprint submissions. We have found this useful for both states and CMS as it generally allows CMS to identify any issues early, which may expedite the formal review processes.
- SDPs are reviewed by a federal review team, of which DMCP is one party. While early technical assistance helps to identify issues early, all preprints must go through a formal review process. Issues may be identified during the formal review process that were not identified during technical assistance.
- We strongly encourage states to submit SDPs at least 90 days in advance of the start of the rating period. Barring any notable policy issues, this timing generally allows for the state and CMS to work through the prior approval process, making it easier for states to appropriately incorporate the SDP into their contracts and rates. The later that states submit SDPs, the more likely that the related contracts and rates may be delayed and additional amendments may be needed. We do note that we cannot accept a preprint after the end of the rating period.
- We would also note that there is increased oversight interest in state directed payments, particularly in the financing of the non-federal share. We would recommend that the state consult with the appropriate FMG SMEs for any changing or new financing related to this SDP. We would also flag the following CIB that was published this past February on the use of provider taxes: <https://www.medicaid.gov/federal-policy-guidance/downloads/cib021723.pdf>.
- States must provide CMS with an evaluation plan that would evaluate the effectiveness of the SDP on furthering the goal(s) and objective(s) identified in the state's Medicaid managed care quality strategy. CMS has released guidance on what elements states should include in their evaluation plan – including identifying measure(s) such as those from the Medicaid and CHIP core set, as well as identifying baselines and targets to evaluate the relative success of the SDP. If you have questions about this, we are happy to connect you with our DQHO colleagues for more technical assistance.
- State directed payments must be based on the delivery and utilization of services to Medicaid beneficiaries covered under the contract for the applicable rating period. Therefore, state directed payments must be tied to utilization and delivery of services covered under the contract during the corresponding contract rating period; payment cannot be based solely on historical utilization. We note that the documentation provided to us suggests the use of reconciliation processes, where interim payments would be made based on historical utilization and then reconciled to utilization under the contract. While CMS has approved such models in SDPs historically, we did want to note that CMS and states have found such arrangements to be operationally challenging to implement. There often is increased work for states and plans in administering the interim

payments and then the reconciliation process. We have also seen a number of states implement such payment arrangements and have to submit additional rate certification amendments and contract amendments in light of reconciliations, which can be administratively burdensome and time consuming for both CMS and states.

For more information, we do recommend that you review our more recent guidance on SDPs:

<https://www.medicaid.gov/Federal-Policy-Guidance/Downloads/smd21001.pdf>. If you would like further technical assistance on a draft SDP for submission, please reach out to [statedirectedpayment@cms.hhs.gov](mailto:statedirectedpayment@cms.hhs.gov). We would also like to reiterate that the technical assistance provided above should not be considered CMS signing-off on or commenting on the state's draft legislation.

Thank you"

**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>

**Sent:** Friday, March 24, 2023 5:34 PM

**To:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>

**Cc:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>

**Subject:** WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Hi John,

Thanks very much John for your guidance. Attached is their draft, I will contact Dr. Fotinos to make them aware CMS does not normally comment directly on a state's proposed legislation; their technical questions are noted below:

**Questions/Concerns:**

- **Washington state is requesting to transition their existing pass-through program to a directed payment to comply with CMS' requirements to sunset the pass throughs.**
- **The state would like to discuss the expansion of the program, the proposed tiers for payment of assessment and the addition of an intergovernmental transfer program to fund a directed payment and an overall general discussion on permissibility of these items.**

Please let me know if I can help out in any other way. I will email Dr. Fotinos in the interim.

Thank you,

**Edwin Walaszek**

Washington State Lead

Division of Program Operations – West | Medicaid & CHIP Operations Group

Center for Medicaid & CHIP Services | Centers for Medicare & Medicaid Services

Email:[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)

**From:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>

**Sent:** Friday, March 24, 2023 5:19 PM

**To:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>

**Cc:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>; Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>

**Subject:** RE: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*



Edwin – I can discuss with our team on Monday, but many of our folks (including Rebecca) are traveling on Monday. So, reviewing and providing formal feedback by 3/28 will likely not be possible. I can circle with our team on Monday and see if we have any high-level comments, but I can't guarantee what we can provide without additional details from the state. Is the attached document what the state is asking CMS to review? If so, is this draft legislation? CMS does not normally comment directly on a state's proposed legislation, but we can offer the state technical assistance. Again, I can circle with the team on Monday and see what high-level technical assistance we can provide under the timing being offered by the state. It might be helpful for the state to send over technical questions that our team can review.

I hope this helps!

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: 410-786-5545  
E-mail: [John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)

**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>  
**Sent:** Friday, March 24, 2023 5:09 PM  
**To:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>  
**Cc:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>  
**Subject:** WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*  
**Importance:** High

Thank you John I appreciate that, I know next week will be difficult because of the meetings in Baltimore, especially since they are requesting a review by 3/28.

I took a look at your schedules for Monday and Rebecca will be OOO.

Do we need to necessarily have a call, or can the review and questions be conducted via email? They want this information Tuesday for their legislature.

Thank you,

**Edwin Walaszek**

Washington State Lead  
Division of Program Operations – West | Medicaid & CHIP Operations Group  
Center for Medicaid & CHIP Services | Centers for Medicare & Medicaid Services  
Email: [Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)

**From:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>  
**Sent:** Friday, March 24, 2023 5:01 PM  
**To:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>  
**Cc:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>; Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>  
**Subject:** RE: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Hi Edwin – thanks! I think we can start with DMCP (please include Rebecca Burch Mack, Laura Snyder, and myself). We will ensure our other team members attend as well. If the state needs to address specific IGT questions, I will note that FMG is best positioned to answer those questions. I will also note that our teams are traveling next week to Baltimore for onsite meetings with MCOG and DEHPG, so I am predicting that scheduling a meeting next week will be difficult, as most of our teams will be in all-day strategic planning meetings on-site.

Thanks for helping us coordinate!

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: 410-786-5545  
E-mail: [John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)

**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>

**Sent:** Friday, March 24, 2023 4:56 PM

**To:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>

**Cc:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>

**Subject:** WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

**Importance:** High

Hi John,

Thank you I will certainly do that, they emailed both of us. When I emailed Andrew initially about this he indicated FMG would eventually get pulled into the IGT questions, but as far as transitioning the payments, DMCP is a good starting point.

Questions/Concerns:

**Washington state is requesting to transition their existing pass-through program to a directed payment to comply with CMS' requirements to sunset the pass throughs.**

**The state would like to discuss the expansion of the program, the proposed tiers for payment of assessment and the addition of an intergovernmental transfer program to fund a directed payment and an overall general discussion on permissibility of these items.**

They are looking for guidance by 3/28/23 the latest.

Should I setup a call with the state and DMCP only, or does FMG need to be on the call for their input. Andrew is out today and if FMG is needed should I contact Rory to see if he can make the call?

Thank you,

**Edwin Walaszek**

Washington State Lead

Division of Program Operations – West | Medicaid & CHIP Operations Group

Center for Medicaid & CHIP Services | Centers for Medicare & Medicaid Services

Email: [Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)

**From:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>  
**Sent:** Friday, March 24, 2023 4:45 PM  
**To:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>  
**Cc:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>; Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>  
**Subject:** RE: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Hi Edwin – it does seem like emails are crossing between multiple teams. ☺

Perhaps it makes the most sense to allow you to coordinate us in the way that makes the most sense. I am happy to help or participate however I can.

Thank you so much!

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: 410-786-5545  
E-mail: [John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)

**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>  
**Sent:** Friday, March 24, 2023 4:39 PM  
**To:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>  
**Cc:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>  
**Subject:** WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Hi John,

My name is Edwin Walaszek and I am the Washington state lead, I just emailed Laura Snyder and for context I am just forwarding over the states initial request and some background, I know Dr. Fotinos emailed you directly.

Please let me know if I can help in anyway.

Thank you,

**Edwin Walaszek**  
Washington State Lead  
Division of Program Operations – West | Medicaid & CHIP Operations Group  
Center for Medicaid & CHIP Services | Centers for Medicare & Medicaid Services  
Email:[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)

**From:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>  
**Sent:** Friday, March 24, 2023 4:28 PM  
**To:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>; Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>

**Subject:** RE: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Hi Edwin,

We've received a separate request today from the state SMD on this topic; we'll follow-up after that meeting about any next steps.

Thanks,  
Laura

**From:** Walaszek, Edwin (CMS/CMCS) <Edwin.Walaszek1@cms.hhs.gov>

**Sent:** Friday, March 24, 2023 4:19 PM

**To:** Snyder, Laura (CMS/CMCS) <Laura.Snyder1@cms.hhs.gov>; Badaracco, Andrew (CMS/CMCS) <Andrew.Badaracco@cms.hhs.gov>

**Subject:** WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

**Importance:** High

Good afternoon Laura,

We emailed a few days back, I work in DPO as the Washington state lead, I emailed you regarding a question that was submitted by Washington state and a bill in their legislature. **Washington state is requesting an expedited review of their concerns by Tuesday March 28<sup>th</sup> if possible.**

The bill is expected to be introduced in the next couple of days and their legislative partners are anxious to learn more about the permissibility of the program under CMS rules.

There is a link to a recent news article in Washington that provides some background on this topic?

<https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&cad=rja&uact=8&ved=2ahUKEwibu8-S2-9AhXcMVkFHZwzDROQFnoECAwQAQ&url=https%3A%2F%2Fwww.king5.com%2Farticle%2Fnews%2Fhealth%2Fwsha-hospitals-calling-for-increased-medicaid-payments%2F281-dd424f3a-d9e0-49e6-bf7a-eb70590e0124&usg=AOvVaw2GfMqm1iV0kCroAtAFWktf>

Please let me know how I can help out. I apologize they never indicated this guidance was needed so quickly.

Thank you,

**Edwin Walaszek**

Washington State Lead

Division of Program Operations – West | Medicaid & CHIP Operations Group

Center for Medicaid & CHIP Services | Centers for Medicare & Medicaid Services

Email:Edwin.Walaszek1@cms.hhs.gov

**From:** Cole, Abby (HCA) <abby.cole@hca.wa.gov>

**Sent:** Friday, March 24, 2023 3:52 PM

**To:** Walaszek, Edwin (CMS/CMCS) <Edwin.Walaszek1@cms.hhs.gov>

**Cc:** Fotinos, Charissa (HCA) <charissa.fotinos@hca.wa.gov>

**Subject:** RE: Technical Assistance Request

Yes, that article is about this bill.

Tuesday, March 28<sup>th</sup> would be ideal.

**Abby Cole**

Section Manager, Hospital Finance & Drug Rebate

[Abby.cole@hca.wa.gov](mailto:Abby.cole@hca.wa.gov)

Office: 360-725-1835

She/Her (*why pronouns matter*)

Washington State

Health Care Authority

[hca.wa.gov](http://hca.wa.gov)

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**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>

**Sent:** Friday, March 24, 2023 12:42 PM

**To:** Cole, Abby (HCA) <[abby.cole@hca.wa.gov](mailto:abby.cole@hca.wa.gov)>

**Cc:** Fotinos, Charissa (HCA) <[charissa.fotinos@hca.wa.gov](mailto:charissa.fotinos@hca.wa.gov)>

**Subject:** Technical Assistance Request

**Importance:** High

External Email

**From:** Cole, Abby (HCA) <[abby.cole@hca.wa.gov](mailto:abby.cole@hca.wa.gov)>

**Sent:** Friday, March 24, 2023 3:32 PM

**To:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>

**Cc:** Fotinos, Charissa (HCA) <[charissa.fotinos@hca.wa.gov](mailto:charissa.fotinos@hca.wa.gov)>

**Subject:** RE: Technical Assistance Request

Hello Edwin,

I'm following up on this. Any updates as to when we can expect to be able to have a TA call with CMS? The bill is expected to be introduced in the next couple of days and our legislative partners are anxious to learn more about the permissibility of the program under CMS rules.

Thank you,  
Abby

**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>

**Sent:** Wednesday, March 22, 2023 12:29 PM

**To:** Cole, Abby (HCA) <[abby.cole@hca.wa.gov](mailto:abby.cole@hca.wa.gov)>

**Subject:** RE: Technical Assistance Request

Thanks very much Abby

Thank you,

**Edwin Walaszek**

Washington State Lead

Division of Program Operations – West | Medicaid & CHIP Operations Group

Center for Medicaid & CHIP Services | Centers for Medicare & Medicaid Services

Email:Edwin.Walaszek1@cms.hhs.gov

**From:** Cole, Abby (HCA) <[abby.cole@hca.wa.gov](mailto:abby.cole@hca.wa.gov)>

**Sent:** Wednesday, March 22, 2023 1:08 PM

**To:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>

**Cc:** Klein, Evan (HCA) <[evan.klein@hca.wa.gov](mailto:evan.klein@hca.wa.gov)>; Atkinson, Megan M. (HCA) <[megan.atkinson@hca.wa.gov](mailto:megan.atkinson@hca.wa.gov)>; Lucero, Catrina (HCA) <[catrina.lucero@hca.wa.gov](mailto:catrina.lucero@hca.wa.gov)>

**Subject:** RE: Technical Assistance Request

Thank you.

We are looking to transition our existing pass-through program to a directed payment to comply with CMS' requirements to sunset the pass throughs.

The state would like to discuss the expansion of the program, the proposed tiers for payment of assessment and the addition of an intergovernmental transfer program to fund a directed payment. We are hoping for an overall general discussion on permissibility of those items.

Thank you,

**Abby Cole**

Section Manager, Hospital Finance

[Abby.cole@hca.wa.gov](mailto:Abby.cole@hca.wa.gov)

Office: 360-725-1835

Pronouns: she/her

Washington  
Health

Authoria

[hca.wa.gov](http://hca.wa.gov)

Connect with us

**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>

**Sent:** Thursday, March 16, 2023 3:19 PM

**To:** Cole, Abby (HCA) <[abby.cole@hca.wa.gov](mailto:abby.cole@hca.wa.gov)>

**Cc:** Klein, Evan (HCA) <[evan.klein@hca.wa.gov](mailto:evan.klein@hca.wa.gov)>; Atkinson, Megan M. (HCA) <[megan.atkinson@hca.wa.gov](mailto:megan.atkinson@hca.wa.gov)>; Lucero, Catrina (HCA) <[catrina.lucero@hca.wa.gov](mailto:catrina.lucero@hca.wa.gov)>

**Subject:** Technical Assistance Request

External Email

Good afternoon Abby and team:

Thank you for submitting this request, I am reaching out to the team to see if they have any preliminary questions and I will follow up with some available time .

Thank you,

**Edwin Walaszek**

Washington State Lead

Division of Program Operations – West | Medicaid & CHIP Operations Group

Center for Medicaid & CHIP Services | Centers for Medicare & Medicaid Services

Email: [Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)

**From:** Cole, Abby (HCA) <[abby.cole@hca.wa.gov](mailto:abby.cole@hca.wa.gov)>

**Sent:** Thursday, March 16, 2023 2:09 PM

**To:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>

**Cc:** Klein, Evan (HCA) <[evan.klein@hca.wa.gov](mailto:evan.klein@hca.wa.gov)>; Atkinson, Megan M. (HCA) <[megan.atkinson@hca.wa.gov](mailto:megan.atkinson@hca.wa.gov)>; Lucero, Catrina (HCA) <[catrina.lucero@hca.wa.gov](mailto:catrina.lucero@hca.wa.gov)>

**Subject:** Technical Assistance Request

Hello Edwin,

I'm attaching a draft of a proposed bill for a revised hospital assessment in Washington State. I'm hoping you can help me get something scheduled with the right individuals so we can discuss the permissibility of the proposed changes.

Thank you,

**Abby Cole**

Section Manager, Hospital Finance & Drug Rebate

[Abby.cole@hca.wa.gov](mailto:Abby.cole@hca.wa.gov)

Office: 360-725-1835

She/Her (*why pronouns matter*)

Washington State

Health Care Authority

[hca.wa.gov](http://hca.wa.gov)

[Connect with us](#)

**From:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>  
**Sent:** Wednesday, March 22, 2023 4:00 PM  
**To:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>; CMS State Directed Payment <[StateDirectedPayment@cms.hhs.gov](mailto:StateDirectedPayment@cms.hhs.gov)>  
**Cc:** Caulder, Tara (CMS/CMCS) <[Tara.Caulder@cms.hhs.gov](mailto:Tara.Caulder@cms.hhs.gov)>; Kivisaari, John (CMS/CMCS) <[John.Kivisaari@cms.hhs.gov](mailto:John.Kivisaari@cms.hhs.gov)>  
**Subject:** RE: Technical Assistance-WA-WSHA Safety Net Draft

Hi Edwin,

Thanks for sharing and you've hit the right place. I've included our state directed payment mailbox on the email thread. For SDPs, Tara Caulder is our WA lead. I've also cc'ed John Kivisaari, the DMCO lead for WA, for awareness.

Let us take a look at this and follow-up with you on next steps.

Thanks,  
Laura

**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>  
**Sent:** Wednesday, March 22, 2023 3:43 PM  
**To:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>  
**Subject:** Technical Assistance-WA-WSHA Safety Net Draft

Good afternoon Laura,

My name is Edwin Walaszek and I am the CMS Medicaid Washington state lead. I am reaching out to you as I was referred by Andrew Badaracco, Washington state has submitted a draft bill (attached) that will revise the rating of Washington State Hospitals.

The state is looking to transition their existing pass-through program to a directed payment to comply with CMS' requirements to sunset the pass throughs.

**The state would like to discuss the expansion of the program, the proposed tiers for payment of assessment and the addition of an intergovernmental transfer program to fund a directed payment.**

They are hoping for an overall general discussion on permissibility of those items.

Thank you for any help you can provide, alternatively do you think it would be easier to setup a call with the state to discuss.

Please let me know if there are any other questions or concerns.

Thank you,

**Edwin Walaszek**



Washington State Lead  
Division of Program Operations – West | Medicaid & CHIP Operations  
Group  
Center for Medicaid & CHIP Services | Centers for Medicare & Medicaid  
Services  
Email:Edwin.Walaszek1@cms.hhs.gov

**From:** Badaracco, Andrew (CMS/CMCS)  
<[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>  
**Sent:** Wednesday, March 22, 2023 3:38 PM  
**To:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>;  
Caughey, Tom (CMS/CMCS) <[Tom.Caughey@cms.hhs.gov](mailto:Tom.Caughey@cms.hhs.gov)>; Moreth,  
James (CMS/CMCS) <[James.Moreth@cms.hhs.gov](mailto:James.Moreth@cms.hhs.gov)>; Knight, Gary  
(CMS/CMCS) <[Gary.Knight@cms.hhs.gov](mailto:Gary.Knight@cms.hhs.gov)>  
**Subject:** RE: Technical Assistance-WA-WSHA Safety Net Draft

Hey Edwin –

Pass-through payments and state-directed payments are DMCP's policy  
area. Suggest you reach out to Laura Snyder.

Thanks!

**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>  
**Sent:** Wednesday, March 22, 2023 3:29 PM  
**To:** Caughey, Tom (CMS/CMCS) <[Tom.Caughey@cms.hhs.gov](mailto:Tom.Caughey@cms.hhs.gov)>; Moreth,  
James (CMS/CMCS) <[James.Moreth@cms.hhs.gov](mailto:James.Moreth@cms.hhs.gov)>; Knight, Gary  
(CMS/CMCS) <[Gary.Knight@cms.hhs.gov](mailto:Gary.Knight@cms.hhs.gov)>; Badaracco, Andrew  
(CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>  
**Subject:** Technical Assistance-WA-WSHA Safety Net Draft

Hi Tom and team:

Thanks Tom, so I reached out to the state for some more specifics on  
their TA request regarding the draft by the legislature regarding the  
WSHA Safety Net draft.

The state is looking to transition their existing pass-through program to  
a directed payment to comply with CMS' requirements to sunset the  
pass throughs.

**The state would like to discuss the expansion of the program, the  
proposed tiers for payment of assessment and the addition of an  
intergovernmental transfer program to fund a directed payment.**

They are hoping for an overall general discussion on permissibility of  
those items.

Please let me know if there are any other questions or concerns.

Thank you,

**Edwin Walaszek**

Washington State Lead  
Division of Program Operations – West | Medicaid & CHIP Operations  
Group  
Center for Medicaid & CHIP Services | Centers for Medicare & Medicaid  
Services  
Email:Edwin.Walaszek1@cms.hhs.gov

**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>

**Sent:** Friday, March 17, 2023 11:38 AM

**To:** Caughey, Tom (CMS/CMCS) <[Tom.Caughey@cms.hhs.gov](mailto:Tom.Caughey@cms.hhs.gov)>; Moreth,  
James (CMS/CMCS) <[James.Moreth@cms.hhs.gov](mailto:James.Moreth@cms.hhs.gov)>; Knight, Gary  
(CMS/CMCS) <[Gary.Knight@cms.hhs.gov](mailto:Gary.Knight@cms.hhs.gov)>; Badaracco, Andrew  
(CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>

**Subject:** RE: Technical Assistance-WA-WSHA Safety Net Draft

Good morning Tom,

Thank you, I will reach out to the state for more specifics.

Thank you,

**Edwin Walaszek**

Washington State Lead  
Division of Program Operations – West | Medicaid & CHIP Operations  
Group  
Center for Medicaid & CHIP Services | Centers for Medicare & Medicaid  
Services  
Email:Edwin.Walaszek1@cms.hhs.gov

**From:** Caughey, Tom (CMS/CMCS) <[Tom.Caughey@cms.hhs.gov](mailto:Tom.Caughey@cms.hhs.gov)>

**Sent:** Friday, March 17, 2023 11:23 AM

**To:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>;  
Moreth, James (CMS/CMCS) <[James.Moreth@cms.hhs.gov](mailto:James.Moreth@cms.hhs.gov)>; Knight,  
Gary (CMS/CMCS) <[Gary.Knight@cms.hhs.gov](mailto:Gary.Knight@cms.hhs.gov)>; Badaracco, Andrew  
(CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>

**Subject:** RE: Technical Assistance-WA-WSHA Safety Net Draft

Hi Edwin,

Could the state please send questions they have before the call? Also, if they provide a little background on why they are making the changes could help. Thanks.

Tom Caughey, Funding Specialist  
Centers for Medicare & Medicaid Services  
Financial Management Group  
Division of Reimbursement Review

Federal Building

Suite 208  
315 West Allegan  
Lansing, MI 48933  
517-487-8598

**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>  
**Sent:** Thursday, March 16, 2023 6:18 PM  
**To:** Moreth, James (CMS/CMCS) <[James.Moreth@cms.hhs.gov](mailto:James.Moreth@cms.hhs.gov)>;  
Caughey, Tom (CMS/CMCS) <[Tom.Caughey@cms.hhs.gov](mailto:Tom.Caughey@cms.hhs.gov)>; Knight, Gary  
(CMS/CMCS) <[Gary.Knight@cms.hhs.gov](mailto:Gary.Knight@cms.hhs.gov)>; Badaracco, Andrew  
(CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>  
**Subject:** Technical Assistance-WA-WSHA Safety Net Draft

Hello DRR team:

I am reaching out to the team because Washington state has submitted a draft bill (attached) that will revise the rating of Washington State Hospitals. The state is requesting to speak with CMS to discuss the acceptability of the proposed changes.

Are any questions or concerns I can help clarify with the state before scheduling some time with them?

Thank you,

Edwin Walaszek  
Washington State Lead  
Division of Program Operations – West | Medicaid & CHIP  
Operations Group  
Center for Medicaid & CHIP Services | Centers for Medicare &  
Medicaid Services  
Email:[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)

Message

Sent: 2/23/2023 6:01:49 PM

To: Katch (she/her), Hannah (CMS/OA); (b)(6); Schinderle, Elizabeth  
(b)(6); Harris, Will (CMS/OA)  
(b)(6); Chambers, Gwendolyn  
(b)(6); Alexander, Bruce  
(b)(6); Blum, Jonathan  
(b)(6); Boulanger, Jennifer  
(b)(6); Ellis (she/her), Kyla  
(b)(6); OToole, Meghan (CMS/OA)  
cc: (b)(6); Woronoff, Arielle  
(b)(6); Yao, Kristiana (CMS/OA)  
(b)(6); Aldana, Karen (CMS/OC)  
(b)(6); Franklin, Julie (CMS/OC)  
(b)(6); oomey, Mary (CMS/OC)  
(b)(6); Brager, Mark  
(b)(6); Clemens, Kristen  
(b)(6); Wagner, Rachel  
(b)(6); Shorter, Kimberly  
(b)(6); Bradley, Tasha  
(b)(6); Thorn, Raymond

Subject: RE: RE: MEDIA INQUIRIES: FEB 23

Would flag the Politico hospital transparency rule one for ASPA given the NBC

From: Katch (she/her), Hannah (CMS/OA) <Hannah.Katch@cms.hhs.gov>

Sent: Thursday, February 23, 2023 11:27 AM

To: Schinderle, Elizabeth (CMS/OC) <elizabeth.schinderle@cms.hhs.gov>; Harris, Will (CMS/OA) <William.Harris@cms.hhs.gov>; Chambers, Gwendolyn (CMS/OC) <Gwendolyn.Chambers@cms.hhs.gov>; Alexander, Bruce (CMS/OC) <Bruce.Alexander@cms.hhs.gov>; Blum, Jonathan (CMS/OA) <Jonathan.Blum@cms.hhs.gov>; Boulanger, Jennifer (CMS/OL) <Jennifer.Boulanger@cms.hhs.gov>; Ellis (she/her), Kyla (CMS/OA) <Kyla.Ellis@cms.hhs.gov>; OToole, Meghan (CMS/OA) <Meghan.OToole1@cms.hhs.gov>; Richardson (she/her), Erin

(CMS/OA) <Erin.Richardson@cms.hhs.gov>; Woronoff, Arielle (CMS/OL) <Arielle.Woronoff@cms.hhs.gov>; Yao, Kristiana (CMS/OA) <Kristiana.Yao1@cms.hhs.gov>

**Cc:** Howden, Catherine (CMS/OC) <Catherine.Howden@cms.hhs.gov>; Aldana, Karen (CMS/OC) <Karen.Aldana@cms.hhs.gov>; Franklin, Julie (CMS/OC) <Julie.Franklin@cms.hhs.gov>; Toomey, Mary (CMS/OC) <Mimi.Toomey@cms.hhs.gov>; Brager, Mark (CMS/OC) <Mark.Brager@cms.hhs.gov>; Clemens, Kristen (CMS/OC) <Kristen.Clemens@cms.hhs.gov>; Wagner, Rachel (CMS/OC) <Rachel.Wagner@cms.hhs.gov>; Shorter, Kimberly (CMS/OC) <Kimberly.Shorter@cms.hhs.gov>; Bradley, Tasha (CMS/OC) <Tasha.Bradley1@cms.hhs.gov>; Thorn, Raymond (CMS/OC) <Raymond.Thorn@cms.hhs.gov>

**Subject:** RE: MEDIA INQUIRIES: FEB 23

Thank you (and yes)!

**From:** Schinderle, Elizabeth (CMS/OC) <elizabeth.schinderle@cms.hhs.gov>

**Sent:** Thursday, February 23, 2023 10:44 AM

**To:** Katch (she/her), Hannah (CMS/OA) <Hannah.Katch@cms.hhs.gov>; Harris, Will (CMS/OA) <William.Harris@cms.hhs.gov>; Chambers, Gwendolyn (CMS/OC) <Gwendolyn.Chambers@cms.hhs.gov>; Alexander, Bruce (CMS/OC) <Bruce.Alexander@cms.hhs.gov>; Blum, Jonathan (CMS/OA) <Jonathan.Blum@cms.hhs.gov>; Boulanger, Jennifer (CMS/OL) <Jennifer.Boulanger@cms.hhs.gov>; Ellis (she/her), Kyla (CMS/OA) <Kyla.Ellis@cms.hhs.gov>; OToole, Meghan (CMS/OA) <Meghan.OToole1@cms.hhs.gov>; Richardson (she/her), Erin (CMS/OA) <Erin.Richardson@cms.hhs.gov>; Woronoff, Arielle (CMS/OL) <Arielle.Woronoff@cms.hhs.gov>; Yao, Kristiana (CMS/OA) <Kristiana.Yao1@cms.hhs.gov>

**Cc:** Howden, Catherine (CMS/OC) <Catherine.Howden@cms.hhs.gov>; Aldana, Karen (CMS/OC) <Karen.Aldana@cms.hhs.gov>; Franklin, Julie (CMS/OC) <Julie.Franklin@cms.hhs.gov>; Toomey, Mary (CMS/OC) <Mimi.Toomey@cms.hhs.gov>; Brager, Mark (CMS/OC) <Mark.Brager@cms.hhs.gov>; Clemens, Kristen (CMS/OC) <Kristen.Clemens@cms.hhs.gov>; Wagner, Rachel (CMS/OC) <Rachel.Wagner@cms.hhs.gov>; Shorter, Kimberly (CMS/OC) <Kimberly.Shorter@cms.hhs.gov>; Bradley, Tasha (CMS/OC) <Tasha.Bradley1@cms.hhs.gov>; Thorn, Raymond (CMS/OC) <Raymond.Thorn@cms.hhs.gov>

**Subject:** RE: MEDIA INQUIRIES: FEB 23

Thanks, Hannah! Yes, it is updated below. I've added your name beside it as I believe this is something you'll want to review.

**From:** Katch (she/her), Hannah (CMS/OA) <Hannah.Katch@cms.hhs.gov>

**Sent:** Thursday, February 23, 2023 10:30 AM

**To:** Harris, Will (CMS/OA) <William.Harris@cms.hhs.gov>; Chambers, Gwendolyn (CMS/OC) <Gwendolyn.Chambers@cms.hhs.gov>; Alexander, Bruce (CMS/OC) <Bruce.Alexander@cms.hhs.gov>; Blum, Jonathan (CMS/OA) <Jonathan.Blum@cms.hhs.gov>; Boulanger, Jennifer (CMS/OL) <Jennifer.Boulanger@cms.hhs.gov>; Ellis (she/her), Kyla (CMS/OA) <Kyla.Ellis@cms.hhs.gov>; OToole, Meghan (CMS/OA) <Meghan.OToole1@cms.hhs.gov>; Richardson (she/her), Erin (CMS/OA) <Erin.Richardson@cms.hhs.gov>; Woronoff, Arielle (CMS/OL) <Arielle.Woronoff@cms.hhs.gov>; Yao, Kristiana (CMS/OA) <Kristiana.Yao1@cms.hhs.gov>

**Cc:** Howden, Catherine (CMS/OC) <Catherine.Howden@cms.hhs.gov>; Aldana, Karen (CMS/OC) <Karen.Aldana@cms.hhs.gov>; Franklin, Julie (CMS/OC) <Julie.Franklin@cms.hhs.gov>; Toomey, Mary (CMS/OC) <Mimi.Toomey@cms.hhs.gov>; Brager, Mark (CMS/OC) <Mark.Brager@cms.hhs.gov>; Clemens, Kristen (CMS/OC) <Kristen.Clemens@cms.hhs.gov>; Schinderle, Elizabeth (CMS/OC) <elizabeth.schinderle@cms.hhs.gov>; Wagner, Rachel (CMS/OC) <Rachel.Wagner@cms.hhs.gov>; Shorter, Kimberly (CMS/OC) <Kimberly.Shorter@cms.hhs.gov>; Bradley, Tasha (CMS/OC) <Tasha.Bradley1@cms.hhs.gov>; Thorn, Raymond (CMS/OC) <Raymond.Thorn@cms.hhs.gov>

**Subject:** RE: MEDIA INQUIRIES: FEB 23

One for me – and is there a request from AP's Kavish Harjai?

Thanks!

**From:** Harris, Will (CMS/OA) <[William.Harris@cms.hhs.gov](mailto:William.Harris@cms.hhs.gov)>  
**Sent:** Thursday, February 23, 2023 10:23 AM  
**To:** Chambers, Gwendolyn (CMS/OC) <[Gwendolyn.Chambers@cms.hhs.gov](mailto:Gwendolyn.Chambers@cms.hhs.gov)>; Alexander, Bruce (CMS/OC) <[Bruce.Alexander@cms.hhs.gov](mailto:Bruce.Alexander@cms.hhs.gov)>; Blum, Jonathan (CMS/OA) <[Jonathan.Blum@cms.hhs.gov](mailto:Jonathan.Blum@cms.hhs.gov)>; Boulanger, Jennifer (CMS/OL) <[Jennifer.Boulanger@cms.hhs.gov](mailto:Jennifer.Boulanger@cms.hhs.gov)>; Ellis (she/her), Kyla (CMS/OA) <[Kyla.Ellis@cms.hhs.gov](mailto:Kyla.Ellis@cms.hhs.gov)>; Katch (she/her), Hannah (CMS/OA) <[Hannah.Katch@cms.hhs.gov](mailto:Hannah.Katch@cms.hhs.gov)>; OToole, Meghan (CMS/OA) <[Meghan.OTOole1@cms.hhs.gov](mailto:Meghan.OTOole1@cms.hhs.gov)>; Richardson (she/her), Erin (CMS/OA) <[Erin.Richardson@cms.hhs.gov](mailto:Erin.Richardson@cms.hhs.gov)>; Woronoff, Arielle (CMS/OL) <[Arielle.Woronoff@cms.hhs.gov](mailto:Arielle.Woronoff@cms.hhs.gov)>; Yao, Kristiana (CMS/OA) <[Kristiana.Yao1@cms.hhs.gov](mailto:Kristiana.Yao1@cms.hhs.gov)>  
**Cc:** Howden, Catherine (CMS/OC) <[Catherine.Howden@cms.hhs.gov](mailto:Catherine.Howden@cms.hhs.gov)>; Aldana, Karen (CMS/OC) <[Karen.Aldana@cms.hhs.gov](mailto:Karen.Aldana@cms.hhs.gov)>; Franklin, Julie (CMS/OC) <[Julie.Franklin@cms.hhs.gov](mailto:Julie.Franklin@cms.hhs.gov)>; Toomey, Mary (CMS/OC) <[Mimi.Toomey@cms.hhs.gov](mailto:Mimi.Toomey@cms.hhs.gov)>; Brager, Mark (CMS/OC) <[Mark.Brager@cms.hhs.gov](mailto:Mark.Brager@cms.hhs.gov)>; Clemens, Kristen (CMS/OC) <[Kristen.Clemens@cms.hhs.gov](mailto:Kristen.Clemens@cms.hhs.gov)>; Schinderle, Elizabeth (CMS/OC) <[elizabeth.schinderle@cms.hhs.gov](mailto:elizabeth.schinderle@cms.hhs.gov)>; Wagner, Rachel (CMS/OC) <[Rachel.Wagner@cms.hhs.gov](mailto:Rachel.Wagner@cms.hhs.gov)>; Shorter, Kimberly (CMS/OC) <[Kimberly.Shorter@cms.hhs.gov](mailto:Kimberly.Shorter@cms.hhs.gov)>; Bradley, Tasha (CMS/OC) <[Tasha.Bradley1@cms.hhs.gov](mailto:Tasha.Bradley1@cms.hhs.gov)>; Thorn, Raymond (CMS/OC) <[Raymond.Thorn@cms.hhs.gov](mailto:Raymond.Thorn@cms.hhs.gov)>  
**Subject:** RE: MEDIA INQUIRIES: FEB 23

Added me. Thank you.

**From:** Chambers, Gwendolyn (CMS/OC) <[Gwendolyn.Chambers@cms.hhs.gov](mailto:Gwendolyn.Chambers@cms.hhs.gov)>  
**Sent:** Thursday, February 23, 2023 9:48 AM  
**To:** Alexander, Bruce (CMS/OC) <[Bruce.Alexander@cms.hhs.gov](mailto:Bruce.Alexander@cms.hhs.gov)>; Blum, Jonathan (CMS/OA) <[Jonathan.Blum@cms.hhs.gov](mailto:Jonathan.Blum@cms.hhs.gov)>; Boulanger, Jennifer (CMS/OL) <[Jennifer.Boulanger@cms.hhs.gov](mailto:Jennifer.Boulanger@cms.hhs.gov)>; Ellis (she/her), Kyla (CMS/OA) <[Kyla.Ellis@cms.hhs.gov](mailto:Kyla.Ellis@cms.hhs.gov)>; Harris, Will (CMS/OA) <[William.Harris@cms.hhs.gov](mailto:William.Harris@cms.hhs.gov)>; Katch (she/her), Hannah (CMS/OA) <[Hannah.Katch@cms.hhs.gov](mailto:Hannah.Katch@cms.hhs.gov)>; OToole, Meghan (CMS/OA) <[Meghan.OTOole1@cms.hhs.gov](mailto:Meghan.OTOole1@cms.hhs.gov)>; Richardson (she/her), Erin (CMS/OA) <[Erin.Richardson@cms.hhs.gov](mailto:Erin.Richardson@cms.hhs.gov)>; Woronoff, Arielle (CMS/OL) <[Arielle.Woronoff@cms.hhs.gov](mailto:Arielle.Woronoff@cms.hhs.gov)>; Yao, Kristiana (CMS/OA) <[Kristiana.Yao1@cms.hhs.gov](mailto:Kristiana.Yao1@cms.hhs.gov)>  
**Cc:** Howden, Catherine (CMS/OC) <[Catherine.Howden@cms.hhs.gov](mailto:Catherine.Howden@cms.hhs.gov)>; Aldana, Karen (CMS/OC) <[Karen.Aldana@cms.hhs.gov](mailto:Karen.Aldana@cms.hhs.gov)>; Franklin, Julie (CMS/OC) <[Julie.Franklin@cms.hhs.gov](mailto:Julie.Franklin@cms.hhs.gov)>; Toomey, Mary (CMS/OC) <[Mimi.Toomey@cms.hhs.gov](mailto:Mimi.Toomey@cms.hhs.gov)>; Brager, Mark (CMS/OC) <[Mark.Brager@cms.hhs.gov](mailto:Mark.Brager@cms.hhs.gov)>; Clemens, Kristen (CMS/OC) <[Kristen.Clemens@cms.hhs.gov](mailto:Kristen.Clemens@cms.hhs.gov)>; Schinderle, Elizabeth (CMS/OC) <[elizabeth.schinderle@cms.hhs.gov](mailto:elizabeth.schinderle@cms.hhs.gov)>; Wagner, Rachel (CMS/OC) <[Rachel.Wagner@cms.hhs.gov](mailto:Rachel.Wagner@cms.hhs.gov)>; Shorter, Kimberly (CMS/OC) <[Kimberly.Shorter@cms.hhs.gov](mailto:Kimberly.Shorter@cms.hhs.gov)>; Bradley, Tasha (CMS/OC) <[Tasha.Bradley1@cms.hhs.gov](mailto:Tasha.Bradley1@cms.hhs.gov)>; Thorn, Raymond (CMS/OC) <[Raymond.Thorn@cms.hhs.gov](mailto:Raymond.Thorn@cms.hhs.gov)>  
**Subject:** MEDIA INQUIRIES: FEB 23

Good morning,

Below is a rundown of this morning's open media inquiries. Please flag any inquiries you'd like to review.

Thank you,

Outlet	Contact Name	Description of Request	Current Deadline	Senior Adviso
University of CA, Santa Cruz Science Communications Program	Elissa Welle	I am looking for numbers related to vagus nerve stimulation for epilepsy. I'd like to find the number of devices implanted in adults and children in the US, and I imagine CMS collects the numbers of surgery/device reimbursements for these implants. However, I cannot seem to find the right database with this information. Can you help point me in the right direction?	03/01/2023	
WIRED	Brenda Stolyar	My name is Brenda Stolyar and I'm a writer at Wired. I'm currently working on updating our Best At-Home Covid-19 Tests story. The Biden Administration recently announced it will be terminating the public health emergency surrounding Covid-19 on May 11, 2023. I	02/23/2023	Will

		wanted to reach out and see if you could provide me with any details on how coverage of free at-home Covid-19 tests will be impacted for those who have Medicare and Medicaid.		
Las Vegas Review - Journal	Mary Hynes	I'm writing today on a briefing today by the Better Medicare Alliance and a new study. An analysis by Avalere shows that the proposed cuts could lead to premiums that are \$76.05 higher a month and \$912.58 higher a year for Nevadans who choose Medicare Advantage. The average premium for Nevadans this year is \$3.78 a month, or \$45.36 annually. The cuts would lead to premiums of \$79.83 each month, or \$957.96 a year, if the same level of benefits is maintained, according to the study. Nationwide, the average annual premium increase would be \$540, according to the study. Can you comment on these findings? On the steep increases according to the study, and that the increases would be highest in Nevada? My deadline is today. Here's a link to the story's early version: <a href="https://www.reviewjournal.com/local/local-nevada/proposed-medicare-advantage-cuts-could-hit-nevadans-hardest-study-says-2733220/">https://www.reviewjournal.com/local/local-nevada/proposed-medicare-advantage-cuts-could-hit-nevadans-hardest-study-says-2733220/</a>	2/23	
Politico	Ben Leonard	Hey! I'm working on a newsletter item for Future Pulse on this blog post <a href="https://www.healthaffairs.org/content/forefront/hospital-price-transparency-progress-and-commitment-achieving-its-potential?hsmi=246955043&amp;hsenc=p2ANqtz-982AQemg96cDmeBpAm5tTR8T706k4LOoydUCY81U5XRlemJ94Xud-jr232Mxd22Kt_XV5Mnk5flKgseWTgDqCQOZSZKw">https://www.healthaffairs.org/content/forefront/hospital-price-transparency-progress-and-commitment-achieving-its-potential?hsmi=246955043&amp;hsenc=p2ANqtz-982AQemg96cDmeBpAm5tTR8T706k4LOoydUCY81U5XRlemJ94Xud-jr232Mxd22Kt_XV5Mnk5flKgseWTgDqCQOZSZKw</a> . I saw the stat that "at least" 30 percent of hospitals aren't fully compliant with the price transparency regs. I saw an outside statistic that found that about 75 percent of hospitals aren't fully compliant. <a href="https://www.patientrightsadvocate.org/blog/new-report-shows-more-than-75-of-hospitals-still-not-complying-with-hospital-price-transparency-rule">https://www.patientrightsadvocate.org/blog/new-report-shows-more-than-75-of-hospitals-still-not-complying-with-hospital-price-transparency-rule</a> I was wondering if there's a reason you know for the differences. Would need it by 1 pm tomorrow.	02/23/2023	
WNIJ	Maria Gardner Lara	May I have your assistance in locating demographic data on patients served in FQHC's in the Rockford area.	02/24/2023	
Wisconsin Examiner	Erik Gunn	In reading your tables on Medicare and Medicare Advantage enrollment, the columns containing Medicare Advantage data are given the heading -- "Medicare Advantage And Other Health Plans." -- The phrase "And Other Health Plans" confuses me. What are the "other health plans" that might be included in this column and are NOT Medicare Advantage plans? How big a share of the overall number in this column consists of the "OTHER health plans" that are NOT Medicare Advantage Plans? If I am reporting the number in that column as simply "Medicare advantage enrollment" is that essentially accurate? Or do I need to somehow derive a different number just to count Medicare Advantage enrollment that does not include the "other health plans.."???	02/23/2023	
Our Sunday Visitor	Katie Yoder	I'm writing a story about a proposal to make birth free in the United States. I read that, in 2020, 42% of U.S. births were covered by Medicaid. Can you confirm that? Are there more recent numbers? A source told me that, while most states have pregnancy Medicaid, this does not benefit women who are covered as dependents on their parents' insurance plan. Can you confirm this? Are women who	02/23/2023	Hannat

		are covered as dependents on their parents' plan disqualified from applying for Medicaid? (I'm hearing this is a concern because insurance plans of large employers are not required to provide delivery for dependents.) Thanks for your time! I greatly appreciate any/all information you have about this.		
STAT News	Rachel Cohrs	I've noticed that it appears all CMS staff have disappeared from the HHS staff directory, while other agencies including NIH and FDA are still displayed. Was this an intentional removal or a technical glitch? If we could confirm by the end of the day, that would be much appreciated. My deadline is 5pm ET on Wednesday, Feb. 22.	02/23/2023	Will
Asheville Watchdog	Barbara Durr	I would like to have a copy of the HCAPS survey for Mission Hospital in Asheville, NC.	02/27/2023	
CNN	Tami Luhby	I saw Politico's story that CMS/HHS is working with Congress to get the authority to continue providing Medicare beneficiaries with up to 8 free at-home tests a month. Could you please update me on where this effort stands? On background is fine. And please let me know if/when CMS/HHS receives the authority and covers the at-home tests.	02/23/2023	Will
Inside Health Policy	Bridget Early	Hi! I just have a quick question about the proposed universal foundation for a story I'm filing today (Feb. 22) at 4pm. I was wondering how the universal foundation is supposed to differ from the health equity index CMS developed last year -- would it incorporate the HEI as one of the core quality measures across programs?	02/23/2023	
The Missouri Independent	Clara Bates	I am trying to get clarity on what standards CMS uses to accept states' waivers for extension of postpartum Medicaid. The latest version of the Missouri legislature's bill to extend postpartum Medicaid coverage includes the following provision: "The state shall not provide payments, add ons, or reimbursements to health care providers through MO HealthNet for medical assistance services provided to persons who do not reside in this state, as determined under 5 42 CFR 435.403" 1. Does that provision conflict with federal statute, as it appears to? 2. In what instances does CMS reject a state's waiver to extend postpartum coverage? Would the inclusion of such a provision be reason to reject the application? 3. Did CMS reject Texas's waiver last year because of the language around abortion? Would language that, as Missouri's draft does, clarifies "A woman shall be enrolled in benefits under this subdivision when her child is enrolled in the MO HealthNet program or the children's health insurance program or when a physician or the managed care plan notifies the MO HealthNet program of the pregnancy ending involuntarily or necessarily to save the life of the mother" also be of concern to CMS? Here is the legislation <a href="https://instatrac-production.s3.us-east-2.amazonaws.com/GovWatch/text/pdfs/21/bill-text/1d2f541d2f55c63f6b9f3dac417837d4.pdf">https://instatrac-production.s3.us-east-2.amazonaws.com/GovWatch/text/pdfs/21/bill-text/1d2f541d2f55c63f6b9f3dac417837d4.pdf</a>	02/23/2023	Hanna
San Jose Inside	Barry Holtzclaw	Request copy of (or link to) 2022-23 report by CMS on several suicides at Valley Medical Center, plus any summary page or cover letter to the Santa Clara County CA public health system re Valley Medical Center.	02/23/2023	



WyoFile	Madelyn Beck	I'm looking to talk with someone at CMS about changes people and health care facilities in Wyoming should expect from the agency as federal COVID emergency declarations come to an end.	02/24/2023	Will
AARP	Susan Obrien	I'd like to confirm whether or not Medicare will cover the cost of an ambulance for the trip home from either a hospital or SNF stay. I understand the criteria for ambulance coverage to a facility	02/23/2023	
USA Today	Ken Alltucker	Please provide a copy of any surveys, inspections or 2567 reports and responses from Harrison Medical Center in Bremerton, Washington since Jan 1, 2020.	02/25/2023	
Associated Press	Kavish Harjai	<p>I am a data reporter with the Associated Press working on a story that touches on the number of Medicaid enrollees in each state and nationally from March 2019 to the most recent month for which data is available.</p> <p>The following questions refer to the CMS dataset "State Medicaid and CHIP Applications, Eligibility Determinations, and Enrollment Data."</p> <ul style="list-style-type: none"> <li>- Can you explain what exactly the footnote 'Includes Individuals Enrolled At Any Time in Month (Not a Point-in-time Count' means? I noticed it's attached to most of West Virginia's Medicaid enrollment numbers between March 2019 and October 2022 under the column 'total_medicaid_enrollment footnotes.' I also see it attached to a number of Medicaid enrollment numbers for both Ohio and Washington. Is it ok to compare enrollment figures that have the footnote to others for the same state without the footnote? Is it ok to compare enrollment figures that have the footnote to other states for the same month?</li> <li>- There is a footnote attached to most of Utah's medicaid enrollment numbers indicating that the numbers include 'Enrollees in Other Financial Assistance Programs Not Enrolled in Medicaid or CHIP.' I contacted Utah's Medicaid agency, and it said "Utah includes the disclaimer to indicate that some cases are receiving both financial and medical assistance. We do not report numbers that are financial assistance only." I wasn't really able to make sense of the footnote or the response. Could you clarify the meaning of the footnote, and whether it's ok to use the Medicaid enrollment figures for Utah as they are?</li> </ul>	02/23/2023	Hanna
WYMT	Buddy Forbes	Good morning! I am a reporter for WYMT in Eastern Kentucky. I am working on a story about the notice of termination for the Parkview Post-Acute and Rehabilitation Center located at 200 Nursing Home Lane in Pikeville, Ky. I was hoping someone would be able to provide a little more information into what caused the termination and what this means for the residents.	02/23/2023	Will
Los Angeles Times	Emily Alpert Reyes	Hello, I'm interested in the process in which patients are assessed by transplant centers before being approved for the kidney transplant waitlist. Is there any requirement for a transplant center to perform that assessment within a certain period of time? Is the amount of time taken for the assessment measured in any way that is monitored by CMS?	02/27/2023	
MUSC Health	Joy Jacob	This was published in 2022- when can a vote be expected for outcome?	03/01/2023	

Wall Street Journal	Anna Matthews	<p>Hi all, I saw the Secretary's statement and the fact sheet regarding the Advance Notice, and I wanted to follow up with a few questions.</p> <p>1) The big difference between Wall Street analyst/insurance industry assessment of the impact (a 2.27% cut in revenue) and CMS's (a 1.03% increase) seems to be the 3.3% "MA risk score trend" that CMS includes. Can you explain what that is and why CMS believes it should be included and would increase the plan's revenue?</p> <p>2) In the fact sheet released last week, CMS said it had "identified diagnosis codes that are not used consistently across the industry" and "has proposed to address these inconsistencies in order to ensure insurance companies offering Medicare Advantage are not gaming the system." Can you explain what CMS meant by that, and how the codes that are being eliminated were selected, with a bit more clarity? Does CMS feel that some plans were "gaming" the system by using these codes when not justified?</p> <p>3) Some in the industry have argued that the code tweaks could result in far larger revenue dropoffs for some plans and risk-bearing physician groups. For example, American's Physician Groups have suggested revenues could fall by 10% to 20% for some of its members. The Better Medicare Alliance released an Avalere analysis that suggested there could be a \$540 reduction in benefits per members on average. Does CMS agree with those claims? Why or why not? And does CMS feel that steeper drops in revenue would occur among groups and plans that were employing coding practices the agency feels might not be justified under the current system?</p> <p>4) Any other comments you'd want to share about the Advance Notice and its impact?</p>	02/23/2023	Megha
Very Well Health	Valerie DeBenedette	<p>Can I speak with someone from CMS about the new models being tested in the hopes that they will lower drug costs? VeryWellHealth.com wants me to write about the Medicare \$2 Drug List. I will be mentioning the other two models in passing in my article. My questions include:</p> <ul style="list-style-type: none"> <li>• How many drugs will be on the \$2 list? I've seen one report that it will be about 150 generic drugs.</li> <li>• What percent of prescriptions for Medicare recipients will this cover? In other words, are we talking about 20% of the total number of prescriptions? 60% of prescriptions?</li> <li>• Some pharmacies are already offering cheap generics, such as Amazon Pharmacy's RxPass that offers a \$5 subscription for as many prescriptions as needed from a list of 50 generic drugs. How will this CMS model stack up against those?</li> </ul>	02/23/2023	Megha
Arizona Republic	Andrew Ford	<p>Hello, has CMS sent preclusion letters to any Modern Vascular clinics? If yes, can you say why?</p>	02/23/2023	Will
Wall Street Journal	Julie Wernau	<p>I am rating about what information is available about doctors online. I'd like to mention the Care Compare site and am wondering how comprehensive the site is, if disciplinary actions and medicare claims are included and what consumers can expect/not expect to find when using the site.</p>	02/23/2023	

Bloomberg Industry Group	Celine Castronuovo	I'm Bloomberg Law's FDA and drug pricing reporter, and my team is doing an ongoing series of profiles on officials involved in implementing the drug pricing provisions of the Inflation Reduction Act. Here's one my colleague did on Medicare Director Meena Seshamani in November: <a href="https://news.bloomberglaw.com/health-law-and-business/meet-the-surgeon-economist-at-heart-of-democrats-drug-price-law?context=search&amp;index=0">https://news.bloomberglaw.com/health-law-and-business/meet-the-surgeon-economist-at-heart-of-democrats-drug-price-law?context=search&amp;index=0</a> . I recently reported on Principal Deputy Administrator Jonathan Blum's remarks at the Biopharma Congress, and I was wondering if it would be possible to set up a conversation with him to discuss his career at the CMS, and how that is informing what he's working on now to help implement the drug price negotiations, the Part D redesign, and other components of the IRA. If you could get back to me by next Thursday, Feb. 23, I would greatly appreciate it. Let me know if you have any questions.	02/23/2023	Megha
Maryland Benefits Counseling Network	Charlie Hollins	I wish to receive confirmation that CMS has denied the 2022 expansion of EID eligibility that had allowed for unlimited income and limited resources only at the time of the initial application.	02/28/2023	
CBS Evening News	Deborah Rubin	My name is Debbie Rubin and I am hoping you can help answer a couple of questions about the CMS Hospital Value-Based Purchasing Program (HVBP), and the role that HCAHPS plays in hospital reimbursement for the most recent fiscal year available. My understanding is that the law requires participating hospitals to collect and submit HCAHPS data, which includes questions pertaining to patient satisfaction with the care they received at the hospital. Some of the questions in the survey are related to communication with doctors and nurses, responsiveness of hospital staff, communication about medicines. Can you please tell me what the percent of HVBP withheld from participating hospitals is currently (2%?) and confirm my understanding that based on their performance in the program, participating hospitals can earn back a percentage of that 2%? I read that for 2022 the discharges were approximately \$1.9 billion. Can you please confirm or correct?  I also read that HCAHPS is the basis for the Person and Community Engagement domain, which accounts for 25% of the Hospital VBP Total Performance Score. SO that means that questions relating to communication with physicians and nurses is part of the equation that goes in to how much a participating hospital can get back from the funds withheld. Can you please confirm or correct?	02/24/2023	Megha
Fox32 Denver	Carissa Scott	Will CMS confirm that Medicare often pays insurance providers between \$6,000 and \$7,000 per fixed-wing air-ambulance flight, and those patients can't be balance-billed by participating Medicare providers per federal law?	02/23/2023	

<p>Association for Health Care Journalists</p>	<p>Mary Chris Jaklevic</p>	<p>I'm the patient safety topic leader for the Association of Health Care Journalists. I'm trying to contact the individual who assembles the hospital inspection reports (2567 forms) datafile that CMS provides electronically to AHCJ. A 2013 article on the AHCJ web site states: "During the process of preparing the records for release, CMS discovered that some state health departments and its own regional offices had sometimes not uploaded the inspection reports into a central computer system that could then be shared by us. In such cases, CMS identified the dates of the missing inspections and the number of deficiencies identified and those details are included on each hospital's page. You can request that information from CMS or your state health department. "CMS and AHCJ have also discovered that some reports that should be released are missing entirely from the dataset. CMS is working with its regional offices and state health departments to remedy this problem. The issues seem to be particularly acute in California." Do these data gaps persist in recent data files, such as the most recent one provided to AHCJ last fall? Or have these data gaps been remedied? Are there other missing data is this most recent file that journalists should know about? For your reference, the website is here: <a href="http://www.hospitalinspections.org/">http://www.hospitalinspections.org/</a>. I'd appreciate your prompt attention to this matter.</p>	<p>02/23/2023</p>	<p>Kristian</p>
<p>GOV CIO</p>	<p>Nikki Henderson</p>	<p>Good afternoon. Hope you're doing well. I'm reaching out today regarding an article interview request for a GovCIO Media &amp; Research feature on Data Literacy. I would be honored to speak with Ms. Allison Oelshclaeger about the challenges of reskilling and upskilling personnel with cutting-edge data literacy tools and training.</p> <p>I would also like to discuss what does data literacy means to CMS, how CMS is measuring data literacy and what programs CMS is using to improve data literacy. Here is a list of the interview questions:</p> <p>What training programs do you offer to improve data literacy across all levels of the workforce?  What challenges did you face with data literacy? How did they impact the tech solutions VA offers?  How are data literacy programs improving other technology solutions – like AI or data governance for example? Where are those crossovers?  How are you measuring and documenting results/ success within data literacy?  Are you collaborating with other federal agencies to share best practices and partner to provide data-driven value?  Moving forward, what are your goals with data literacy?</p> <p>I would like to schedule an interview within the next couple of weeks. My Editor-In-Chief would like for me to have my interviews done by Feb. 24 but I have a little flexibility. The actual article is due March 10 and the publication will be a short time after that. Please check Ms. Oelshclaeger's availability and get back to me at your earliest convenience.</p>	<p>02/24/2023</p>	<p>Kristian</p>

<p>Kaiser Health News</p>	<p>Harris Meyer</p>	<p>I'm working on a bill of the month story for Kaiser and this issue came up. Matt Fiedler and Loren Adler believe this case highlights a loophole in the No Surprises Act. I need to know CMS's view on this and whether CMS plans to provide guidance on it. Does the NSA apply in situations where the patient's insurer has a contract with a provider but that provider is out of network for the patient's particular plan? In the case I'm writing about, the insurer has a contract with a hospital as a participating provider but that provider is out of network for this patient's plan. But the contract allows the hospital to charge the plan's members a 50% coinsurance when the members go to that hospital on an out of network basis. In this case, the insurer reclassified the patient's care as emergency and waived the coinsurance. But the insurer says neither it nor the hospital violated the NSA. It appears the insurer considers its contract with the hospital to take this situation outside the requirements of the NSA. Does the NSA apply in situations like that, or not? And if not, does CMS plan to issue any kind of guidance to protect consumers from what appears to be a major loophole in the law? Thanks.</p> <p>Harris Meyer  Reporter/Writer/Editor, Chicago  Health care, law, business, wine  Winner, Gerald Loeb Award for Distinguished Business &amp; Financial Journalism  <span style="border: 1px dashed black; padding: 2px;">(b)(6)</span> cell  harris_meyer@yahoo.com</p>	<p>02/21/2023</p>	<p>Kyla</p>
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Gwendolyn Chambers  
Centers for Medicare & Medicaid Services | Media Relations Group  
[gwendolyn.chambers@cms.hhs.gov](mailto:gwendolyn.chambers@cms.hhs.gov) | 443-718-8291

Message

**From:** Richardson, (she/her), Erin (CMS/OA) (b)(6)  
(b)(6)  
**Sent:** 2/23/2023 6:03:39 PM  
**To:** Katch (she/her), Hannah (CMS/OA) (b)(6)  
(b)(6) Schinderle, Elizabeth  
Harris, Will (CMS/OA)  
Chambers, Gwendolyn  
]; Alexander, Bruce  
Blum, Jonathan  
]; Boulanger, Jennifer  
Ellis (she/her), Kyla  
Toole, Meghan (CMS/OA)  
Woronoff, Arielle  
Yao, Kristiana (CMS/OA)  
**CC:** (b)(6)  
]; Aldana, Karen (CMS/OC)  
]; Franklin, Julie (CMS/OC)  
Toomey, Mary (CMS/OC)  
Brager, Mark  
Clemens, Kristen  
Wagner, Rachel  
]; Shorter, Kimberly  
Bradley, Tasha  
Thorn, Raymond

**Subject:** RE: RE: MEDIA INQUIRIES: FEB 23

Would flag the Politico hospital transparency rule one for ASPA given the NBC interview. Would also share that one with ACBL as an FYI.

**From:** Katch (she/her), Hannah (CMS/OA) <Hannah.Katch@cms.hhs.gov>  
**Sent:** Thursday, February 23, 2023 11:27 AM  
**To:** Schinderle, Elizabeth (CMS/OC) <elizabeth.schinderle@cms.hhs.gov>; Harris, Will (CMS/OA) <William.Harris@cms.hhs.gov>; Chambers, Gwendolyn (CMS/OC) <Gwendolyn.Chambers@cms.hhs.gov>; Alexander,

Bruce (CMS/OC) <Bruce.Alexander@cms.hhs.gov>; Blum, Jonathan (CMS/OA) <Jonathan.Blum@cms.hhs.gov>; Boulanger, Jennifer (CMS/OL) <Jennifer.Boulanger@cms.hhs.gov>; Ellis (she/her), Kyla (CMS/OA) <Kyla.Ellis@cms.hhs.gov>; OToole, Meghan (CMS/OA) <Meghan.OToole1@cms.hhs.gov>; Richardson (she/her), Erin (CMS/OA) <Erin.Richardson@cms.hhs.gov>; Woronoff, Arielle (CMS/OL) <Arielle.Woronoff@cms.hhs.gov>; Yao, Kristiana (CMS/OA) <Kristiana.Yao1@cms.hhs.gov>

**Cc:** Howden, Catherine (CMS/OC) <Catherine.Howden@cms.hhs.gov>; Aldana, Karen (CMS/OC) <Karen.Aldana@cms.hhs.gov>; Franklin, Julie (CMS/OC) <Julie.Franklin@cms.hhs.gov>; Toomey, Mary (CMS/OC) <Mimi.Toomey@cms.hhs.gov>; Brager, Mark (CMS/OC) <Mark.Brager@cms.hhs.gov>; Clemens, Kristen (CMS/OC) <Kristen.Clemens@cms.hhs.gov>; Wagner, Rachel (CMS/OC) <Rachel.Wagner@cms.hhs.gov>; Shorter, Kimberly (CMS/OC) <Kimberly.Shorter@cms.hhs.gov>; Bradley, Tasha (CMS/OC) <Tasha.Bradley1@cms.hhs.gov>; Thorn, Raymond (CMS/OC) <Raymond.Thorn@cms.hhs.gov>

**Subject:** RE: MEDIA INQUIRIES: FEB 23

Thank you (and yes)!

**From:** Schinderle, Elizabeth (CMS/OC) <elizabeth.schinderle@cms.hhs.gov>

**Sent:** Thursday, February 23, 2023 10:44 AM

**To:** Katch (she/her), Hannah (CMS/OA) <Hannah.Katch@cms.hhs.gov>; Harris, Will (CMS/OA) <William.Harris@cms.hhs.gov>; Chambers, Gwendolyn (CMS/OC) <Gwendolyn.Chambers@cms.hhs.gov>; Alexander, Bruce (CMS/OC) <Bruce.Alexander@cms.hhs.gov>; Blum, Jonathan (CMS/OA) <Jonathan.Blum@cms.hhs.gov>; Boulanger, Jennifer (CMS/OL) <Jennifer.Boulanger@cms.hhs.gov>; Ellis (she/her), Kyla (CMS/OA) <Kyla.Ellis@cms.hhs.gov>; OToole, Meghan (CMS/OA) <Meghan.OToole1@cms.hhs.gov>; Richardson (she/her), Erin (CMS/OA) <Erin.Richardson@cms.hhs.gov>; Woronoff, Arielle (CMS/OL) <Arielle.Woronoff@cms.hhs.gov>; Yao, Kristiana (CMS/OA) <Kristiana.Yao1@cms.hhs.gov>

**Cc:** Howden, Catherine (CMS/OC) <Catherine.Howden@cms.hhs.gov>; Aldana, Karen (CMS/OC) <Karen.Aldana@cms.hhs.gov>; Franklin, Julie (CMS/OC) <Julie.Franklin@cms.hhs.gov>; Toomey, Mary (CMS/OC) <Mimi.Toomey@cms.hhs.gov>; Brager, Mark (CMS/OC) <Mark.Brager@cms.hhs.gov>; Clemens, Kristen (CMS/OC) <Kristen.Clemens@cms.hhs.gov>; Wagner, Rachel (CMS/OC) <Rachel.Wagner@cms.hhs.gov>; Shorter, Kimberly (CMS/OC) <Kimberly.Shorter@cms.hhs.gov>; Bradley, Tasha (CMS/OC) <Tasha.Bradley1@cms.hhs.gov>; Thorn, Raymond (CMS/OC) <Raymond.Thorn@cms.hhs.gov>

**Subject:** RE: MEDIA INQUIRIES: FEB 23

Thanks, Hannah! Yes, it is updated below. I've added your name beside it as I believe this is something you'll want to review.

**From:** Katch (she/her), Hannah (CMS/OA) <Hannah.Katch@cms.hhs.gov>

**Sent:** Thursday, February 23, 2023 10:30 AM

**To:** Harris, Will (CMS/OA) <William.Harris@cms.hhs.gov>; Chambers, Gwendolyn (CMS/OC) <Gwendolyn.Chambers@cms.hhs.gov>; Alexander, Bruce (CMS/OC) <Bruce.Alexander@cms.hhs.gov>; Blum, Jonathan (CMS/OA) <Jonathan.Blum@cms.hhs.gov>; Boulanger, Jennifer (CMS/OL) <Jennifer.Boulanger@cms.hhs.gov>; Ellis (she/her), Kyla (CMS/OA) <Kyla.Ellis@cms.hhs.gov>; OToole, Meghan (CMS/OA) <Meghan.OToole1@cms.hhs.gov>; Richardson (she/her), Erin (CMS/OA) <Erin.Richardson@cms.hhs.gov>; Woronoff, Arielle (CMS/OL) <Arielle.Woronoff@cms.hhs.gov>; Yao, Kristiana (CMS/OA) <Kristiana.Yao1@cms.hhs.gov>

**Cc:** Howden, Catherine (CMS/OC) <Catherine.Howden@cms.hhs.gov>; Aldana, Karen (CMS/OC) <Karen.Aldana@cms.hhs.gov>; Franklin, Julie (CMS/OC) <Julie.Franklin@cms.hhs.gov>; Toomey, Mary (CMS/OC) <Mimi.Toomey@cms.hhs.gov>; Brager, Mark (CMS/OC) <Mark.Brager@cms.hhs.gov>; Clemens, Kristen (CMS/OC) <Kristen.Clemens@cms.hhs.gov>; Schinderle, Elizabeth (CMS/OC) <elizabeth.schinderle@cms.hhs.gov>; Wagner, Rachel (CMS/OC) <Rachel.Wagner@cms.hhs.gov>; Shorter, Kimberly (CMS/OC) <Kimberly.Shorter@cms.hhs.gov>; Bradley, Tasha (CMS/OC) <Tasha.Bradley1@cms.hhs.gov>; Thorn, Raymond (CMS/OC) <Raymond.Thorn@cms.hhs.gov>

**Subject:** RE: MEDIA INQUIRIES: FEB 23

One for me – and is there a request from AP's Kavish Harjai?

Thanks!

**From:** Harris, Will (CMS/OA) <[William.Harris@cms.hhs.gov](mailto:William.Harris@cms.hhs.gov)>  
**Sent:** Thursday, February 23, 2023 10:23 AM  
**To:** Chambers, Gwendolyn (CMS/OC) <[Gwendolyn.Chambers@cms.hhs.gov](mailto:Gwendolyn.Chambers@cms.hhs.gov)>; Alexander, Bruce (CMS/OC) <[Bruce.Alexander@cms.hhs.gov](mailto:Bruce.Alexander@cms.hhs.gov)>; Blum, Jonathan (CMS/OA) <[Jonathan.Blum@cms.hhs.gov](mailto:Jonathan.Blum@cms.hhs.gov)>; Boulanger, Jennifer (CMS/OL) <[Jennifer.Boulanger@cms.hhs.gov](mailto:Jennifer.Boulanger@cms.hhs.gov)>; Ellis (she/her), Kyla (CMS/OA) <[Kyla.Ellis@cms.hhs.gov](mailto:Kyla.Ellis@cms.hhs.gov)>; Katch (she/her), Hannah (CMS/OA) <[Hannah.Katch@cms.hhs.gov](mailto:Hannah.Katch@cms.hhs.gov)>; OToole, Meghan (CMS/OA) <[Meghan.OToole1@cms.hhs.gov](mailto:Meghan.OToole1@cms.hhs.gov)>; Richardson (she/her), Erin (CMS/OA) <[Erin.Richardson@cms.hhs.gov](mailto:Erin.Richardson@cms.hhs.gov)>; Woronoff, Arielle (CMS/OL) <[Arielle.Woronoff@cms.hhs.gov](mailto:Arielle.Woronoff@cms.hhs.gov)>; Yao, Kristiana (CMS/OA) <[Kristiana.Yao1@cms.hhs.gov](mailto:Kristiana.Yao1@cms.hhs.gov)>  
**Cc:** Howden, Catherine (CMS/OC) <[Catherine.Howden@cms.hhs.gov](mailto:Catherine.Howden@cms.hhs.gov)>; Aldana, Karen (CMS/OC) <[Karen.Aldana@cms.hhs.gov](mailto:Karen.Aldana@cms.hhs.gov)>; Franklin, Julie (CMS/OC) <[Julie.Franklin@cms.hhs.gov](mailto:Julie.Franklin@cms.hhs.gov)>; Toomey, Mary (CMS/OC) <[Mimi.Toomey@cms.hhs.gov](mailto:Mimi.Toomey@cms.hhs.gov)>; Brager, Mark (CMS/OC) <[Mark.Brager@cms.hhs.gov](mailto:Mark.Brager@cms.hhs.gov)>; Clemens, Kristen (CMS/OC) <[Kristen.Clemens@cms.hhs.gov](mailto:Kristen.Clemens@cms.hhs.gov)>; Schinderle, Elizabeth (CMS/OC) <[elizabeth.schinderle@cms.hhs.gov](mailto:elizabeth.schinderle@cms.hhs.gov)>; Wagner, Rachel (CMS/OC) <[Rachel.Wagner@cms.hhs.gov](mailto:Rachel.Wagner@cms.hhs.gov)>; Shorter, Kimberly (CMS/OC) <[Kimberly.Shorter@cms.hhs.gov](mailto:Kimberly.Shorter@cms.hhs.gov)>; Bradley, Tasha (CMS/OC) <[Tasha.Bradley1@cms.hhs.gov](mailto:Tasha.Bradley1@cms.hhs.gov)>; Thorn, Raymond (CMS/OC) <[Raymond.Thorn@cms.hhs.gov](mailto:Raymond.Thorn@cms.hhs.gov)>  
**Subject:** RE: MEDIA INQUIRIES: FEB 23

Added me. Thank you.

**From:** Chambers, Gwendolyn (CMS/OC) <[Gwendolyn.Chambers@cms.hhs.gov](mailto:Gwendolyn.Chambers@cms.hhs.gov)>  
**Sent:** Thursday, February 23, 2023 9:48 AM  
**To:** Alexander, Bruce (CMS/OC) <[Bruce.Alexander@cms.hhs.gov](mailto:Bruce.Alexander@cms.hhs.gov)>; Blum, Jonathan (CMS/OA) <[Jonathan.Blum@cms.hhs.gov](mailto:Jonathan.Blum@cms.hhs.gov)>; Boulanger, Jennifer (CMS/OL) <[Jennifer.Boulanger@cms.hhs.gov](mailto:Jennifer.Boulanger@cms.hhs.gov)>; Ellis (she/her), Kyla (CMS/OA) <[Kyla.Ellis@cms.hhs.gov](mailto:Kyla.Ellis@cms.hhs.gov)>; Harris, Will (CMS/OA) <[William.Harris@cms.hhs.gov](mailto:William.Harris@cms.hhs.gov)>; Katch (she/her), Hannah (CMS/OA) <[Hannah.Katch@cms.hhs.gov](mailto:Hannah.Katch@cms.hhs.gov)>; OToole, Meghan (CMS/OA) <[Meghan.OToole1@cms.hhs.gov](mailto:Meghan.OToole1@cms.hhs.gov)>; Richardson (she/her), Erin (CMS/OA) <[Erin.Richardson@cms.hhs.gov](mailto:Erin.Richardson@cms.hhs.gov)>; Woronoff, Arielle (CMS/OL) <[Arielle.Woronoff@cms.hhs.gov](mailto:Arielle.Woronoff@cms.hhs.gov)>; Yao, Kristiana (CMS/OA) <[Kristiana.Yao1@cms.hhs.gov](mailto:Kristiana.Yao1@cms.hhs.gov)>  
**Cc:** Howden, Catherine (CMS/OC) <[Catherine.Howden@cms.hhs.gov](mailto:Catherine.Howden@cms.hhs.gov)>; Aldana, Karen (CMS/OC) <[Karen.Aldana@cms.hhs.gov](mailto:Karen.Aldana@cms.hhs.gov)>; Franklin, Julie (CMS/OC) <[Julie.Franklin@cms.hhs.gov](mailto:Julie.Franklin@cms.hhs.gov)>; Toomey, Mary (CMS/OC) <[Mimi.Toomey@cms.hhs.gov](mailto:Mimi.Toomey@cms.hhs.gov)>; Brager, Mark (CMS/OC) <[Mark.Brager@cms.hhs.gov](mailto:Mark.Brager@cms.hhs.gov)>; Clemens, Kristen (CMS/OC) <[Kristen.Clemens@cms.hhs.gov](mailto:Kristen.Clemens@cms.hhs.gov)>; Schinderle, Elizabeth (CMS/OC) <[elizabeth.schinderle@cms.hhs.gov](mailto:elizabeth.schinderle@cms.hhs.gov)>; Wagner, Rachel (CMS/OC) <[Rachel.Wagner@cms.hhs.gov](mailto:Rachel.Wagner@cms.hhs.gov)>; Shorter, Kimberly (CMS/OC) <[Kimberly.Shorter@cms.hhs.gov](mailto:Kimberly.Shorter@cms.hhs.gov)>; Bradley, Tasha (CMS/OC) <[Tasha.Bradley1@cms.hhs.gov](mailto:Tasha.Bradley1@cms.hhs.gov)>; Thorn, Raymond (CMS/OC) <[Raymond.Thorn@cms.hhs.gov](mailto:Raymond.Thorn@cms.hhs.gov)>  
**Subject:** MEDIA INQUIRIES: FEB 23

Good morning,

Below is a rundown of this morning's open media inquiries. Please flag any inquiries you'd like to review.

Thank you,

Outlet	Contact Name	Description of Request	Current Deadline	Senior Adviso
University of CA, Santa Cruz Science Communications Program	Elissa Welle	I am looking for numbers related to vagus nerve stimulation for epilepsy. I'd like to find the number of devices implanted in adults and children in the US, and I imagine CMS collects the numbers of surgery/device reimbursements for these implants. However, I cannot seem to find the right database with this information. Can you help point me in the right direction?	03/01/2023	



WIRED	Brenda Stolyar	My name is Brenda Stolyar and I'm a writer at Wired. I'm currently working on updating our Best At-Home Covid-19 Tests story. The Biden Administration recently announced it will be terminating the public health emergency surrounding Covid-19 on May 11, 2023. I wanted to reach out and see if you could provide me with any details on how coverage of free at-home Covid-19 tests will be impacted for those who have Medicare and Medicaid.	02/23/2023	Will
Las Vegas Review - Journal	Mary Hynes	I'm writing today on a briefing today by the Better Medicare Alliance and a new study. An analysis by Avalere shows that the proposed cuts could lead to premiums that are \$76.05 higher a month and \$912.58 higher a year for Nevadans who choose Medicare Advantage. The average premium for Nevadans this year is \$3.78 a month, or \$45.36 annually. The cuts would lead to premiums of \$79.83 each month, or \$957.96 a year, if the same level of benefits is maintained, according to the study. Nationwide, the average annual premium increase would be \$540, according to the study. Can you comment on these findings? On the steep increases according to the study, and that the increases would be highest in Nevada? My deadline is today. Here's a link to the story's early version: <a href="https://www.reviewjournal.com/local/local-nevada/proposed-medicare-advantage-cuts-could-hit-nevadans-hardest-study-says-2733220/">https://www.reviewjournal.com/local/local-nevada/proposed-medicare-advantage-cuts-could-hit-nevadans-hardest-study-says-2733220/</a>	2/23	
Politico	Ben Leonard	Hey! I'm working on a newsletter item for Future Pulse on this blog post <a href="https://www.healthaffairs.org/content/forefront/hospital-price-transparency-progress-and-commitment-achieving-its-potential?hsmi=246955043&amp;hsenc=p2ANqtz-982AQemg96cDmeBpAm5tTR8T706k4LOoydUCY81U5XRlemJ94Xud-jr232Mxd22Kt_XV5MKN5fIKgseWTgDgCQOZSZKw">https://www.healthaffairs.org/content/forefront/hospital-price-transparency-progress-and-commitment-achieving-its-potential?hsmi=246955043&amp;hsenc=p2ANqtz-982AQemg96cDmeBpAm5tTR8T706k4LOoydUCY81U5XRlemJ94Xud-jr232Mxd22Kt_XV5MKN5fIKgseWTgDgCQOZSZKw</a> . I saw the stat that "at least" 30 percent of hospitals aren't fully compliant with the price transparency regs. I saw an outside statistic that found that about 75 percent of hospitals aren't fully compliant. <a href="https://www.patientrightsadvocate.org/blog/new-report-shows-more-than-75-of-hospitals-still-not-complying-with-hospital-price-transparency-rule">https://www.patientrightsadvocate.org/blog/new-report-shows-more-than-75-of-hospitals-still-not-complying-with-hospital-price-transparency-rule</a> I was wondering if there's a reason you know for the differences. Would need it by 1 pm tomorrow.	02/23/2023	
WNIJ	Maria Gardner Lara	May I have your assistance in locating demographic data on patients served in FQHC's in the Rockford area.	02/24/2023	
Wisconsin Examiner	Erik Gunn	In reading your tables on Medicare and Medicare Advantage enrollment, the columns containing Medicare Advantage data are given the heading -- "Medicare Advantage And Other Health Plans." -- The phrase "And Other Health Plans" confuses me. What are the "other health plans" that might be included in this column and are NOT Medicare Advantage plans? How big a share of the overall number in this column consists of the "OTHER health plans" that are NOT Medicare Advantage Plans? If I am reporting the number in that column as simply "Medicare advantage enrollment" is that essentially accurate? Or do I need to somehow derive a different number just to count Medicare Advantage enrollment that does not include the "other health plans.."???	02/23/2023	

Our Sunday Visitor	Katie Yoder	I'm writing a story about a proposal to make birth free in the United States. I read that, in 2020, 42% of U.S. births were covered by Medicaid. Can you confirm that? Are there more recent numbers? A source told me that, while most states have pregnancy Medicaid, this does not benefit women who are covered as dependents on their parents' insurance plan. Can you confirm this? Are women who are covered as dependents on their parents' plan disqualified from applying for Medicaid? (I'm hearing this is a concern because insurance plans of large employers are not required to provide delivery for dependents.) Thanks for your time! I greatly appreciate any/all information you have about this.	02/23/2023	Hannat
STAT News	Rachel Cohrs	I've noticed that it appears all CMS staff have disappeared from the HHS staff directory, while other agencies including NIH and FDA are still displayed. Was this an intentional removal or a technical glitch? If we could confirm by the end of the day, that would be much appreciated. My deadline is 5pm ET on Wednesday, Feb. 22.	02/23/2023	Will
Asheville Watchdog	Barbara Durr	I would like to have a copy of the HCAPS survey for Mission Hospital in Asheville, NC.	02/27/2023	
CNN	Tami Luhby	I saw Politico's story that CMS/HHS is working with Congress to get the authority to continue providing Medicare beneficiaries with up to 8 free at-home tests a month. Could you please update me on where this effort stands? On background is fine. And please let me know if/when CMS/HHS receives the authority and covers the at-home tests.	02/23/2023	Will
Inside Health Policy	Bridget Early	Hi! I just have a quick question about the proposed universal foundation for a story I'm filing today (Feb. 22) at 4pm. I was wondering how the universal foundation is supposed to differ from the health equity index CMS developed last year -- would it incorporate the HEI as one of the core quality measures across programs?	02/23/2023	
The Missouri Independent	Clara Bates	I am trying to get clarity on what standards CMS uses to accept states' waivers for extension of postpartum Medicaid. The latest version of the Missouri legislature's bill to extend postpartum Medicaid coverage includes the following provision: "The state shall not provide payments, add ons, or reimbursements to health care providers through MO HealthNet for medical assistance services provided to persons who do not reside in this state, as determined under 5 42 CFR 435.403" 1. Does that provision conflict with federal statute, as it appears to? 2. In what instances does CMS reject a state's waiver to extend postpartum coverage? Would the inclusion of such a provision be reason to reject the application? 3. Did CMS reject Texas's waiver last year because of the language around abortion? Would language that, as Missouri's draft does, clarifies "A woman shall be enrolled in benefits under this subdivision when her child is enrolled in the MO HealthNet program or the children's health insurance program or when a physician or the managed care plan notifies the MO HealthNet program of the pregnancy ending involuntarily or necessarily to save the life of the mother" also be of concern to CMS? Here is the legislation <a href="https://instatrac-production.s3.us-east-2.amazonaws.com/GovWatch/text/pdfs/21/bill-text/1d2f541d2f55c63f6b9f3dac417837d4.pdf">https://instatrac-production.s3.us-east-2.amazonaws.com/GovWatch/text/pdfs/21/bill-text/1d2f541d2f55c63f6b9f3dac417837d4.pdf</a>	02/23/2023	Hannat

San Jose Inside	Barry Holtzclaw	Request copy of (or link to) 2022-23 report by CMS on several suicides at Valley Medical Center, plus any summary page or cover letter to the Santa Clara County CA public health system re Valley Medical Center.	02/23/2023	
WyoFile	Madelyn Beck	I'm looking to talk with someone at CMS about changes people and health care facilities in Wyoming should expect from the agency as federal COVID emergency declarations come to an end.	02/24/2023	Will
AARP	Susan Obrien	I'd like to confirm whether or not Medicare will cover the cost of an ambulance for the trip home from either a hospital or SNF stay. I understand the criteria for ambulance coverage to a facility	02/23/2023	
USA Today	Ken Alltucker	Please provide a copy of any surveys, inspections or 2567 reports and responses from Harrison Medical Center in Bremerton, Washington since Jan 1, 2020.	02/25/2023	
Associated Press	Kavish Harjai	<p>I am a data reporter with the Associated Press working on a story that touches on the number of Medicaid enrollees in each state and nationally from March 2019 to the most recent month for which data is available.</p> <p>The following questions refer to the CMS dataset "State Medicaid and CHIP Applications, Eligibility Determinations, and Enrollment Data."</p> <p>- Can you explain what exactly the footnote 'Includes Individuals Enrolled At Any Time in Month (Not a Point-in-time Count' means? I noticed it's attached to most of West Virginia's Medicaid enrollment numbers between March 2019 and October 2022 under the column 'total_medicaid_enrollment footnotes.' I also see it attached to a number of Medicaid enrollment numbers for both Ohio and Washington. Is it ok to compare enrollment figures that have the footnote to others for the same state without the footnote? Is it ok to compare enrollment figures that have the footnote to other states for the same month?</p> <p>- There is a footnote attached to most of Utah's medicaid enrollment numbers indicating that the numbers include 'Enrollees in Other Financial Assistance Programs Not Enrolled in Medicaid or CHIP.' I contacted Utah's Medicaid agency, and it said "Utah includes the disclaimer to indicate that some cases are receiving both financial and medical assistance. We do not report numbers that are financial assistance only." I wasn't really able to make sense of the footnote or the response. Could you clarify the meaning of the footnote, and whether it's ok to use the Medicaid enrollment figures for Utah as they are?</p>	02/23/2023	Hanna
WYMT	Buddy Forbes	Good morning! I am a reporter for WYMT in Eastern Kentucky. I am working on a story about the notice of termination for the Parkview Post-Acute and Rehabilitation Center located at 200 Nursing Home Lane in Pikeville, Ky. I was hoping someone would be able to provide a little more information into what caused the termination and what this means for the residents.	02/23/2023	Will
Los Angeles Times	Emily Alpert Reyes	Hello, I'm interested in the process in which patients are assessed by transplant centers before being approved for the kidney transplant waitlist. Is there any requirement for a transplant center to perform that assessment within a certain period of time? Is the amount of time taken for the assessment measured in any way that is monitored by CMS?	02/27/2023	
MUSC Health	Joy Jacob	This was published in 2022- when can a vote be expected for outcome?	03/01/2023	

Wall Street Journal	Anna Matthews	<p>Hi all, I saw the Secretary's statement and the fact sheet regarding the Advance Notice, and I wanted to follow up with a few questions.</p> <p>1) The big difference between Wall Street analyst/insurance industry assessment of the impact (a 2.27% cut in revenue) and CMS's (a 1.03% increase) seems to be the 3.3% "MA risk score trend" that CMS includes. Can you explain what that is and why CMS believes it should be included and would increase the plan's revenue?</p> <p>2) In the fact sheet released last week, CMS said it had "identified diagnosis codes that are not used consistently across the industry" and "has proposed to address these inconsistencies in order to ensure insurance companies offering Medicare Advantage are not gaming the system." Can you explain what CMS meant by that, and how the codes that are being eliminated were selected, with a bit more clarity? Does CMS feel that some plans were "gaming" the system by using these codes when not justified?</p> <p>3) Some in the industry have argued that the code tweaks could result in far larger revenue dropoffs for some plans and risk-bearing physician groups. For example, American's Physician Groups have suggested revenues could fall by 10% to 20% for some of its members. The Better Medicare Alliance released an Avalere analysis that suggested there could be a \$540 reduction in benefits per members on average. Does CMS agree with those claims? Why or why not? And does CMS feel that steeper drops in revenue would occur among groups and plans that were employing coding practices the agency feels might not be justified under the current system?</p> <p>4) Any other comments you'd want to share about the Advance Notice and its impact?</p>	02/23/2023	Megha
Very Well Health	Valerie DeBenedette	<p>Can I speak with someone from CMS about the new models being tested in the hopes that they will lower drug costs? VeryWellHealth.com wants me to write about the Medicare \$2 Drug List. I will be mentioning the other two models in passing in my article. My questions include:</p> <ul style="list-style-type: none"> <li>• How many drugs will be on the \$2 list? I've seen one report that it will be about 150 generic drugs.</li> <li>• What percent of prescriptions for Medicare recipients will this cover? In other words, are we talking about 20% of the total number of prescriptions? 60% of prescriptions?</li> <li>• Some pharmacies are already offering cheap generics, such as Amazon Pharmacy's RxPass that offers a \$5 subscription for as many prescriptions as needed from a list of 50 generic drugs. How will this CMS model stack up against those?</li> </ul>	02/23/2023	Megha
Arizona Republic	Andrew Ford	<p>Hello, has CMS sent preclusion letters to any Modern Vascular clinics? If yes, can you say why?</p>	02/23/2023	Will
Wall Street Journal	Julie Wernau	<p>I am rating about what information is available about doctors online. I'd like to mention the Care Compare site and am wondering how comprehensive the site is, if disciplinary actions and medicare claims are included and what consumers can expect/not expect to find when using the site.</p>	02/23/2023	

Bloomberg Industry Group	Celine Castronuovo	I'm Bloomberg Law's FDA and drug pricing reporter, and my team is doing an ongoing series of profiles on officials involved in implementing the drug pricing provisions of the Inflation Reduction Act. Here's one my colleague did on Medicare Director Meena Seshamani in November: <a href="https://news.bloomberglaw.com/health-law-and-business/meet-the-surgeon-economist-at-heart-of-democrats-drug-price-law?context=search&amp;index=0">https://news.bloomberglaw.com/health-law-and-business/meet-the-surgeon-economist-at-heart-of-democrats-drug-price-law?context=search&amp;index=0</a> . I recently reported on Principal Deputy Administrator Jonathan Blum's remarks at the Biopharma Congress, and I was wondering if it would be possible to set up a conversation with him to discuss his career at the CMS, and how that is informing what he's working on now to help implement the drug price negotiations, the Part D redesign, and other components of the IRA. If you could get back to me by next Thursday, Feb. 23, I would greatly appreciate it. Let me know if you have any questions.	02/23/2023	Megha
Maryland Benefits Counseling Network	Charlie Hollins	I wish to receive confirmation that CMS has denied the 2022 expansion of EID eligibility that had allowed for unlimited income and limited resources only at the time of the initial application.	02/28/2023	
CBS Evening News	Deborah Rubin	My name is Debbie Rubin and I am hoping you can help answer a couple of questions about the CMS Hospital Value-Based Purchasing Program (HVBP), and the role that HCAHPS plays in hospital reimbursement for the most recent fiscal year available. My understanding is that the law requires participating hospitals to collect and submit HCAHPS data, which includes questions pertaining to patient satisfaction with the care they received at the hospital. Some of the questions in the survey are related to communication with doctors and nurses, responsiveness of hospital staff, communication about medicines. Can you please tell me what the percent of HVBP withheld from participating hospitals is currently (2%?) and confirm my understanding that based on their performance in the program, participating hospitals can earn back a percentage of that 2%? I read that for 2022 the discharges were approximately \$1.9 billion. Can you please confirm or correct?  I also read that HCAHPS is the basis for the Person and Community Engagement domain, which accounts for 25% of the Hospital VBP Total Performance Score. SO that means that questions relating to communication with physicians and nurses is part of the equation that goes in to how much a participating hospital can get back from the funds withheld. Can you please confirm or correct?	02/24/2023	Megha
Fox32 Denver	Carissa Scott	Will CMS confirm that Medicare often pays insurance providers between \$6,000 and \$7,000 per fixed-wing air-ambulance flight, and those patients can't be balance-billed by participating Medicare providers per federal law?	02/23/2023	

<p>Association for Health Care Journalists</p>	<p>Mary Chris Jaklevic</p>	<p>I'm the patient safety topic leader for the Association of Health Care Journalists. I'm trying to contact the individual who assembles the hospital inspection reports (2567 forms) datafile that CMS provides electronically to AHCJ. A 2013 article on the AHCJ web site states: "During the process of preparing the records for release, CMS discovered that some state health departments and its own regional offices had sometimes not uploaded the inspection reports into a central computer system that could then be shared by us. In such cases, CMS identified the dates of the missing inspections and the number of deficiencies identified and those details are included on each hospital's page. You can request that information from CMS or your state health department. "CMS and AHCJ have also discovered that some reports that should be released are missing entirely from the dataset. CMS is working with its regional offices and state health departments to remedy this problem. The issues seem to be particularly acute in California." Do these data gaps persist in recent data files, such as the most recent one provided to AHCJ last fall? Or have these data gaps been remedied? Are there other missing data is this most recent file that journalists should know about? For your reference, the website is here: <a href="http://www.hospitalinspections.org/">http://www.hospitalinspections.org/</a>. I'd appreciate your prompt attention to this matter.</p>	<p>02/23/2023</p>	<p>Kristian</p>
<p>GOV CIO</p>	<p>Nikki Henderson</p>	<p>Good afternoon. Hope you're doing well. I'm reaching out today regarding an article interview request for a GovCIO Media &amp; Research feature on Data Literacy. I would be honored to speak with Ms. Allison Oelshclaeger about the challenges of reskilling and upskilling personnel with cutting-edge data literacy tools and training.</p> <p>I would also like to discuss what does data literacy means to CMS, how CMS is measuring data literacy and what programs CMS is using to improve data literacy. Here is a list of the interview questions:</p> <p>What training programs do you offer to improve data literacy across all levels of the workforce?  What challenges did you face with data literacy? How did they impact the tech solutions VA offers?  How are data literacy programs improving other technology solutions – like AI or data governance for example? Where are those crossovers?  How are you measuring and documenting results/ success within data literacy?  Are you collaborating with other federal agencies to share best practices and partner to provide data-driven value?  Moving forward, what are your goals with data literacy?</p> <p>I would like to schedule an interview within the next couple of weeks. My Editor-In-Chief would like for me to have my interviews done by Feb. 24 but I have a little flexibility. The actual article is due March 10 and the publication will be a short time after that. Please check Ms. Oelshclaeger's availability and get back to me at your earliest convenience.</p>	<p>02/24/2023</p>	<p>Kristian</p>

<p>Kaiser Health News</p>	<p>Harris Meyer</p>	<p>I'm working on a bill of the month story for Kaiser and this issue came up. Matt Fiedler and Loren Adler believe this case highlights a loophole in the No Surprises Act. I need to know CMS's view on this and whether CMS plans to provide guidance on it. Does the NSA apply in situations where the patient's insurer has a contract with a provider but that provider is out of network for the patient's particular plan? In the case I'm writing about, the insurer has a contract with a hospital as a participating provider but that provider is out of network for this patient's plan. But the contract allows the hospital to charge the plan's members a 50% coinsurance when the members go to that hospital on an out of network basis. In this case, the insurer reclassified the patient's care as emergency and waived the coinsurance. But the insurer says neither it nor the hospital violated the NSA. It appears the insurer considers its contract with the hospital to take this situation outside the requirements of the NSA. Does the NSA apply in situations like that, or not? And if not, does CMS plan to issue any kind of guidance to protect consumers from what appears to be a major loophole in the law? Thanks.</p> <p>Harris Meyer  Reporter/Writer/Editor, Chicago  Health care, law, business, wine  Winner, Gerald Loeb Award for Distinguished Business &amp; Financial Journalism  <span style="border: 1px dashed black; padding: 2px;">(b)(6)</span> cell  harris_meyer@yahoo.com</p>	<p>02/21/2023</p>	<p>Kyla</p>
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Message

**From:** Ellis (she/her), Kyla (CMS/OA) (b)(6)  
(b)(6)  
**Sent:** 2/23/2023 7:26:40 PM  
**To:** Richardson (she/her), Erin (CMS/OA) (b)(6)  
(b)(6) Katch (she/her), Hannah  
]; Schinderle, Elizabeth  
Harris, Will (CMS/OA)  
Chambers, Gwendolyn  
Alexander, Bruce  
Blum, Jonathan  
Boulanger, Jennifer  
OToole, Meghan  
(b)(6)  
]; Woronoff, Arielle  
Yao, Kristiana (CMS/OA)  
**CC:** Howden, Catherine (CMS/OC) (b)(6)  
(b)(6) ]; Aldana, Karen (CMS/OC)  
(b)(6) ]; Franklin, Julie (CMS/OC)  
(b)(6) Toomey, Mary (CMS/OC)  
(b)(6) ]; Brager, Mark  
(b)(6) ]; Clemens, Kristen  
(b)(6) Wagner, Rachel  
(b)(6) ]; Shorter, Kimberly  
(b)(6) Bradley, Tasha  
(b)(6) Thorn, Raymond  
(b)(6)  
**Subject:** RE: RE: MEDIA INQUIRIES: FEB 23

+Eden. Can we make sure she's included on this chain going forward for awareness.

Definitely agree on flagging since there is such high interest. I'll also say "aloud" that we should pull from the pre-vetted talking points that were used from this morning's interview to expedite.

**From:** Richardson (she/her), Erin (CMS/OA) <Erin.Richardson@cms.hhs.gov>

**Sent:** Thursday, February 23, 2023 1:04 PM



**To:** Katch (she/her), Hannah (CMS/OA) <Hannah.Katch@cms.hhs.gov>; Schinderle, Elizabeth (CMS/OC) <elizabeth.schinderle@cms.hhs.gov>; Harris, Will (CMS/OA) <William.Harris@cms.hhs.gov>; Chambers, Gwendolyn (CMS/OC) <Gwendolyn.Chambers@cms.hhs.gov>; Alexander, Bruce (CMS/OC) <Bruce.Alexander@cms.hhs.gov>; Blum, Jonathan (CMS/OA) <Jonathan.Blum@cms.hhs.gov>; Boulanger, Jennifer (CMS/OL) <Jennifer.Boulanger@cms.hhs.gov>; Ellis (she/her), Kyla (CMS/OA) <Kyla.Ellis@cms.hhs.gov>; OToole, Meghan (CMS/OA) <Meghan.OToole1@cms.hhs.gov>; Woronoff, Arielle (CMS/OL) <Arielle.Woronoff@cms.hhs.gov>; Yao, Kristiana (CMS/OA) <Kristiana.Yao1@cms.hhs.gov>  
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**Subject:** RE: MEDIA INQUIRIES: FEB 23

Would flag the Politico hospital transparency rule one for ASPA given the NBC interview. Would also share that one with ACBL as an FYI.

**From:** Katch (she/her), Hannah (CMS/OA) <Hannah.Katch@cms.hhs.gov>  
**Sent:** Thursday, February 23, 2023 11:27 AM  
**To:** Schinderle, Elizabeth (CMS/OC) <elizabeth.schinderle@cms.hhs.gov>; Harris, Will (CMS/OA) <William.Harris@cms.hhs.gov>; Chambers, Gwendolyn (CMS/OC) <Gwendolyn.Chambers@cms.hhs.gov>; Alexander, Bruce (CMS/OC) <Bruce.Alexander@cms.hhs.gov>; Blum, Jonathan (CMS/OA) <Jonathan.Blum@cms.hhs.gov>; Boulanger, Jennifer (CMS/OL) <Jennifer.Boulanger@cms.hhs.gov>; Ellis (she/her), Kyla (CMS/OA) <Kyla.Ellis@cms.hhs.gov>; OToole, Meghan (CMS/OA) <Meghan.OToole1@cms.hhs.gov>; Richardson (she/her), Erin (CMS/OA) <Erin.Richardson@cms.hhs.gov>; Woronoff, Arielle (CMS/OL) <Arielle.Woronoff@cms.hhs.gov>; Yao, Kristiana (CMS/OA) <Kristiana.Yao1@cms.hhs.gov>  
**Cc:** Howden, Catherine (CMS/OC) <Catherine.Howden@cms.hhs.gov>; Aldana, Karen (CMS/OC) <Karen.Aldana@cms.hhs.gov>; Franklin, Julie (CMS/OC) <Julie.Franklin@cms.hhs.gov>; Toomey, Mary (CMS/OC) <Mimi.Toomey@cms.hhs.gov>; Brager, Mark (CMS/OC) <Mark.Brager@cms.hhs.gov>; Clemens, Kristen (CMS/OC) <Kristen.Clemens@cms.hhs.gov>; Wagner, Rachel (CMS/OC) <Rachel.Wagner@cms.hhs.gov>; Shorter, Kimberly (CMS/OC) <Kimberly.Shorter@cms.hhs.gov>; Bradley, Tasha (CMS/OC) <Tasha.Bradley1@cms.hhs.gov>; Thorn, Raymond (CMS/OC) <Raymond.Thorn@cms.hhs.gov>  
**Subject:** RE: MEDIA INQUIRIES: FEB 23

Thank you (and yes)!

**From:** Schinderle, Elizabeth (CMS/OC) <elizabeth.schinderle@cms.hhs.gov>  
**Sent:** Thursday, February 23, 2023 10:44 AM  
**To:** Katch (she/her), Hannah (CMS/OA) <Hannah.Katch@cms.hhs.gov>; Harris, Will (CMS/OA) <William.Harris@cms.hhs.gov>; Chambers, Gwendolyn (CMS/OC) <Gwendolyn.Chambers@cms.hhs.gov>; Alexander, Bruce (CMS/OC) <Bruce.Alexander@cms.hhs.gov>; Blum, Jonathan (CMS/OA) <Jonathan.Blum@cms.hhs.gov>; Boulanger, Jennifer (CMS/OL) <Jennifer.Boulanger@cms.hhs.gov>; Ellis (she/her), Kyla (CMS/OA) <Kyla.Ellis@cms.hhs.gov>; OToole, Meghan (CMS/OA) <Meghan.OToole1@cms.hhs.gov>; Richardson (she/her), Erin (CMS/OA) <Erin.Richardson@cms.hhs.gov>; Woronoff, Arielle (CMS/OL) <Arielle.Woronoff@cms.hhs.gov>; Yao, Kristiana (CMS/OA) <Kristiana.Yao1@cms.hhs.gov>  
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**Subject:** RE: MEDIA INQUIRIES: FEB 23

Thanks, Hannah! Yes, it is updated below. I've added your name beside it as I believe this is something you'll want to review.

**From:** Katch (she/her), Hannah (CMS/OA) <[Hannah.Katch@cms.hhs.gov](mailto:Hannah.Katch@cms.hhs.gov)>  
**Sent:** Thursday, February 23, 2023 10:30 AM  
**To:** Harris, Will (CMS/OA) <[William.Harris@cms.hhs.gov](mailto:William.Harris@cms.hhs.gov)>; Chambers, Gwendolyn (CMS/OC) <[Gwendolyn.Chambers@cms.hhs.gov](mailto:Gwendolyn.Chambers@cms.hhs.gov)>; Alexander, Bruce (CMS/OC) <[Bruce.Alexander@cms.hhs.gov](mailto:Bruce.Alexander@cms.hhs.gov)>; Blum, Jonathan (CMS/OA) <[Jonathan.Blum@cms.hhs.gov](mailto:Jonathan.Blum@cms.hhs.gov)>; Boulanger, Jennifer (CMS/OL) <[Jennifer.Boulanger@cms.hhs.gov](mailto:Jennifer.Boulanger@cms.hhs.gov)>; Ellis (she/her), Kyla (CMS/OA) <[Kyla.Ellis@cms.hhs.gov](mailto:Kyla.Ellis@cms.hhs.gov)>; OToole, Meghan (CMS/OA) <[Meghan.OToole1@cms.hhs.gov](mailto:Meghan.OToole1@cms.hhs.gov)>; Richardson (she/her), Erin (CMS/OA) <[Erin.Richardson@cms.hhs.gov](mailto:Erin.Richardson@cms.hhs.gov)>; Woronoff, Arielle (CMS/OL) <[Arielle.Woronoff@cms.hhs.gov](mailto:Arielle.Woronoff@cms.hhs.gov)>; Yao, Kristiana (CMS/OA) <[Kristiana.Yao1@cms.hhs.gov](mailto:Kristiana.Yao1@cms.hhs.gov)>  
**Cc:** Howden, Catherine (CMS/OC) <[Catherine.Howden@cms.hhs.gov](mailto:Catherine.Howden@cms.hhs.gov)>; Aldana, Karen (CMS/OC) <[Karen.Aldana@cms.hhs.gov](mailto:Karen.Aldana@cms.hhs.gov)>; Franklin, Julie (CMS/OC) <[Julie.Franklin@cms.hhs.gov](mailto:Julie.Franklin@cms.hhs.gov)>; Toomey, Mary (CMS/OC) <[Mimi.Toomey@cms.hhs.gov](mailto:Mimi.Toomey@cms.hhs.gov)>; Brager, Mark (CMS/OC) <[Mark.Brager@cms.hhs.gov](mailto:Mark.Brager@cms.hhs.gov)>; Clemens, Kristen (CMS/OC) <[Kristen.Clemens@cms.hhs.gov](mailto:Kristen.Clemens@cms.hhs.gov)>; Schinderle, Elizabeth (CMS/OC) <[elizabeth.schinderle@cms.hhs.gov](mailto:elizabeth.schinderle@cms.hhs.gov)>; Wagner, Rachel (CMS/OC) <[Rachel.Wagner@cms.hhs.gov](mailto:Rachel.Wagner@cms.hhs.gov)>; Shorter, Kimberly (CMS/OC) <[Kimberly.Shorter@cms.hhs.gov](mailto:Kimberly.Shorter@cms.hhs.gov)>; Bradley, Tasha (CMS/OC) <[Tasha.Bradley1@cms.hhs.gov](mailto:Tasha.Bradley1@cms.hhs.gov)>; Thorn, Raymond (CMS/OC) <[Raymond.Thorn@cms.hhs.gov](mailto:Raymond.Thorn@cms.hhs.gov)>  
**Subject:** RE: MEDIA INQUIRIES: FEB 23

One for me – and is there a request from AP's Kavish Harjai?

Thanks!

**From:** Harris, Will (CMS/OA) <[William.Harris@cms.hhs.gov](mailto:William.Harris@cms.hhs.gov)>  
**Sent:** Thursday, February 23, 2023 10:23 AM  
**To:** Chambers, Gwendolyn (CMS/OC) <[Gwendolyn.Chambers@cms.hhs.gov](mailto:Gwendolyn.Chambers@cms.hhs.gov)>; Alexander, Bruce (CMS/OC) <[Bruce.Alexander@cms.hhs.gov](mailto:Bruce.Alexander@cms.hhs.gov)>; Blum, Jonathan (CMS/OA) <[Jonathan.Blum@cms.hhs.gov](mailto:Jonathan.Blum@cms.hhs.gov)>; Boulanger, Jennifer (CMS/OL) <[Jennifer.Boulanger@cms.hhs.gov](mailto:Jennifer.Boulanger@cms.hhs.gov)>; Ellis (she/her), Kyla (CMS/OA) <[Kyla.Ellis@cms.hhs.gov](mailto:Kyla.Ellis@cms.hhs.gov)>; Katch (she/her), Hannah (CMS/OA) <[Hannah.Katch@cms.hhs.gov](mailto:Hannah.Katch@cms.hhs.gov)>; OToole, Meghan (CMS/OA) <[Meghan.OToole1@cms.hhs.gov](mailto:Meghan.OToole1@cms.hhs.gov)>; Richardson (she/her), Erin (CMS/OA) <[Erin.Richardson@cms.hhs.gov](mailto:Erin.Richardson@cms.hhs.gov)>; Woronoff, Arielle (CMS/OL) <[Arielle.Woronoff@cms.hhs.gov](mailto:Arielle.Woronoff@cms.hhs.gov)>; Yao, Kristiana (CMS/OA) <[Kristiana.Yao1@cms.hhs.gov](mailto:Kristiana.Yao1@cms.hhs.gov)>  
**Cc:** Howden, Catherine (CMS/OC) <[Catherine.Howden@cms.hhs.gov](mailto:Catherine.Howden@cms.hhs.gov)>; Aldana, Karen (CMS/OC) <[Karen.Aldana@cms.hhs.gov](mailto:Karen.Aldana@cms.hhs.gov)>; Franklin, Julie (CMS/OC) <[Julie.Franklin@cms.hhs.gov](mailto:Julie.Franklin@cms.hhs.gov)>; Toomey, Mary (CMS/OC) <[Mimi.Toomey@cms.hhs.gov](mailto:Mimi.Toomey@cms.hhs.gov)>; Brager, Mark (CMS/OC) <[Mark.Brager@cms.hhs.gov](mailto:Mark.Brager@cms.hhs.gov)>; Clemens, Kristen (CMS/OC) <[Kristen.Clemens@cms.hhs.gov](mailto:Kristen.Clemens@cms.hhs.gov)>; Schinderle, Elizabeth (CMS/OC) <[elizabeth.schinderle@cms.hhs.gov](mailto:elizabeth.schinderle@cms.hhs.gov)>; Wagner, Rachel (CMS/OC) <[Rachel.Wagner@cms.hhs.gov](mailto:Rachel.Wagner@cms.hhs.gov)>; Shorter, Kimberly (CMS/OC) <[Kimberly.Shorter@cms.hhs.gov](mailto:Kimberly.Shorter@cms.hhs.gov)>; Bradley, Tasha (CMS/OC) <[Tasha.Bradley1@cms.hhs.gov](mailto:Tasha.Bradley1@cms.hhs.gov)>; Thorn, Raymond (CMS/OC) <[Raymond.Thorn@cms.hhs.gov](mailto:Raymond.Thorn@cms.hhs.gov)>  
**Subject:** RE: MEDIA INQUIRIES: FEB 23

Added me. Thank you.

**From:** Chambers, Gwendolyn (CMS/OC) <[Gwendolyn.Chambers@cms.hhs.gov](mailto:Gwendolyn.Chambers@cms.hhs.gov)>  
**Sent:** Thursday, February 23, 2023 9:48 AM  
**To:** Alexander, Bruce (CMS/OC) <[Bruce.Alexander@cms.hhs.gov](mailto:Bruce.Alexander@cms.hhs.gov)>; Blum, Jonathan (CMS/OA) <[Jonathan.Blum@cms.hhs.gov](mailto:Jonathan.Blum@cms.hhs.gov)>; Boulanger, Jennifer (CMS/OL) <[Jennifer.Boulanger@cms.hhs.gov](mailto:Jennifer.Boulanger@cms.hhs.gov)>; Ellis (she/her), Kyla (CMS/OA) <[Kyla.Ellis@cms.hhs.gov](mailto:Kyla.Ellis@cms.hhs.gov)>; Harris, Will (CMS/OA) <[William.Harris@cms.hhs.gov](mailto:William.Harris@cms.hhs.gov)>; Katch (she/her), Hannah (CMS/OA) <[Hannah.Katch@cms.hhs.gov](mailto:Hannah.Katch@cms.hhs.gov)>; OToole, Meghan (CMS/OA) <[Meghan.OToole1@cms.hhs.gov](mailto:Meghan.OToole1@cms.hhs.gov)>; Richardson (she/her), Erin (CMS/OA) <[Erin.Richardson@cms.hhs.gov](mailto:Erin.Richardson@cms.hhs.gov)>; Woronoff, Arielle (CMS/OL) <[Arielle.Woronoff@cms.hhs.gov](mailto:Arielle.Woronoff@cms.hhs.gov)>; Yao, Kristiana (CMS/OA) <[Kristiana.Yao1@cms.hhs.gov](mailto:Kristiana.Yao1@cms.hhs.gov)>  
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<Kristen.Clemens@cms.hhs.gov>; Schinderle, Elizabeth (CMS/OC) <elizabeth.schinderle@cms.hhs.gov>; Wagner, Rachel (CMS/OC) <Rachel.Wagner@cms.hhs.gov>; Shorter, Kimberly (CMS/OC) <Kimberly.Shorter@cms.hhs.gov>; Bradley, Tasha (CMS/OC) <Tasha.Bradley1@cms.hhs.gov>; Thorn, Raymond (CMS/OC) <Raymond.Thorn@cms.hhs.gov>

**Subject:** MEDIA INQUIRIES: FEB 23

Good morning,

Below is a rundown of this morning's open media inquiries. Please flag any inquiries you'd like to review.

Thank you,

Outlet	Contact Name	Description of Request	Current Deadline	Senior Adviso
University of CA, Santa Cruz Science Communications Program	Elissa Welle	I am looking for numbers related to vagus nerve stimulation for epilepsy. I'd like to find the number of devices implanted in adults and children in the US, and I imagine CMS collects the numbers of surgery/device reimbursements for these implants. However, I cannot seem to find the right database with this information. Can you help point me in the right direction?	03/01/2023	
WIRED	Brenda Stolyar	My name is Brenda Stolyar and I'm a writer at Wired. I'm currently working on updating our Best At-Home Covid-19 Tests story. The Biden Administration recently announced it will be terminating the public health emergency surrounding Covid-19 on May 11, 2023. I wanted to reach out and see if you could provide me with any details on how coverage of free at-home Covid-19 tests will be impacted for those who have Medicare and Medicaid.	02/23/2023	Will
Las Vegas Review - Journal	Mary Hynes	I'm writing today on a briefing today by the Better Medicare Alliance and a new study. An analysis by Avalere shows that the proposed cuts could lead to premiums that are \$76.05 higher a month and \$912.58 higher a year for Nevadans who choose Medicare Advantage. The average premium for Nevadans this year is \$3.78 a month, or \$45.36 annually. The cuts would lead to premiums of \$79.83 each month, or \$957.96 a year, if the same level of benefits is maintained, according to the study. Nationwide, the average annual premium increase would be \$540, according to the study. Can you comment on these findings? On the steep increases according to the study, and that the increases would be highest in Nevada? My deadline is today. Here's a link to the story's early version: <a href="https://www.reviewjournal.com/local/local-nevada/proposed-medicare-advantage-cuts-could-hit-nevadans-hardest-study-says-2733220/">https://www.reviewjournal.com/local/local-nevada/proposed-medicare-advantage-cuts-could-hit-nevadans-hardest-study-says-2733220/</a>	2/23	
Politico	Ben Leonard	Hey! I'm working on a newsletter item for Future Pulse on this blog post <a href="https://www.healthaffairs.org/content/forefront/hospital-price-transparency-progress-and-commitment-achieving-its-potential?hsmi=246955043&amp;hsenc=p2ANqtz-982AQemg96cDmeBpAm5tTR8T706k4LOoydUCY81U5XRlemJ94Xud-jr232Mxd22Kt_XV5MKNK5fIKgseWTgDqCQOZSZKw">https://www.healthaffairs.org/content/forefront/hospital-price-transparency-progress-and-commitment-achieving-its-potential?hsmi=246955043&amp;hsenc=p2ANqtz-982AQemg96cDmeBpAm5tTR8T706k4LOoydUCY81U5XRlemJ94Xud-jr232Mxd22Kt_XV5MKNK5fIKgseWTgDqCQOZSZKw</a> . I saw the stat that "at least" 30 percent of hospitals aren't fully compliant with the price transparency regs. I saw an outside statistic that found that about 75 percent of hospitals aren't fully compliant. <a href="https://www.patientrightsadvocate.org/blog/new-report-shows-more-than-75-of-hospitals-still-not-complying-with-hospital-price-">https://www.patientrightsadvocate.org/blog/new-report-shows-more-than-75-of-hospitals-still-not-complying-with-hospital-price-</a>	02/23/2023	

		<a href="#">transparency-rule</a> I was wondering if there's a reason you know for the differences. Would need it by 1 pm tomorrow.		
WNIJ	Maria Gardner Lara	May I have your assistance in locating demographic data on patients served in FQHC's in the Rockford area.	02/24/2023	
Wisconsin Examiner	Erik Gunn	In reading your tables on Medicare and Medicare Advantage enrollment, the columns containing Medicare Advantage data are given the heading -- "Medicare Advantage And Other Health Plans." -- The phrase "And Other Health Plans" confuses me. What are the "other health plans" that might be included in this column and are NOT Medicare Advantage plans? How big a share of the overall number in this column consists of the "OTHER health plans" that are NOT Medicare Advantage Plans? If I am reporting the number in that column as simply "Medicare advantage enrollment" is that essentially accurate? Or do I need to somehow derive a different number just to count Medicare Advantage enrollment that does not include the "other health plans.."???	02/23/2023	
Our Sunday Visitor	Katie Yoder	I'm writing a story about a proposal to make birth free in the United States. I read that, in 2020, 42% of U.S. births were covered by Medicaid. Can you confirm that? Are there more recent numbers? A source told me that, while most states have pregnancy Medicaid, this does not benefit women who are covered as dependents on their parents' insurance plan. Can you confirm this? Are women who are covered as dependents on their parents' plan disqualified from applying for Medicaid? (I'm hearing this is a concern because insurance plans of large employers are not required to provide delivery for dependents.) Thanks for your time! I greatly appreciate any/all information you have about this.	02/23/2023	Hanna
STAT News	Rachel Cohrs	I've noticed that it appears all CMS staff have disappeared from the HHS staff directory, while other agencies including NIH and FDA are still displayed. Was this an intentional removal or a technical glitch? If we could confirm by the end of the day, that would be much appreciated. My deadline is 5pm ET on Wednesday, Feb. 22.	02/23/2023	Will
Asheville Watchdog	Barbara Durr	I would like to have a copy of the HCAPS survey for Mission Hospital in Asheville, NC.	02/27/2023	
CNN	Tami Luhby	I saw Politico's story that CMS/HHS is working with Congress to get the authority to continue providing Medicare beneficiaries with up to 8 free at-home tests a month. Could you please update me on where this effort stands? On background is fine. And please let me know if/when CMS/HHS receives the authority and covers the at-home tests.	02/23/2023	Will
Inside Health Policy	Bridget Early	Hi! I just have a quick question about the proposed universal foundation for a story I'm filing today (Feb. 22) at 4pm. I was wondering how the universal foundation is supposed to differ from the health equity index CMS developed last year -- would it incorporate the HEI as one of the core quality measures across programs?	02/23/2023	

The Missouri Independent	Clara Bates	<p>I am trying to get clarity on what standards CMS uses to accept states' waivers for extension of postpartum Medicaid. The latest version of the Missouri legislature's bill to extend postpartum Medicaid coverage includes the following provision:</p> <p>"The state shall not provide payments, add ons, or reimbursements to health care providers through MO HealthNet for medical assistance services provided to persons who do not reside in this state, as determined under 5 42 CFR 435.403"</p> <p>1. Does that provision conflict with federal statute, as it appears to?  2. In what instances does CMS reject a state's waiver to extend postpartum coverage? Would the inclusion of such a provision be reason to reject the application?  3. Did CMS reject Texas's waiver last year because of the language around abortion? Would language that, as Missouri's draft does, clarifies "A woman shall be enrolled in benefits under this subdivision when her child is enrolled in the MO HealthNet program or the children's health insurance program or when a physician or the managed care plan notifies the MO HealthNet program of the pregnancy ending involuntarily or necessarily to save the life of the mother" also be of concern to CMS?</p> <p>Here is the legislation <a href="https://instatrac-production.s3.us-east-2.amazonaws.com/GovWatch/text/pdfs/21/bill-text/1d2f541d2f55c63f6b9f3dac417837d4.pdf">https://instatrac-production.s3.us-east-2.amazonaws.com/GovWatch/text/pdfs/21/bill-text/1d2f541d2f55c63f6b9f3dac417837d4.pdf</a></p>	02/23/2023	Hannat
San Jose Inside	Barry Holtzclaw	Request copy of (or link to) 2022-23 report by CMS on several suicides at Valley Medical Center, plus any summary page or cover letter to the Santa Clara County CA public health system re Valley Medical Center.	02/23/2023	
WyoFile	Madelyn Beck	I'm looking to talk with someone at CMS about changes people and health care facilities in Wyoming should expect from the agency as federal COVID emergency declarations come to an end.	02/24/2023	Will
AARP	Susan Obrien	I'd like to confirm whether or not Medicare will cover the cost of an ambulance for the trip home from either a hospital or SNF stay. I understand the criteria for ambulance coverage to a facility	02/23/2023	
USA Today	Ken Alltucker	Please provide a copy of any surveys, inspections or 2567 reports and responses from Harrison Medical Center in Bremerton, Washington since Jan 1, 2020.	02/25/2023	
Associated Press	Kavish Harjai	<p>I am a data reporter with the Associated Press working on a story that touches on the number of Medicaid enrollees in each state and nationally from March 2019 to the most recent month for which data is available.</p> <p>The following questions refer to the CMS dataset "State Medicaid and CHIP Applications, Eligibility Determinations, and Enrollment Data."</p> <p>- Can you explain what exactly the footnote 'Includes Individuals Enrolled At Any Time in Month (Not a Point-in-time Count' means? I noticed it's attached to most of West Virginia's Medicaid enrollment numbers between March 2019 and October 2022 under the column 'total_medicaid_enrollment footnotes.' I also see it attached to a number of Medicaid enrollment numbers for both Ohio and Washington. Is it ok to compare enrollment figures that have the footnote to others for the same state without the footnote? Is it ok to compare enrollment figures that have the footnote to other states for the same month?</p> <p>- There is a footnote attached to most of Utah's medicaid enrollment numbers indicating that the numbers include 'Enrollees in Other Financial Assistance Programs Not Enrolled in Medicaid or CHIP.' I</p>	02/23/2023	Hanna

		contacted Utah's Medicaid agency, and it said "Utah includes the disclaimer to indicate that some cases are receiving both financial and medical assistance. We do not report numbers that are financial assistance only." I wasn't really able to make sense of the footnote or the response. Could you clarify the meaning of the footnote, and whether it's ok to use the Medicaid enrollment figures for Utah as they are?		
WYMT	Buddy Forbes	Good morning! I am a reporter for WYMT in Eastern Kentucky. I am working on a story about the notice of termination for the Parkview Post-Acute and Rehabilitation Center located at 200 Nursing Home Lane in Pikeville, Ky. I was hoping someone would be able to provide a little more information into what caused the termination and what this means for the residents.	02/23/2023	Will
Los Angeles Times	Emily Alpert Reyes	Hello, I'm interested in the process in which patients are assessed by transplant centers before being approved for the kidney transplant waitlist. Is there any requirement for a transplant center to perform that assessment within a certain period of time? Is the amount of time taken for the assessment measured in any way that is monitored by CMS?	02/27/2023	
MUSC Health	Joy Jacob	This was published in 2022- when can a vote be expected for outcome?	03/01/2023	
Wall Street Journal	Anna Matthews	Hi all, I saw the Secretary's statement and the fact sheet regarding the Advance Notice, and I wanted to follow up with a few questions. 1) The big difference between Wall Street analyst/insurance industry assessment of the impact (a 2.27% cut in revenue) and CMS's (a 1.03% increase) seems to be the 3.3% "MA risk score trend" that CMS includes. Can you explain what that is and why CMS believes it should be included and would increase the plan's revenue? 2) In the fact sheet released last week, CMS said it had "identified diagnosis codes that are not used consistently across the industry" and "has proposed to address these inconsistencies in order to ensure insurance companies offering Medicare Advantage are not gaming the system." Can you explain what CMS meant by that, and how the codes that are being eliminated were selected, with a bit more clarity? Does CMS feel that some plans were "gaming" the system by using these codes when not justified? 3) Some in the industry have argued that the code tweaks could result in far larger revenue dropoffs for some plans and risk-bearing physician groups. For example, American's Physician Groups have suggested revenues could fall by 10% to 20% for some of its members. The Better Medicare Alliance released an Avalere analysis that suggested there could be a \$540 reduction in benefits per members on average. Does CMS agree with those claims? Why or why not? And does CMS feel that steeper drops in revenue would occur among groups and plans that were employing coding practices the agency feels might not be justified under the current system? 4) Any other comments you'd want to share about the Advance Notice and its impact?	02/23/2023	Megha

Very Well Health	Valerie DeBenedette	<p>Can I speak with someone from CMS about the new models being tested in the hopes that they will lower drug costs? VeryWellHealth.com wants me to write about the Medicare \$2 Drug List. I will be mentioning the other two models in passing in my article. My questions include:</p> <ul style="list-style-type: none"> <li>• How many drugs will be on the \$2 list? I've seen one report that it will be about 150 generic drugs.</li> <li>• What percent of prescriptions for Medicare recipients will this cover? In other words, are we talking about 20% of the total number of prescriptions? 60% of prescriptions?</li> <li>• Some pharmacies are already offering cheap generics, such as Amazon Pharmacy's RxPass that offers a \$5 subscription for as many prescriptions as needed from a list of 50 generic drugs. How will this CMS model stack up against those?</li> </ul>	02/23/2023	Megha
Arizona Republic	Andrew Ford	Hello, has CMS sent preclusion letters to any Modern Vascular clinics? If yes, can you say why?	02/23/2023	Will
Wall Street Journal	Julie Wernau	I am rating about what information is available about doctors online. I'd like to mention the Care Compare site and am wondering how comprehensive the site is, if disciplinary actions and medicare claims are included and what consumers can expect/not expect to find when using the site.	02/23/2023	
Bloomberg Industry Group	Celine Castronuovo	I'm Bloomberg Law's FDA and drug pricing reporter, and my team is doing an ongoing series of profiles on officials involved in implementing the drug pricing provisions of the Inflation Reduction Act. Here's one my colleague did on Medicare Director Meena Seshamani in November: <a href="https://news.bloomberglaw.com/health-law-and-business/meet-the-surgeon-economist-at-heart-of-democrats-drug-price-law?context=search&amp;index=0">https://news.bloomberglaw.com/health-law-and-business/meet-the-surgeon-economist-at-heart-of-democrats-drug-price-law?context=search&amp;index=0</a> . I recently reported on Principal Deputy Administrator Jonathan Blum's remarks at the Biopharma Congress, and I was wondering if it would be possible to set up a conversation with him to discuss his career at the CMS, and how that is informing what he's working on now to help implement the drug price negotiations, the Part D redesign, and other components of the IRA. If you could get back to me by next Thursday, Feb. 23, I would greatly appreciate it. Let me know if you have any questions.	02/23/2023	Megha
Maryland Benefits Counseling Network	Charlie Hollins	I wish to receive confirmation that CMS has denied the 2022 expansion of EID eligibility that had allowed for unlimited income and limited resources only at the time of the initial application.	02/28/2023	

CBS Evening News	Deborah Rubin	<p>My name is Debbie Rubin and I am hoping you can help answer a couple of questions about the CMS Hospital Value-Based Purchasing Program (HVBP), and the role that HCAHPS plays in hospital reimbursement for the most recent fiscal year available. My understanding is that the law requires participating hospitals to collect and submit HCAHPS data, which includes questions pertaining to patient satisfaction with the care they received at the hospital. Some of the questions in the survey are related to communication with doctors and nurses, responsiveness of hospital staff, communication about medicines.</p> <p>Can you please tell me what the percent of HVBP withheld from participating hospitals is currently (2%?) and confirm my understanding that based on their performance in the program, participating hospitals can earn back a percentage of that 2%? I read that for 2022 the discharges were approximately \$1.9 billion. Can you please confirm or correct?</p> <p>I also read that HCAHPS is the basis for the Person and Community Engagement domain, which accounts for 25% of the Hospital VBP Total Performance Score. SO that means that questions relating to communication with physicians and nurses is part of the equation that goes in to how much a participating hospital can get back from the funds withheld. Can you please confirm or correct?</p>	02/24/2023	Megha
Fox32 Denver	Carissa Scott	<p>Will CMS confirm that Medicare often pays insurance providers between \$6,000 and \$7,000 per fixed-wing air-ambulance flight, and those patients can't be balance-billed by participating Medicare providers per federal law?</p>	02/23/2023	
Association for Health Care Journalists	Mary Chris Jaklevic	<p>I'm the patient safety topic leader for the Association of Health Care Journalists. I'm trying to contact the individual who assembles the hospital inspection reports (2567 forms) datafile that CMS provides electronically to AHCJ. A 2013 article on the AHCJ web site states: "During the process of preparing the records for release, CMS discovered that some state health departments and its own regional offices had sometimes not uploaded the inspection reports into a central computer system that could then be shared by us. In such cases, CMS identified the dates of the missing inspections and the number of deficiencies identified and those details are included on each hospital's page. You can request that information from CMS or your state health department. "CMS and AHCJ have also discovered that some reports that should be released are missing entirely from the dataset. CMS is working with its regional offices and state health departments to remedy this problem. The issues seem to be particularly acute in California." Do these data gaps persist in recent data files, such as the most recent one provided to AHCJ last fall? Or have these data gaps been remedied? Are there other missing data is this most recent file that journalists should know about? For your reference, the website is here: <a href="http://www.hospitalinspections.org/">http://www.hospitalinspections.org/</a>. I'd appreciate your prompt attention to this matter.</p>	02/23/2023	Kristian



<p>GOV CIO</p>	<p>Nikki Henderson</p>	<p>Good afternoon. Hope you're doing well. I'm reaching out today regarding an article interview request for a GovCIO Media &amp; Research feature on Data Literacy. I would be honored to speak with Ms. Allison Oelshclaeger about the challenges of reskilling and upskilling personnel with cutting-edge data literacy tools and training.</p> <p>I would also like to discuss what does data literacy means to CMS, how CMS is measuring data literacy and what programs CMS is using to improve data literacy. Here is a list of the interview questions:</p> <p>What training programs do you offer to improve data literacy across all levels of the workforce?  What challenges did you face with data literacy? How did they impact the tech solutions VA offers?  How are data literacy programs improving other technology solutions – like AI or data governance for example? Where are those crossovers?  How are you measuring and documenting results/ success within data literacy?  Are you collaborating with other federal agencies to share best practices and partner to provide data-driven value?  Moving forward, what are your goals with data literacy?</p> <p>I would like to schedule an interview within the next couple of weeks. My Editor-In-Chief would like for me to have my interviews done by Feb. 24 but I have a little flexibility. The actual article is due March 10 and the publication will be a short time after that. Please check Ms. Oelshclaeger's availability and get back to me at your earliest convenience.</p>	<p>02/24/2023</p>	<p>Kristian</p>
<p>Kaiser Health News</p>	<p>Harris Meyer</p>	<p>I'm working on a bill of the month story for Kaiser and this issue came up. Matt Fiedler and Loren Adler believe this case highlights a loophole in the No Surprises Act. I need to know CMS's view on this and whether CMS plans to provide guidance on it. Does the NSA apply in situations where the patient's insurer has a contract with a provider but that provider is out of network for the patient's particular plan? In the case I'm writing about, the insurer has a contract with a hospital as a participating provider but that provider is out of network for this patient's plan. But the contract allows the hospital to charge the plan's members a 50% coinsurance when the members go to that hospital on an out of network basis. In this case, the insurer reclassified the patient's care as emergency and waived the coinsurance. But the insurer says neither it nor the hospital violated the NSA. It appears the insurer considers its contract with the hospital to take this situation outside the requirements of the NSA. Does the NSA apply in situations like that, or not? And if not, does CMS plan to issue any kind of guidance to protect consumers from what appears to be a major loophole in the law? Thanks.</p> <p>Harris Meyer  Reporter/Writer/Editor, Chicago  Health care, law, business, wine  Winner, Gerald Loeb Award for Distinguished Business &amp; Financial</p>	<p>02/21/2023</p>	<p>Kyla</p>

Journalism  
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Message

**From:** Snyder, Laura (CMS/CMCS) (b)(6)  
(b)(6)  
**Sent:** 2/17/2023 12:58:04 PM  
**To:** Giles, John (CMS/CMCS) (b)(6)  
(b)(6)  
**Subject:** FW: FW: FL Proposal D Amendment 2020-2021-just FYI  
**Attachments:** Attachments A and B 102722 (002).docx

Question – do I respond to this or let it be? DMCO is again I feel like creating a mess without all the details...

**From:** Endelman (he/him), Jonathan (CMS/CMCS) <Jonathan.Endelman@cms.hhs.gov>  
**Sent:** Friday, February 17, 2023 7:10 AM  
**To:** Staton, Sidney (CMS/CMCS) <Sidney.Staton@cms.hhs.gov>; Campbell-OConnor, Aimee (CMS/CMCS) <Aimee.Campbell-OConnor1@cms.hhs.gov>; Sarah Whitehouse <Whitehouse-Sarah@norc.org>; Snyder, Laura (CMS/CMCS) <Laura.Snyder1@cms.hhs.gov>; Davis, Lovie (CMS/CMCS) <Lovie.Davis@cms.hhs.gov>; Loizias, Alex (CMS/CMCS) <Alexandra.Loizias@cms.hhs.gov>; Arnold, Charlie (CMS/CMCS) <Charlie.Arnold@cms.hhs.gov>; Clark, Jennifer (CMS/CMCS) <Jennifer.Clark@cms.hhs.gov>; Cuno, Richard (CMS/CMCS) <Richard.Cuno@cms.hhs.gov>; Fan, Kristin (CMS/CMCS) <Kristin.Fan@cms.hhs.gov>; Goldstein, Stuart (CMS/CMCS) <STUART.GOLDSTEIN@cms.hhs.gov>; Heitt, Melissa (CMS/FCHCO) <Melissa.Heitt@cms.hhs.gov>; Mosley, Elle (CMS/CMCS) <larrica.mosley@cms.hhs.gov>; Schoonover, Matthew (CMS/CMCS) <matthew.schoonover@cms.hhs.gov>; Holligan, Ricardo (CMS/CMCS) <Ricardo.Holligan@cms.hhs.gov>  
**Subject:** RE: FL Proposal D Amendment 2020-2021-just FYI

Also, just in case people don't have this document already, here is a document detailing the financial management review or FMR that we are doing in Florida relating to LPPFs. It's third on the list. An FMR is a kind of audit that FMG does when we have questions about something that is more in depth than the standard review as part of our regular oversight activities and reviewing the CMS-64. We did a similar FMR on Florida's SDP for the previous year as well that Laura Snyder, Lovie, Alex, and DMCP were heavily involved in throughout the process. I imagine that state directed payments will be an increasingly common topic for FMRs in the future given the large and increasing dollar amount that seems to be shifting into state directed payments. As you can see, conditionality of IGTs is one of the items we are reviewing. We write, "This is to ensure the state is not making payment into the LPPFs / IGT a contingency for receiving SDPs back from the state."

Best,

Jonathan

Jonathan Endelman, PhD  
Social Science Research Analyst  
Centers for Medicare & Medicaid Services (CMS)  
Center for Medicaid and CHIP Services (CMCS)  
Financial Management Group (FMG)  
Division of Financial Policy (DFP)  
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7500 Security Blvd.  
Mail Stop, S3-14-28  
Baltimore, MD 21244-1850

**From:** Endelman (he/him), Jonathan (CMS/CMCS)

**Sent:** Friday, February 17, 2023 7:00 AM

**To:** Staton, Sidney (CMS/CMCS) <[Sidney.Staton@cms.hhs.gov](mailto:Sidney.Staton@cms.hhs.gov)>; Campbell-OConnor, Aimee (CMS/CMCS) <[Aimee.Campbell-OConnor1@cms.hhs.gov](mailto:Aimee.Campbell-OConnor1@cms.hhs.gov)>; Sarah Whitehouse <[Whitehouse-Sarah@norc.org](mailto:Whitehouse-Sarah@norc.org)>; Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; Davis, Lovie (CMS/CMCS) <[Lovie.Davis@cms.hhs.gov](mailto:Lovie.Davis@cms.hhs.gov)>; Loizias, Alex (CMS/CMCS) <[Alexandra.Loizias@cms.hhs.gov](mailto:Alexandra.Loizias@cms.hhs.gov)>; Arnold, Charlie (CMS/CMCS) <[Charlie.Arnold@cms.hhs.gov](mailto:Charlie.Arnold@cms.hhs.gov)>; Clark, Jennifer (CMS/CMCS) <[Jennifer.Clark@cms.hhs.gov](mailto:Jennifer.Clark@cms.hhs.gov)>; Cuno, Richard (CMS/CMCS) <[Richard.Cuno@cms.hhs.gov](mailto:Richard.Cuno@cms.hhs.gov)>; Fan, Kristin (CMS/CMCS) <[Kristin.Fan@cms.hhs.gov](mailto:Kristin.Fan@cms.hhs.gov)>; Goldstein, Stuart (CMS/CMCS) <[STUART.GOLDSTEIN@cms.hhs.gov](mailto:STUART.GOLDSTEIN@cms.hhs.gov)>; Heitt, Melissa (CMS/FCHCO) <[Melissa.Heitt@cms.hhs.gov](mailto:Melissa.Heitt@cms.hhs.gov)>; Mosley, Elle (CMS/CMCS) <[larrica.mosley@cms.hhs.gov](mailto:larrica.mosley@cms.hhs.gov)>; Schoonover, Matthew (CMS/CMCS) <[matthew.schoonover@cms.hhs.gov](mailto:matthew.schoonover@cms.hhs.gov)>

**Subject:** RE: FL Proposal D Amendment 2020-2021-just FYI

Thank you Aimee for the article and for your concerns. I believe that the new managed care rule that is currently in development will help to address some of the oversight deficiencies that you have identified regarding the lack of a UPL-type mechanism on the managed care side to serve as an upper ceiling on payment amounts. I believe that ACR or average commercial rate is one of the tools that we have used in the past to serve in this capacity. Regarding your point about actuarial soundness, I agree. It's something that Anna and I have discussed in the past and others have also brought up. Regarding the article from AHCA the "Florida Medicaid Health Care Alert" from July 22, 2021, I think that is helpful. The entity mentioned in the article "Adelanto Healthcare Ventures" is a health care consultant based out of Austin that was also involved in setting up the Texas LPPF. In most instances of what we would think of as "taxes" in everyday life, no one wants to be taxed. In the world of healthcare-related taxes, everyone wants to be taxed because they anticipate receiving more than their tax cost back in increased Medicaid payments. Regarding the conditional nature of the IGT, "If your hospital is not sure whether you are included and would like to be included in the Agency's projections for the hospital directed payment program" I seem to remember something that this may be problematic, but I would defer to Andrew for that as being the SME on IGTs. These are important issues. The oversight system was built on Medicaid FFS payments. Now that 80% or more of payments have shifted to be on managed care and especially with the growing importance of state directed payments, oversight becomes more difficult because state directed payments are relatively new and don't have all of the oversight mechanisms in place as exist on the FFS side of the house. We are working on building them now and we hope that they will be operational moving forward. I definitely think the larger issues you point out are worth discussing either on the next NORC FMR call or else on a separate call. I look forward to talking with you.

Best,

Jonathan

Jonathan Endelman, PhD  
Social Science Research Analyst  
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Baltimore, MD 21244-1850

**From:** Staton, Sidney (CMS/CMCS) <[Sidney.Staton@cms.hhs.gov](mailto:Sidney.Staton@cms.hhs.gov)>

**Sent:** Thursday, February 16, 2023 3:44 PM

**To:** Campbell-OConnor, Aimee (CMS/CMCS) <[Aimee.Campbell-OConnor1@cms.hhs.gov](mailto:Aimee.Campbell-OConnor1@cms.hhs.gov)>

**Cc:** Endelman (he/him), Jonathan (CMS/CMCS) <[Jonathan.Endelman@cms.hhs.gov](mailto:Jonathan.Endelman@cms.hhs.gov)>

**Subject:** RE: FL Proposal D Amendment 2020-2021-just FYI

Hi Aimee – Thank you for sharing. I do not participate in the SDP pre-prints review. I'm also cc Jonathan in case he has not seen this.

Sid

**From:** Campbell-OConnor, Aimee (CMS/CMCS) <[Aimee.Campbell-OConnor1@cms.hhs.gov](mailto:Aimee.Campbell-OConnor1@cms.hhs.gov)>

**Sent:** Thursday, February 16, 2023 2:58 PM

**To:** Staton, Sidney (CMS/CMCS) <[Sidney.Staton@cms.hhs.gov](mailto:Sidney.Staton@cms.hhs.gov)>

**Subject:** FW: FL Proposal D Amendment 2020-2021-just FYI

Hey Sid!

Just sharing as FYI. Not sure whether you participate in review of SDP pre-prints.



Aimee

**From:** Campbell-OConnor, Aimee (CMS/CMCS)

**Sent:** Thursday, February 16, 2023 2:55 PM

**To:** DelVecchio, Lynn (CMS/CMCS) <[Lynn.DelVecchio@cms.hhs.gov](mailto:Lynn.DelVecchio@cms.hhs.gov)>

**Subject:** FW: FL Proposal D Amendment 2020-2021

Just FYI. 😊

**From:** Campbell-OConnor, Aimee (CMS/CMCS)

**Sent:** Thursday, February 16, 2023 2:52 PM

**To:** CMS State Directed Payment <[StateDirectedPayment@cms.hhs.gov](mailto:StateDirectedPayment@cms.hhs.gov)>

**Subject:** RE: FL Proposal D Amendment 2020-2021

Hi Alex!

I reviewed the SDP pre-print. I guess I don't understand how submission of a pre-print amendment for 2020-2021, 2 years after the fact is actually tied to helping with access or utilization at this point? The support provided for this SDP in the pre-print is minimal at best. I don't have any actual comments because there doesn't seem to be much justification in terms of an improvement in care for beneficiaries for these payments.

What is the purpose of this amendment? The purpose seems to be to provide extra funds to the hospitals using the SDP as a vehicle. If the rates were determined to be actuarially sound, then access should have been considered as part of that. If the rates are not sufficient at this point, where is the data to show that and why wouldn't they just address any concerns with the plans? And/or, raise rates with a rate amendment?

See- <http://www.icontact-archive.com/archive?c=227375&f=11179&s=13873&m=852437&t=850d8a08f66cb5c2e1e49656573dbe0caeb447b39b9d192096e732cbe37425f5>

This arrangement where the State indicates to the hospitals that we are offering you an opportunity to get higher payments if you help contribute the State match, sounds potentially problematic. There is an article from FL Taxwatch on the SDP program that provides some insight. (attached)

I know that on the FFS side of the house we have UPLs, scrutiny of taxation and CPE arrangements to make sure that funds are not "recycled." Here is an article from George Mason university on State financing strategies in Medicaid that

mentions IGTs as a problematic strategy. <https://www.mercatus.org/research/research-papers/medicaid-provider-taxes-gimmick-exposes-flaws-medicaids-financing>

Florida may be allowed to use IGTs as State match under current regulations but I do wonder about how well their strategy aligns with the safeguards CMS has put in place on the FFS side.

I hope this is helpful. I know that Sid and FMG are looking at the Provider Participation Fund for this coming year and that CMS sent a Companion letter with one of the approvals last year. This may be an area where further guidance would be beneficial.



Aimee

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(207) 441-2788  
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Division of Managed Care Operations (DMCO)  
Centers for Medicare & Medicaid Services (CMS)

**From:** CMS State Directed Payment <[StateDirectedPayment@cms.hhs.gov](mailto:StateDirectedPayment@cms.hhs.gov)>  
**Sent:** Friday, February 10, 2023 1:11 PM  
**To:** CMS OACT Medicaid Managed Care <[OACTMedicaidManagedCare@cms.hhs.gov](mailto:OACTMedicaidManagedCare@cms.hhs.gov)>; CMS SDP\_QUALITY <[SDP\\_QUALITY@cms.hhs.gov](mailto:SDP_QUALITY@cms.hhs.gov)>; Campbell-OConnor, Aimee (CMS/CMCS) <[Aimee.Campbell-OConnor1@cms.hhs.gov](mailto:Aimee.Campbell-OConnor1@cms.hhs.gov)>  
**Cc:** CMS DMCP Medicaid Managed Care Rates <[DMCPrates@cms.hhs.gov](mailto:DMCPrates@cms.hhs.gov)>; CMS State Directed Payment <[StateDirectedPayment@cms.hhs.gov](mailto:StateDirectedPayment@cms.hhs.gov)>  
**Subject:** FL Proposal D Amendment 2020-2021

Good Afternoon FRT,

Florida submitted a preprint amendment for formal CMS approval pursuant to 42 CFR 438.6(c). The files are available at the following link: [Box File](#)

Please note the following:

- This is an amendment submission for this payment arrangement.
- The previously approved preprint is available here: [SharePoint](#)
- This proposal is eligible for an annual approval.
- The 90<sup>th</sup> day for this review is May 11, 2023

FRT feedback for the state is due by **COB, March 3, 2023**. If DMCP does not receive a response by this deadline, we will assume that the FRT member has no questions for the state for addition to the question set and concurs on approval of the preprint. Please reach out with any questions and thanks for your review.

Thank you,  
Lovie

Message

**From:** Katch (she/her), Hannah (CMS/OA) (b)(6)  
(b)(6)  
**Sent:** 2/16/2023 2:32:28 PM  
**To:** Richardson (she/her), Erin (CMS/OA) (b)(6)  
(b)(6) Dervan, Elizabeth  
**Subject:** FW: FW: CMS - Health Care Taxes CIB and FL Financial Management Review  
**Attachments:** CIB\_Healthcare Related Taxes\_DRAFT\_02.15.2023.docx; CIB\_Healthcare Related Taxes Reactive\_DRAFT\_02.15.2023.docx; FL Companion Letter, 9-29-22.pdf; EC-FM-2023-FL-01-D Engagement Letter DRAFT.docx

fyi

**From:** Briskin, Perrie (CMS/CMCS) <Perrie.Briskin@cms.hhs.gov>  
**Sent:** Wednesday, February 15, 2023 6:49 PM  
**To:** Pryor, Rachel (HHS/OS/IOS) <Rachel.Pryor@hhs.gov>  
**Cc:** Ciccone, Caroline (HHS/ASPA) <Caroline.Ciccone@hhs.gov>; Arguello, Andres (OS/IOS) <Andres.Arguello@hhs.gov>; Alexander, Bruce (CMS/OC) <Bruce.Alexander@cms.hhs.gov>; Wagner, Rachel (CMS/OC) <Rachel.Wagner@cms.hhs.gov>; Aldana, Karen (CMS/OC) <Karen.Aldana@cms.hhs.gov>; Trucil, Daniel (CMS/OC) <Daniel.Trucil@cms.hhs.gov>; Hennessy, Amy (CMS/OC) <Amy.Hennessy@cms.hhs.gov>; Katch (she/her), Hannah (CMS/OA) <Hannah.Katch@cms.hhs.gov>; Janu, Shanna (CMS/CMCS) <Shanna.Janu@cms.hhs.gov>; Dorsey, Jennifer (CMS/CMCS) <jennifer.dorsey@cms.hhs.gov>; Boston, Beverly (CMS/CMCS) <Beverly.Boston@cms.hhs.gov>; Kirchgraber, Kate (CMS/OL) <Kate.Kirchgraber@cms.hhs.gov>; Mauser, Gayle (CMS/OL) <Gayle.Mauser@cms.hhs.gov>; Hebert, Krista (CMS/CMCS) <krista.hebert@cms.hhs.gov>; Tsai, Daniel (CMS/CMCS) <Daniel.Tsai@cms.hhs.gov>; Costello, Anne Marie (CMS/CMCS) <AnneMarie.Costello@cms.hhs.gov>; Vitolo, Sara (CMS/FCHCO) <Sara.Vitolo@cms.hhs.gov>; Howe, Rory (CMS/CMCS) <Rory.Howe@cms.hhs.gov>  
**Subject:** CMS - Health Care Taxes CIB and FL Financial Management Review

Hi Rachel,

As we have discussed, CMS has three upcoming actions regarding healthcare related taxes.

1. **CMS Informational Bulletin (CIB) on healthcare related taxes** – release this Friday, February 17, 3pm
  - a. Attached: CIB draft, CIB reactive statement draft.
  - b. This will be posted to Medicaid.gov. CMS will send a listserv notice, no press release or social.
2. **Florida Financial Management Review (FMR) Notification related to the state's healthcare related taxes** – next Wednesday, February 22
  - a. Attached: Letter draft, September 2022 letter to the state where CMS initially notified them that this FMR was coming.
  - b. CMS will issue to the state of Florida a notification in the form of a letter to the state of an FMR of Florida's managed care state directed payments (SDPs) funded by the state's health-related tax (the same taxes highlighted by the CIB).
  - c. CMS has until the end of this calendar year to issue a final FMR report.
  - d. The letter is not public and will not be posted by CMS.
  - e. The state was made aware of this forthcoming action last September (see 9-29-22 PDF attached) and is expecting CMS's letter. CMS staff will also alert Florida in advance this Friday of the letter to be sent to them next Wednesday.
  - f. Reactive (Draft): "As a matter of policy, CMS does not speculate on active reviews."
3. **Missouri Question-Set Related in Advance of CMS-64 review, related to the state's healthcare related taxes** – next Wednesday, February 22

- a. Question-set to the state in advance of the focused CMS-64 review regarding any pooling/redistribution of funds issues. The focused CMS-64 review can result in a deferral if we find issues.
- b. The question set is not public and will not be posted by CMS.
- c. CMS staff will also alert Missouri in advance this Friday of the question-set to be sent to them next Wednesday.

I am cc'ing here ASPA and OC leadership to get everyone on the same thread. Everything is still in draft form, but we plan to only make minor tweaks at this point. See more information below on the Florida FMR and our rollout timeline.

Please let us know if you have any questions.

Thank you!

Best,  
Perrie

### **More on the Florida FMR**

On Wednesday, February 22, the Florida Deputy Secretary for Medicaid, Tom Wallace, will receive a letter notifying the state of the engagement by CMS of a Financial Management Review (FMR) of Florida's managed care state directed payments (SDPs) funded by its health-related tax. The state was previously made aware of this coming FMR in a companion letter issued as part of the SDP approval in September 2022 (attached). The FMR will review the state's operation of and supervision over its Local Provider Participation Fund (LPPF) health care-related tax program as a source of Florida's non-federal share

(b)(5)

(b)(5)

### **Rollout Timeline**

**(1) ROLL-OUT** – The CIB will be released on Friday by 3pm

- Friday 2/17 – **Prior to Taxes CIB being released, FMG will contact Florida Medicaid Director regarding engaging on a FMR** of Florida's managed care state directed payments (SDPs) funded by their health related tax. We did make the state aware in a companion letter issued as part of SDP approval in September 2022.
- Friday 2/17 – **Prior to Taxes CIB being released, FMG will contact the Missouri Medicaid regarding a focused CMS-64** review of the state's inpatient/outpatient Federal Reimbursement Allowance (FRA) hospital tax and will review expenditures for quarter ended 12/31/2022 .
- Friday 2/17 - **CIB RELEASED @3pm**

**(2) State Follow-Up Actions Post Issuance of the Taxes CIB (Week of 2/20):**

- On Weds 2/22 CMS will issue the FL FMR engagement letter to the state
- On Weds 2/22 CMS will issue a question-set to the state in advance of the focused CMS-64 review regarding any pooling/redistribution of funds issues.

### **Perrie Briskin**

Policy Advisor, Office of the Center Director  
Center for Medicaid and CHIP Services (CMCS)

Cell: (b)(65)

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Message

**From:** Giles, John (CMS/CMCS) (b)(6)  
**Sent:** 4/28/2023 1:04:00 PM  
**To:** Gentile, Amy (CMS/CMCS) (b)(6)  
Burch Mack, Rebecca  
Snyder, Laura  
Gibson, Alexis  
Jones, Elizabeth

(b)(6)

**CC:** Giles, John (CMS/CMCS) (b)(6)

**Subject:** FW: FW: [FR] Public Inspection Documents from Centers for Medicare & Medicaid Services  
**Attachments:** OMB Severability Memo -- March 23 2023 (005).pdf

Please review and we can discuss. It might be helpful to share with Anna B. in FMG too. Thanks!

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: 410-786-5545  
E-mail: [John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)

**From:** Burke, Sherry Lynn (HHS/OGC) <SherryLynn.Burke@hhs.gov>  
**Sent:** Friday, April 28, 2023 8:20 AM  
**To:** Giles, John (CMS/CMCS) <John.Giles1@cms.hhs.gov>; Burns, Amanda Paige (CMS/CMCS) <AmandaPaige.Burns@cms.hhs.gov>; Gentile, Amy (CMS/CMCS) <Amy.Gentile@cms.hhs.gov>; Snyder, Laura (CMS/CMCS) <Laura.Snyder1@cms.hhs.gov>  
**Cc:** Kosin, Donald (HHS/OGC) <Donald.Kosin@HHS.GOV>; Giles, John (CMS/CMCS) <John.Giles1@cms.hhs.gov>  
**Subject:** RE: [FR] Public Inspection Documents from Centers for Medicare & Medicaid Services

Thanks John.

(b)(5)

Best,  
Sherry Lynn

**From:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>  
**Sent:** Friday, April 28, 2023 7:02 AM  
**To:** Burke, Sherry Lynn (HHS/OGC) <[SherryLynn.Burke@hhs.gov](mailto:SherryLynn.Burke@hhs.gov)>; Burns, Amanda Paige (CMS/CMCS) <[AmandaPaige.Burns@cms.hhs.gov](mailto:AmandaPaige.Burns@cms.hhs.gov)>; Gentile, Amy (CMS/CMCS) <[Amy.Gentile@cms.hhs.gov](mailto:Amy.Gentile@cms.hhs.gov)>; Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>  
**Cc:** Kosin, Donald (HHS/OGC) <[Donald.Kosin@HHS.GOV](mailto:Donald.Kosin@HHS.GOV)>; Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>  
**Subject:** RE: [FR] Public Inspection Documents from Centers for Medicare & Medicaid Services

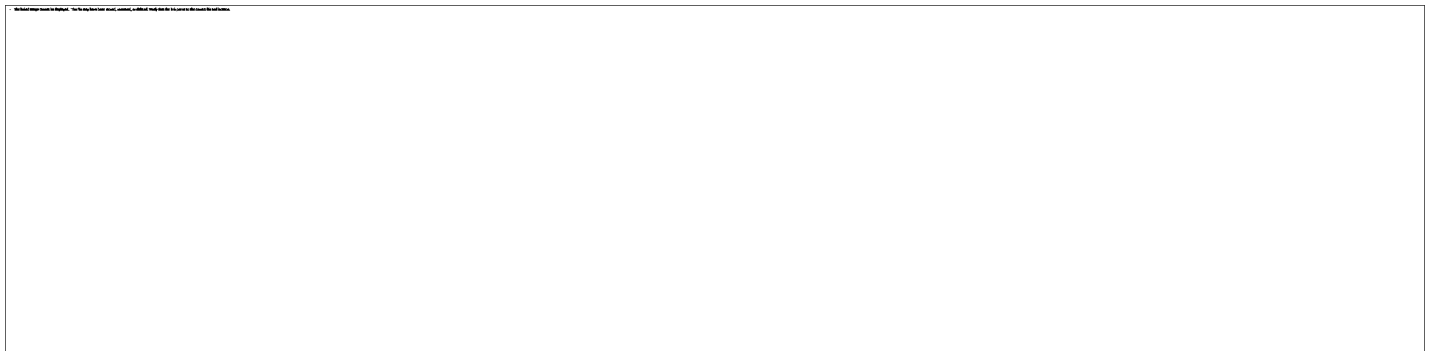
Thank you Sherry Lynn and Don for everything you do to make our rules the best. ☺ Have a wonderful weekend!

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: 410-786-5545  
E-mail: [John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)

**From:** Burke, Sherry Lynn (HHS/OGC) <[SherryLynn.Burke@hhs.gov](mailto:SherryLynn.Burke@hhs.gov)>  
**Sent:** Thursday, April 27, 2023 4:55 PM  
**To:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>; Burns, Amanda Paige (CMS/CMCS) <[AmandaPaige.Burns@cms.hhs.gov](mailto:AmandaPaige.Burns@cms.hhs.gov)>; Gentile, Amy (CMS/CMCS) <[Amy.Gentile@cms.hhs.gov](mailto:Amy.Gentile@cms.hhs.gov)>; Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>  
**Cc:** Kosin, Donald (HHS/OGC) <[Donald.Kosin@HHS.GOV](mailto:Donald.Kosin@HHS.GOV)>  
**Subject:** FW: [FR] Public Inspection Documents from Centers for Medicare & Medicaid Services

Congrats on the NPRM going out.

**From:** Federal Register Subscriptions <[subscriptions@mail.federalregister.gov](mailto:subscriptions@mail.federalregister.gov)>  
**Sent:** Thursday, April 27, 2023 4:17 PM  
**To:** Burke, Sherry Lynn (HHS/OGC) <[SherryLynn.Burke@hhs.gov](mailto:SherryLynn.Burke@hhs.gov)>  
**Subject:** [FR] Public Inspection Documents from Centers for Medicare & Medicaid Services



*subscription results for Thursday, April 27th, 2023 2 matching public inspection documents*

# Public Inspection Documents from Centers for Medicare & Medicaid Services

## MATCHING SPECIAL FILINGS

Special Filing updated at 4:15 PM on Thursday, April 27, 2023

Centers for Medicare & Medicaid Services

### Proposed Rules

Medicaid Program:

Ensuring Access to Medicaid Services

Filed on: 04/27/2023 at 4:15 pm  
Scheduled Pub. Date: 05/03/2023  
FR Document: [2023-08959](#)

[PDF](#) 410 Pages (1.02 MB)  
[Permalink](#)

**Medicaid and Children's Health Insurance Program Managed Care Access, Finance, and Quality**

Filed on: 04/27/2023 at 4:15 pm  
Scheduled Pub. Date: 05/03/2023  
FR Document: [2023-08961](#)

[PDF](#) 501 Pages (1.17 MB)  
[Permalink](#)

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Message

**From:** Vogel, Jeremy (HHS/OGC) (b)(6)  
(b)(6)  
**Sent:** 3/22/2023 6:37:52 PM  
**To:** Endelman (he/him), Jonathan (CMS/CMCS) (b)(6)  
(b)(6)  
**CC:** Knight, Gary (CMS/CMCS) [gary.knight@cms.hhs.gov]; Arnold, Charlie (CMS/CMCS) [charlie.arnold@cms.hhs.gov]; Clark, Jennifer (CMS/CMCS) [jennifer.clark@cms.hhs.gov]; Cuno, Richard (CMS/CMCS) [richard.cuno@cms.hhs.gov]; Fan, Kristin (CMS/CMCS) [kristin.fan@cms.hhs.gov]; Goldstein, Stuart (CMS/CMCS) [stuart.goldstein@cms.hhs.gov]; Heitt, Melissa (CMS/FCHCO) [melissa.heitt@cms.hhs.gov]; McClure, Deb (CMS/CMCS) [deborah.mcclure@cms.hhs.gov]; Mosley, Elle (CMS/CMCS) [larrica.mosley@cms.hhs.gov]; Schoonover, Matthew (CMS/CMCS) [matthew.schoonover@cms.hhs.gov]; Kosin, Donald (HHS/OGC) [donald.kosin@hhs.gov]  
**Subject:** RE: RE: Oregon Hospital Tax

(b)(5)

(b)(5)

This mismatch was pointed out by commenters on the 1992 IFC, as discussed in the final rule at 58 FR 43162 (Aug. 13, 1993):

Comment: Several commenters indicated that the definition of inpatient hospital services that we presented in, the preamble of the interim final rule is not correct. (In that definition, we noted that inpatient hospital services includes all services defined as inpatient hospital services, such as inpatient psychiatric services.) The commenters noted that in both section 1905(a) of the Act and in the Federal Medicaid regulations at §440.10, inpatient hospital services specifically excludes services furnished in free-standing psychiatric hospitals (referred to under Medicaid as institutions for the mental diseases (IMDs)). Two commenters requested that the regulations be clarified to state that psychiatric hospital services are included in the inpatient hospital services class. One commenter recommended that the classes be expanded to include psychiatric hospitals, hospitals owned by HMOs, and hospitals that do not charge for care.

Response: We believe inpatient hospital services encompass all services provided in an inpatient hospital setting, including psychiatric services. Consequently, we believe psychiatric hospital services need not be listed as a specific inpatient hospital service. However, we have revised the regulations to add psychiatric hospitals as a favorable exception under the waiver standards for the broad-based and uniform requirements in §§ 433.68(e)(1) and (e)(2).

(b)(5)

Jeremy Vogel (he/him)  
Attorney, DHHS/OGC/CMSSD  
(202) 205-8778 | [Jeremy.Vogel@hhs.gov](mailto:Jeremy.Vogel@hhs.gov)

**From:** Endelman (he/him), Jonathan (CMS/CMCS) <Jonathan.Endelman@cms.hhs.gov>  
**Sent:** Wednesday, March 22, 2023 11:39 AM  
**To:** Vogel, Jeremy (HHS/OGC) <Jeremy.Vogel@hhs.gov>; Moreth, James (CMS/CMCS) <James.Moreth@cms.hhs.gov>; Snyder, Laura (CMS/CMCS) <Laura.Snyder1@cms.hhs.gov>; CMS State Directed Payment <StateDirectedPayment@cms.hhs.gov>  
**Cc:** Knight, Gary (CMS/CMCS) <Gary.Knight@cms.hhs.gov>; Arnold, Charlie (CMS/CMCS) <Charlie.Arnold@cms.hhs.gov>;

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**Subject:** RE: Oregon Hospital Tax

Thanks Jeremy;

(b)(5)

(b)(5)

Best,

Jonathan

Jonathan Endelman, PhD  
Social Science Research Analyst  
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**To:** Endelman (he/him), Jonathan (CMS/CMCS) <Jonathan.Endelman@cms.hhs.gov>; Moreth, James (CMS/CMCS) <James.Moreth@cms.hhs.gov>; Snyder, Laura (CMS/CMCS) <Laura.Snyder1@cms.hhs.gov>; CMS State Directed Payment <StateDirectedPayment@cms.hhs.gov>  
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Adding Don Kosin.

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**Subject:** RE: Oregon Hospital Tax

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To date, we have asked three rounds of questions since that time

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- All other hospitals are taxed at a rate of 4% of net inpatient revenues and 4% of net outpatient revenues

As you can see, the only hospitals that are listed in the approval letter as being excluded are public, i.e. governmental, local and/or state owned and operated hospitals.

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On October 6, 2022 SDP, DMCP provided us the following year's version of the same pre-print so that we could review the financing. In the pre-print submission **(b)(5)**

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On February 28, 2023, we had a call with the State of Oregon in which we asked them to explain this apparent discrepancy between the tax they say that they are imposing and the waiver approval letter that we issued to them in 2017. On the call, Oregon responded by saying that they did not believe that these two facilities needed to be listed as excluded in the approved tax waivers for these taxes from CMS because they did not feel as though they provided inpatient hospital services or outpatient hospital services. Generally, we are **(b)(5)**

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We promised the state of Oregon that we would send them the regulatory definitions for inpatient hospital services and outpatient hospital services and told them that we would ask them a series of questions designed to determine if these two hospitals provide inpatient hospital services and outpatient hospital services.

On March 10, 2023, we provided Oregon with the regulatory definitions found at 42 CFR 440.10 (a)(3)(i) and 42 CFR 440.20 (a)(4) for inpatient hospital services and outpatient hospital services respectively. We also asked them to please provide:

1. The lines of the CMS 64 in which they claim expenditures for the facilities in question
2. The state plan pages that govern the reimbursement for the facilities in question
3. The names of any other psych or rehab hospitals that are similarly situated i.e. are private hospitals that are excluded from the taxes.

On March 16, 2023, the State of Oregon responded to our questions. They stated that Cedar Hills had no Medicaid payments. VIBRA had payments under the Line 1A of the CMS-64, which is the line for "inpatient hospital regular payments." Both hospitals are reimbursed using state plan pages from 4.19 A, which is the section of the state plan used for inpatient hospital services. They also stated that VIBRA is the only LTAC hospital in Oregon and the only other psych hospital is Oregon State Hospital, which they don't need to tax because it's a state hospital. Plus their waiver lists "public hospitals" as clearly excluded from the tax.

We believe that **(b)(5)**

**(b)(5)**

**(b)(5)**

Specifically, they state that because the definition for inpatient hospital services excludes IMDs and Cedar Hills qualifies as an IMD, Cedar Hills does not



provide inpatient hospital services.

(b)(5)

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Oregon also argued that these hospitals do not provide inpatient and outpatient hospital services because they do not provide services that are furnished in treating inpatients and outpatients respectively, which is part of the regulatory definitions for these services, they do not provide these services. We do not find these arguments convincing.

In addition, we found a state law from 2017 law that removes an exclusion from taxation under these taxes for, “a hospital that provides only psychiatric care or a hospital identified by the Department of Human Services as appropriate for inclusion in the application described in section 4, chapter 736, Oregon Laws 2003.” We believe that the statement in

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The State of Oregon has stated that the facilities in question have never been included in these taxes.

Thank you. We look forward to hearing from you. If you would like to schedule a meeting to discuss please let us know.

As we mentioned,

(b)(5)

**(b)(5)**

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We appreciate any assistance that you may be able to provide.

Best,

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Jonathan Endelman, PhD  
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7500 Security Blvd.

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Baltimore, MD 21244-1850

Message

**From:** Vogel, Jeremy (HHS/OGC) (b)(6)  
(b)(6)

**Sent:** 3/22/2023 6:37:52 PM

**To:** Endelman (he/him), Jonathan (CMS/CMCS) (b)(6)  
(b)(6) Moreth, James  
Snyder, Laura

(b)(6) MS State Directed

**CC:** Knight, Gary (CMS/CMCS) (b)(6)  
(b)(6) Arnold, Charlie  
Clark, Jennifer  
Cuno, Richard  
]; Fan, Kristin  
Goldstein, Stuart  
]; Heitt, Melissa  
McClure, Deb  
(b)(6) ]; Mosley, Elle  
(b)(6) Schoonover, Matthew  
]; Kosin, Donald

**Subject:** RE: RE: Oregon Hospital Tax

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We appreciate any assistance that you may be able to provide.

Best,

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7500 Security Blvd.  
Mail Stop, S3-14-28  
Baltimore, MD 21244-1850



Message

**From:** Snyder, Laura (CMS/CMCS) (b)(6)  
**Sent:** 3/29/2023 4:10:56 PM (b)(6)  
**To:** Endelman (he/him), Jonathan (CMS/CMCS) (b)(6); Badaracco, Andrew; Goldstein, Stuart  
**CC:** Giles, John (CMS/CMCS) (b)(6)  
**Subject:** RE: RE: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Hi Jonathan,

Sorry for delays in responding – DE and MCOG have onsite meetings this week in addition to showstopper comments on the NPRM.

I appreciate you all sharing information; going back down to the 3 items you described in the email from yesterday at 4:11pm, we defer to you all on items 1 and 3. On item 2, there is no requirement that 100% of the SDP be passed on to the providers. As you flagged in the regulations in 438, capitation rate development needs to account for the cost of delivering services and appropriate admin costs, including licensing fees, taxes, etc. This also extends to SDPs – whether they are incorporated into the capitation rate or are paid through a separate payment term. In fact, we know that some states do permit plans to keep a portion of the separate payment term for admin costs. That is why the NPRM is proposing to have states report in a separate line item the spending on SDPs in their MLR, which will require plans to identify the portion of payments to plans for SDPs (whether the SDP is incorporated into capitation rate development or paid through a separate payment term) that is for benefit/services vs. admin costs.

I hope that helps. Please let us know how we can help further.

Thanks,  
Laura

**From:** Endelman (he/him), Jonathan (CMS/CMCS) <Jonathan.Endelman@cms.hhs.gov>  
**Sent:** Wednesday, March 29, 2023 11:59 AM  
**To:** Badaracco, Andrew (CMS/CMCS) <Andrew.Badaracco@cms.hhs.gov>; Snyder, Laura (CMS/CMCS) <Laura.Snyder1@cms.hhs.gov>; Goldstein, Stuart (CMS/CMCS) <STUART.GOLDSTEIN@cms.hhs.gov>  
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**Subject:** RE: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Laura,

I wanted to be in touch again. I have an update from Rory's call with Washington yesterday from Stuart. Stuart said that Rory said that the State Medicaid agency expressed concern to him that there may be issues with provider pooling and redistribution of Medicaid payments along the lines of what we described in our CIB of February 17, 2023 on health care-related taxes. The state Medicaid agency does not want to be on the hook or at risk in terms of financial recoupment from CMS due to the presence of a hold harmless arrangement that would make the assessment on inpatient hospital services an impermissible health care-related tax. He said that he would be having a conversation with Dan about the Washington issue today. There appears to be more to come on this issue. We would like to get more

information from Rory about what specifically the state Medicaid agency's concerns are. So, the focus here appears to be at least as much on what the state Medicaid agency's concerns are related to the possible presence of a hold harmless arrangement with regard to the state's hospital tax as it is on DFP's concerns on the same subject.

With regard to the 2% withhold, we do not think this would necessarily be a problem from a health care-related tax perspective as far as the MCO tax goes. We would defer to DMCP regarding if this would be a problem from a managed care payment perspective as far as the rates being actuarially sound. However, we have come across other regulations, specifically 42 CFR § 438.5(e), and guidance documents that suggest that this is generally allowed in managed care. Please see attached.

We look forward to talking with you.

Best,

Jonathan

Jonathan Endelman, PhD  
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**From:** Endelman (he/him), Jonathan (CMS/CMCS)

**Sent:** Tuesday, March 28, 2023 4:11 PM

**To:** Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>; Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; Goldstein, Stuart (CMS/CMCS) <[STUART.GOLDSTEIN@cms.hhs.gov](mailto:STUART.GOLDSTEIN@cms.hhs.gov)>

**Cc:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>

**Subject:** RE: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Hello Laura,

Just wanted to let you know that I got off the phone with Rory and Stuart. He said that WA explained to us three weeks ago in a call with the SMD and the Health Secretary that the information that we had received regarding the possible existence of a similar arrangement as in Florida was based on incorrect information. Washington stated that they planned on increasing the amount of the hospital tax. Rory said that the assurances they gave to us on the call were sufficient to make sure that there was no specific indications that these types of pooling and redistribution arrangements existed in Washington. He did say that the issue of re-directing a portion of the SDP to pay for the MCO premium tax that Andrew mentioned was concerning. And that there may or may not be an issue on a couple of fronts:

1. The net expenditure issue raised by Andrew. That the state is in effect claiming on the CMS-64 for expenditures that it never had. What makes this more complex is that the state is claiming a rate, or a PMPM on the CMS-64, since this involves managed care and not FFS. They are not claiming for actual expenditures. So the net expenditure issue becomes trickier.
2. Is there any requirement under managed care statute or regulation that says that the MCO must pass on 100% of the SDP to the hospital and cannot retain any portion of it? In the scenario outlined by the state, 98% of the

SDP would be passed on to the hospital and 2% of the SDP would be retained by the MCO to pay the MCO premium assessment. Is this allowed under managed care rules?

3. There is a concern that I mentioned earlier regarding the hold harmless. If the MCOs are allowed to retain some portion of the payments based on their proportion of Medicaid member months, that would probably be allowable from a tax perspective, because we allow states to recognize Medicaid's allowable portion of the tax. If, on the other hand, all MCOs retain a flat 2% of the SDP, that could be viewed as more problematic and could be viewed as a hold harmless.

Rory stated that he has a call at 5:15 p.m. today with Washington.

Best,

Jonathan

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**From:** Endelman (he/him), Jonathan (CMS/CMCS)

**Sent:** Tuesday, March 28, 2023 1:33 PM

**To:** Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>; Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; Goldstein, Stuart (CMS/CMCS) <[STUART.GOLDSTEIN@cms.hhs.gov](mailto:STUART.GOLDSTEIN@cms.hhs.gov)>

**Cc:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>

**Subject:** RE: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Thanks for this Andrew. This certainly sounds strange. It sounds like the state is using the proceeds from one health care-related tax (a tax on inpatient and outpatient hospital services) in order to serve as the basis for paying another health care-related tax (services of managed care organizations). Inpatient hospital services, outpatient hospital services, and services of managed care organizations are all separate permissible classes under Section 1903 (w)(7) of the Social Security Act and 42 CFR 433.56. If this is the case, that could be a hold harmless under Section 1903 (w)(4) and 42 CFR 433.68 (f) because the statute states that a hold harmless occurs where, "The State or other unit of government imposing the tax provides (directly or indirectly) for any payment, offset, or waiver that guarantees to hold taxpayers harmless for any portion of the costs of the tax." If this situation occurs as it is being described, the state may be giving an offset to the managed care organizations to hold them harmless for a portion of the tax, which would not be permissible. It looks like there are multiple, interlocking, complicated, moving parts in the state of Washington when it comes to the relationships between their managed care organizations and their hospitals that we need to get a better idea of understanding in order to know what is going on and if it would be in accordance with the requirements laid out in federal statute and regulation.

Best,

Jonathan

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**From:** Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>  
**Sent:** Tuesday, March 28, 2023 12:26 PM  
**To:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; Goldstein, Stuart (CMS/CMCS) <[STUART.GOLDSTEIN@cms.hhs.gov](mailto:STUART.GOLDSTEIN@cms.hhs.gov)>; Endelman (he/him), Jonathan (CMS/CMCS) <[Jonathan.Endelman@cms.hhs.gov](mailto:Jonathan.Endelman@cms.hhs.gov)>  
**Cc:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>  
**Subject:** RE: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Thanks, Laura – We'll be looking out for follow ups on this.

Copying the email thread with Edwin for reference.

In this particular instance, they didn't say anything as of yet about which entities will be providing an IGT, but we'll be sure to advise on the upcoming drafts/SDPs. One thing to keep in mind, in particular in Edwin's email, they're talking about possibly shaving off some of the Medicaid SDPs and paying that money to the MCOs as an "assessment" of some kind. If there's no FFP involved in the state's payment to the MCO, then we're not super concerned about it. If there *is* FFP mixed into the amounts the MCOs are able to keep, then we would likely say that keeping revenue from a provider payment would not be allowable under 42 CFR 447.10. I don't know if you all have any similar regulations in MCOs, but considering as these are state directed payments, I would think that the whole of the Medicaid payment would be directed to the providers.

**From:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>  
**Sent:** Tuesday, March 28, 2023 8:02 AM  
**To:** Goldstein, Stuart (CMS/CMCS) <[STUART.GOLDSTEIN@cms.hhs.gov](mailto:STUART.GOLDSTEIN@cms.hhs.gov)>; Endelman (he/him), Jonathan (CMS/CMCS) <[Jonathan.Endelman@cms.hhs.gov](mailto:Jonathan.Endelman@cms.hhs.gov)>; Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>  
**Cc:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>  
**Subject:** FW: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*  
**Importance:** High

Hi Jonathan and Stuart,

Sorry to ask for a quick turnaround, but WA is asking for some feedback by COB today. As you'll see in the draft below, we don't have any kind of submission in house at this point. All that's been shared with us is a draft bill in the WA legislature for a new series of payments (SDPs and it looks like some FFS payments as well). We are making clear to the state that CMS doesn't comment on draft legislation, but wanted to give them some level of general TA. In that spirit, are you comfortable with the highlighted bullet that calls out the recent guidance you all put out on hold harmless?

Andrew – I added you as you were on the chain at one point from Edwin in DPO; there is definitely IGT funding involved in the legislation. I suspect this will be one that DMCP and FMG will want to discuss more if the legislation/state moves ahead with the proposal.

Thanks,  
Laura

**From:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>

**Sent:** Monday, March 27, 2023 4:08 PM

**To:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>; Caulder, Tara (CMS/CMCS) <[Tara.Caulder@cms.hhs.gov](mailto:Tara.Caulder@cms.hhs.gov)>

**Subject:** RE: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Draft to share with Edwin; I still need to check with FMG on the link to their guidance:

Hi Edwin –

DMCP has reviewed the email and documents shared by Washington. We recognize the state requested feedback by COB 3/28. We've prepared a written response to share with the state; can you share this with the state?

"Thank you for your request. CMS does not comment on state legislation; however, CMS is happy to provide technical assistance for the state as it drafts submissions for CMS to review and approve, such as state directed payment preprints. While CMS does not currently have a draft SDP proposal before us, we do offer these general pieces of technical assistance as the state considers a future SDP submission:

- CMS is happy to review early drafts of preprint submissions. We have found this useful for both states and CMS as it generally allows CMS to identify any issues early, which may expedite the formal review processes.
- SDPs are reviewed by a federal review team, of which DMCP is one party. While early technical assistance helps to identify issues early, all preprints must go through a formal review process. Issues may be identified during the formal review process that were not identified during technical assistance.
- We strongly encourage states to submit SDPs at least 90 days in advance of the start of the rating period. Barring any notable policy issues, this timing generally allows for the state and CMS to work through the prior approval process, making it easier for states to appropriately incorporate the SDP into their contracts and rates. The later that states submit SDPs, the more likely that the related contracts and rates may be delayed and additional amendments may be needed. We do note that we cannot accept a preprint after the end of the rating period.
- We would also note that there is increased oversight interest in state directed payments, particularly in the financing of the non-federal share. We would recommend that the state consult with the appropriate FMG SMEs for any changing or new financing related to this SDP. We would also flag the following CIB that was published this past February on the use of provider taxes: <https://www.medicaid.gov/federal-policy-guidance/downloads/cib021723.pdf>.
- States must provide CMS with an evaluation plan that would evaluate the effectiveness of the SDP on furthering the goal(s) and objective(s) identified in the state's Medicaid managed care quality strategy. CMS has released guidance on what elements states should include in their evaluation plan – including identifying measure(s) such as those from the Medicaid and CHIP core set, as well as identifying baselines and targets to evaluate the relative success of the SDP. If you have questions about this, we are happy to connect you with our DQHO colleagues for more technical assistance.
- State directed payments must be based on the delivery and utilization of services to Medicaid beneficiaries covered under the contract for the applicable rating period. Therefore, state directed payments must be tied to utilization and delivery of services covered under the contract during the corresponding contract rating period; payment cannot be based solely on historical utilization. We note that the documentation provided to us suggests the use of reconciliation processes, where interim payments would be made based on historical utilization and then reconciled to utilization under the contract. While CMS has approved such models in SDPs historically, we did want to note that CMS and states have found such arrangements to be operationally challenging to implement. There often is increased work for states and plans in administering the interim

payments and then the reconciliation process. We have also seen a number of states implement such payment arrangements and have to submit additional rate certification amendments and contract amendments in light of reconciliations, which can be administratively burdensome and time consuming for both CMS and states.

For more information, we do recommend that you review our more recent guidance on SDPs:

<https://www.medicaid.gov/Federal-Policy-Guidance/Downloads/smd21001.pdf>. If you would like further technical assistance on a draft SDP for submission, please reach out to [statedirectedpayment@cms.hhs.gov](mailto:statedirectedpayment@cms.hhs.gov). We would also like to reiterate that the technical assistance provided above should not be considered CMS signing-off on or commenting on the state's draft legislation.

Thank you"

**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>

**Sent:** Friday, March 24, 2023 5:34 PM

**To:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>

**Cc:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>

**Subject:** WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Hi John,

Thanks very much John for your guidance. Attached is their draft, I will contact Dr. Fotinos to make them aware CMS does not normally comment directly on a state's proposed legislation; their technical questions are noted below:

**Questions/Concerns:**

- **Washington state is requesting to transition their existing pass-through program to a directed payment to comply with CMS' requirements to sunset the pass throughs.**
- **The state would like to discuss the expansion of the program, the proposed tiers for payment of assessment and the addition of an intergovernmental transfer program to fund a directed payment and an overall general discussion on permissibility of these items.**

Please let me know if I can help out in any other way. I will email Dr. Fotinos in the interim.

Thank you,

**Edwin Walaszek**

Washington State Lead

Division of Program Operations – West | Medicaid & CHIP Operations Group

Center for Medicaid & CHIP Services | Centers for Medicare & Medicaid Services

Email:[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)

**From:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>

**Sent:** Friday, March 24, 2023 5:19 PM

**To:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>

**Cc:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>; Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>

**Subject:** RE: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Edwin – I can discuss with our team on Monday, but many of our folks (including Rebecca) are traveling on Monday. So, reviewing and providing formal feedback by 3/28 will likely not be possible. I can circle with our team on Monday and see if we have any high-level comments, but I can't guarantee what we can provide without additional details from the state. Is the attached document what the state is asking CMS to review? If so, is this draft legislation? CMS does not normally comment directly on a state's proposed legislation, but we can offer the state technical assistance. Again, I can circle with the team on Monday and see what high-level technical assistance we can provide under the timing being offered by the state. It might be helpful for the state to send over technical questions that our team can review.

I hope this helps!

John Giles, MPA  
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Phone: 410-786-5545  
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**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>  
**Sent:** Friday, March 24, 2023 5:09 PM  
**To:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>  
**Cc:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>  
**Subject:** WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*  
**Importance:** High

Thank you John I appreciate that, I know next week will be difficult because of the meetings in Baltimore, especially since they are requesting a review by 3/28.

I took a look at your schedules for Monday and Rebecca will be OOO.

Do we need to necessarily have a call, or can the review and questions be conducted via email? They want this information Tuesday for their legislature.

Thank you,

**Edwin Walaszek**

Washington State Lead  
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Center for Medicaid & CHIP Services | Centers for Medicare & Medicaid Services  
Email: [Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)

**From:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>  
**Sent:** Friday, March 24, 2023 5:01 PM  
**To:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>  
**Cc:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>; Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>  
**Subject:** RE: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Hi Edwin – thanks! I think we can start with DMCP (please include Rebecca Burch Mack, Laura Snyder, and myself). We will ensure our other team members attend as well. If the state needs to address specific IGT questions, I will note that FMG is best positioned to answer those questions. I will also note that our teams are traveling next week to Baltimore for onsite meetings with MCOG and DEHPG, so I am predicting that scheduling a meeting next week will be difficult, as most of our teams will be in all-day strategic planning meetings on-site.

Thanks for helping us coordinate!

John Giles, MPA  
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Disabled and Elderly Health Programs Group  
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**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>

**Sent:** Friday, March 24, 2023 4:56 PM

**To:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>

**Cc:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>

**Subject:** WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

**Importance:** High

Hi John,

Thank you I will certainly do that, they emailed both of us. When I emailed Andrew initially about this he indicated FMG would eventually get pulled into the IGT questions, but as far as transitioning the payments, DMCP is a good starting point.

Questions/Concerns:

**Washington state is requesting to transition their existing pass-through program to a directed payment to comply with CMS' requirements to sunset the pass throughs.**

**The state would like to discuss the expansion of the program, the proposed tiers for payment of assessment and the addition of an intergovernmental transfer program to fund a directed payment and an overall general discussion on permissibility of these items.**

They are looking for guidance by 3/28/23 the latest.

Should I setup a call with the state and DMCP only, or does FMG need to be on the call for their input. Andrew is out today and if FMG is needed should I contact Rory to see if he can make the call?

Thank you,

**Edwin Walaszek**

Washington State Lead

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**From:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>  
**Sent:** Friday, March 24, 2023 4:45 PM  
**To:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>  
**Cc:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>; Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>  
**Subject:** RE: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Hi Edwin – it does seem like emails are crossing between multiple teams. ☺

Perhaps it makes the most sense to allow you to coordinate us in the way that makes the most sense. I am happy to help or participate however I can.

Thank you so much!

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: 410-786-5545  
E-mail: [John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)

**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>  
**Sent:** Friday, March 24, 2023 4:39 PM  
**To:** Giles, John (CMS/CMCS) <[John.Giles1@cms.hhs.gov](mailto:John.Giles1@cms.hhs.gov)>  
**Cc:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>; Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>  
**Subject:** WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Hi John,

My name is Edwin Walaszek and I am the Washington state lead, I just emailed Laura Snyder and for context I am just forwarding over the states initial request and some background, I know Dr. Fotinos emailed you directly.

Please let me know if I can help in anyway.

Thank you,

**Edwin Walaszek**  
Washington State Lead  
Division of Program Operations – West | Medicaid & CHIP Operations Group  
Center for Medicaid & CHIP Services | Centers for Medicare & Medicaid Services  
Email:[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)

**From:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>  
**Sent:** Friday, March 24, 2023 4:28 PM  
**To:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>; Badaracco, Andrew (CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>

**Subject:** RE: WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

Hi Edwin,

We've received a separate request today from the state SMD on this topic; we'll follow-up after that meeting about any next steps.

Thanks,  
Laura

**From:** Walaszek, Edwin (CMS/CMCS) <Edwin.Walaszek1@cms.hhs.gov>

**Sent:** Friday, March 24, 2023 4:19 PM

**To:** Snyder, Laura (CMS/CMCS) <Laura.Snyder1@cms.hhs.gov>; Badaracco, Andrew (CMS/CMCS) <Andrew.Badaracco@cms.hhs.gov>

**Subject:** WA STATE IS REQUESTING EXPEDITED RESPONSE BY 3/28\*\*\*Technical Assistance Request-WSHA Safety Net\*\*\*

**Importance:** High

Good afternoon Laura,

We emailed a few days back, I work in DPO as the Washington state lead, I emailed you regarding a question that was submitted by Washington state and a bill in their legislature. **Washington state is requesting an expedited review of their concerns by Tuesday March 28<sup>th</sup> if possible.**

The bill is expected to be introduced in the next couple of days and their legislative partners are anxious to learn more about the permissibility of the program under CMS rules.

There is a link to a recent news article in Washington that provides some background on this topic?

<https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&cad=rja&uact=8&ved=2ahUKEwibu8-S2-9AhXcMVkFHZwzDROQFnoECAwQAQ&url=https%3A%2F%2Fwww.king5.com%2Farticle%2Fnews%2Fhealth%2Fwsha-hospitals-calling-for-increased-medicaid-payments%2F281-dd424f3a-d9e0-49e6-bf7a-eb70590e0124&usg=AOvVaw2GfMqm1iV0kCroAtAFWktf>

Please let me know how I can help out. I apologize they never indicated this guidance was needed so quickly.

Thank you,

**Edwin Walaszek**

Washington State Lead

Division of Program Operations – West | Medicaid & CHIP Operations Group

Center for Medicaid & CHIP Services | Centers for Medicare & Medicaid Services

Email:Edwin.Walaszek1@cms.hhs.gov

**From:** Cole, Abby (HCA) <abby.cole@hca.wa.gov>

**Sent:** Friday, March 24, 2023 3:52 PM

**To:** Walaszek, Edwin (CMS/CMCS) <Edwin.Walaszek1@cms.hhs.gov>

**Cc:** Fotinos, Charissa (HCA) <charissa.fotinos@hca.wa.gov>

**Subject:** RE: Technical Assistance Request

Yes, that article is about this bill.

Tuesday, March 28<sup>th</sup> would be ideal.

**Abby Cole**

Section Manager, Hospital Finance & Drug Rebate

[Abby.cole@hca.wa.gov](mailto:Abby.cole@hca.wa.gov)

Office: 360-725-1835

She/Her (*why pronouns matter*)

Washington State

Health Care Authority

[hca.wa.gov](http://hca.wa.gov)

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**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>

**Sent:** Friday, March 24, 2023 12:42 PM

**To:** Cole, Abby (HCA) <[abby.cole@hca.wa.gov](mailto:abby.cole@hca.wa.gov)>

**Cc:** Fotinos, Charissa (HCA) <[charissa.fotinos@hca.wa.gov](mailto:charissa.fotinos@hca.wa.gov)>

**Subject:** Technical Assistance Request

**Importance:** High

External Email

**From:** Cole, Abby (HCA) <[abby.cole@hca.wa.gov](mailto:abby.cole@hca.wa.gov)>

**Sent:** Friday, March 24, 2023 3:32 PM

**To:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>

**Cc:** Fotinos, Charissa (HCA) <[charissa.fotinos@hca.wa.gov](mailto:charissa.fotinos@hca.wa.gov)>

**Subject:** RE: Technical Assistance Request

Hello Edwin,

I'm following up on this. Any updates as to when we can expect to be able to have a TA call with CMS? The bill is expected to be introduced in the next couple of days and our legislative partners are anxious to learn more about the permissibility of the program under CMS rules.

Thank you,  
Abby

**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>

**Sent:** Wednesday, March 22, 2023 12:29 PM

**To:** Cole, Abby (HCA) <[abby.cole@hca.wa.gov](mailto:abby.cole@hca.wa.gov)>

**Subject:** RE: Technical Assistance Request

Thanks very much Abby

Thank you,

**Edwin Walaszek**

Washington State Lead

Division of Program Operations – West | Medicaid & CHIP Operations Group

Center for Medicaid & CHIP Services | Centers for Medicare & Medicaid Services

Email:Edwin.Walaszek1@cms.hhs.gov

**From:** Cole, Abby (HCA) <[abby.cole@hca.wa.gov](mailto:abby.cole@hca.wa.gov)>

**Sent:** Wednesday, March 22, 2023 1:08 PM

**To:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>

**Cc:** Klein, Evan (HCA) <[evan.klein@hca.wa.gov](mailto:evan.klein@hca.wa.gov)>; Atkinson, Megan M. (HCA) <[megan.atkinson@hca.wa.gov](mailto:megan.atkinson@hca.wa.gov)>; Lucero, Catrina (HCA) <[catrina.lucero@hca.wa.gov](mailto:catrina.lucero@hca.wa.gov)>

**Subject:** RE: Technical Assistance Request

Thank you.

We are looking to transition our existing pass-through program to a directed payment to comply with CMS' requirements to sunset the pass throughs.

The state would like to discuss the expansion of the program, the proposed tiers for payment of assessment and the addition of an intergovernmental transfer program to fund a directed payment. We are hoping for an overall general discussion on permissibility of those items.

Thank you,

**Abby Cole**

Section Manager, Hospital Finance

[Abby.cole@hca.wa.gov](mailto:Abby.cole@hca.wa.gov)

Office: 360-725-1835

Pronouns: she/her

Washington  
Health

Authoria

[hca.wa.gov](http://hca.wa.gov)

Connect with us

**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>

**Sent:** Thursday, March 16, 2023 3:19 PM

**To:** Cole, Abby (HCA) <[abby.cole@hca.wa.gov](mailto:abby.cole@hca.wa.gov)>

**Cc:** Klein, Evan (HCA) <[evan.klein@hca.wa.gov](mailto:evan.klein@hca.wa.gov)>; Atkinson, Megan M. (HCA) <[megan.atkinson@hca.wa.gov](mailto:megan.atkinson@hca.wa.gov)>; Lucero, Catrina (HCA) <[catrina.lucero@hca.wa.gov](mailto:catrina.lucero@hca.wa.gov)>

**Subject:** Technical Assistance Request

External Email

Good afternoon Abby and team:

Thank you for submitting this request, I am reaching out to the team to see if they have any preliminary questions and I will follow up with some available time .

Thank you,

**Edwin Walaszek**

Washington State Lead

Division of Program Operations – West | Medicaid & CHIP Operations Group

Center for Medicaid & CHIP Services | Centers for Medicare & Medicaid Services

Email: [Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)

**From:** Cole, Abby (HCA) <[abby.cole@hca.wa.gov](mailto:abby.cole@hca.wa.gov)>

**Sent:** Thursday, March 16, 2023 2:09 PM

**To:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>

**Cc:** Klein, Evan (HCA) <[evan.klein@hca.wa.gov](mailto:evan.klein@hca.wa.gov)>; Atkinson, Megan M. (HCA) <[megan.atkinson@hca.wa.gov](mailto:megan.atkinson@hca.wa.gov)>; Lucero, Catrina (HCA) <[catrina.lucero@hca.wa.gov](mailto:catrina.lucero@hca.wa.gov)>

**Subject:** Technical Assistance Request

Hello Edwin,

I'm attaching a draft of a proposed bill for a revised hospital assessment in Washington State. I'm hoping you can help me get something scheduled with the right individuals so we can discuss the permissibility of the proposed changes.

Thank you,

**Abby Cole**

Section Manager, Hospital Finance & Drug Rebate

[Abby.cole@hca.wa.gov](mailto:Abby.cole@hca.wa.gov)

Office: 360-725-1835

She/Her (*why pronouns matter*)

Washington State  
Health Care Authority

[hca.wa.gov](http://hca.wa.gov)

[Connect with us](#)

**From:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>  
**Sent:** Wednesday, March 22, 2023 4:00 PM  
**To:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>; CMS State Directed Payment <[StateDirectedPayment@cms.hhs.gov](mailto:StateDirectedPayment@cms.hhs.gov)>  
**Cc:** Caulder, Tara (CMS/CMCS) <[Tara.Caulder@cms.hhs.gov](mailto:Tara.Caulder@cms.hhs.gov)>; Kivisaari, John (CMS/CMCS) <[John.Kivisaari@cms.hhs.gov](mailto:John.Kivisaari@cms.hhs.gov)>  
**Subject:** RE: Technical Assistance-WA-WSHA Safety Net Draft

Hi Edwin,

Thanks for sharing and you've hit the right place. I've included our state directed payment mailbox on the email thread. For SDPs, Tara Caulder is our WA lead. I've also cc'ed John Kivisaari, the DMCO lead for WA, for awareness.

Let us take a look at this and follow-up with you on next steps.

Thanks,  
Laura

**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>  
**Sent:** Wednesday, March 22, 2023 3:43 PM  
**To:** Snyder, Laura (CMS/CMCS) <[Laura.Snyder1@cms.hhs.gov](mailto:Laura.Snyder1@cms.hhs.gov)>  
**Subject:** Technical Assistance-WA-WSHA Safety Net Draft

Good afternoon Laura,

My name is Edwin Walaszek and I am the CMS Medicaid Washington state lead. I am reaching out to you as I was referred by Andrew Badaracco, Washington state has submitted a draft bill (attached) that will revise the rating of Washington State Hospitals.

The state is looking to transition their existing pass-through program to a directed payment to comply with CMS' requirements to sunset the pass throughs.

**The state would like to discuss the expansion of the program, the proposed tiers for payment of assessment and the addition of an intergovernmental transfer program to fund a directed payment.**

They are hoping for an overall general discussion on permissibility of those items.

Thank you for any help you can provide, alternatively do you think it would be easier to setup a call with the state to discuss.

Please let me know if there are any other questions or concerns.

Thank you,

**Edwin Walaszek**

Washington State Lead  
Division of Program Operations – West | Medicaid & CHIP Operations  
Group  
Center for Medicaid & CHIP Services | Centers for Medicare & Medicaid  
Services  
Email:Edwin.Walaszek1@cms.hhs.gov

**From:** Badaracco, Andrew (CMS/CMCS)  
<[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>  
**Sent:** Wednesday, March 22, 2023 3:38 PM  
**To:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>;  
Caughey, Tom (CMS/CMCS) <[Tom.Caughey@cms.hhs.gov](mailto:Tom.Caughey@cms.hhs.gov)>; Moreth,  
James (CMS/CMCS) <[James.Moreth@cms.hhs.gov](mailto:James.Moreth@cms.hhs.gov)>; Knight, Gary  
(CMS/CMCS) <[Gary.Knight@cms.hhs.gov](mailto:Gary.Knight@cms.hhs.gov)>  
**Subject:** RE: Technical Assistance-WA-WSHA Safety Net Draft

Hey Edwin –

Pass-through payments and state-directed payments are DMCP's policy  
area. Suggest you reach out to Laura Snyder.

Thanks!

**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>  
**Sent:** Wednesday, March 22, 2023 3:29 PM  
**To:** Caughey, Tom (CMS/CMCS) <[Tom.Caughey@cms.hhs.gov](mailto:Tom.Caughey@cms.hhs.gov)>; Moreth,  
James (CMS/CMCS) <[James.Moreth@cms.hhs.gov](mailto:James.Moreth@cms.hhs.gov)>; Knight, Gary  
(CMS/CMCS) <[Gary.Knight@cms.hhs.gov](mailto:Gary.Knight@cms.hhs.gov)>; Badaracco, Andrew  
(CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>  
**Subject:** Technical Assistance-WA-WSHA Safety Net Draft

Hi Tom and team:

Thanks Tom, so I reached out to the state for some more specifics on  
their TA request regarding the draft by the legislature regarding the  
WSHA Safety Net draft.

The state is looking to transition their existing pass-through program to  
a directed payment to comply with CMS' requirements to sunset the  
pass throughs.

**The state would like to discuss the expansion of the program, the  
proposed tiers for payment of assessment and the addition of an  
intergovernmental transfer program to fund a directed payment.**

They are hoping for an overall general discussion on permissibility of  
those items.

Please let me know if there are any other questions or concerns.

Thank you,

**Edwin Walaszek**

Washington State Lead  
Division of Program Operations – West | Medicaid & CHIP Operations  
Group  
Center for Medicaid & CHIP Services | Centers for Medicare & Medicaid  
Services  
Email:Edwin.Walaszek1@cms.hhs.gov

**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>  
**Sent:** Friday, March 17, 2023 11:38 AM  
**To:** Caughey, Tom (CMS/CMCS) <[Tom.Caughey@cms.hhs.gov](mailto:Tom.Caughey@cms.hhs.gov)>; Moreth,  
James (CMS/CMCS) <[James.Moreth@cms.hhs.gov](mailto:James.Moreth@cms.hhs.gov)>; Knight, Gary  
(CMS/CMCS) <[Gary.Knight@cms.hhs.gov](mailto:Gary.Knight@cms.hhs.gov)>; Badaracco, Andrew  
(CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>  
**Subject:** RE: Technical Assistance-WA-WSHA Safety Net Draft

Good morning Tom,

Thank you, I will reach out to the state for more specifics.

Thank you,

**Edwin Walaszek**

Washington State Lead  
Division of Program Operations – West | Medicaid & CHIP Operations  
Group  
Center for Medicaid & CHIP Services | Centers for Medicare & Medicaid  
Services  
Email:Edwin.Walaszek1@cms.hhs.gov

**From:** Caughey, Tom (CMS/CMCS) <[Tom.Caughey@cms.hhs.gov](mailto:Tom.Caughey@cms.hhs.gov)>  
**Sent:** Friday, March 17, 2023 11:23 AM  
**To:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>;  
Moreth, James (CMS/CMCS) <[James.Moreth@cms.hhs.gov](mailto:James.Moreth@cms.hhs.gov)>; Knight,  
Gary (CMS/CMCS) <[Gary.Knight@cms.hhs.gov](mailto:Gary.Knight@cms.hhs.gov)>; Badaracco, Andrew  
(CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>  
**Subject:** RE: Technical Assistance-WA-WSHA Safety Net Draft

Hi Edwin,

Could the state please send questions they have before the call? Also, if they provide a little background on why they are making the changes could help. Thanks.

Tom Caughey, Funding Specialist  
Centers for Medicare & Medicaid Services  
Financial Management Group  
Division of Reimbursement Review

Federal Building



Suite 208  
315 West Allegan  
Lansing, MI 48933  
517-487-8598

**From:** Walaszek, Edwin (CMS/CMCS) <[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)>  
**Sent:** Thursday, March 16, 2023 6:18 PM  
**To:** Moreth, James (CMS/CMCS) <[James.Moreth@cms.hhs.gov](mailto:James.Moreth@cms.hhs.gov)>;  
Caughey, Tom (CMS/CMCS) <[Tom.Caughey@cms.hhs.gov](mailto:Tom.Caughey@cms.hhs.gov)>; Knight, Gary  
(CMS/CMCS) <[Gary.Knight@cms.hhs.gov](mailto:Gary.Knight@cms.hhs.gov)>; Badaracco, Andrew  
(CMS/CMCS) <[Andrew.Badaracco@cms.hhs.gov](mailto:Andrew.Badaracco@cms.hhs.gov)>  
**Subject:** Technical Assistance-WA-WSHA Safety Net Draft

Hello DRR team:

I am reaching out to the team because Washington state has submitted a draft bill (attached) that will revise the rating of Washington State Hospitals. The state is requesting to speak with CMS to discuss the acceptability of the proposed changes.

Are any questions or concerns I can help clarify with the state before scheduling some time with them?

Thank you,

Edwin Walaszek  
Washington State Lead  
Division of Program Operations – West | Medicaid & CHIP  
Operations Group  
Center for Medicaid & CHIP Services | Centers for Medicare &  
Medicaid Services  
Email:[Edwin.Walaszek1@cms.hhs.gov](mailto:Edwin.Walaszek1@cms.hhs.gov)

Message

From:

Chambers, Gwendolyn (CMS/OC)

(b)(6)

(b)(6)

Sent:

2/23/2023 2:47:44 PM

To:

Alexander, Bruce (CMS/OC)

(b)(6)

(b)(6)

Blum, Jonathan

; Boulanger, Jennifer

Ellis (she/her), Kyla

Jarris, Will (CMS/OA)

Katch (she/her), Hannah

(b)(6)

OToole, Meghan

(b)(6)

Richardson (she/her),

Woronoff, Arielle

Yao, Kristiana (CMS/OA)

CC:

(b)(6)

Aldana, Karen (CMS/OC)

Franklin, Julie (CMS/OC)

Moomey, Mary (CMS/OC)

(b)(6)

Brager, Mark

(b)(6)

; Clemens, Kristen

Schinderle, Elizabeth

(b)(6)

Vagner, Rachel

Shorter, Kimberly

Bradley, Tasha

Thorn, Raymond

Subject:

MEDIA INQUIRIES: FEB 23

Good morning,

Below is a rundown of this morning's open media inquiries. Please flag any inquiries you'd like to review.

Thank you,

Outlet	Contact Name	Description of Request	Current Deadline	Senior Adviso
University of CA, Santa Cruz Science Communications Program	Elissa Welle	I am looking for numbers related to vagus nerve stimulation for epilepsy. I'd like to find the number of devices implanted in adults and children in the US, and I imagine CMS collects the numbers of surgery/device reimbursements for these implants. However, I cannot seem to find the right database with this information. Can you help point me in the right direction?	03/01/2023	
WIRED	Brenda Stolyar	My name is Brenda Stolyar and I'm a writer at Wired. I'm currently working on updating our Best At-Home Covid-19 Tests story. The Biden Administration recently announced it will be terminating the public health emergency surrounding Covid-19 on May 11, 2023. I wanted to reach out and see if you could provide me with any details on how coverage of free at-home Covid-19 tests will be impacted for those who have Medicare and Medicaid.	02/23/2023	
Las Vegas Review - Journal	Mary Hynes	I'm writing today on a briefing today by the Better Medicare Alliance and a new study. An analysis by Avalere shows that the proposed cuts could lead to premiums that are \$76.05 higher a month and \$912.58 higher a year for Nevadans who choose Medicare Advantage. The average premium for Nevadans this year is \$3.78 a month, or \$45.36 annually. The cuts would lead to premiums of \$79.83 each month, or \$957.96 a year, if the same level of benefits is maintained, according to the study. Nationwide, the average annual premium increase would be \$540, according to the study. Can you comment on these findings? On the steep increases according to the study, and that the increases would be highest in Nevada? My deadline is today. Here's a link to the story's early version: <a href="https://www.reviewjournal.com/local/local-nevada/proposed-medicare-advantage-cuts-could-hit-nevadans-hardest-study-says-2733220/">https://www.reviewjournal.com/local/local-nevada/proposed-medicare-advantage-cuts-could-hit-nevadans-hardest-study-says-2733220/</a>	2/23	
Politico	Ben Leonard	Hey! I'm working on a newsletter item for Future Pulse on this blog post <a href="https://www.healthaffairs.org/content/forefront/hospital-price-transparency-progress-and-commitment-achieving-its-potential?_hsmi=246955043&amp;_hsenc=p2ANqtz-982AQemg96cDmeBpAm5tTR8T706k4LOoydUCY81U5XRIemJ94Xud-jr232Mxd22Kt_XV5MNK5fIKgseWTgDqCQOZSZKw">https://www.healthaffairs.org/content/forefront/hospital-price-transparency-progress-and-commitment-achieving-its-potential?_hsmi=246955043&amp;_hsenc=p2ANqtz-982AQemg96cDmeBpAm5tTR8T706k4LOoydUCY81U5XRIemJ94Xud-jr232Mxd22Kt_XV5MNK5fIKgseWTgDqCQOZSZKw</a> . I saw the stat that "at least" 30 percent of hospitals aren't fully compliant with the price transparency regs. I saw an outside statistic that found that about 75 percent of hospitals aren't fully compliant. <a href="https://www.patientrightsvocates.org/blog/new-report-shows-more-than-75-of-hospitals-still-not-complying-with-hospital-price-transparency-rule">https://www.patientrightsvocates.org/blog/new-report-shows-more-than-75-of-hospitals-still-not-complying-with-hospital-price-transparency-rule</a> I was wondering if there's a reason you know for the differences. Would need it by 1 pm tomorrow.	02/23/2023	
WNIJ	Maria Gardner Lara	May I have your assistance in locating demographic data on patients served in FQHC's in the Rockford area.	02/24/2023	
Wisconsin Examiner	Erik Gunn	In reading your tables on Medicare and Medicare Advantage enrollment, the columns containing Medicare Advantage data are given the heading -- "Medicare Advantage And Other Health Plans." -- The phrase "And Other Health Plans" confuses me. What are the "other health plans" that might be included in this column and are NOT Medicare Advantage plans? How big a share of the overall number in this column consists of the "OTHER health plans" that are	02/23/2023	

		NOT Medicare Advantage Plans? If I am reporting the number in that column as simply "Medicare advantage enrollment" is that essentially accurate? Or do I need to somehow derive a different number just to count Medicare Advantage enrollment that does not include the "other health plans.."???		
Our Sunday Visitor	Katie Yoder	I'm writing a story about a proposal to make birth free in the United States. I read that, in 2020, 42% of U.S. births were covered by Medicaid. Can you confirm that? Are there more recent numbers? A source told me that, while most states have pregnancy Medicaid, this does not benefit women who are covered as dependents on their parents' insurance plan. Can you confirm this? Are women who are covered as dependents on their parents' plan disqualified from applying for Medicaid? (I'm hearing this is a concern because insurance plans of large employers are not required to provide delivery for dependents.) Thanks for your time! I greatly appreciate any/all information you have about this.	02/23/2023	
STAT News	Rachel Cohrs	I've noticed that it appears all CMS staff have disappeared from the HHS staff directory, while other agencies including NIH and FDA are still displayed. Was this an intentional removal or a technical glitch? If we could confirm by the end of the day, that would be much appreciated. My deadline is 5pm ET on Wednesday, Feb. 22.	02/23/2023	
Asheville Watchdog	Barbara Durr	I would like to have a copy of the HCAPS survey for Mission Hospital in Asheville, NC.	02/27/2023	
CNN	Tami Luhby	I saw Politico's story that CMS/HHS is working with Congress to get the authority to continue providing Medicare beneficiaries with up to 8 free at-home tests a month. Could you please update me on where this effort stands? On background is fine. And please let me know if/when CMS/HHS receives the authority and covers the at-home tests.	02/23/2023	
Inside Health Policy	Bridget Early	Hi! I just have a quick question about the proposed universal foundation for a story I'm filing today (Feb. 22) at 4pm. I was wondering how the universal foundation is supposed to differ from the health equity index CMS developed last year -- would it incorporate the HEI as one of the core quality measures across programs?	02/23/2023	
The Missouri Independent	Clara Bates	I am trying to get clarity on what standards CMS uses to accept states' waivers for extension of postpartum Medicaid. The latest version of the Missouri legislature's bill to extend postpartum Medicaid coverage includes the following provision: "The state shall not provide payments, add ons, or reimbursements to health care providers through MO HealthNet for medical assistance services provided to persons who do not reside in this state, as determined under 5 42 CFR 435.403" 1. Does that provision conflict with federal statute, as it appears to? 2. In what instances does CMS reject a state's waiver to extend postpartum coverage? Would the inclusion of such a provision be reason to reject the application? 3. Did CMS reject Texas's waiver last year because of the language around abortion? Would language that, as Missouri's draft does, clarifies "A woman shall be enrolled in benefits under this subdivision when her child is enrolled in the MO	02/23/2023	

		HealthNet program or the children's health insurance program or when a physician or the managed care plan notifies the MO HealthNet program of the pregnancy ending involuntarily or necessarily to save the life of the mother" also be of concern to CMS? Here is the legislation <a href="https://instatrac-production.s3.us-east-2.amazonaws.com/GovWatch/text/pdfs/21/bill-text/1d2f541d2f55c63f6b9f3dac417837d4.pdf">https://instatrac-production.s3.us-east-2.amazonaws.com/GovWatch/text/pdfs/21/bill-text/1d2f541d2f55c63f6b9f3dac417837d4.pdf</a>		
San Jose Inside	Barry Holtzclaw	Request copy of (or link to) 2022-23 report by CMS on several suicides at Valley Medical Center, plus any summary page or cover letter to the Santa Clara County CA public health system re Valley Medical Center.	02/23/2023	
WyoFile	Madelyn Beck	I'm looking to talk with someone at CMS about changes people and health care facilities in Wyoming should expect from the agency as federal COVID emergency declarations come to an end.	02/24/2023	Will
AARP	Susan O'Brien	I'd like to confirm whether or not Medicare will cover the cost of an ambulance for the trip home from either a hospital or SNF stay. I understand the criteria for ambulance coverage to a facility	02/23/2023	
USA Today	Ken Alltucker	Please provide a copy of any surveys, inspections or 2567 reports and responses from Harrison Medical Center in Bremerton, Washington since Jan 1, 2020.	02/25/2023	
Associated Press	Kavish Harjai	.	02/23/2023	
WYMT	Buddy Forbes	Good morning! I am a reporter for WYMT in Eastern Kentucky. I am working on a story about the notice of termination for the Parkview Post-Acute and Rehabilitation Center located at 200 Nursing Home Lane in Pikeville, Ky. I was hoping someone would be able to provide a little more information into what caused the termination and what this means for the residents.	02/23/2023	Will
Los Angeles Times	Emily Alpert Reyes	Hello, I'm interested in the process in which patients are assessed by transplant centers before being approved for the kidney transplant waitlist. Is there any requirement for a transplant center to perform that assessment within a certain period of time? Is the amount of time taken for the assessment measured in any way that is monitored by CMS?	02/27/2023	
MUSC Health	Joy Jacob	This was published in 2022- when can a vote be expected for outcome?	03/01/2023	

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<p>Association for Health Care Journalists</p>	<p>Mary Chris Jaklevic</p>	<p>I'm the patient safety topic leader for the Association of Health Care Journalists. I'm trying to contact the individual who assembles the hospital inspection reports (2567 forms) datafile that CMS provides electronically to AHCJ. A 2013 article on the AHCJ web site states: "During the process of preparing the records for release, CMS discovered that some state health departments and its own regional offices had sometimes not uploaded the inspection reports into a central computer system that could then be shared by us. In such cases, CMS identified the dates of the missing inspections and the number of deficiencies identified and those details are included on each hospital's page. You can request that information from CMS or your state health department. "CMS and AHCJ have also discovered that some reports that should be released are missing entirely from the dataset. CMS is working with its regional offices and state health departments to remedy this problem. The issues seem to be particularly acute in California." Do these data gaps persist in recent data files, such as the most recent one provided to AHCJ last fall? Or have these data gaps been remedied? Are there other missing data is this most recent file that journalists should know about? For your reference, the website is here: <a href="http://www.hospitalinspections.org/">http://www.hospitalinspections.org/</a>. I'd appreciate your prompt attention to this matter.</p>	<p>02/23/2023</p>	<p>Kristian</p>
<p>GOV CIO</p>	<p>Nikki Henderson</p>	<p>Good afternoon. Hope you're doing well. I'm reaching out today regarding an article interview request for a GovCIO Media &amp; Research feature on Data Literacy. I would be honored to speak with Ms. Allison Oelshclaeger about the challenges of reskilling and upskilling personnel with cutting-edge data literacy tools and training.</p> <p>I would also like to discuss what does data literacy means to CMS, how CMS is measuring data literacy and what programs CMS is using to improve data literacy. Here is a list of the interview questions:</p> <p>What training programs do you offer to improve data literacy across all levels of the workforce?  What challenges did you face with data literacy? How did they impact the tech solutions VA offers?  How are data literacy programs improving other technology solutions – like AI or data governance for example? Where are those crossovers?  How are you measuring and documenting results/ success within data literacy?  Are you collaborating with other federal agencies to share best practices and partner to provide data-driven value?  Moving forward, what are your goals with data literacy?</p> <p>I would like to schedule an interview within the next couple of weeks. My Editor-In-Chief would like for me to have my interviews done by Feb. 24 but I have a little flexibility. The actual article is due March 10 and the publication will be a short time after that. Please check Ms. Oelshclaeger's availability and get back to me at your earliest convenience.</p>	<p>02/24/2023</p>	<p>Kristian</p>



<p>Kaiser Health News</p>	<p>Harris Meyer</p>	<p>I'm working on a bill of the month story for Kaiser and this issue came up. Matt Fiedler and Loren Adler believe this case highlights a loophole in the No Surprises Act. I need to know CMS's view on this and whether CMS plans to provide guidance on it. Does the NSA apply in situations where the patient's insurer has a contract with a provider but that provider is out of network for the patient's particular plan? In the case I'm writing about, the insurer has a contract with a hospital as a participating provider but that provider is out of network for this patient's plan. But the contract allows the hospital to charge the plan's members a 50% coinsurance when the members go to that hospital on an out of network basis. In this case, the insurer reclassified the patient's care as emergency and waived the coinsurance. But the insurer says neither it nor the hospital violated the NSA. It appears the insurer considers its contract with the hospital to take this situation outside the requirements of the NSA. Does the NSA apply in situations like that, or not? And if not, does CMS plan to issue any kind of guidance to protect consumers from what appears to be a major loophole in the law? Thanks.</p> <p>Harris Meyer  Reporter/Writer/Editor, Chicago  Health care, law, business, wine  Winner, Gerald Loeb Award for Distinguished Business &amp; Financial Journalism  (b)(6) cell  harris_meyer@yahoo.com</p>	<p>02/21/2023</p>	<p>Kyla</p>
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Gwendolyn Chambers  
Centers for Medicare & Medicaid Services | Media Relations Group  
[gwendolyn.chambers@cms.hhs.gov](mailto:gwendolyn.chambers@cms.hhs.gov) | 443-718-8291

Message

**From:** OToole, Meghan (CMS/OA) (b)(6)  
**Sent:** 2/23/2023 2:50:41 PM (b)(6)  
**To:** Chambers, Gwendolyn (CMS/OC) (b)(6)

(b)(6)

c]; Alexander, Bruce  
]; Blum, Jonathan  
l]; Boulanger, Jennifer  
]; Ellis (she/her), Kyla  
Harris, Will (CMS/OA)  
]; Katch (she/her), Hannah

(b)(6)

]; Richardson (she/her),  
Woronoff, Arielle  
Yao, Kristiana (CMS/OA)

CC:

(b)(6)

Aldana, Karen (CMS/OC)  
Franklin, Julie (CMS/OC)  
omey, Mary (CMS/OC)  
]; Brager, Mark  
]; Clemens, Kristen  
]; Chinderle, Elizabeth  
]; Fagner, Rachel  
]; Shorter, Kimberly  
]; Bradley, Tasha  
]; Horn, Raymond

**Subject:** RE: RE: MEDIA INQUIRIES: FEB 23

+2 for me – thanks.

**From:** Chambers, Gwendolyn (CMS/OC) <Gwendolyn.Chambers@cms.hhs.gov>  
**Sent:** Thursday, February 23, 2023 9:48 AM  
**To:** Alexander, Bruce (CMS/OC) <Bruce.Alexander@cms.hhs.gov>; Blum, Jonathan (CMS/OA) <Jonathan.Blum@cms.hhs.gov>; Boulanger, Jennifer (CMS/OL) <Jennifer.Boulanger@cms.hhs.gov>; Ellis (she/her), Kyla (CMS/OA) <Kyla.Ellis@cms.hhs.gov>; Harris, Will (CMS/OA) <William.Harris@cms.hhs.gov>; Katch (she/her), Hannah

(CMS/OA) <Hannah.Katch@cms.hhs.gov>; OToole, Meghan (CMS/OA) <Meghan.OTOole1@cms.hhs.gov>; Richardson (she/her), Erin (CMS/OA) <Erin.Richardson@cms.hhs.gov>; Woronoff, Arielle (CMS/OL) <Arielle.Woronoff@cms.hhs.gov>; Yao, Kristiana (CMS/OA) <Kristiana.Yao1@cms.hhs.gov>  
**Cc:** Howden, Catherine (CMS/OC) <Catherine.Howden@cms.hhs.gov>; Aldana, Karen (CMS/OC) <Karen.Aldana@cms.hhs.gov>; Franklin, Julie (CMS/OC) <Julie.Franklin@cms.hhs.gov>; Toomey, Mary (CMS/OC) <Mimi.Toomey@cms.hhs.gov>; Brager, Mark (CMS/OC) <Mark.Brager@cms.hhs.gov>; Clemens, Kristen (CMS/OC) <Kristen.Clemens@cms.hhs.gov>; Schinderle, Elizabeth (CMS/OC) <elizabeth.schinderle@cms.hhs.gov>; Wagner, Rachel (CMS/OC) <Rachel.Wagner@cms.hhs.gov>; Shorter, Kimberly (CMS/OC) <Kimberly.Shorter@cms.hhs.gov>; Bradley, Tasha (CMS/OC) <Tasha.Bradley1@cms.hhs.gov>; Thorn, Raymond (CMS/OC) <Raymond.Thorn@cms.hhs.gov>  
**Subject:** MEDIA INQUIRIES: FEB 23

Good morning,

Below is a rundown of this morning's open media inquiries. Please flag any inquiries you'd like to review.

Thank you,

Outlet	Contact Name	Description of Request	Current Deadline	Senior Adviso
University of CA, Santa Cruz Science Communications Program	Elissa Welle	I am looking for numbers related to vagus nerve stimulation for epilepsy. I'd like to find the number of devices implanted in adults and children in the US, and I imagine CMS collects the numbers of surgery/device reimbursements for these implants. However, I cannot seem to find the right database with this information. Can you help point me in the right direction?	03/01/2023	
WIRED	Brenda Stolyar	My name is Brenda Stolyar and I'm a writer at Wired. I'm currently working on updating our Best At-Home Covid-19 Tests story. The Biden Administration recently announced it will be terminating the public health emergency surrounding Covid-19 on May 11, 2023. I wanted to reach out and see if you could provide me with any details on how coverage of free at-home Covid-19 tests will be impacted for those who have Medicare and Medicaid.	02/23/2023	
Las Vegas Review - Journal	Mary Hynes	I'm writing today on a briefing today by the Better Medicare Alliance and a new study. An analysis by Avalere shows that the proposed cuts could lead to premiums that are \$76.05 higher a month and \$912.58 higher a year for Nevadans who choose Medicare Advantage. The average premium for Nevadans this year is \$3.78 a month, or \$45.36 annually. The cuts would lead to premiums of \$79.83 each month, or \$957.96 a year, if the same level of benefits is maintained, according to the study. Nationwide, the average annual premium increase would be \$540, according to the study. Can you comment on these findings? On the steep increases according to the study, and that the increases would be highest in Nevada? My deadline is today. Here's a link to the story's early version: <a href="https://www.reviewjournal.com/local/local-nevada/proposed-medicare-advantage-cuts-could-hit-nevadans-hardest-study-says-2733220/">https://www.reviewjournal.com/local/local-nevada/proposed-medicare-advantage-cuts-could-hit-nevadans-hardest-study-says-2733220/</a>	2/23	Meghan

Politico	Ben Leonard	Hey! I'm working on a newsletter item for Future Pulse on this blog post <a href="https://www.healthaffairs.org/content/forefront/hospital-price-transparency-progress-and-commitment-achieving-its-potential?hsmi=246955043&amp;hsenc=p2ANqtz-982AQemg96cDmeBpAm5tTR8T706k4LOoydUCY81U5XRlEmJ94Xud-jr232Mxd22Kt_XV5MNMK5fIKgseWTgDqCQOZSZKw">https://www.healthaffairs.org/content/forefront/hospital-price-transparency-progress-and-commitment-achieving-its-potential?hsmi=246955043&amp;hsenc=p2ANqtz-982AQemg96cDmeBpAm5tTR8T706k4LOoydUCY81U5XRlEmJ94Xud-jr232Mxd22Kt_XV5MNMK5fIKgseWTgDqCQOZSZKw</a> . I saw the stat that "at least" 30 percent of hospitals aren't fully compliant with the price transparency regs. I saw an outside statistic that found that about 75 percent of hospitals aren't fully compliant. <a href="https://www.patientrightsadvocate.org/blog/new-report-shows-more-than-75-of-hospitals-still-not-complying-with-hospital-price-transparency-rule">https://www.patientrightsadvocate.org/blog/new-report-shows-more-than-75-of-hospitals-still-not-complying-with-hospital-price-transparency-rule</a> I was wondering if there's a reason you know for the differences. Would need it by 1 pm tomorrow.	02/23/2023	Megha
WNIJ	Maria Gardner Lara	May I have your assistance in locating demographic data on patients served in FQHC's in the Rockford area.	02/24/2023	
Wisconsin Examiner	Erik Gunn	In reading your tables on Medicare and Medicare Advantage enrollment, the columns containing Medicare Advantage data are given the heading -- "Medicare Advantage And Other Health Plans." -- The phrase "And Other Health Plans" confuses me. What are the "other health plans" that might be included in this column and are NOT Medicare Advantage plans? How big a share of the overall number in this column consists of the "OTHER health plans" that are NOT Medicare Advantage Plans? If I am reporting the number in that column as simply "Medicare advantage enrollment" is that essentially accurate? Or do I need to somehow derive a different number just to count Medicare Advantage enrollment that does not include the "other health plans.."???	02/23/2023	
Our Sunday Visitor	Katie Yoder	I'm writing a story about a proposal to make birth free in the United States. I read that, in 2020, 42% of U.S. births were covered by Medicaid. Can you confirm that? Are there more recent numbers? A source told me that, while most states have pregnancy Medicaid, this does not benefit women who are covered as dependents on their parents' insurance plan. Can you confirm this? Are women who are covered as dependents on their parents' plan disqualified from applying for Medicaid? (I'm hearing this is a concern because insurance plans of large employers are not required to provide delivery for dependents.) Thanks for your time! I greatly appreciate any/all information you have about this.	02/23/2023	
STAT News	Rachel Cohrs	I've noticed that it appears all CMS staff have disappeared from the HHS staff directory, while other agencies including NIH and FDA are still displayed. Was this an intentional removal or a technical glitch? If we could confirm by the end of the day, that would be much appreciated. My deadline is 5pm ET on Wednesday, Feb. 22.	02/23/2023	
Asheville Watchdog	Barbara Durr	I would like to have a copy of the HCAPS survey for Mission Hospital in Asheville, NC.	02/27/2023	
CNN	Tami Luhby	I saw Politico's story that CMS/HHS is working with Congress to get the authority to continue providing Medicare beneficiaries with up to 8 free at-home tests a month. Could you please update me on where this effort stands? On background is fine. And please let me know if/when CMS/HHS receives the authority and covers the at-home tests.	02/23/2023	

Inside Health Policy	Bridget Early	Hi! I just have a quick question about the proposed universal foundation for a story I'm filing today (Feb. 22) at 4pm. I was wondering how the universal foundation is supposed to differ from the health equity index CMS developed last year -- would it incorporate the HEI as one of the core quality measures across programs?	02/23/2023	
The Missouri Independent	Clara Bates	I am trying to get clarity on what standards CMS uses to accept states' waivers for extension of postpartum Medicaid. The latest version of the Missouri legislature's bill to extend postpartum Medicaid coverage includes the following provision: "The state shall not provide payments, add ons, or reimbursements to health care providers through MO HealthNet for medical assistance services provided to persons who do not reside in this state, as determined under 5 42 CFR 435.403" 1. Does that provision conflict with federal statute, as it appears to? 2. In what instances does CMS reject a state's waiver to extend postpartum coverage? Would the inclusion of such a provision be reason to reject the application? 3. Did CMS reject Texas's waiver last year because of the language around abortion? Would language that, as Missouri's draft does, clarifies "A woman shall be enrolled in benefits under this subdivision when her child is enrolled in the MO HealthNet program or the children's health insurance program or when a physician or the managed care plan notifies the MO HealthNet program of the pregnancy ending involuntarily or necessarily to save the life of the mother" also be of concern to CMS? Here is the legislation <a href="https://instatrac-production.s3.us-east-2.amazonaws.com/GovWatch/text/pdfs/21/bill-text/1d2f541d2f55c63f6b9f3dac417837d4.pdf">https://instatrac-production.s3.us-east-2.amazonaws.com/GovWatch/text/pdfs/21/bill-text/1d2f541d2f55c63f6b9f3dac417837d4.pdf</a>	02/23/2023	
San Jose Inside	Barry Holtzclaw	Request copy of (or link to) 2022-23 report by CMS on several suicides at Valley Medical Center, plus any summary page or cover letter to the Santa Clara County CA public health system re Valley Medical Center.	02/23/2023	
WyoFile	Madelyn Beck	I'm looking to talk with someone at CMS about changes people and health care facilities in Wyoming should expect from the agency as federal COVID emergency declarations come to an end.	02/24/2023	Will
AARP	Susan Obrien	I'd like to confirm whether or not Medicare will cover the cost of an ambulance for the trip home from either a hospital or SNF stay. I understand the criteria for ambulance coverage to a facility	02/23/2023	
USA Today	Ken Alltucker	Please provide a copy of any surveys, inspections or 2567 reports and responses from Harrison Medical Center in Bremerton, Washington since Jan 1, 2020.	02/25/2023	
Associated Press	Kavish Harjai	.	02/23/2023	
WYMT	Buddy Forbes	Good morning! I am a reporter for WYMT in Eastern Kentucky. I am working on a story about the notice of termination for the Parkview Post-Acute and Rehabilitation Center located at 200 Nursing Home Lane in Pikeville, Ky. I was hoping someone would be able to provide a little more information into what caused the termination and what this means for the residents.	02/23/2023	Will
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<p>GOV CIO</p>	<p>Nikki Henderson</p>	<p>Good afternoon. Hope you're doing well. I'm reaching out today regarding an article interview request for a GovCIO Media &amp; Research feature on Data Literacy. I would be honored to speak with Ms. Allison Oelshclaeger about the challenges of reskilling and upskilling personnel with cutting-edge data literacy tools and training.</p> <p>I would also like to discuss what does data literacy means to CMS, how CMS is measuring data literacy and what programs CMS is using to improve data literacy. Here is a list of the interview questions:</p> <p>What training programs do you offer to improve data literacy across all levels of the workforce?  What challenges did you face with data literacy? How did they impact the tech solutions VA offers?  How are data literacy programs improving other technology solutions – like AI or data governance for example? Where are those crossovers?  How are you measuring and documenting results/ success within data literacy?  Are you collaborating with other federal agencies to share best practices and partner to provide data-driven value?  Moving forward, what are your goals with data literacy?</p> <p>I would like to schedule an interview within the next couple of weeks. My Editor-In-Chief would like for me to have my interviews done by Feb. 24 but I have a little flexibility. The actual article is due March 10 and the publication will be a short time after that. Please check Ms. Oelshclaeger's availability and get back to me at your earliest convenience.</p>	<p>02/24/2023</p>	<p>Kristian</p>



<p>Kaiser Health News</p>	<p>Harris Meyer</p>	<p>I'm working on a bill of the month story for Kaiser and this issue came up. Matt Fiedler and Loren Adler believe this case highlights a loophole in the No Surprises Act. I need to know CMS's view on this and whether CMS plans to provide guidance on it. Does the NSA apply in situations where the patient's insurer has a contract with a provider but that provider is out of network for the patient's particular plan? In the case I'm writing about, the insurer has a contract with a hospital as a participating provider but that provider is out of network for this patient's plan. But the contract allows the hospital to charge the plan's members a 50% coinsurance when the members go to that hospital on an out of network basis. In this case, the insurer reclassified the patient's care as emergency and waived the coinsurance. But the insurer says neither it nor the hospital violated the NSA. It appears the insurer considers its contract with the hospital to take this situation outside the requirements of the NSA. Does the NSA apply in situations like that, or not? And if not, does CMS plan to issue any kind of guidance to protect consumers from what appears to be a major loophole in the law? Thanks.</p> <p>Harris Meyer  Reporter/Writer/Editor, Chicago  Health care, law, business, wine  Winner, Gerald Loeb Award for Distinguished Business &amp; Financial Journalism  (b)(6) ell  harris_meyer@yahoo.com</p>	<p>02/21/2023</p>	<p>Kyla</p>
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Message

**From:** Harris, Will (CMS/OA) <William.Harris@cms.hhs.gov> (b)(6)  
**Sent:** 2/23/2023 3:23:04 PM (b)(6)  
**To:** Chambers, Gwendolyn (CMS/OC) <Gwendolyn.Chambers@cms.hhs.gov> (b)(6)  
(b)(6); Alexander, Bruce  
(b)(6); Blum, Jonathan  
(b)(6); Boulanger, Jennifer  
(b)(6); Ellis (she/her), Kyla  
(b)(6); Katch (she/her), Hannah  
(b)(6); OToole, Meghan  
(b)(6); Richardson (she/her),  
(b)(6); Woronoff, Arielle  
(b)(6); Yao, Kristiana (CMS/OA)  
**CC:** Howden, Catherine (CMS/OC) <Catherine.Howden@cms.hhs.gov> (b)(6)  
(b)(6); Tana, Karen (CMS/OC)  
(b)(6); Franklin, Julie (CMS/OC)  
(b)(6); Hey, Mary (CMS/OC)  
(b)(6); Prager, Mark  
(b)(6); Lemens, Kristen  
(b)(6); Underle, Elizabeth  
(b)(6); Gner, Rachel  
(b)(6); Porter, Kimberly  
(b)(6); Tdley, Tasha  
(b)(6); orn, Raymond  
**Subject:** RE: RE: MEDIA INQUIRIES: FEB 23

Added me. Thank you.

**From:** Chambers, Gwendolyn (CMS/OC) <Gwendolyn.Chambers@cms.hhs.gov>  
**Sent:** Thursday, February 23, 2023 9:48 AM  
**To:** Alexander, Bruce (CMS/OC) <Bruce.Alexander@cms.hhs.gov>; Blum, Jonathan (CMS/OA) <Jonathan.Blum@cms.hhs.gov>; Boulanger, Jennifer (CMS/OL) <Jennifer.Boulanger@cms.hhs.gov>; Ellis (she/her), Kyla (CMS/OA) <Kyla.Ellis@cms.hhs.gov>; Harris, Will (CMS/OA) <William.Harris@cms.hhs.gov>; Katch (she/her), Hannah

(CMS/OA) <Hannah.Katch@cms.hhs.gov>; OToole, Meghan (CMS/OA) <Meghan.OTOole1@cms.hhs.gov>; Richardson (she/her), Erin (CMS/OA) <Erin.Richardson@cms.hhs.gov>; Woronoff, Arielle (CMS/OL) <Arielle.Woronoff@cms.hhs.gov>; Yao, Kristiana (CMS/OA) <Kristiana.Yao1@cms.hhs.gov>  
**Cc:** Howden, Catherine (CMS/OC) <Catherine.Howden@cms.hhs.gov>; Aldana, Karen (CMS/OC) <Karen.Aldana@cms.hhs.gov>; Franklin, Julie (CMS/OC) <Julie.Franklin@cms.hhs.gov>; Toomey, Mary (CMS/OC) <Mimi.Toomey@cms.hhs.gov>; Brager, Mark (CMS/OC) <Mark.Brager@cms.hhs.gov>; Clemens, Kristen (CMS/OC) <Kristen.Clemens@cms.hhs.gov>; Schinderle, Elizabeth (CMS/OC) <elizabeth.schinderle@cms.hhs.gov>; Wagner, Rachel (CMS/OC) <Rachel.Wagner@cms.hhs.gov>; Shorter, Kimberly (CMS/OC) <Kimberly.Shorter@cms.hhs.gov>; Bradley, Tasha (CMS/OC) <Tasha.Bradley1@cms.hhs.gov>; Thorn, Raymond (CMS/OC) <Raymond.Thorn@cms.hhs.gov>  
**Subject:** MEDIA INQUIRIES: FEB 23

Good morning,

Below is a rundown of this morning's open media inquiries. Please flag any inquiries you'd like to review.

Thank you,

Outlet	Contact Name	Description of Request	Current Deadline	Senior Adviso
University of CA, Santa Cruz Science Communications Program	Elissa Welle	I am looking for numbers related to vagus nerve stimulation for epilepsy. I'd like to find the number of devices implanted in adults and children in the US, and I imagine CMS collects the numbers of surgery/device reimbursements for these implants. However, I cannot seem to find the right database with this information. Can you help point me in the right direction?	03/01/2023	
WIRED	Brenda Stolyar	My name is Brenda Stolyar and I'm a writer at Wired. I'm currently working on updating our Best At-Home Covid-19 Tests story. The Biden Administration recently announced it will be terminating the public health emergency surrounding Covid-19 on May 11, 2023. I wanted to reach out and see if you could provide me with any details on how coverage of free at-home Covid-19 tests will be impacted for those who have Medicare and Medicaid.	02/23/2023	Will
Las Vegas Review - Journal	Mary Hynes	I'm writing today on a briefing today by the Better Medicare Alliance and a new study. An analysis by Avalere shows that the proposed cuts could lead to premiums that are \$76.05 higher a month and \$912.58 higher a year for Nevadans who choose Medicare Advantage. The average premium for Nevadans this year is \$3.78 a month, or \$45.36 annually. The cuts would lead to premiums of \$79.83 each month, or \$957.96 a year, if the same level of benefits is maintained, according to the study. Nationwide, the average annual premium increase would be \$540, according to the study. Can you comment on these findings? On the steep increases according to the study, and that the increases would be highest in Nevada? My deadline is today. Here's a link to the story's early version: <a href="https://www.reviewjournal.com/local/local-nevada/proposed-medicare-advantage-cuts-could-hit-nevadans-hardest-study-says-2733220/">https://www.reviewjournal.com/local/local-nevada/proposed-medicare-advantage-cuts-could-hit-nevadans-hardest-study-says-2733220/</a>	2/23	

Politico	Ben Leonard	Hey! I'm working on a newsletter item for Future Pulse on this blog post <a href="https://www.healthaffairs.org/content/forefront/hospital-price-transparency-progress-and-commitment-achieving-its-potential?hsmi=246955043&amp;hsenc=p2ANqtz-982AQemg96cDmeBpAm5tTR8T706k4LOoydUCY81U5XRlEmJ94Xud-jr232Mxd22Kt_XV5MKNK5fIKgseWTgDqCQOZSZKw">https://www.healthaffairs.org/content/forefront/hospital-price-transparency-progress-and-commitment-achieving-its-potential?hsmi=246955043&amp;hsenc=p2ANqtz-982AQemg96cDmeBpAm5tTR8T706k4LOoydUCY81U5XRlEmJ94Xud-jr232Mxd22Kt_XV5MKNK5fIKgseWTgDqCQOZSZKw</a> . I saw the stat that "at least" 30 percent of hospitals aren't fully compliant with the price transparency regs. I saw an outside statistic that found that about 75 percent of hospitals aren't fully compliant. <a href="https://www.patientrightsadvocate.org/blog/new-report-shows-more-than-75-of-hospitals-still-not-complying-with-hospital-price-transparency-rule">https://www.patientrightsadvocate.org/blog/new-report-shows-more-than-75-of-hospitals-still-not-complying-with-hospital-price-transparency-rule</a> I was wondering if there's a reason you know for the differences. Would need it by 1 pm tomorrow.	02/23/2023	
WNIJ	Maria Gardner Lara	May I have your assistance in locating demographic data on patients served in FQHC's in the Rockford area.	02/24/2023	
Wisconsin Examiner	Erik Gunn	In reading your tables on Medicare and Medicare Advantage enrollment, the columns containing Medicare Advantage data are given the heading -- "Medicare Advantage And Other Health Plans." -- The phrase "And Other Health Plans" confuses me. What are the "other health plans" that might be included in this column and are NOT Medicare Advantage plans? How big a share of the overall number in this column consists of the "OTHER health plans" that are NOT Medicare Advantage Plans? If I am reporting the number in that column as simply "Medicare advantage enrollment" is that essentially accurate? Or do I need to somehow derive a different number just to count Medicare Advantage enrollment that does not include the "other health plans.."???	02/23/2023	
Our Sunday Visitor	Katie Yoder	I'm writing a story about a proposal to make birth free in the United States. I read that, in 2020, 42% of U.S. births were covered by Medicaid. Can you confirm that? Are there more recent numbers? A source told me that, while most states have pregnancy Medicaid, this does not benefit women who are covered as dependents on their parents' insurance plan. Can you confirm this? Are women who are covered as dependents on their parents' plan disqualified from applying for Medicaid? (I'm hearing this is a concern because insurance plans of large employers are not required to provide delivery for dependents.) Thanks for your time! I greatly appreciate any/all information you have about this.	02/23/2023	
STAT News	Rachel Cohrs	I've noticed that it appears all CMS staff have disappeared from the HHS staff directory, while other agencies including NIH and FDA are still displayed. Was this an intentional removal or a technical glitch? If we could confirm by the end of the day, that would be much appreciated. My deadline is 5pm ET on Wednesday, Feb. 22.	02/23/2023	Will
Asheville Watchdog	Barbara Durr	I would like to have a copy of the HCAPS survey for Mission Hospital in Asheville, NC.	02/27/2023	
CNN	Tami Luhby	I saw Politico's story that CMS/HHS is working with Congress to get the authority to continue providing Medicare beneficiaries with up to 8 free at-home tests a month. Could you please update me on where this effort stands? On background is fine. And please let me know if/when CMS/HHS receives the authority and covers the at-home tests.	02/23/2023	Will

Inside Health Policy	Bridget Early	Hi! I just have a quick question about the proposed universal foundation for a story I'm filing today (Feb. 22) at 4pm. I was wondering how the universal foundation is supposed to differ from the health equity index CMS developed last year -- would it incorporate the HEI as one of the core quality measures across programs?	02/23/2023	
The Missouri Independent	Clara Bates	I am trying to get clarity on what standards CMS uses to accept states' waivers for extension of postpartum Medicaid. The latest version of the Missouri legislature's bill to extend postpartum Medicaid coverage includes the following provision: "The state shall not provide payments, add ons, or reimbursements to health care providers through MO HealthNet for medical assistance services provided to persons who do not reside in this state, as determined under 5 42 CFR 435.403" 1. Does that provision conflict with federal statute, as it appears to? 2. In what instances does CMS reject a state's waiver to extend postpartum coverage? Would the inclusion of such a provision be reason to reject the application? 3. Did CMS reject Texas's waiver last year because of the language around abortion? Would language that, as Missouri's draft does, clarifies "A woman shall be enrolled in benefits under this subdivision when her child is enrolled in the MO HealthNet program or the children's health insurance program or when a physician or the managed care plan notifies the MO HealthNet program of the pregnancy ending involuntarily or necessarily to save the life of the mother" also be of concern to CMS? Here is the legislation <a href="https://instatrac-production.s3.us-east-2.amazonaws.com/GovWatch/text/pdfs/21/bill-text/1d2f541d2f55c63f6b9f3dac417837d4.pdf">https://instatrac-production.s3.us-east-2.amazonaws.com/GovWatch/text/pdfs/21/bill-text/1d2f541d2f55c63f6b9f3dac417837d4.pdf</a>	02/23/2023	
San Jose Inside	Barry Holtzclaw	Request copy of (or link to) 2022-23 report by CMS on several suicides at Valley Medical Center, plus any summary page or cover letter to the Santa Clara County CA public health system re Valley Medical Center.	02/23/2023	
WyoFile	Madelyn Beck	I'm looking to talk with someone at CMS about changes people and health care facilities in Wyoming should expect from the agency as federal COVID emergency declarations come to an end.	02/24/2023	Will
AARP	Susan Obrien	I'd like to confirm whether or not Medicare will cover the cost of an ambulance for the trip home from either a hospital or SNF stay. I understand the criteria for ambulance coverage to a facility	02/23/2023	
USA Today	Ken Alltucker	Please provide a copy of any surveys, inspections or 2567 reports and responses from Harrison Medical Center in Bremerton, Washington since Jan 1, 2020.	02/25/2023	
Associated Press	Kavish Harjai	.	02/23/2023	
WYMT	Buddy Forbes	Good morning! I am a reporter for WYMT in Eastern Kentucky. I am working on a story about the notice of termination for the Parkview Post-Acute and Rehabilitation Center located at 200 Nursing Home Lane in Pikeville, Ky. I was hoping someone would be able to provide a little more information into what caused the termination and what this means for the residents.	02/23/2023	Will
Los Angeles Times	Emily Alpert Reyes	Hello, I'm interested in the process in which patients are assessed by transplant centers before being approved for the kidney transplant waitlist. Is there any requirement for a transplant center to perform	02/27/2023	

		that assessment within a certain period of time? Is the amount of time taken for the assessment measured in any way that is monitored by CMS?		
MUSC Health	Joy Jacob	This was published in 2022- when can a vote be expected for outcome?	03/01/2023	
Wall Street Journal	Anna Matthews	<p>Hi all, I saw the Secretary's statement and the fact sheet regarding the Advance Notice, and I wanted to follow up with a few questions.</p> <p>1) The big difference between Wall Street analyst/insurance industry assessment of the impact (a 2.27% cut in revenue) and CMS's (a 1.03% increase) seems to be the 3.3% "MA risk score trend" that CMS includes. Can you explain what that is and why CMS believes it should be included and would increase the plan's revenue?</p> <p>2) In the fact sheet released last week, CMS said it had "identified diagnosis codes that are not used consistently across the industry" and "has proposed to address these inconsistencies in order to ensure insurance companies offering Medicare Advantage are not gaming the system." Can you explain what CMS meant by that, and how the codes that are being eliminated were selected, with a bit more clarity? Does CMS feel that some plans were "gaming" the system by using these codes when not justified?</p> <p>3) Some in the industry have argued that the code tweaks could result in far larger revenue dropoffs for some plans and risk-bearing physician groups. For example, American's Physician Groups have suggested revenues could fall by 10% to 20% for some of its members. The Better Medicare Alliance released an Avalere analysis that suggested there could be a \$540 reduction in benefits per members on average. Does CMS agree with those claims? Why or why not? And does CMS feel that steeper drops in revenue would occur among groups and plans that were employing coding practices the agency feels might not be justified under the current system?</p> <p>4) Any other comments you'd want to share about the Advance Notice and its impact?</p>	02/23/2023	Megha
Very Well Health	Valerie DeBenedette	<p>Can I speak with someone from CMS about the new models being tested in the hopes that they will lower drug costs? VeryWellHealth.com wants me to write about the Medicare \$2 Drug List. I will be mentioning the other two models in passing in my article. My questions include:</p> <ul style="list-style-type: none"> <li>• How many drugs will be on the \$2 list? I've seen one report that it will be about 150 generic drugs.</li> <li>• What percent of prescriptions for Medicare recipients will this cover? In other words, are we talking about 20% of the total number of prescriptions? 60% of prescriptions?</li> <li>• Some pharmacies are already offering cheap generics, such as Amazon Pharmacy's RxPass that offers a \$5 subscription for as many prescriptions as needed from a list of 50 generic drugs. How will this CMS model stack up against those?</li> </ul>	02/23/2023	Megha
Arizona Republic	Andrew Ford	Hello, has CMS sent preclusion letters to any Modern Vascular clinics? If yes, can you say why?	02/23/2023	Will
Wall Street Journal	Julie Wernau	I am rating about what information is available about doctors online. I'd like to mention the Care Compare site and am wondering how comprehensive the site is, if disciplinary actions and medicare	02/23/2023	

		claims are included and what consumers can expect/not expect to find when using the site.		
Bloomberg Industry Group	Celine Castronuovo	I'm Bloomberg Law's FDA and drug pricing reporter, and my team is doing an ongoing series of profiles on officials involved in implementing the drug pricing provisions of the Inflation Reduction Act. Here's one my colleague did on Medicare Director Meena Seshamani in November: <a href="https://news.bloomberglaw.com/health-law-and-business/meet-the-surgeon-economist-at-heart-of-democrats-drug-price-law?context=search&amp;index=0">https://news.bloomberglaw.com/health-law-and-business/meet-the-surgeon-economist-at-heart-of-democrats-drug-price-law?context=search&amp;index=0</a> . I recently reported on Principal Deputy Administrator Jonathan Blum's remarks at the Biopharma Congress, and I was wondering if it would be possible to set up a conversation with him to discuss his career at the CMS, and how that is informing what he's working on now to help implement the drug price negotiations, the Part D redesign, and other components of the IRA. If you could get back to me by next Thursday, Feb. 23, I would greatly appreciate it. Let me know if you have any questions.	02/23/2023	Megha
Maryland Benefits Counseling Network	Charlie Hollins	I wish to receive confirmation that CMS has denied the 2022 expansion of EID eligibility that had allowed for unlimited income and limited resources only at the time of the initial application.	02/28/2023	
CBS Evening News	Deborah Rubin	My name is Debbie Rubin and I am hoping you can help answer a couple of questions about the CMS Hospital Value-Based Purchasing Program (HVBP), and the role that HCAHPS plays in hospital reimbursement for the most recent fiscal year available. My understanding is that the law requires participating hospitals to collect and submit HCAHPS data, which includes questions pertaining to patient satisfaction with the care their received at the hospital. Some of the questions in the survey are related to communication with doctors and nurses, responsiveness of hospital staff, communication about medicines. Can you please tell me what the percent of HVBP withheld from participating hospitals is currently (2%?) and confirm my understanding that based on their performance in the program, participating hospitals can earn back a percentage of that 2%? I read that for 2022 the discharges were approximately \$1.9 billion. Can you please confirm or correct?  I also read that HCAHPS is the basis for the Person and Community Engagement domain, which accounts for 25% of the Hospital VBP Total Performance Score. SO that means that questions relating to communication with physicians and nurses is part of the equation that goes in to how much a participating hospital can get back from the funds withheld. Can you please confirm or correct?	02/24/2023	Megha
Fox32 Denver	Carissa Scott	Will CMS confirm that Medicare often pays insurance providers between \$6,000 and \$7,000 per fixed-wing air-ambulance flight, and those patients can't be balance-billed by participating Medicare providers per federal law?	02/23/2023	

<p>Association for Health Care Journalists</p>	<p>Mary Chris Jaklevic</p>	<p>I'm the patient safety topic leader for the Association of Health Care Journalists. I'm trying to contact the individual who assembles the hospital inspection reports (2567 forms) datafile that CMS provides electronically to AHCJ. A 2013 article on the AHCJ web site states: "During the process of preparing the records for release, CMS discovered that some state health departments and its own regional offices had sometimes not uploaded the inspection reports into a central computer system that could then be shared by us. In such cases, CMS identified the dates of the missing inspections and the number of deficiencies identified and those details are included on each hospital's page. You can request that information from CMS or your state health department. "CMS and AHCJ have also discovered that some reports that should be released are missing entirely from the dataset. CMS is working with its regional offices and state health departments to remedy this problem. The issues seem to be particularly acute in California." Do these data gaps persist in recent data files, such as the most recent one provided to AHCJ last fall? Or have these data gaps been remedied? Are there other missing data is this most recent file that journalists should know about? For your reference, the website is here: <a href="http://www.hospitalinspections.org/">http://www.hospitalinspections.org/</a>. I'd appreciate your prompt attention to this matter.</p>	<p>02/23/2023</p>	<p>Kristian</p>
<p>GOV CIO</p>	<p>Nikki Henderson</p>	<p>Good afternoon. Hope you're doing well. I'm reaching out today regarding an article interview request for a GovCIO Media &amp; Research feature on Data Literacy. I would be honored to speak with Ms. Allison Oelshclaeger about the challenges of reskilling and upskilling personnel with cutting-edge data literacy tools and training.</p> <p>I would also like to discuss what does data literacy means to CMS, how CMS is measuring data literacy and what programs CMS is using to improve data literacy. Here is a list of the interview questions:</p> <p>What training programs do you offer to improve data literacy across all levels of the workforce?  What challenges did you face with data literacy? How did they impact the tech solutions VA offers?  How are data literacy programs improving other technology solutions – like AI or data governance for example? Where are those crossovers?  How are you measuring and documenting results/ success within data literacy?  Are you collaborating with other federal agencies to share best practices and partner to provide data-driven value?  Moving forward, what are your goals with data literacy?</p> <p>I would like to schedule an interview within the next couple of weeks. My Editor-In-Chief would like for me to have my interviews done by Feb. 24 but I have a little flexibility. The actual article is due March 10 and the publication will be a short time after that. Please check Ms. Oelshclaeger's availability and get back to me at your earliest convenience.</p>	<p>02/24/2023</p>	<p>Kristian</p>



<p>Kaiser Health News</p>	<p>Harris Meyer</p>	<p>I'm working on a bill of the month story for Kaiser and this issue came up. Matt Fiedler and Loren Adler believe this case highlights a loophole in the No Surprises Act. I need to know CMS's view on this and whether CMS plans to provide guidance on it. Does the NSA apply in situations where the patient's insurer has a contract with a provider but that provider is out of network for the patient's particular plan? In the case I'm writing about, the insurer has a contract with a hospital as a participating provider but that provider is out of network for this patient's plan. But the contract allows the hospital to charge the plan's members a 50% coinsurance when the members go to that hospital on an out of network basis. In this case, the insurer reclassified the patient's care as emergency and waived the coinsurance. But the insurer says neither it nor the hospital violated the NSA. It appears the insurer considers its contract with the hospital to take this situation outside the requirements of the NSA. Does the NSA apply in situations like that, or not? And if not, does CMS plan to issue any kind of guidance to protect consumers from what appears to be a major loophole in the law? Thanks.</p> <p>Harris Meyer  Reporter/Writer/Editor, Chicago  Health care, law, business, wine  Winner, Gerald Loeb Award for Distinguished Business &amp; Financial Journalism  (b)(6) cell  harris_meyer@yahoo.com</p>	<p>02/21/2023</p>	<p>Kyla</p>
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Message

**From:** Katch (she/her), Hannah (CMS/OA) (b)(6)  
**Sent:** 2/23/2023 3:30:27 PM (b)(6)  
**To:** Harris, Will (CMS/OA) (b)(6)

(b)(6)

Chambers, Gwendolyn  
]; Alexander, Bruce  
]; Blum, Jonathan  
]; Boulanger, Jennifer  
Ellis (she/her), Kyla  
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]; Franklin, Julie (CMS/OC)  
Toomey, Mary (CMS/OC)  
ager, Mark  
mens, Kristen  
aderle, Elizabeth  
her, Rachel  
orter, Kimberly  
ley, Tasha  
n, Raymond

**CC:** (b)(6)

(b)(6)

(b)(6)

**Subject:** RE: RE: MEDIA INQUIRIES: FEB 23

One for me – and is there a request from AP’s Kavish Harjai?

Thanks!

**From:** Harris, Will (CMS/OA) <William.Harris@cms.hhs.gov>  
**Sent:** Thursday, February 23, 2023 10:23 AM  
**To:** Chambers, Gwendolyn (CMS/OC) <Gwendolyn.Chambers@cms.hhs.gov>; Alexander, Bruce (CMS/OC)

<Bruce.Alexander@cms.hhs.gov>; Blum, Jonathan (CMS/OA) <Jonathan.Blum@cms.hhs.gov>; Boulanger, Jennifer (CMS/OL) <Jennifer.Boulanger@cms.hhs.gov>; Ellis (she/her), Kyla (CMS/OA) <Kyla.Ellis@cms.hhs.gov>; Katch (she/her), Hannah (CMS/OA) <Hannah.Katch@cms.hhs.gov>; OToole, Meghan (CMS/OA) <Meghan.OToole1@cms.hhs.gov>; Richardson (she/her), Erin (CMS/OA) <Erin.Richardson@cms.hhs.gov>; Woronoff, Arielle (CMS/OL) <Arielle.Woronoff@cms.hhs.gov>; Yao, Kristiana (CMS/OA) <Kristiana.Yao1@cms.hhs.gov>  
**Cc:** Howden, Catherine (CMS/OC) <Catherine.Howden@cms.hhs.gov>; Aldana, Karen (CMS/OC) <Karen.Aldana@cms.hhs.gov>; Franklin, Julie (CMS/OC) <Julie.Franklin@cms.hhs.gov>; Toomey, Mary (CMS/OC) <Mimi.Toomey@cms.hhs.gov>; Brager, Mark (CMS/OC) <Mark.Brager@cms.hhs.gov>; Clemens, Kristen (CMS/OC) <Kristen.Clemens@cms.hhs.gov>; Schinderle, Elizabeth (CMS/OC) <elizabeth.schinderle@cms.hhs.gov>; Wagner, Rachel (CMS/OC) <Rachel.Wagner@cms.hhs.gov>; Shorter, Kimberly (CMS/OC) <Kimberly.Shorter@cms.hhs.gov>; Bradley, Tasha (CMS/OC) <Tasha.Bradley1@cms.hhs.gov>; Thorn, Raymond (CMS/OC) <Raymond.Thorn@cms.hhs.gov>  
**Subject:** RE: MEDIA INQUIRIES: FEB 23

Added me. Thank you.

**From:** Chambers, Gwendolyn (CMS/OC) <Gwendolyn.Chambers@cms.hhs.gov>  
**Sent:** Thursday, February 23, 2023 9:48 AM  
**To:** Alexander, Bruce (CMS/OC) <Bruce.Alexander@cms.hhs.gov>; Blum, Jonathan (CMS/OA) <Jonathan.Blum@cms.hhs.gov>; Boulanger, Jennifer (CMS/OL) <Jennifer.Boulanger@cms.hhs.gov>; Ellis (she/her), Kyla (CMS/OA) <Kyla.Ellis@cms.hhs.gov>; Harris, Will (CMS/OA) <William.Harris@cms.hhs.gov>; Katch (she/her), Hannah (CMS/OA) <Hannah.Katch@cms.hhs.gov>; OToole, Meghan (CMS/OA) <Meghan.OToole1@cms.hhs.gov>; Richardson (she/her), Erin (CMS/OA) <Erin.Richardson@cms.hhs.gov>; Woronoff, Arielle (CMS/OL) <Arielle.Woronoff@cms.hhs.gov>; Yao, Kristiana (CMS/OA) <Kristiana.Yao1@cms.hhs.gov>  
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**Subject:** MEDIA INQUIRIES: FEB 23

Good morning,

Below is a rundown of this morning's open media inquiries. Please flag any inquiries you'd like to review.

Thank you,

Outlet	Contact Name	Description of Request	Current Deadline	Senior Adviso
University of CA, Santa Cruz Science Communications Program	Elissa Welle	I am looking for numbers related to vagus nerve stimulation for epilepsy. I'd like to find the number of devices implanted in adults and children in the US, and I imagine CMS collects the numbers of surgery/device reimbursements for these implants. However, I cannot seem to find the right database with this information. Can you help point me in the right direction?	03/01/2023	
WIRED	Brenda Stolyar	My name is Brenda Stolyar and I'm a writer at Wired. I'm currently working on updating our Best At-Home Covid-19 Tests story. The Biden Administration recently announced it will be terminating the public health emergency surrounding Covid-19 on May 11, 2023. I wanted to reach out and see if you could provide me with any details on how coverage of free at-home Covid-19 tests will be impacted for those who have Medicare and Medicaid.	02/23/2023	Will

Las Vegas Review - Journal	Mary Hynes	I'm writing today on a briefing today by the Better Medicare Alliance and a new study. An analysis by Avalere shows that the proposed cuts could lead to premiums that are \$76.05 higher a month and \$912.58 higher a year for Nevadans who choose Medicare Advantage. The average premium for Nevadans this year is \$3.78 a month, or \$45.36 annually. The cuts would lead to premiums of \$79.83 each month, or \$957.96 a year, if the same level of benefits is maintained, according to the study. Nationwide, the average annual premium increase would be \$540, according to the study. Can you comment on these findings? On the steep increases according to the study, and that the increases would be highest in Nevada? My deadline is today. Here's a link to the story's early version: <a href="https://www.reviewjournal.com/local/local-nevada/proposed-medicare-advantage-cuts-could-hit-nevadans-hardest-study-says-2733220/">https://www.reviewjournal.com/local/local-nevada/proposed-medicare-advantage-cuts-could-hit-nevadans-hardest-study-says-2733220/</a>	2/23	
Politico	Ben Leonard	Hey! I'm working on a newsletter item for Future Pulse on this blog post <a href="https://www.healthaffairs.org/content/forefront/hospital-price-transparency-progress-and-commitment-achieving-its-potential?hsmi=246955043&amp;hsenc=p2ANqtz-982AQemg96cDmeBpAm5tTR8T706k4LOoydUCY81U5XRlEmJ94Xud-jr232Mxd22Kt_XV5MNK5fIKgseWTgDqCQOZSZKw">https://www.healthaffairs.org/content/forefront/hospital-price-transparency-progress-and-commitment-achieving-its-potential?hsmi=246955043&amp;hsenc=p2ANqtz-982AQemg96cDmeBpAm5tTR8T706k4LOoydUCY81U5XRlEmJ94Xud-jr232Mxd22Kt_XV5MNK5fIKgseWTgDqCQOZSZKw</a> . I saw the stat that "at least" 30 percent of hospitals aren't fully compliant with the price transparency regs. I saw an outside statistic that found that about 75 percent of hospitals aren't fully compliant. <a href="https://www.patientrightsadvocate.org/blog/new-report-shows-more-than-75-of-hospitals-still-not-complying-with-hospital-price-transparency-rule">https://www.patientrightsadvocate.org/blog/new-report-shows-more-than-75-of-hospitals-still-not-complying-with-hospital-price-transparency-rule</a> I was wondering if there's a reason you know for the differences. Would need it by 1 pm tomorrow.	02/23/2023	
WNIJ	Maria Gardner Lara	May I have your assistance in locating demographic data on patients served in FQHC's in the Rockford area.	02/24/2023	
Wisconsin Examiner	Erik Gunn	In reading your tables on Medicare and Medicare Advantage enrollment, the columns containing Medicare Advantage data are given the heading -- "Medicare Advantage And Other Health Plans." -- The phrase "And Other Health Plans" confuses me. What are the "other health plans" that might be included in this column and are NOT Medicare Advantage plans? How big a share of the overall number in this column consists of the "OTHER health plans" that are NOT Medicare Advantage Plans? If I am reporting the number in that column as simply "Medicare advantage enrollment" is that essentially accurate? Or do I need to somehow derive a different number just to count Medicare Advantage enrollment that does not include the "other health plans.."???	02/23/2023	
Our Sunday Visitor	Katie Yoder	I'm writing a story about a proposal to make birth free in the United States. I read that, in 2020, 42% of U.S. births were covered by Medicaid. Can you confirm that? Are there more recent numbers? A source told me that, while most states have pregnancy Medicaid, this does not benefit women who are covered as dependents on their parents' insurance plan. Can you confirm this? Are women who are covered as dependents on their parents' plan disqualified from applying for Medicaid? (I'm hearing this is a concern because insurance plans of large employers are not required to provide delivery for dependents.) Thanks for your time! I greatly appreciate any/all information you have about this.	02/23/2023	Hanna

STAT News	Rachel Cohrs	I've noticed that it appears all CMS staff have disappeared from the HHS staff directory, while other agencies including NIH and FDA are still displayed. Was this an intentional removal or a technical glitch? If we could confirm by the end of the day, that would be much appreciated. My deadline is 5pm ET on Wednesday, Feb. 22.	02/23/2023	Will
Asheville Watchdog	Barbara Durr	I would like to have a copy of the HCAPS survey for Mission Hospital in Asheville, NC.	02/27/2023	
CNN	Tami Luhby	I saw Politico's story that CMS/HHS is working with Congress to get the authority to continue providing Medicare beneficiaries with up to 8 free at-home tests a month. Could you please update me on where this effort stands? On background is fine. And please let me know if/when CMS/HHS receives the authority and covers the at-home tests.	02/23/2023	Will
Inside Health Policy	Bridget Early	Hi! I just have a quick question about the proposed universal foundation for a story I'm filing today (Feb. 22) at 4pm. I was wondering how the universal foundation is supposed to differ from the health equity index CMS developed last year -- would it incorporate the HEI as one of the core quality measures across programs?	02/23/2023	
The Missouri Independent	Clara Bates	I am trying to get clarity on what standards CMS uses to accept states' waivers for extension of postpartum Medicaid. The latest version of the Missouri legislature's bill to extend postpartum Medicaid coverage includes the following provision: "The state shall not provide payments, add ons, or reimbursements to health care providers through MO HealthNet for medical assistance services provided to persons who do not reside in this state, as determined under 5 42 CFR 435.403" 1. Does that provision conflict with federal statute, as it appears to? 2. In what instances does CMS reject a state's waiver to extend postpartum coverage? Would the inclusion of such a provision be reason to reject the application? 3. Did CMS reject Texas's waiver last year because of the language around abortion? Would language that, as Missouri's draft does, clarifies "A woman shall be enrolled in benefits under this subdivision when her child is enrolled in the MO HealthNet program or the children's health insurance program or when a physician or the managed care plan notifies the MO HealthNet program of the pregnancy ending involuntarily or necessarily to save the life of the mother" also be of concern to CMS? Here is the legislation <a href="https://instatrac-production.s3.us-east-2.amazonaws.com/GovWatch/text/pdfs/21/bill-text/1d2f541d2f55c63f6b9f3dac417837d4.pdf">https://instatrac-production.s3.us-east-2.amazonaws.com/GovWatch/text/pdfs/21/bill-text/1d2f541d2f55c63f6b9f3dac417837d4.pdf</a>	02/23/2023	Hannat
San Jose Inside	Barry Holtzclaw	Request copy of (or link to) 2022-23 report by CMS on several suicides at Valley Medical Center, plus any summary page or cover letter to the Santa Clara County CA public health system re Valley Medical Center.	02/23/2023	
WyoFile	Madelyn Beck	I'm looking to talk with someone at CMS about changes people and health care facilities in Wyoming should expect from the agency as federal COVID emergency declarations come to an end.	02/24/2023	Will
AARP	Susan Obrien	I'd like to confirm whether or not Medicare will cover the cost of an ambulance for the trip home from either a hospital or SNF stay. I understand the criteria for ambulance coverage to a facility	02/23/2023	

USA Today	Ken Alltucker	Please provide a copy of any surveys, inspections or 2567 reports and responses from Harrison Medical Center in Bremerton, Washington since Jan 1, 2020.	02/25/2023	
Associated Press	Kavish Harjai	.	02/23/2023	
WYMT	Buddy Forbes	Good morning! I am a reporter for WYMT in Eastern Kentucky. I am working on a story about the notice of termination for the Parkview Post-Acute and Rehabilitation Center located at 200 Nursing Home Lane in Pikeville, Ky. I was hoping someone would be able to provide a little more information into what caused the termination and what this means for the residents.	02/23/2023	Will
Los Angeles Times	Emily Alpert Reyes	Hello, I'm interested in the process in which patients are assessed by transplant centers before being approved for the kidney transplant waitlist. Is there any requirement for a transplant center to perform that assessment within a certain period of time? Is the amount of time taken for the assessment measured in any way that is monitored by CMS?	02/27/2023	
MUSC Health	Joy Jacob	This was published in 2022- when can a vote be expected for outcome?	03/01/2023	
Wall Street Journal	Anna Matthews	Hi all, I saw the Secretary's statement and the fact sheet regarding the Advance Notice, and I wanted to follow up with a few questions. 1) The big difference between Wall Street analyst/insurance industry assessment of the impact (a 2.27% cut in revenue) and CMS's (a 1.03% increase) seems to be the 3.3% "MA risk score trend" that CMS includes. Can you explain what that is and why CMS believes it should be included and would increase the plan's revenue? 2) In the fact sheet released last week, CMS said it had "identified diagnosis codes that are not used consistently across the industry" and "has proposed to address these inconsistencies in order to ensure insurance companies offering Medicare Advantage are not gaming the system." Can you explain what CMS meant by that, and how the codes that are being eliminated were selected, with a bit more clarity? Does CMS feel that some plans were "gaming" the system by using these codes when not justified? 3) Some in the industry have argued that the code tweaks could result in far larger revenue dropoffs for some plans and risk-bearing physician groups. For example, American's Physician Groups have suggested revenues could fall by 10% to 20% for some of its members. The Better Medicare Alliance released an Avalere analysis that suggested there could be a \$540 reduction in benefits per members on average. Does CMS agree with those claims? Why or why not? And does CMS feel that steeper drops in revenue would occur among groups and plans that were employing coding practices the agency feels might not be justified under the current system? 4) Any other comments you'd want to share about the Advance Notice and its impact?	02/23/2023	Megha

Very Well Health	Valerie DeBenedette	<p>Can I speak with someone from CMS about the new models being tested in the hopes that they will lower drug costs? VeryWellHealth.com wants me to write about the Medicare \$2 Drug List. I will be mentioning the other two models in passing in my article. My questions include:</p> <ul style="list-style-type: none"> <li>• How many drugs will be on the \$2 list? I've seen one report that it will be about 150 generic drugs.</li> <li>• What percent of prescriptions for Medicare recipients will this cover? In other words, are we talking about 20% of the total number of prescriptions? 60% of prescriptions?</li> <li>• Some pharmacies are already offering cheap generics, such as Amazon Pharmacy's RxPass that offers a \$5 subscription for as many prescriptions as needed from a list of 50 generic drugs. How will this CMS model stack up against those?</li> </ul>	02/23/2023	Megha
Arizona Republic	Andrew Ford	Hello, has CMS sent preclusion letters to any Modern Vascular clinics? If yes, can you say why?	02/23/2023	Will
Wall Street Journal	Julie Wernau	I am rating about what information is available about doctors online. I'd like to mention the Care Compare site and am wondering how comprehensive the site is, if disciplinary actions and medicare claims are included and what consumers can expect/not expect to find when using the site.	02/23/2023	
Bloomberg Industry Group	Celine Castronuovo	I'm Bloomberg Law's FDA and drug pricing reporter, and my team is doing an ongoing series of profiles on officials involved in implementing the drug pricing provisions of the Inflation Reduction Act. Here's one my colleague did on Medicare Director Meena Seshamani in November: <a href="https://news.bloomberglaw.com/health-law-and-business/meet-the-surgeon-economist-at-heart-of-democrats-drug-price-law?context=search&amp;index=0">https://news.bloomberglaw.com/health-law-and-business/meet-the-surgeon-economist-at-heart-of-democrats-drug-price-law?context=search&amp;index=0</a> . I recently reported on Principal Deputy Administrator Jonathan Blum's remarks at the Biopharma Congress, and I was wondering if it would be possible to set up a conversation with him to discuss his career at the CMS, and how that is informing what he's working on now to help implement the drug price negotiations, the Part D redesign, and other components of the IRA. If you could get back to me by next Thursday, Feb. 23, I would greatly appreciate it. Let me know if you have any questions.	02/23/2023	Megha
Maryland Benefits Counseling Network	Charlie Hollins	I wish to receive confirmation that CMS has denied the 2022 expansion of EID eligibility that had allowed for unlimited income and limited resources only at the time of the initial application.	02/28/2023	

CBS Evening News	Deborah Rubin	<p>My name is Debbie Rubin and I am hoping you can help answer a couple of questions about the CMS Hospital Value-Based Purchasing Program (HVBP), and the role that HCAHPS plays in hospital reimbursement for the most recent fiscal year available. My understanding is that the law requires participating hospitals to collect and submit HCAHPS data, which includes questions pertaining to patient satisfaction with the care they received at the hospital. Some of the questions in the survey are related to communication with doctors and nurses, responsiveness of hospital staff, communication about medicines.</p> <p>Can you please tell me what the percent of HVBP withheld from participating hospitals is currently (2%?) and confirm my understanding that based on their performance in the program, participating hospitals can earn back a percentage of that 2%? I read that for 2022 the discharges were approximately \$1.9 billion. Can you please confirm or correct?</p> <p>I also read that HCAHPS is the basis for the Person and Community Engagement domain, which accounts for 25% of the Hospital VBP Total Performance Score. SO that means that questions relating to communication with physicians and nurses is part of the equation that goes in to how much a participating hospital can get back from the funds withheld. Can you please confirm or correct?</p>	02/24/2023	Megha
Fox32 Denver	Carissa Scott	<p>Will CMS confirm that Medicare often pays insurance providers between \$6,000 and \$7,000 per fixed-wing air-ambulance flight, and those patients can't be balance-billed by participating Medicare providers per federal law?</p>	02/23/2023	
Association for Health Care Journalists	Mary Chris Jaklevic	<p>I'm the patient safety topic leader for the Association of Health Care Journalists. I'm trying to contact the individual who assembles the hospital inspection reports (2567 forms) datafile that CMS provides electronically to AHCJ. A 2013 article on the AHCJ web site states: "During the process of preparing the records for release, CMS discovered that some state health departments and its own regional offices had sometimes not uploaded the inspection reports into a central computer system that could then be shared by us. In such cases, CMS identified the dates of the missing inspections and the number of deficiencies identified and those details are included on each hospital's page. You can request that information from CMS or your state health department. "CMS and AHCJ have also discovered that some reports that should be released are missing entirely from the dataset. CMS is working with its regional offices and state health departments to remedy this problem. The issues seem to be particularly acute in California." Do these data gaps persist in recent data files, such as the most recent one provided to AHCJ last fall? Or have these data gaps been remedied? Are there other missing data is this most recent file that journalists should know about? For your reference, the website is here: <a href="http://www.hospitalinspections.org/">http://www.hospitalinspections.org/</a>. I'd appreciate your prompt attention to this matter.</p>	02/23/2023	Kristian



<p>GOV CIO</p>	<p>Nikki Henderson</p>	<p>Good afternoon. Hope you're doing well. I'm reaching out today regarding an article interview request for a GovCIO Media &amp; Research feature on Data Literacy. I would be honored to speak with Ms. Allison Oelshclaeger about the challenges of reskilling and upskilling personnel with cutting-edge data literacy tools and training.</p> <p>I would also like to discuss what does data literacy means to CMS, how CMS is measuring data literacy and what programs CMS is using to improve data literacy. Here is a list of the interview questions:</p> <p>What training programs do you offer to improve data literacy across all levels of the workforce?  What challenges did you face with data literacy? How did they impact the tech solutions VA offers?  How are data literacy programs improving other technology solutions – like AI or data governance for example? Where are those crossovers?  How are you measuring and documenting results/ success within data literacy?  Are you collaborating with other federal agencies to share best practices and partner to provide data-driven value?  Moving forward, what are your goals with data literacy?</p> <p>I would like to schedule an interview within the next couple of weeks. My Editor-In-Chief would like for me to have my interviews done by Feb. 24 but I have a little flexibility. The actual article is due March 10 and the publication will be a short time after that. Please check Ms. Oelshclaeger's availability and get back to me at your earliest convenience.</p>	<p>02/24/2023</p>	<p>Kristian</p>
<p>Kaiser Health News</p>	<p>Harris Meyer</p>	<p>I'm working on a bill of the month story for Kaiser and this issue came up. Matt Fiedler and Loren Adler believe this case highlights a loophole in the No Surprises Act. I need to know CMS's view on this and whether CMS plans to provide guidance on it. Does the NSA apply in situations where the patient's insurer has a contract with a provider but that provider is out of network for the patient's particular plan? In the case I'm writing about, the insurer has a contract with a hospital as a participating provider but that provider is out of network for this patient's plan. But the contract allows the hospital to charge the plan's members a 50% coinsurance when the members go to that hospital on an out of network basis. In this case, the insurer reclassified the patient's care as emergency and waived the coinsurance. But the insurer says neither it nor the hospital violated the NSA. It appears the insurer considers its contract with the hospital to take this situation outside the requirements of the NSA. Does the NSA apply in situations like that, or not? And if not, does CMS plan to issue any kind of guidance to protect consumers from what appears to be a major loophole in the law? Thanks.</p> <p>Harris Meyer  Reporter/Writer/Editor, Chicago  Health care, law, business, wine  Winner, Gerald Loeb Award for Distinguished Business &amp; Financial</p>	<p>02/21/2023</p>	<p>Kyla</p>

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Message

**From:** Chambers, Gwendolyn (CMS/OC) (b)(6)  
(b)(6)  
**Sent:** 2/23/2023 3:36:35 PM  
**To:** Katch (she/her), Hannah (CMS/OA) (b)(6)  
(b)(6) Harris, Will (CMS/OA)  
(b)(6) Alexander, Bruce  
(b)(6) Blum, Jonathan  
(b)(6); Boulanger, Jennifer  
(b)(6) Ellis (she/her), Kyla  
(b)(6) OToole, Meghan (CMS/OA)  
(b)(6) Richardson (she/her),  
(b)(6) Voronoff, Arielle  
(b)(6) Yao, Kristiana (CMS/OA)  
**CC:** Aldana, Karen (CMS/OC)  
(b)(6) Franklin, Julie (CMS/OC)  
(b)(6) Romey, Mary (CMS/OC)  
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(b)(6); Clemens, Kristen  
(b)(6) Schinderle, Elizabeth  
(b)(6) Wagner, Rachel  
(b)(6) Shorter, Kimberly  
(b)(6) Bradley, Tasha  
(b)(6) Thorn, Raymond

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Thanks Meghan. Updated with the AP question added. Not sure how I deleted that.

**From:** Katch (she/her), Hannah (CMS/OA) <Hannah.Katch@cms.hhs.gov>  
**Sent:** Thursday, February 23, 2023 10:30 AM  
**To:** Harris, Will (CMS/OA) <William.Harris@cms.hhs.gov>; Chambers, Gwendolyn (CMS/OC) <Gwendolyn.Chambers@cms.hhs.gov>; Alexander, Bruce (CMS/OC) <Bruce.Alexander@cms.hhs.gov>; Blum, Jonathan (CMS/OA) <Jonathan.Blum@cms.hhs.gov>; Boulanger, Jennifer (CMS/OL) <Jennifer.Boulanger@cms.hhs.gov>; Ellis

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One for me – and is there a request from AP’s Kavish Harjai?

Thanks!

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**From:** Chambers, Gwendolyn (CMS/OC) <Gwendolyn.Chambers@cms.hhs.gov>  
**Sent:** Thursday, February 23, 2023 9:48 AM  
**To:** Alexander, Bruce (CMS/OC) <Bruce.Alexander@cms.hhs.gov>; Blum, Jonathan (CMS/OA) <Jonathan.Blum@cms.hhs.gov>; Boulanger, Jennifer (CMS/OL) <Jennifer.Boulanger@cms.hhs.gov>; Ellis (she/her), Kyla (CMS/OA) <Kyla.Ellis@cms.hhs.gov>; Harris, Will (CMS/OA) <William.Harris@cms.hhs.gov>; Katch (she/her), Hannah (CMS/OA) <Hannah.Katch@cms.hhs.gov>; OToole, Meghan (CMS/OA) <Meghan.OToole1@cms.hhs.gov>; Richardson (she/her), Erin (CMS/OA) <Erin.Richardson@cms.hhs.gov>; Woronoff, Arielle (CMS/OL) <Arielle.Woronoff@cms.hhs.gov>; Yao, Kristiana (CMS/OA) <Kristiana.Yao1@cms.hhs.gov>  
**Cc:** Howden, Catherine (CMS/OC) <Catherine.Howden@cms.hhs.gov>; Aldana, Karen (CMS/OC) <Karen.Aldana@cms.hhs.gov>; Franklin, Julie (CMS/OC) <Julie.Franklin@cms.hhs.gov>; Toomey, Mary (CMS/OC) <Mimi.Toomey@cms.hhs.gov>; Brager, Mark (CMS/OC) <Mark.Brager@cms.hhs.gov>; Clemens, Kristen (CMS/OC) <Kristen.Clemens@cms.hhs.gov>; Schinderle, Elizabeth (CMS/OC) <elizabeth.schinderle@cms.hhs.gov>; Wagner, Rachel (CMS/OC) <Rachel.Wagner@cms.hhs.gov>; Shorter, Kimberly (CMS/OC) <Kimberly.Shorter@cms.hhs.gov>; Bradley, Tasha (CMS/OC) <Tasha.Bradley1@cms.hhs.gov>; Thorn, Raymond (CMS/OC) <Raymond.Thorn@cms.hhs.gov>  
**Subject:** MEDIA INQUIRIES: FEB 23

Good morning,

Below is a rundown of this morning’s open media inquiries. Please flag any inquiries you’d like to review.

Thank you,

Outlet	Contact Name	Description of Request	Current Deadline	Senior Adviso
University of CA, Santa Cruz Science Communications Program	Elissa Welle	I am looking for numbers related to vagus nerve stimulation for epilepsy. I'd like to find the number of devices implanted in adults and children in the US, and I imagine CMS collects the numbers of surgery/device reimbursements for these implants. However, I cannot seem to find the right database with this information. Can you help point me in the right direction?	03/01/2023	
WIRED	Brenda Stolyar	My name is Brenda Stolyar and I'm a writer at Wired. I'm currently working on updating our Best At-Home Covid-19 Tests story. The Biden Administration recently announced it will be terminating the public health emergency surrounding Covid-19 on May 11, 2023. I wanted to reach out and see if you could provide me with any details on how coverage of free at-home Covid-19 tests will be impacted for those who have Medicare and Medicaid.	02/23/2023	Will
Las Vegas Review - Journal	Mary Hynes	I'm writing today on a briefing today by the Better Medicare Alliance and a new study. An analysis by Avalere shows that the proposed cuts could lead to premiums that are \$76.05 higher a month and \$912.58 higher a year for Nevadans who choose Medicare Advantage. The average premium for Nevadans this year is \$3.78 a month, or \$45.36 annually. The cuts would lead to premiums of \$79.83 each month, or \$957.96 a year, if the same level of benefits is maintained, according to the study. Nationwide, the average annual premium increase would be \$540, according to the study. Can you comment on these findings? On the steep increases according to the study, and that the increases would be highest in Nevada? My deadline is today. Here's a link to the story's early version: <a href="https://www.reviewjournal.com/local/local-nevada/proposed-medicare-advantage-cuts-could-hit-nevadans-hardest-study-says-2733220/">https://www.reviewjournal.com/local/local-nevada/proposed-medicare-advantage-cuts-could-hit-nevadans-hardest-study-says-2733220/</a>	2/23	
Politico	Ben Leonard	Hey! I'm working on a newsletter item for Future Pulse on this blog post <a href="https://www.healthaffairs.org/content/forefront/hospital-price-transparency-progress-and-commitment-achieving-its-potential?hsmi=246955043&amp;hsenc=p2ANqtz-982AQemg96cDmeBpAm5tTR8T706k4LOoydUCY81U5XRlEmJ94Xud-jr232Mxd22Kt_XV5MKNK5fIKgseWTgDqCQOZSZKw">https://www.healthaffairs.org/content/forefront/hospital-price-transparency-progress-and-commitment-achieving-its-potential?hsmi=246955043&amp;hsenc=p2ANqtz-982AQemg96cDmeBpAm5tTR8T706k4LOoydUCY81U5XRlEmJ94Xud-jr232Mxd22Kt_XV5MKNK5fIKgseWTgDqCQOZSZKw</a> . I saw the stat that "at least" 30 percent of hospitals aren't fully compliant with the price transparency regs. I saw an outside statistic that found that about 75 percent of hospitals aren't fully compliant. <a href="https://www.patientrightsadvocate.org/blog/new-report-shows-more-than-75-of-hospitals-still-not-complying-with-hospital-price-transparency-rule">https://www.patientrightsadvocate.org/blog/new-report-shows-more-than-75-of-hospitals-still-not-complying-with-hospital-price-transparency-rule</a> I was wondering if there's a reason you know for the differences. Would need it by 1 pm tomorrow.	02/23/2023	
WNIJ	Maria Gardner Lara	May I have your assistance in locating demographic data on patients served in FQHC's in the Rockford area.	02/24/2023	

Wisconsin Examiner	Erik Gunn	In reading your tables on Medicare and Medicare Advantage enrollment, the columns containing Medicare Advantage data are given the heading -- "Medicare Advantage And Other Health Plans." -- The phrase "And Other Health Plans" confuses me. What are the "other health plans" that might be included in this column and are NOT Medicare Advantage plans? How big a share of the overall number in this column consists of the "OTHER health plans" that are NOT Medicare Advantage Plans? If I am reporting the number in that column as simply "Medicare advantage enrollment" is that essentially accurate? Or do I need to somehow derive a different number just to count Medicare Advantage enrollment that does not include the "other health plans.."???	02/23/2023	
Our Sunday Visitor	Katie Yoder	I'm writing a story about a proposal to make birth free in the United States. I read that, in 2020, 42% of U.S. births were covered by Medicaid. Can you confirm that? Are there more recent numbers? A source told me that, while most states have pregnancy Medicaid, this does not benefit women who are covered as dependents on their parents' insurance plan. Can you confirm this? Are women who are covered as dependents on their parents' plan disqualified from applying for Medicaid? (I'm hearing this is a concern because insurance plans of large employers are not required to provide delivery for dependents.) Thanks for your time! I greatly appreciate any/all information you have about this.	02/23/2023	Hanna
STAT News	Rachel Cohrs	I've noticed that it appears all CMS staff have disappeared from the HHS staff directory, while other agencies including NIH and FDA are still displayed. Was this an intentional removal or a technical glitch? If we could confirm by the end of the day, that would be much appreciated. My deadline is 5pm ET on Wednesday, Feb. 22.	02/23/2023	Will
Asheville Watchdog	Barbara Durr	I would like to have a copy of the HCAPS survey for Mission Hospital in Asheville, NC.	02/27/2023	
CNN	Tami Luhby	I saw Politico's story that CMS/HHS is working with Congress to get the authority to continue providing Medicare beneficiaries with up to 8 free at-home tests a month. Could you please update me on where this effort stands? On background is fine. And please let me know if/when CMS/HHS receives the authority and covers the at-home tests.	02/23/2023	Will
Inside Health Policy	Bridget Early	Hi! I just have a quick question about the proposed universal foundation for a story I'm filing today (Feb. 22) at 4pm. I was wondering how the universal foundation is supposed to differ from the health equity index CMS developed last year -- would it incorporate the HEI as one of the core quality measures across programs?	02/23/2023	

The Missouri Independent	Clara Bates	<p>I am trying to get clarity on what standards CMS uses to accept states' waivers for extension of postpartum Medicaid. The latest version of the Missouri legislature's bill to extend postpartum Medicaid coverage includes the following provision:</p> <p>"The state shall not provide payments, add ons, or reimbursements to health care providers through MO HealthNet for medical assistance services provided to persons who do not reside in this state, as determined under 5 42 CFR 435.403"</p> <p>1. Does that provision conflict with federal statute, as it appears to?  2. In what instances does CMS reject a state's waiver to extend postpartum coverage? Would the inclusion of such a provision be reason to reject the application?  3. Did CMS reject Texas's waiver last year because of the language around abortion? Would language that, as Missouri's draft does, clarifies "A woman shall be enrolled in benefits under this subdivision when her child is enrolled in the MO HealthNet program or the children's health insurance program or when a physician or the managed care plan notifies the MO HealthNet program of the pregnancy ending involuntarily or necessarily to save the life of the mother" also be of concern to CMS?</p> <p>Here is the legislation <a href="https://instatrac-production.s3.us-east-2.amazonaws.com/GovWatch/text/pdfs/21/bill-text/1d2f541d2f55c63f6b9f3dac417837d4.pdf">https://instatrac-production.s3.us-east-2.amazonaws.com/GovWatch/text/pdfs/21/bill-text/1d2f541d2f55c63f6b9f3dac417837d4.pdf</a></p>	02/23/2023	Hannat
San Jose Inside	Barry Holtzclaw	Request copy of (or link to) 2022-23 report by CMS on several suicides at Valley Medical Center, plus any summary page or cover letter to the Santa Clara County CA public health system re Valley Medical Center.	02/23/2023	
WyoFile	Madelyn Beck	I'm looking to talk with someone at CMS about changes people and health care facilities in Wyoming should expect from the agency as federal COVID emergency declarations come to an end.	02/24/2023	Will
AARP	Susan Obrien	I'd like to confirm whether or not Medicare will cover the cost of an ambulance for the trip home from either a hospital or SNF stay. I understand the criteria for ambulance coverage to a facility	02/23/2023	
USA Today	Ken Alltucker	Please provide a copy of any surveys, inspections or 2567 reports and responses from Harrison Medical Center in Bremerton, Washington since Jan 1, 2020.	02/25/2023	
Associated Press	Kavish Harjai	<p>I am a data reporter with the Associated Press working on a story that touches on the number of Medicaid enrollees in each state and nationally from March 2019 to the most recent month for which data is available. The following questions refer to the CMS dataset "State Medicaid and CHIP Applications, Eligibility Determinations, and Enrollment Data."</p> <p>- Can you explain what exactly the footnote 'Includes Individuals Enrolled At Any Time in Month (Not a Point-in-time Count' means? I noticed it's attached to most of West Virginia's Medicaid enrollment numbers between March 2019 and October 2022 under the column 'total_medicaid_enrollment__footnotes.' I also see it attached to a number of Medicaid enrollment numbers for both Ohio and Washington. Is it ok to compare enrollment figures that have the footnote to others for the same state without the footnote? Is it ok to compare enrollment figures that have the footnote to other states for the same month?</p> <p>- There is a footnote attached to most of Utah's medicaid</p>	02/23/2023	

		enrollment numbers indicating that the numbers include 'Enrollees in Other Financial Assistance Programs Not Enrolled in Medicaid or CHIP.' I contacted Utah's Medicaid agency, and it said "Utah includes the disclaimer to indicate that some cases are receiving both financial and medical assistance. We do not report numbers that are financial assistance only." I wasn't really able to make sense of the footnote or the response. Could you clarify the meaning of the footnote, and whether it's ok to use the Medicaid enrollment figures for Utah as they are?		
WYMT	Buddy Forbes	Good morning! I am a reporter for WYMT in Eastern Kentucky. I am working on a story about the notice of termination for the Parkview Post-Acute and Rehabilitation Center located at 200 Nursing Home Lane in Pikeville, Ky. I was hoping someone would be able to provide a little more information into what caused the termination and what this means for the residents.	02/23/2023	Will
Los Angeles Times	Emily Alpert Reyes	Hello, I'm interested in the process in which patients are assessed by transplant centers before being approved for the kidney transplant waitlist. Is there any requirement for a transplant center to perform that assessment within a certain period of time? Is the amount of time taken for the assessment measured in any way that is monitored by CMS?	02/27/2023	
MUSC Health	Joy Jacob	This was published in 2022- when can a vote be expected for outcome?	03/01/2023	
Wall Street Journal	Anna Matthews	Hi all, I saw the Secretary's statement and the fact sheet regarding the Advance Notice, and I wanted to follow up with a few questions. 1) The big difference between Wall Street analyst/insurance industry assessment of the impact (a 2.27% cut in revenue) and CMS's (a 1.03% increase) seems to be the 3.3% "MA risk score trend" that CMS includes. Can you explain what that is and why CMS believes it should be included and would increase the plan's revenue? 2) In the fact sheet released last week, CMS said it had "identified diagnosis codes that are not used consistently across the industry" and "has proposed to address these inconsistencies in order to ensure insurance companies offering Medicare Advantage are not gaming the system." Can you explain what CMS meant by that, and how the codes that are being eliminated were selected, with a bit more clarity? Does CMS feel that some plans were "gaming" the system by using these codes when not justified? 3) Some in the industry have argued that the code tweaks could result in far larger revenue dropoffs for some plans and risk-bearing physician groups. For example, American's Physician Groups have suggested revenues could fall by 10% to 20% for some of its members. The Better Medicare Alliance released an Avalere analysis that suggested there could be a \$540 reduction in benefits per members on average. Does CMS agree with those claims? Why or why not? And does CMS feel that steeper drops in revenue would occur among groups and plans that were employing coding practices the agency feels might not be justified under the current system? 4) Any other comments you'd want to share about the Advance Notice and its impact?	02/23/2023	Megha



Very Well Health	Valerie DeBenedette	<p>Can I speak with someone from CMS about the new models being tested in the hopes that they will lower drug costs? VeryWellHealth.com wants me to write about the Medicare \$2 Drug List. I will be mentioning the other two models in passing in my article. My questions include:</p> <ul style="list-style-type: none"> <li>• How many drugs will be on the \$2 list? I've seen one report that it will be about 150 generic drugs.</li> <li>• What percent of prescriptions for Medicare recipients will this cover? In other words, are we talking about 20% of the total number of prescriptions? 60% of prescriptions?</li> <li>• Some pharmacies are already offering cheap generics, such as Amazon Pharmacy's RxPass that offers a \$5 subscription for as many prescriptions as needed from a list of 50 generic drugs. How will this CMS model stack up against those?</li> </ul>	02/23/2023	Megha
Arizona Republic	Andrew Ford	Hello, has CMS sent preclusion letters to any Modern Vascular clinics? If yes, can you say why?	02/23/2023	Will
Wall Street Journal	Julie Wernau	I am rating about what information is available about doctors online. I'd like to mention the Care Compare site and am wondering how comprehensive the site is, if disciplinary actions and medicare claims are included and what consumers can expect/not expect to find when using the site.	02/23/2023	
Bloomberg Industry Group	Celine Castronuovo	I'm Bloomberg Law's FDA and drug pricing reporter, and my team is doing an ongoing series of profiles on officials involved in implementing the drug pricing provisions of the Inflation Reduction Act. Here's one my colleague did on Medicare Director Meena Seshamani in November: <a href="https://news.bloomberglaw.com/health-law-and-business/meet-the-surgeon-economist-at-heart-of-democrats-drug-price-law?context=search&amp;index=0">https://news.bloomberglaw.com/health-law-and-business/meet-the-surgeon-economist-at-heart-of-democrats-drug-price-law?context=search&amp;index=0</a> . I recently reported on Principal Deputy Administrator Jonathan Blum's remarks at the Biopharma Congress, and I was wondering if it would be possible to set up a conversation with him to discuss his career at the CMS, and how that is informing what he's working on now to help implement the drug price negotiations, the Part D redesign, and other components of the IRA. If you could get back to me by next Thursday, Feb. 23, I would greatly appreciate it. Let me know if you have any questions.	02/23/2023	Megha
Maryland Benefits Counseling Network	Charlie Hollins	I wish to receive confirmation that CMS has denied the 2022 expansion of EID eligibility that had allowed for unlimited income and limited resources only at the time of the initial application.	02/28/2023	

CBS Evening News	Deborah Rubin	<p>My name is Debbie Rubin and I am hoping you can help answer a couple of questions about the CMS Hospital Value-Based Purchasing Program (HVBP), and the role that HCAHPS plays in hospital reimbursement for the most recent fiscal year available. My understanding is that the law requires participating hospitals to collect and submit HCAHPS data, which includes questions pertaining to patient satisfaction with the care they received at the hospital. Some of the questions in the survey are related to communication with doctors and nurses, responsiveness of hospital staff, communication about medicines.</p> <p>Can you please tell me what the percent of HVBP withheld from participating hospitals is currently (2%?) and confirm my understanding that based on their performance in the program, participating hospitals can earn back a percentage of that 2%? I read that for 2022 the discharges were approximately \$1.9 billion. Can you please confirm or correct?</p> <p>I also read that HCAHPS is the basis for the Person and Community Engagement domain, which accounts for 25% of the Hospital VBP Total Performance Score. SO that means that questions relating to communication with physicians and nurses is part of the equation that goes in to how much a participating hospital can get back from the funds withheld. Can you please confirm or correct?</p>	02/24/2023	Megha
Fox32 Denver	Carissa Scott	<p>Will CMS confirm that Medicare often pays insurance providers between \$6,000 and \$7,000 per fixed-wing air-ambulance flight, and those patients can't be balance-billed by participating Medicare providers per federal law?</p>	02/23/2023	
Association for Health Care Journalists	Mary Chris Jaklevic	<p>I'm the patient safety topic leader for the Association of Health Care Journalists. I'm trying to contact the individual who assembles the hospital inspection reports (2567 forms) datafile that CMS provides electronically to AHCJ. A 2013 article on the AHCJ web site states: "During the process of preparing the records for release, CMS discovered that some state health departments and its own regional offices had sometimes not uploaded the inspection reports into a central computer system that could then be shared by us. In such cases, CMS identified the dates of the missing inspections and the number of deficiencies identified and those details are included on each hospital's page. You can request that information from CMS or your state health department. "CMS and AHCJ have also discovered that some reports that should be released are missing entirely from the dataset. CMS is working with its regional offices and state health departments to remedy this problem. The issues seem to be particularly acute in California." Do these data gaps persist in recent data files, such as the most recent one provided to AHCJ last fall? Or have these data gaps been remedied? Are there other missing data is this most recent file that journalists should know about? For your reference, the website is here: <a href="http://www.hospitalinspections.org/">http://www.hospitalinspections.org/</a>. I'd appreciate your prompt attention to this matter.</p>	02/23/2023	Kristian

<p>GOV CIO</p>	<p>Nikki Henderson</p>	<p>Good afternoon. Hope you're doing well. I'm reaching out today regarding an article interview request for a GovCIO Media &amp; Research feature on Data Literacy. I would be honored to speak with Ms. Allison Oelshclaeger about the challenges of reskilling and upskilling personnel with cutting-edge data literacy tools and training.</p> <p>I would also like to discuss what does data literacy means to CMS, how CMS is measuring data literacy and what programs CMS is using to improve data literacy. Here is a list of the interview questions:</p> <p>What training programs do you offer to improve data literacy across all levels of the workforce?  What challenges did you face with data literacy? How did they impact the tech solutions VA offers?  How are data literacy programs improving other technology solutions – like AI or data governance for example? Where are those crossovers?  How are you measuring and documenting results/ success within data literacy?  Are you collaborating with other federal agencies to share best practices and partner to provide data-driven value?  Moving forward, what are your goals with data literacy?</p> <p>I would like to schedule an interview within the next couple of weeks. My Editor-In-Chief would like for me to have my interviews done by Feb. 24 but I have a little flexibility. The actual article is due March 10 and the publication will be a short time after that. Please check Ms. Oelshclaeger's availability and get back to me at your earliest convenience.</p>	<p>02/24/2023</p>	<p>Kristian</p>
<p>Kaiser Health News</p>	<p>Harris Meyer</p>	<p>I'm working on a bill of the month story for Kaiser and this issue came up. Matt Fiedler and Loren Adler believe this case highlights a loophole in the No Surprises Act. I need to know CMS's view on this and whether CMS plans to provide guidance on it. Does the NSA apply in situations where the patient's insurer has a contract with a provider but that provider is out of network for the patient's particular plan? In the case I'm writing about, the insurer has a contract with a hospital as a participating provider but that provider is out of network for this patient's plan. But the contract allows the hospital to charge the plan's members a 50% coinsurance when the members go to that hospital on an out of network basis. In this case, the insurer reclassified the patient's care as emergency and waived the coinsurance. But the insurer says neither it nor the hospital violated the NSA. It appears the insurer considers its contract with the hospital to take this situation outside the requirements of the NSA. Does the NSA apply in situations like that, or not? And if not, does CMS plan to issue any kind of guidance to protect consumers from what appears to be a major loophole in the law? Thanks.</p> <p>Harris Meyer  Reporter/Writer/Editor, Chicago  Health care, law, business, wine  Winner, Gerald Loeb Award for Distinguished Business &amp; Financial</p>	<p>02/21/2023</p>	<p>Kyla</p>

Journalism  
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Message

**From:** Schinderle, Elizabeth (CMS/OC) (b)(6)  
**Sent:** 2/23/2023 3:43:32 PM (b)(6)  
**To:** Katch (she/her), Hannah (CMS/OA) (b)(6)

(b)(6)

(b)(6)

(b)(6)

(b)(6)

(b)(6)

**cc:** [redacted]; Harris, Will (CMS/OA)  
Chambers, Gwendolyn  
]; Alexander, Bruce  
; Blum, Jonathan  
]; Boulanger, Jennifer  
Ellis (she/her), Kyla  
DToole, Meghan (CMS/OA)  
]; Richardson (she/her),  
Woronoff, Arielle  
Yao, Kristiana (CMS/OA)  
]; Aldana, Karen (CMS/OC)  
]; Franklin, Julie (CMS/OC)  
Toomey, Mary (CMS/OC)  
; Brager, Mark  
; Clemens, Kristen  
Wagner, Rachel  
Shorter, Kimberly  
Bradley, Tasha  
horn, Raymond

**Subject:** RE: RE: MEDIA INQUIRIES: FEB 23

Thanks, Hannah! Yes, it is updated below. I've added your name beside it as I believe this is something you'll want to review.

**From:** Katch (she/her), Hannah (CMS/OA) <Hannah.Katch@cms.hhs.gov>  
**Sent:** Thursday, February 23, 2023 10:30 AM  
**To:** Harris, Will (CMS/OA) <William.Harris@cms.hhs.gov>; Chambers, Gwendolyn (CMS/OC) <Gwendolyn.Chambers@cms.hhs.gov>; Alexander, Bruce (CMS/OC) <Bruce.Alexander@cms.hhs.gov>; Blum, Jonathan

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One for me – and is there a request from AP's Kavish Harjai?

Thanks!

**From:** Harris, Will (CMS/OA) <William.Harris@cms.hhs.gov>  
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Added me. Thank you.

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**Sent:** Thursday, February 23, 2023 9:48 AM  
**To:** Alexander, Bruce (CMS/OC) <Bruce.Alexander@cms.hhs.gov>; Blum, Jonathan (CMS/OA) <Jonathan.Blum@cms.hhs.gov>; Boulanger, Jennifer (CMS/OL) <Jennifer.Boulanger@cms.hhs.gov>; Ellis (she/her), Kyla (CMS/OA) <Kyla.Ellis@cms.hhs.gov>; Harris, Will (CMS/OA) <William.Harris@cms.hhs.gov>; Katch (she/her), Hannah (CMS/OA) <Hannah.Katch@cms.hhs.gov>; OToole, Meghan (CMS/OA) <Meghan.OToole1@cms.hhs.gov>; Richardson (she/her), Erin (CMS/OA) <Erin.Richardson@cms.hhs.gov>; Woronoff, Arielle (CMS/OL) <Arielle.Woronoff@cms.hhs.gov>; Yao, Kristiana (CMS/OA) <Kristiana.Yao1@cms.hhs.gov>  
**Cc:** Howden, Catherine (CMS/OC) <Catherine.Howden@cms.hhs.gov>; Aldana, Karen (CMS/OC) <Karen.Aldana@cms.hhs.gov>; Franklin, Julie (CMS/OC) <Julie.Franklin@cms.hhs.gov>; Toomey, Mary (CMS/OC) <Mimi.Toomey@cms.hhs.gov>; Brager, Mark (CMS/OC) <Mark.Brager@cms.hhs.gov>; Clemens, Kristen (CMS/OC) <Kristen.Clemens@cms.hhs.gov>; Schinderle, Elizabeth (CMS/OC) <elizabeth.schinderle@cms.hhs.gov>; Wagner, Rachel (CMS/OC) <Rachel.Wagner@cms.hhs.gov>; Shorter, Kimberly (CMS/OC) <Kimberly.Shorter@cms.hhs.gov>; Bradley, Tasha (CMS/OC) <Tasha.Bradley1@cms.hhs.gov>; Thorn, Raymond (CMS/OC) <Raymond.Thorn@cms.hhs.gov>  
**Subject:** MEDIA INQUIRIES: FEB 23

Good morning,

Below is a rundown of this morning's open media inquiries. Please flag any inquiries you'd like to review.

Thank you,

Outlet	Contact Name	Description of Request	Current Deadline	Senior Adviso
University of CA, Santa Cruz Science Communications Program	Elissa Welle	I am looking for numbers related to vagus nerve stimulation for epilepsy. I'd like to find the number of devices implanted in adults and children in the US, and I imagine CMS collects the numbers of surgery/device reimbursements for these implants. However, I cannot seem to find the right database with this information. Can you help point me in the right direction?	03/01/2023	
WIRED	Brenda Stolyar	My name is Brenda Stolyar and I'm a writer at Wired. I'm currently working on updating our Best At-Home Covid-19 Tests story. The Biden Administration recently announced it will be terminating the public health emergency surrounding Covid-19 on May 11, 2023. I wanted to reach out and see if you could provide me with any details on how coverage of free at-home Covid-19 tests will be impacted for those who have Medicare and Medicaid.	02/23/2023	Will
Las Vegas Review - Journal	Mary Hynes	I'm writing today on a briefing today by the Better Medicare Alliance and a new study. An analysis by Avalere shows that the proposed cuts could lead to premiums that are \$76.05 higher a month and \$912.58 higher a year for Nevadans who choose Medicare Advantage. The average premium for Nevadans this year is \$3.78 a month, or \$45.36 annually. The cuts would lead to premiums of \$79.83 each month, or \$957.96 a year, if the same level of benefits is maintained, according to the study. Nationwide, the average annual premium increase would be \$540, according to the study. Can you comment on these findings? On the steep increases according to the study, and that the increases would be highest in Nevada? My deadline is today. Here's a link to the story's early version: <a href="https://www.reviewjournal.com/local/local-nevada/proposed-medicare-advantage-cuts-could-hit-nevadans-hardest-study-says-2733220/">https://www.reviewjournal.com/local/local-nevada/proposed-medicare-advantage-cuts-could-hit-nevadans-hardest-study-says-2733220/</a>	2/23	
Politico	Ben Leonard	Hey! I'm working on a newsletter item for Future Pulse on this blog post <a href="https://www.healthaffairs.org/content/forefront/hospital-price-transparency-progress-and-commitment-achieving-its-potential?_hsmi=246955043&amp;_hsenc=p2ANqtz-982AQemg96cDmeBpAm5tTR8T706k4LOoydUCY81U5XRlEmJ94Xud-jr232Mxd22Kt_XV5MnK5fIKgseWTgDqCQOZSZKw">https://www.healthaffairs.org/content/forefront/hospital-price-transparency-progress-and-commitment-achieving-its-potential?_hsmi=246955043&amp;_hsenc=p2ANqtz-982AQemg96cDmeBpAm5tTR8T706k4LOoydUCY81U5XRlEmJ94Xud-jr232Mxd22Kt_XV5MnK5fIKgseWTgDqCQOZSZKw</a> . I saw the stat that "at least" 30 percent of hospitals aren't fully compliant with the price transparency regs. I saw an outside statistic that found that about 75 percent of hospitals aren't fully compliant. <a href="https://www.patientrightsadvocate.org/blog/new-report-shows-more-than-75-of-hospitals-still-not-complying-with-hospital-price-transparency-rule">https://www.patientrightsadvocate.org/blog/new-report-shows-more-than-75-of-hospitals-still-not-complying-with-hospital-price-transparency-rule</a> I was wondering if there's a reason you know for the differences. Would need it by 1 pm tomorrow.	02/23/2023	
WNIJ	Maria Gardner Lara	May I have your assistance in locating demographic data on patients served in FQHC's in the Rockford area.	02/24/2023	

Wisconsin Examiner	Erik Gunn	In reading your tables on Medicare and Medicare Advantage enrollment, the columns containing Medicare Advantage data are given the heading -- "Medicare Advantage And Other Health Plans." -- The phrase "And Other Health Plans" confuses me. What are the "other health plans" that might be included in this column and are NOT Medicare Advantage plans? How big a share of the overall number in this column consists of the "OTHER health plans" that are NOT Medicare Advantage Plans? If I am reporting the number in that column as simply "Medicare advantage enrollment" is that essentially accurate? Or do I need to somehow derive a different number just to count Medicare Advantage enrollment that does not include the "other health plans.."???	02/23/2023	
Our Sunday Visitor	Katie Yoder	I'm writing a story about a proposal to make birth free in the United States. I read that, in 2020, 42% of U.S. births were covered by Medicaid. Can you confirm that? Are there more recent numbers? A source told me that, while most states have pregnancy Medicaid, this does not benefit women who are covered as dependents on their parents' insurance plan. Can you confirm this? Are women who are covered as dependents on their parents' plan disqualified from applying for Medicaid? (I'm hearing this is a concern because insurance plans of large employers are not required to provide delivery for dependents.) Thanks for your time! I greatly appreciate any/all information you have about this.	02/23/2023	Hanna
STAT News	Rachel Cohrs	I've noticed that it appears all CMS staff have disappeared from the HHS staff directory, while other agencies including NIH and FDA are still displayed. Was this an intentional removal or a technical glitch? If we could confirm by the end of the day, that would be much appreciated. My deadline is 5pm ET on Wednesday, Feb. 22.	02/23/2023	Will
Asheville Watchdog	Barbara Durr	I would like to have a copy of the HCAPS survey for Mission Hospital in Asheville, NC.	02/27/2023	
CNN	Tami Luhby	I saw Politico's story that CMS/HHS is working with Congress to get the authority to continue providing Medicare beneficiaries with up to 8 free at-home tests a month. Could you please update me on where this effort stands? On background is fine. And please let me know if/when CMS/HHS receives the authority and covers the at-home tests.	02/23/2023	Will
Inside Health Policy	Bridget Early	Hi! I just have a quick question about the proposed universal foundation for a story I'm filing today (Feb. 22) at 4pm. I was wondering how the universal foundation is supposed to differ from the health equity index CMS developed last year -- would it incorporate the HEI as one of the core quality measures across programs?	02/23/2023	



The Missouri Independent	Clara Bates	<p>I am trying to get clarity on what standards CMS uses to accept states' waivers for extension of postpartum Medicaid. The latest version of the Missouri legislature's bill to extend postpartum Medicaid coverage includes the following provision:</p> <p>"The state shall not provide payments, add ons, or reimbursements to health care providers through MO HealthNet for medical assistance services provided to persons who do not reside in this state, as determined under 5 42 CFR 435.403"</p> <p>1. Does that provision conflict with federal statute, as it appears to?  2. In what instances does CMS reject a state's waiver to extend postpartum coverage? Would the inclusion of such a provision be reason to reject the application?  3. Did CMS reject Texas's waiver last year because of the language around abortion? Would language that, as Missouri's draft does, clarifies "A woman shall be enrolled in benefits under this subdivision when her child is enrolled in the MO HealthNet program or the children's health insurance program or when a physician or the managed care plan notifies the MO HealthNet program of the pregnancy ending involuntarily or necessarily to save the life of the mother" also be of concern to CMS?</p> <p>Here is the legislation <a href="https://instatrac-production.s3.us-east-2.amazonaws.com/GovWatch/text/pdfs/21/bill-text/1d2f541d2f55c63f6b9f3dac417837d4.pdf">https://instatrac-production.s3.us-east-2.amazonaws.com/GovWatch/text/pdfs/21/bill-text/1d2f541d2f55c63f6b9f3dac417837d4.pdf</a></p>	02/23/2023	Hannat
San Jose Inside	Barry Holtzclaw	Request copy of (or link to) 2022-23 report by CMS on several suicides at Valley Medical Center, plus any summary page or cover letter to the Santa Clara County CA public health system re Valley Medical Center.	02/23/2023	
WyoFile	Madelyn Beck	I'm looking to talk with someone at CMS about changes people and health care facilities in Wyoming should expect from the agency as federal COVID emergency declarations come to an end.	02/24/2023	Will
AARP	Susan Obrien	I'd like to confirm whether or not Medicare will cover the cost of an ambulance for the trip home from either a hospital or SNF stay. I understand the criteria for ambulance coverage to a facility	02/23/2023	
USA Today	Ken Alltucker	Please provide a copy of any surveys, inspections or 2567 reports and responses from Harrison Medical Center in Bremerton, Washington since Jan 1, 2020.	02/25/2023	
Associated Press	Kavish Harjai	<p>I am a data reporter with the Associated Press working on a story that touches on the number of Medicaid enrollees in each state and nationally from March 2019 to the most recent month for which data is available.</p> <p>The following questions refer to the CMS dataset "State Medicaid and CHIP Applications, Eligibility Determinations, and Enrollment Data."</p> <p>- Can you explain what exactly the footnote 'Includes Individuals Enrolled At Any Time in Month (Not a Point-in-time Count' means? I noticed it's attached to most of West Virginia's Medicaid enrollment numbers between March 2019 and October 2022 under the column 'total_medicaid_enrollment footnotes.' I also see it attached to a number of Medicaid enrollment numbers for both Ohio and Washington. Is it ok to compare enrollment figures that have the footnote to others for the same state without the footnote? Is it ok to compare enrollment figures that have the footnote to other states for the same month?</p> <p>- There is a footnote attached to most of Utah's medicaid enrollment numbers indicating that the numbers include 'Enrollees in Other Financial Assistance Programs Not Enrolled in Medicaid or CHIP.' I</p>	02/23/2023	Hanna

		contacted Utah's Medicaid agency, and it said "Utah includes the disclaimer to indicate that some cases are receiving both financial and medical assistance. We do not report numbers that are financial assistance only." I wasn't really able to make sense of the footnote or the response. Could you clarify the meaning of the footnote, and whether it's ok to use the Medicaid enrollment figures for Utah as they are?		
WYMT	Buddy Forbes	Good morning! I am a reporter for WYMT in Eastern Kentucky. I am working on a story about the notice of termination for the Parkview Post-Acute and Rehabilitation Center located at 200 Nursing Home Lane in Pikeville, Ky. I was hoping someone would be able to provide a little more information into what caused the termination and what this means for the residents.	02/23/2023	Will
Los Angeles Times	Emily Alpert Reyes	Hello, I'm interested in the process in which patients are assessed by transplant centers before being approved for the kidney transplant waitlist. Is there any requirement for a transplant center to perform that assessment within a certain period of time? Is the amount of time taken for the assessment measured in any way that is monitored by CMS?	02/27/2023	
MUSC Health	Joy Jacob	This was published in 2022- when can a vote be expected for outcome?	03/01/2023	
Wall Street Journal	Anna Matthews	Hi all, I saw the Secretary's statement and the fact sheet regarding the Advance Notice, and I wanted to follow up with a few questions. 1) The big difference between Wall Street analyst/insurance industry assessment of the impact (a 2.27% cut in revenue) and CMS's (a 1.03% increase) seems to be the 3.3% "MA risk score trend" that CMS includes. Can you explain what that is and why CMS believes it should be included and would increase the plan's revenue? 2) In the fact sheet released last week, CMS said it had "identified diagnosis codes that are not used consistently across the industry" and "has proposed to address these inconsistencies in order to ensure insurance companies offering Medicare Advantage are not gaming the system." Can you explain what CMS meant by that, and how the codes that are being eliminated were selected, with a bit more clarity? Does CMS feel that some plans were "gaming" the system by using these codes when not justified? 3) Some in the industry have argued that the code tweaks could result in far larger revenue dropoffs for some plans and risk-bearing physician groups. For example, American's Physician Groups have suggested revenues could fall by 10% to 20% for some of its members. The Better Medicare Alliance released an Avalere analysis that suggested there could be a \$540 reduction in benefits per members on average. Does CMS agree with those claims? Why or why not? And does CMS feel that steeper drops in revenue would occur among groups and plans that were employing coding practices the agency feels might not be justified under the current system? 4) Any other comments you'd want to share about the Advance Notice and its impact?	02/23/2023	Megha

Very Well Health	Valerie DeBenedette	<p>Can I speak with someone from CMS about the new models being tested in the hopes that they will lower drug costs? VeryWellHealth.com wants me to write about the Medicare \$2 Drug List. I will be mentioning the other two models in passing in my article. My questions include:</p> <ul style="list-style-type: none"> <li>• How many drugs will be on the \$2 list? I've seen one report that it will be about 150 generic drugs.</li> <li>• What percent of prescriptions for Medicare recipients will this cover? In other words, are we talking about 20% of the total number of prescriptions? 60% of prescriptions?</li> <li>• Some pharmacies are already offering cheap generics, such as Amazon Pharmacy's RxPass that offers a \$5 subscription for as many prescriptions as needed from a list of 50 generic drugs. How will this CMS model stack up against those?</li> </ul>	02/23/2023	Megha
Arizona Republic	Andrew Ford	Hello, has CMS sent preclusion letters to any Modern Vascular clinics? If yes, can you say why?	02/23/2023	Will
Wall Street Journal	Julie Wernau	I am rating about what information is available about doctors online. I'd like to mention the Care Compare site and am wondering how comprehensive the site is, if disciplinary actions and medicare claims are included and what consumers can expect/not expect to find when using the site.	02/23/2023	
Bloomberg Industry Group	Celine Castronuovo	I'm Bloomberg Law's FDA and drug pricing reporter, and my team is doing an ongoing series of profiles on officials involved in implementing the drug pricing provisions of the Inflation Reduction Act. Here's one my colleague did on Medicare Director Meena Seshamani in November: <a href="https://news.bloomberglaw.com/health-law-and-business/meet-the-surgeon-economist-at-heart-of-democrats-drug-price-law?context=search&amp;index=0">https://news.bloomberglaw.com/health-law-and-business/meet-the-surgeon-economist-at-heart-of-democrats-drug-price-law?context=search&amp;index=0</a> . I recently reported on Principal Deputy Administrator Jonathan Blum's remarks at the Biopharma Congress, and I was wondering if it would be possible to set up a conversation with him to discuss his career at the CMS, and how that is informing what he's working on now to help implement the drug price negotiations, the Part D redesign, and other components of the IRA. If you could get back to me by next Thursday, Feb. 23, I would greatly appreciate it. Let me know if you have any questions.	02/23/2023	Megha
Maryland Benefits Counseling Network	Charlie Hollins	I wish to receive confirmation that CMS has denied the 2022 expansion of EID eligibility that had allowed for unlimited income and limited resources only at the time of the initial application.	02/28/2023	

CBS Evening News	Deborah Rubin	<p>My name is Debbie Rubin and I am hoping you can help answer a couple of questions about the CMS Hospital Value-Based Purchasing Program (HVBP), and the role that HCAHPS plays in hospital reimbursement for the most recent fiscal year available. My understanding is that the law requires participating hospitals to collect and submit HCAHPS data, which includes questions pertaining to patient satisfaction with the care they received at the hospital. Some of the questions in the survey are related to communication with doctors and nurses, responsiveness of hospital staff, communication about medicines.</p> <p>Can you please tell me what the percent of HVBP withheld from participating hospitals is currently (2%?) and confirm my understanding that based on their performance in the program, participating hospitals can earn back a percentage of that 2%? I read that for 2022 the discharges were approximately \$1.9 billion. Can you please confirm or correct?</p> <p>I also read that HCAHPS is the basis for the Person and Community Engagement domain, which accounts for 25% of the Hospital VBP Total Performance Score. SO that means that questions relating to communication with physicians and nurses is part of the equation that goes in to how much a participating hospital can get back from the funds withheld. Can you please confirm or correct?</p>	02/24/2023	Megha
Fox32 Denver	Carissa Scott	<p>Will CMS confirm that Medicare often pays insurance providers between \$6,000 and \$7,000 per fixed-wing air-ambulance flight, and those patients can't be balance-billed by participating Medicare providers per federal law?</p>	02/23/2023	
Association for Health Care Journalists	Mary Chris Jaklevic	<p>I'm the patient safety topic leader for the Association of Health Care Journalists. I'm trying to contact the individual who assembles the hospital inspection reports (2567 forms) datafile that CMS provides electronically to AHCJ. A 2013 article on the AHCJ web site states: "During the process of preparing the records for release, CMS discovered that some state health departments and its own regional offices had sometimes not uploaded the inspection reports into a central computer system that could then be shared by us. In such cases, CMS identified the dates of the missing inspections and the number of deficiencies identified and those details are included on each hospital's page. You can request that information from CMS or your state health department. "CMS and AHCJ have also discovered that some reports that should be released are missing entirely from the dataset. CMS is working with its regional offices and state health departments to remedy this problem. The issues seem to be particularly acute in California." Do these data gaps persist in recent data files, such as the most recent one provided to AHCJ last fall? Or have these data gaps been remedied? Are there other missing data is this most recent file that journalists should know about? For your reference, the website is here: <a href="http://www.hospitalinspections.org/">http://www.hospitalinspections.org/</a>. I'd appreciate your prompt attention to this matter.</p>	02/23/2023	Kristian

<p>GOV CIO</p>	<p>Nikki Henderson</p>	<p>Good afternoon. Hope you're doing well. I'm reaching out today regarding an article interview request for a GovCIO Media &amp; Research feature on Data Literacy. I would be honored to speak with Ms. Allison Oelshclaeger about the challenges of reskilling and upskilling personnel with cutting-edge data literacy tools and training.</p> <p>I would also like to discuss what does data literacy means to CMS, how CMS is measuring data literacy and what programs CMS is using to improve data literacy. Here is a list of the interview questions:</p> <p>What training programs do you offer to improve data literacy across all levels of the workforce?  What challenges did you face with data literacy? How did they impact the tech solutions VA offers?  How are data literacy programs improving other technology solutions – like AI or data governance for example? Where are those crossovers?  How are you measuring and documenting results/ success within data literacy?  Are you collaborating with other federal agencies to share best practices and partner to provide data-driven value?  Moving forward, what are your goals with data literacy?</p> <p>I would like to schedule an interview within the next couple of weeks. My Editor-In-Chief would like for me to have my interviews done by Feb. 24 but I have a little flexibility. The actual article is due March 10 and the publication will be a short time after that. Please check Ms. Oelshclaeger's availability and get back to me at your earliest convenience.</p>	<p>02/24/2023</p>	<p>Kristian</p>
<p>Kaiser Health News</p>	<p>Harris Meyer</p>	<p>I'm working on a bill of the month story for Kaiser and this issue came up. Matt Fiedler and Loren Adler believe this case highlights a loophole in the No Surprises Act. I need to know CMS's view on this and whether CMS plans to provide guidance on it. Does the NSA apply in situations where the patient's insurer has a contract with a provider but that provider is out of network for the patient's particular plan? In the case I'm writing about, the insurer has a contract with a hospital as a participating provider but that provider is out of network for this patient's plan. But the contract allows the hospital to charge the plan's members a 50% coinsurance when the members go to that hospital on an out of network basis. In this case, the insurer reclassified the patient's care as emergency and waived the coinsurance. But the insurer says neither it nor the hospital violated the NSA. It appears the insurer considers its contract with the hospital to take this situation outside the requirements of the NSA. Does the NSA apply in situations like that, or not? And if not, does CMS plan to issue any kind of guidance to protect consumers from what appears to be a major loophole in the law? Thanks.</p> <p>Harris Meyer  Reporter/Writer/Editor, Chicago  Health care, law, business, wine  Winner, Gerald Loeb Award for Distinguished Business &amp; Financial</p>	<p>02/21/2023</p>	<p>Kyla</p>

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Message

**From:** Yao, Kristiana (CMS/OA) (b)(6)  
**Sent:** 2/23/2023 3:44:04 PM (b)(6)  
**To:** Chambers, Gwendolyn (CMS/OC) (b)(6)  
(b)(6) Katch (she/her),  
Harris, Will (CMS/OA)  
(b)(6) Alexander, Bruce  
(b)(6) Blum, Jonathan  
(b)(6) Boulanger, Jennifer  
(b)(6) Ellis (she/her), Kyla  
(b)(6) OToole, Meghan (CMS/OA)  
**CC:** (b)(6) Richardson (she/her),  
(b)(6) Woronoff, Arielle  
(b)(6) Aldana, Karen (CMS/OC)  
(b)(6) Franklin, Julie (CMS/OC)  
(b)(6) Toomey, Mary (CMS/OC)  
(b)(6) Brager, Mark  
(b)(6) Clemens, Kristen  
(b)(6) Schinderle, Elizabeth  
(b)(6) Vagner, Rachel  
(b)(6) Shorter, Kimberly  
(b)(6) Bradley, Tasha  
(b)(6) Thorn, Raymond

**Subject:** RE: RE: MEDIA INQUIRIES: FEB 23

+2, thanks!

**From:** Chambers, Gwendolyn (CMS/OC) <Gwendolyn.Chambers@cms.hhs.gov>  
**Sent:** Thursday, February 23, 2023 10:37 AM  
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**Subject:** RE: MEDIA INQUIRIES: FEB 23

Thanks Meghan. Updated with the AP question added. Not sure how I deleted that.

**From:** Katch (she/her), Hannah (CMS/OA) <Hannah.Katch@cms.hhs.gov>  
**Sent:** Thursday, February 23, 2023 10:30 AM  
**To:** Harris, Will (CMS/OA) <William.Harris@cms.hhs.gov>; Chambers, Gwendolyn (CMS/OC) <Gwendolyn.Chambers@cms.hhs.gov>; Alexander, Bruce (CMS/OC) <Bruce.Alexander@cms.hhs.gov>; Blum, Jonathan (CMS/OA) <Jonathan.Blum@cms.hhs.gov>; Boulanger, Jennifer (CMS/OL) <Jennifer.Boulanger@cms.hhs.gov>; Ellis (she/her), Kyla (CMS/OA) <Kyla.Ellis@cms.hhs.gov>; OToole, Meghan (CMS/OA) <Meghan.OToole1@cms.hhs.gov>; Richardson (she/her), Erin (CMS/OA) <Erin.Richardson@cms.hhs.gov>; Woronoff, Arielle (CMS/OL) <Arielle.Woronoff@cms.hhs.gov>; Yao, Kristiana (CMS/OA) <Kristiana.Yao1@cms.hhs.gov>  
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**Subject:** RE: MEDIA INQUIRIES: FEB 23

One for me – and is there a request from AP's Kavish Harjai?

Thanks!

**From:** Harris, Will (CMS/OA) <William.Harris@cms.hhs.gov>  
**Sent:** Thursday, February 23, 2023 10:23 AM  
**To:** Chambers, Gwendolyn (CMS/OC) <Gwendolyn.Chambers@cms.hhs.gov>; Alexander, Bruce (CMS/OC) <Bruce.Alexander@cms.hhs.gov>; Blum, Jonathan (CMS/OA) <Jonathan.Blum@cms.hhs.gov>; Boulanger, Jennifer (CMS/OL) <Jennifer.Boulanger@cms.hhs.gov>; Ellis (she/her), Kyla (CMS/OA) <Kyla.Ellis@cms.hhs.gov>; Katch (she/her), Hannah (CMS/OA) <Hannah.Katch@cms.hhs.gov>; OToole, Meghan (CMS/OA) <Meghan.OToole1@cms.hhs.gov>; Richardson (she/her), Erin (CMS/OA) <Erin.Richardson@cms.hhs.gov>; Woronoff, Arielle (CMS/OL) <Arielle.Woronoff@cms.hhs.gov>; Yao, Kristiana (CMS/OA) <Kristiana.Yao1@cms.hhs.gov>  
**Cc:** Howden, Catherine (CMS/OC) <Catherine.Howden@cms.hhs.gov>; Aldana, Karen (CMS/OC) <Karen.Aldana@cms.hhs.gov>; Franklin, Julie (CMS/OC) <Julie.Franklin@cms.hhs.gov>; Toomey, Mary (CMS/OC) <Mimi.Toomey@cms.hhs.gov>; Brager, Mark (CMS/OC) <Mark.Brager@cms.hhs.gov>; Clemens, Kristen (CMS/OC) <Kristen.Clemens@cms.hhs.gov>; Schinderle, Elizabeth (CMS/OC) <elizabeth.schinderle@cms.hhs.gov>; Wagner, Rachel (CMS/OC) <Rachel.Wagner@cms.hhs.gov>; Shorter, Kimberly (CMS/OC) <Kimberly.Shorter@cms.hhs.gov>; Bradley, Tasha (CMS/OC) <Tasha.Bradley1@cms.hhs.gov>; Thorn, Raymond (CMS/OC) <Raymond.Thorn@cms.hhs.gov>  
**Subject:** RE: MEDIA INQUIRIES: FEB 23

Added me. Thank you.



**From:** Chambers, Gwendolyn (CMS/OC) <Gwendolyn.Chambers@cms.hhs.gov>

**Sent:** Thursday, February 23, 2023 9:48 AM

**To:** Alexander, Bruce (CMS/OC) <Bruce.Alexander@cms.hhs.gov>; Blum, Jonathan (CMS/OA) <Jonathan.Blum@cms.hhs.gov>; Boulanger, Jennifer (CMS/OL) <Jennifer.Boulanger@cms.hhs.gov>; Ellis (she/her), Kyla (CMS/OA) <Kyla.Ellis@cms.hhs.gov>; Harris, Will (CMS/OA) <William.Harris@cms.hhs.gov>; Katch (she/her), Hannah (CMS/OA) <Hannah.Katch@cms.hhs.gov>; OToole, Meghan (CMS/OA) <Meghan.OTOole1@cms.hhs.gov>; Richardson (she/her), Erin (CMS/OA) <Erin.Richardson@cms.hhs.gov>; Woronoff, Arielle (CMS/OL) <Arielle.Woronoff@cms.hhs.gov>; Yao, Kristiana (CMS/OA) <Kristiana.Yao1@cms.hhs.gov>

**Cc:** Howden, Catherine (CMS/OC) <Catherine.Howden@cms.hhs.gov>; Aldana, Karen (CMS/OC) <Karen.Aldana@cms.hhs.gov>; Franklin, Julie (CMS/OC) <Julie.Franklin@cms.hhs.gov>; Toomey, Mary (CMS/OC) <Mimi.Toomey@cms.hhs.gov>; Brager, Mark (CMS/OC) <Mark.Brager@cms.hhs.gov>; Clemens, Kristen (CMS/OC) <Kristen.Clemens@cms.hhs.gov>; Schinderle, Elizabeth (CMS/OC) <elizabeth.schinderle@cms.hhs.gov>; Wagner, Rachel (CMS/OC) <Rachel.Wagner@cms.hhs.gov>; Shorter, Kimberly (CMS/OC) <Kimberly.Shorter@cms.hhs.gov>; Bradley, Tasha (CMS/OC) <Tasha.Bradley1@cms.hhs.gov>; Thorn, Raymond (CMS/OC) <Raymond.Thorn@cms.hhs.gov>

**Subject:** MEDIA INQUIRIES: FEB 23

Good morning,

Below is a rundown of this morning's open media inquiries. Please flag any inquiries you'd like to review.

Thank you,

Outlet	Contact Name	Description of Request	Current Deadline	Senior Advisor
University of CA, Santa Cruz Science Communications Program	Elissa Welle	I am looking for numbers related to vagus nerve stimulation for epilepsy. I'd like to find the number of devices implanted in adults and children in the US, and I imagine CMS collects the numbers of surgery/device reimbursements for these implants. However, I cannot seem to find the right database with this information. Can you help point me in the right direction?	03/01/2023	
WIRED	Brenda Stolyar	My name is Brenda Stolyar and I'm a writer at Wired. I'm currently working on updating our Best At-Home Covid-19 Tests story. The Biden Administration recently announced it will be terminating the public health emergency surrounding Covid-19 on May 11, 2023. I wanted to reach out and see if you could provide me with any details on how coverage of free at-home Covid-19 tests will be impacted for those who have Medicare and Medicaid.	02/23/2023	Will
Las Vegas Review - Journal	Mary Hynes	I'm writing today on a briefing today by the Better Medicare Alliance and a new study. An analysis by Avalere shows that the proposed cuts could lead to premiums that are \$76.05 higher a month and \$912.58 higher a year for Nevadans who choose Medicare Advantage. The average premium for Nevadans this year is \$3.78 a month, or \$45.36 annually. The cuts would lead to premiums of \$79.83 each month, or \$957.96 a year, if the same level of benefits is maintained, according to the study. Nationwide, the average annual premium increase would be \$540, according to the study. Can you comment on these findings? On the steep increases according to the study, and that the increases would be highest in Nevada? My deadline is today. Here's a link to the story's early version: <a href="https://www.reviewjournal.com/local/local-nevada/proposed-medicare-advantage-cuts-could-hit-nevadans-hardest-study-says-2733220/">https://www.reviewjournal.com/local/local-nevada/proposed-medicare-advantage-cuts-could-hit-nevadans-hardest-study-says-2733220/</a>	2/23	

Politico	Ben Leonard	Hey! I'm working on a newsletter item for Future Pulse on this blog post <a href="https://www.healthaffairs.org/content/forefront/hospital-price-transparency-progress-and-commitment-achieving-its-potential?hsmi=246955043&amp;hsenc=p2ANqtz-982AQemg96cDmeBpAm5tTR8T706k4LOoydUCY81U5XRlEmJ94Xud-jr232Mxd22Kt_XV5MNMK5fIKgseWTgDqCQOZSZKw">https://www.healthaffairs.org/content/forefront/hospital-price-transparency-progress-and-commitment-achieving-its-potential?hsmi=246955043&amp;hsenc=p2ANqtz-982AQemg96cDmeBpAm5tTR8T706k4LOoydUCY81U5XRlEmJ94Xud-jr232Mxd22Kt_XV5MNMK5fIKgseWTgDqCQOZSZKw</a> . I saw the stat that "at least" 30 percent of hospitals aren't fully compliant with the price transparency regs. I saw an outside statistic that found that about 75 percent of hospitals aren't fully compliant. <a href="https://www.patientrightsadvocate.org/blog/new-report-shows-more-than-75-of-hospitals-still-not-complying-with-hospital-price-transparency-rule">https://www.patientrightsadvocate.org/blog/new-report-shows-more-than-75-of-hospitals-still-not-complying-with-hospital-price-transparency-rule</a> I was wondering if there's a reason you know for the differences. Would need it by 1 pm tomorrow.	02/23/2023	
WNIJ	Maria Gardner Lara	May I have your assistance in locating demographic data on patients served in FQHC's in the Rockford area.	02/24/2023	
Wisconsin Examiner	Erik Gunn	In reading your tables on Medicare and Medicare Advantage enrollment, the columns containing Medicare Advantage data are given the heading -- "Medicare Advantage And Other Health Plans." -- The phrase "And Other Health Plans" confuses me. What are the "other health plans" that might be included in this column and are NOT Medicare Advantage plans? How big a share of the overall number in this column consists of the "OTHER health plans" that are NOT Medicare Advantage Plans? If I am reporting the number in that column as simply "Medicare advantage enrollment" is that essentially accurate? Or do I need to somehow derive a different number just to count Medicare Advantage enrollment that does not include the "other health plans.."???	02/23/2023	
Our Sunday Visitor	Katie Yoder	I'm writing a story about a proposal to make birth free in the United States. I read that, in 2020, 42% of U.S. births were covered by Medicaid. Can you confirm that? Are there more recent numbers? A source told me that, while most states have pregnancy Medicaid, this does not benefit women who are covered as dependents on their parents' insurance plan. Can you confirm this? Are women who are covered as dependents on their parents' plan disqualified from applying for Medicaid? (I'm hearing this is a concern because insurance plans of large employers are not required to provide delivery for dependents.) Thanks for your time! I greatly appreciate any/all information you have about this.	02/23/2023	Hannal
STAT News	Rachel Cohrs	I've noticed that it appears all CMS staff have disappeared from the HHS staff directory, while other agencies including NIH and FDA are still displayed. Was this an intentional removal or a technical glitch? If we could confirm by the end of the day, that would be much appreciated. My deadline is 5pm ET on Wednesday, Feb. 22.	02/23/2023	Will, Kristiar (FYI)
Asheville Watchdog	Barbara Durr	I would like to have a copy of the HCAPS survey for Mission Hospital in Asheville, NC.	02/27/2023	
CNN	Tami Luhby	I saw Politico's story that CMS/HHS is working with Congress to get the authority to continue providing Medicare beneficiaries with up to 8 free at-home tests a month. Could you please update me on where this effort stands? On background is fine. And please let me know if/when CMS/HHS receives the authority and covers the at-home tests.	02/23/2023	Will

Inside Health Policy	Bridget Early	Hi! I just have a quick question about the proposed universal foundation for a story I'm filing today (Feb. 22) at 4pm. I was wondering how the universal foundation is supposed to differ from the health equity index CMS developed last year -- would it incorporate the HEI as one of the core quality measures across programs?	02/23/2023	
The Missouri Independent	Clara Bates	I am trying to get clarity on what standards CMS uses to accept states' waivers for extension of postpartum Medicaid. The latest version of the Missouri legislature's bill to extend postpartum Medicaid coverage includes the following provision: "The state shall not provide payments, add ons, or reimbursements to health care providers through MO HealthNet for medical assistance services provided to persons who do not reside in this state, as determined under 5 42 CFR 435.403" 1. Does that provision conflict with federal statute, as it appears to? 2. In what instances does CMS reject a state's waiver to extend postpartum coverage? Would the inclusion of such a provision be reason to reject the application? 3. Did CMS reject Texas's waiver last year because of the language around abortion? Would language that, as Missouri's draft does, clarifies "A woman shall be enrolled in benefits under this subdivision when her child is enrolled in the MO HealthNet program or the children's health insurance program or when a physician or the managed care plan notifies the MO HealthNet program of the pregnancy ending involuntarily or necessarily to save the life of the mother" also be of concern to CMS? Here is the legislation <a href="https://instatrac-production.s3.us-east-2.amazonaws.com/GovWatch/text/pdfs/21/bill-text/1d2f541d2f55c63f6b9f3dac417837d4.pdf">https://instatrac-production.s3.us-east-2.amazonaws.com/GovWatch/text/pdfs/21/bill-text/1d2f541d2f55c63f6b9f3dac417837d4.pdf</a>	02/23/2023	Hannal
San Jose Inside	Barry Holtzclaw	Request copy of (or link to) 2022-23 report by CMS on several suicides at Valley Medical Center, plus any summary page or cover letter to the Santa Clara County CA public health system re Valley Medical Center.	02/23/2023	
WyoFile	Madelyn Beck	I'm looking to talk with someone at CMS about changes people and health care facilities in Wyoming should expect from the agency as federal COVID emergency declarations come to an end.	02/24/2023	Will
AARP	Susan Obrien	I'd like to confirm whether or not Medicare will cover the cost of an ambulance for the trip home from either a hospital or SNF stay. I understand the criteria for ambulance coverage to a facility	02/23/2023	Kristian
USA Today	Ken Alltucker	Please provide a copy of any surveys, inspections or 2567 reports and responses from Harrison Medical Center in Bremerton, Washington since Jan 1, 2020.	02/25/2023	
Associated Press	Kavish Harjai	I am a data reporter with the Associated Press working on a story that touches on the number of Medicaid enrollees in each state and nationally from March 2019 to the most recent month for which data is available. The following questions refer to the CMS dataset "State Medicaid and CHIP Applications, Eligibility Determinations, and Enrollment Data." - Can you explain what exactly the footnote 'Includes Individuals Enrolled At Any Time in Month (Not a Point-in-time Count' means? I noticed it's attached to most of West Virginia's Medicaid enrollment numbers between March 2019 and October 2022 under the column 'total_medicaid_enrollment__footnotes.' I also see it attached to a	02/23/2023	

		<p>number of Medicaid enrollment numbers for both Ohio and Washington. Is it ok to compare enrollment figures that have the footnote to others for the same state without the footnote? Is it ok to compare enrollment figures that have the footnote to other states for the same month?</p> <p>- There is a footnote attached to most of Utah's Medicaid enrollment numbers indicating that the numbers include 'Enrollees in Other Financial Assistance Programs Not Enrolled in Medicaid or CHIP.' I contacted Utah's Medicaid agency, and it said "Utah includes the disclaimer to indicate that some cases are receiving both financial and medical assistance. We do not report numbers that are financial assistance only." I wasn't really able to make sense of the footnote or the response. Could you clarify the meaning of the footnote, and whether it's ok to use the Medicaid enrollment figures for Utah as they are?</p>		
WYMT	Buddy Forbes	<p>Good morning! I am a reporter for WYMT in Eastern Kentucky. I am working on a story about the notice of termination for the Parkview Post-Acute and Rehabilitation Center located at 200 Nursing Home Lane in Pikeville, Ky. I was hoping someone would be able to provide a little more information into what caused the termination and what this means for the residents.</p>	02/23/2023	Will
Los Angeles Times	Emily Alpert Reyes	<p>Hello, I'm interested in the process in which patients are assessed by transplant centers before being approved for the kidney transplant waitlist. Is there any requirement for a transplant center to perform that assessment within a certain period of time? Is the amount of time taken for the assessment measured in any way that is monitored by CMS?</p>	02/27/2023	
MUSC Health	Joy Jacob	<p>This was published in 2022- when can a vote be expected for outcome?</p>	03/01/2023	
Wall Street Journal	Anna Matthews	<p>Hi all, I saw the Secretary's statement and the fact sheet regarding the Advance Notice, and I wanted to follow up with a few questions.</p> <p>1) The big difference between Wall Street analyst/insurance industry assessment of the impact (a 2.27% cut in revenue) and CMS's (a 1.03% increase) seems to be the 3.3% "MA risk score trend" that CMS includes. Can you explain what that is and why CMS believes it should be included and would increase the plan's revenue?</p> <p>2) In the fact sheet released last week, CMS said it had "identified diagnosis codes that are not used consistently across the industry" and "has proposed to address these inconsistencies in order to ensure insurance companies offering Medicare Advantage are not gaming the system." Can you explain what CMS meant by that, and how the codes that are being eliminated were selected, with a bit more clarity? Does CMS feel that some plans were "gaming" the system by using these codes when not justified?</p> <p>3) Some in the industry have argued that the code tweaks could result in far larger revenue dropoffs for some plans and risk-bearing physician groups. For example, American's Physician Groups have suggested revenues could fall by 10% to 20% for some of its members. The Better Medicare Alliance released an Avalere analysis that suggested there could be a \$540 reduction in benefits per members on average. Does CMS agree with those claims? Why or why not? And does CMS feel that steeper drops in revenue would</p>	02/23/2023	Megha

		<p>occur among groups and plans that were employing coding practices the agency feels might not be justified under the current system?</p> <p>4) Any other comments you'd want to share about the Advance Notice and its impact?</p>		
Very Well Health	Valerie DeBenedette	<p>Can I speak with someone from CMS about the new models being tested in the hopes that they will lower drug costs? VeryWellHealth.com wants me to write about the Medicare \$2 Drug List. I will be mentioning the other two models in passing in my article. My questions include:</p> <ul style="list-style-type: none"> <li>• How many drugs will be on the \$2 list? I've seen one report that it will be about 150 generic drugs.</li> <li>• What percent of prescriptions for Medicare recipients will this cover? In other words, are we talking about 20% of the total number of prescriptions? 60% of prescriptions?</li> <li>• Some pharmacies are already offering cheap generics, such as Amazon Pharmacy's RxPass that offers a \$5 subscription for as many prescriptions as needed from a list of 50 generic drugs. How will this CMS model stack up against those?</li> </ul>	02/23/2023	Megha
Arizona Republic	Andrew Ford	Hello, has CMS sent preclusion letters to any Modern Vascular clinics? If yes, can you say why?	02/23/2023	Will
Wall Street Journal	Julie Wernau	I am rating about what information is available about doctors online. I'd like to mention the Care Compare site and am wondering how comprehensive the site is, if disciplinary actions and medicare claims are included and what consumers can expect/not expect to find when using the site.	02/23/2023	
Bloomberg Industry Group	Celine Castronuovo	<p>I'm Bloomberg Law's FDA and drug pricing reporter, and my team is doing an ongoing series of profiles on officials involved in implementing the drug pricing provisions of the Inflation Reduction Act. Here's one my colleague did on Medicare Director Meena Seshamani in November: <a href="https://news.bloomberglaw.com/health-law-and-business/meet-the-surgeon-economist-at-heart-of-democrats-drug-price-law?context=search&amp;index=0">https://news.bloomberglaw.com/health-law-and-business/meet-the-surgeon-economist-at-heart-of-democrats-drug-price-law?context=search&amp;index=0</a>. I recently reported on Principal Deputy Administrator Jonathan Blum's remarks at the Biopharma Congress, and I was wondering if it would be possible to set up a conversation with him to discuss his career at the CMS, and how that is informing what he's working on now to help implement the drug price negotiations, the Part D redesign, and other components of the IRA. If you could get back to me by</p>	02/23/2023	Megha

		next Thursday, Feb. 23, I would greatly appreciate it. Let me know if you have any questions.		
Maryland Benefits Counseling Network	Charlie Hollins	I wish to receive confirmation that CMS has denied the 2022 expansion of EID eligibility that had allowed for unlimited income and limited resources only at the time of the initial application.	02/28/2023	
CBS Evening News	Deborah Rubin	<p>My name is Debbie Rubin and I am hoping you can help answer a couple of questions about the CMS Hospital Value-Based Purchasing Program (HVBP), and the role that HCAHPS plays in hospital reimbursement for the most recent fiscal year available. My understanding is that the law requires participating hospitals to collect and submit HCAHPS data, which includes questions pertaining to patient satisfaction with the care they received at the hospital. Some of the questions in the survey are related to communication with doctors and nurses, responsiveness of hospital staff, communication about medicines.</p> <p>Can you please tell me what the percent of HVBP withheld from participating hospitals is currently (2%?) and confirm my understanding that based on their performance in the program, participating hospitals can earn back a percentage of that 2%? I read that for 2022 the discharges were approximately \$1.9 billion. Can you please confirm or correct?</p> <p>I also read that HCAHPS is the basis for the Person and Community Engagement domain, which accounts for 25% of the Hospital VBP Total Performance Score. SO that means that questions relating to communication with physicians and nurses is part of the equation that goes in to how much a participating hospital can get back from the funds withheld. Can you please confirm or correct?</p>	02/24/2023	Megha
Fox32 Denver	Carissa Scott	Will CMS confirm that Medicare often pays insurance providers between \$6,000 and \$7,000 per fixed-wing air-ambulance flight, and those patients can't be balance-billed by participating Medicare providers per federal law?	02/23/2023	
Association for Health Care Journalists	Mary Chris Jaklevic	I'm the patient safety topic leader for the Association of Health Care Journalists. I'm trying to contact the individual who assembles the hospital inspection reports (2567 forms) datafile that CMS provides electronically to AHCJ. A 2013 article on the AHCJ web site states: "During the process of preparing the records for release, CMS discovered that some state health departments and its own regional offices had sometimes not uploaded the inspection reports into a central computer system that could then be shared by us. In such cases, CMS identified the dates of the missing inspections and the number of deficiencies identified and those details are included on each hospital's page. You can request that information from CMS or your state health department. "CMS and AHCJ have also discovered that some reports that should be released are missing entirely from	02/23/2023	Kristiar

		<p>the dataset. CMS is working with its regional offices and state health departments to remedy this problem. The issues seem to be particularly acute in California." Do these data gaps persist in recent data files, such as the most recent one provided to AHCJ last fall? Or have these data gaps been remedied? Are there other missing data is this most recent file that journalists should know about? For your reference, the website is here: <a href="http://www.hospitalinspections.org/">http://www.hospitalinspections.org/</a>. I'd appreciate your prompt attention to this matter.</p>		
GOV CIO	Nikki Henderson	<p>Good afternoon. Hope you're doing well. I'm reaching out today regarding an article interview request for a GovCIO Media &amp; Research feature on Data Literacy. I would be honored to speak with Ms. Allison Oelshclaeger about the challenges of reskilling and upskilling personnel with cutting-edge data literacy tools and training.</p> <p>I would also like to discuss what does data literacy means to CMS, how CMS is measuring data literacy and what programs CMS is using to improve data literacy. Here is a list of the interview questions:</p> <p>What training programs do you offer to improve data literacy across all levels of the workforce?  What challenges did you face with data literacy? How did they impact the tech solutions VA offers?  How are data literacy programs improving other technology solutions – like AI or data governance for example? Where are those crossovers?  How are you measuring and documenting results/ success within data literacy?  Are you collaborating with other federal agencies to share best practices and partner to provide data-driven value?  Moving forward, what are your goals with data literacy?</p> <p>I would like to schedule an interview within the next couple of weeks. My Editor-In-Chief would like for me to have my interviews done by Feb. 24 but I have a little flexibility. The actual article is due March 10 and the publication will be a short time after that. Please check Ms. Oelshclaeger's availability and get back to me at your earliest convenience.</p>	02/24/2023	Kristiar

<p>Kaiser Health News</p>	<p>Harris Meyer</p>	<p>I'm working on a bill of the month story for Kaiser and this issue came up. Matt Fiedler and Loren Adler believe this case highlights a loophole in the No Surprises Act. I need to know CMS's view on this and whether CMS plans to provide guidance on it. Does the NSA apply in situations where the patient's insurer has a contract with a provider but that provider is out of network for the patient's particular plan? In the case I'm writing about, the insurer has a contract with a hospital as a participating provider but that provider is out of network for this patient's plan. But the contract allows the hospital to charge the plan's members a 50% coinsurance when the members go to that hospital on an out of network basis. In this case, the insurer reclassified the patient's care as emergency and waived the coinsurance. But the insurer says neither it nor the hospital violated the NSA. It appears the insurer considers its contract with the hospital to take this situation outside the requirements of the NSA. Does the NSA apply in situations like that, or not? And if not, does CMS plan to issue any kind of guidance to protect consumers from what appears to be a major loophole in the law? Thanks.</p> <p>Harris Meyer  Reporter/Writer/Editor, Chicago  Health care, law, business, wine  Winner, Gerald Loeb Award for Distinguished Business &amp; Financial Journalism  (b)(6) ell  harris_meyer@yahoo.com</p>	<p>02/21/2023</p>	<p>Kyla</p>
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Message

**From:** Katch (she/her), Hannah (CMS/OA) (b)(6)  
**Sent:** 2/23/2023 4:27:04 PM (b)(6)  
**To:** Schinderle, Elizabeth (CMS/OC) (b)(6)  
Harris, Will (CMS/OA)  
Chambers, Gwendolyn  
]; Alexander, Bruce  
Blum, Jonathan  
]; Boulanger, Jennifer  
Ellis (she/her), Kyla  
Toole, Meghan (CMS/OA)  
]; Richardson (she/her),  
Woronoff, Arielle  
Yao, Kristiana (CMS/OA)  
**CC:** Howden, Catherine (CMS/OC) (b)(6)  
Aldana, Karen (CMS/OC)  
Franklin, Julie (CMS/OC)  
omey, Mary (CMS/OC)  
Brager, Mark  
Clemens, Kristen  
agner, Rachel  
Shorter, Kimberly  
radley, Tasha  
horn, Raymond

**Subject:** RE: RE: MEDIA INQUIRIES: FEB 23

Thank you (and yes)!

**From:** Schinderle, Elizabeth (CMS/OC) <elizabeth.schinderle@cms.hhs.gov>  
**Sent:** Thursday, February 23, 2023 10:44 AM  
**To:** Katch (she/her), Hannah (CMS/OA) <Hannah.Katch@cms.hhs.gov>; Harris, Will (CMS/OA) <William.Harris@cms.hhs.gov>; Chambers, Gwendolyn (CMS/OC) <Gwendolyn.Chambers@cms.hhs.gov>; Alexander, Bruce (CMS/OC) <Bruce.Alexander@cms.hhs.gov>; Blum, Jonathan (CMS/OA) <Jonathan.Blum@cms.hhs.gov>;

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**Subject:** RE: MEDIA INQUIRIES: FEB 23

Thanks, Hannah! Yes, it is updated below. I've added your name beside it as I believe this is something you'll want to review.

**From:** Katch (she/her), Hannah (CMS/OA) <Hannah.Katch@cms.hhs.gov>

**Sent:** Thursday, February 23, 2023 10:30 AM

**To:** Harris, Will (CMS/OA) <William.Harris@cms.hhs.gov>; Chambers, Gwendolyn (CMS/OC) <Gwendolyn.Chambers@cms.hhs.gov>; Alexander, Bruce (CMS/OC) <Bruce.Alexander@cms.hhs.gov>; Blum, Jonathan (CMS/OA) <Jonathan.Blum@cms.hhs.gov>; Boulanger, Jennifer (CMS/OL) <Jennifer.Boulanger@cms.hhs.gov>; Ellis (she/her), Kyla (CMS/OA) <Kyla.Ellis@cms.hhs.gov>; OToole, Meghan (CMS/OA) <Meghan.OToole1@cms.hhs.gov>; Richardson (she/her), Erin (CMS/OA) <Erin.Richardson@cms.hhs.gov>; Woronoff, Arielle (CMS/OL) <Arielle.Woronoff@cms.hhs.gov>; Yao, Kristiana (CMS/OA) <Kristiana.Yao1@cms.hhs.gov>

**Cc:** Howden, Catherine (CMS/OC) <Catherine.Howden@cms.hhs.gov>; Aldana, Karen (CMS/OC) <Karen.Aldana@cms.hhs.gov>; Franklin, Julie (CMS/OC) <Julie.Franklin@cms.hhs.gov>; Toomey, Mary (CMS/OC) <Mimi.Toomey@cms.hhs.gov>; Brager, Mark (CMS/OC) <Mark.Brager@cms.hhs.gov>; Clemens, Kristen (CMS/OC) <Kristen.Clemens@cms.hhs.gov>; Schinderle, Elizabeth (CMS/OC) <elizabeth.schinderle@cms.hhs.gov>; Wagner, Rachel (CMS/OC) <Rachel.Wagner@cms.hhs.gov>; Shorter, Kimberly (CMS/OC) <Kimberly.Shorter@cms.hhs.gov>; Bradley, Tasha (CMS/OC) <Tasha.Bradley1@cms.hhs.gov>; Thorn, Raymond (CMS/OC) <Raymond.Thorn@cms.hhs.gov>

**Subject:** RE: MEDIA INQUIRIES: FEB 23

One for me – and is there a request from AP's Kavish Harjai?

Thanks!

**From:** Harris, Will (CMS/OA) <William.Harris@cms.hhs.gov>

**Sent:** Thursday, February 23, 2023 10:23 AM

**To:** Chambers, Gwendolyn (CMS/OC) <Gwendolyn.Chambers@cms.hhs.gov>; Alexander, Bruce (CMS/OC) <Bruce.Alexander@cms.hhs.gov>; Blum, Jonathan (CMS/OA) <Jonathan.Blum@cms.hhs.gov>; Boulanger, Jennifer (CMS/OL) <Jennifer.Boulanger@cms.hhs.gov>; Ellis (she/her), Kyla (CMS/OA) <Kyla.Ellis@cms.hhs.gov>; Katch (she/her), Hannah (CMS/OA) <Hannah.Katch@cms.hhs.gov>; OToole, Meghan (CMS/OA) <Meghan.OToole1@cms.hhs.gov>; Richardson (she/her), Erin (CMS/OA) <Erin.Richardson@cms.hhs.gov>; Woronoff, Arielle (CMS/OL) <Arielle.Woronoff@cms.hhs.gov>; Yao, Kristiana (CMS/OA) <Kristiana.Yao1@cms.hhs.gov>

**Cc:** Howden, Catherine (CMS/OC) <Catherine.Howden@cms.hhs.gov>; Aldana, Karen (CMS/OC) <Karen.Aldana@cms.hhs.gov>; Franklin, Julie (CMS/OC) <Julie.Franklin@cms.hhs.gov>; Toomey, Mary (CMS/OC) <Mimi.Toomey@cms.hhs.gov>; Brager, Mark (CMS/OC) <Mark.Brager@cms.hhs.gov>; Clemens, Kristen (CMS/OC) <Kristen.Clemens@cms.hhs.gov>; Schinderle, Elizabeth (CMS/OC) <elizabeth.schinderle@cms.hhs.gov>; Wagner, Rachel (CMS/OC) <Rachel.Wagner@cms.hhs.gov>; Shorter, Kimberly (CMS/OC) <Kimberly.Shorter@cms.hhs.gov>; Bradley, Tasha (CMS/OC) <Tasha.Bradley1@cms.hhs.gov>; Thorn, Raymond (CMS/OC) <Raymond.Thorn@cms.hhs.gov>

**Subject:** RE: MEDIA INQUIRIES: FEB 23

Added me. Thank you.

**From:** Chambers, Gwendolyn (CMS/OC) <Gwendolyn.Chambers@cms.hhs.gov>

**Sent:** Thursday, February 23, 2023 9:48 AM

**To:** Alexander, Bruce (CMS/OC) <Bruce.Alexander@cms.hhs.gov>; Blum, Jonathan (CMS/OA) <Jonathan.Blum@cms.hhs.gov>; Boulanger, Jennifer (CMS/OL) <Jennifer.Boulanger@cms.hhs.gov>; Ellis (she/her), Kyla (CMS/OA) <Kyla.Ellis@cms.hhs.gov>; Harris, Will (CMS/OA) <William.Harris@cms.hhs.gov>; Katch (she/her), Hannah (CMS/OA) <Hannah.Katch@cms.hhs.gov>; OToole, Meghan (CMS/OA) <Meghan.OTOole1@cms.hhs.gov>; Richardson (she/her), Erin (CMS/OA) <Erin.Richardson@cms.hhs.gov>; Woronoff, Arielle (CMS/OL) <Arielle.Woronoff@cms.hhs.gov>; Yao, Kristiana (CMS/OA) <Kristiana.Yao1@cms.hhs.gov>

**Cc:** Howden, Catherine (CMS/OC) <Catherine.Howden@cms.hhs.gov>; Aldana, Karen (CMS/OC) <Karen.Aldana@cms.hhs.gov>; Franklin, Julie (CMS/OC) <Julie.Franklin@cms.hhs.gov>; Toomey, Mary (CMS/OC) <Mimi.Toomey@cms.hhs.gov>; Brager, Mark (CMS/OC) <Mark.Brager@cms.hhs.gov>; Clemens, Kristen (CMS/OC) <Kristen.Clemens@cms.hhs.gov>; Schinderle, Elizabeth (CMS/OC) <elizabeth.schinderle@cms.hhs.gov>; Wagner, Rachel (CMS/OC) <Rachel.Wagner@cms.hhs.gov>; Shorter, Kimberly (CMS/OC) <Kimberly.Shorter@cms.hhs.gov>; Bradley, Tasha (CMS/OC) <Tasha.Bradley1@cms.hhs.gov>; Thorn, Raymond (CMS/OC) <Raymond.Thorn@cms.hhs.gov>

**Subject:** MEDIA INQUIRIES: FEB 23

Good morning,

Below is a rundown of this morning's open media inquiries. Please flag any inquiries you'd like to review.

Thank you,

Outlet	Contact Name	Description of Request	Current Deadline	Senior Adviso
University of CA, Santa Cruz Science Communications Program	Elissa Welle	I am looking for numbers related to vagus nerve stimulation for epilepsy. I'd like to find the number of devices implanted in adults and children in the US, and I imagine CMS collects the numbers of surgery/device reimbursements for these implants. However, I cannot seem to find the right database with this information. Can you help point me in the right direction?	03/01/2023	
WIRED	Brenda Stolyar	My name is Brenda Stolyar and I'm a writer at Wired. I'm currently working on updating our Best At-Home Covid-19 Tests story. The Biden Administration recently announced it will be terminating the public health emergency surrounding Covid-19 on May 11, 2023. I wanted to reach out and see if you could provide me with any details on how coverage of free at-home Covid-19 tests will be impacted for those who have Medicare and Medicaid.	02/23/2023	Will
Las Vegas Review - Journal	Mary Hynes	I'm writing today on a briefing today by the Better Medicare Alliance and a new study. An analysis by Avalere shows that the proposed cuts could lead to premiums that are \$76.05 higher a month and \$912.58 higher a year for Nevadans who choose Medicare Advantage. The average premium for Nevadans this year is \$3.78 a month, or \$45.36 annually. The cuts would lead to premiums of \$79.83 each month, or \$957.96 a year, if the same level of benefits is maintained, according to the study. Nationwide, the average annual premium increase would be \$540, according to the study. Can you comment on these findings? On the steep increases according to the study, and that the increases would be highest in Nevada? My deadline is today. Here's a link to the story's early version: <a href="https://www.reviewjournal.com/local/local-nevada/proposed-medicare-advantage-cuts-could-hit-nevadans-hardest-study-says-2733220/">https://www.reviewjournal.com/local/local-nevada/proposed-medicare-advantage-cuts-could-hit-nevadans-hardest-study-says-2733220/</a>	2/23	

Politico	Ben Leonard	Hey! I'm working on a newsletter item for Future Pulse on this blog post <a href="https://www.healthaffairs.org/content/forefront/hospital-price-transparency-progress-and-commitment-achieving-its-potential?hsmi=246955043&amp;hsenc=p2ANqtz-982AQemg96cDmeBpAm5tTR8T706k4LOoydUCY81U5XRlEmJ94Xud-jr232Mxd22Kt_XV5MKNK5fIKgseWTgDqCQOZSZKw">https://www.healthaffairs.org/content/forefront/hospital-price-transparency-progress-and-commitment-achieving-its-potential?hsmi=246955043&amp;hsenc=p2ANqtz-982AQemg96cDmeBpAm5tTR8T706k4LOoydUCY81U5XRlEmJ94Xud-jr232Mxd22Kt_XV5MKNK5fIKgseWTgDqCQOZSZKw</a> . I saw the stat that "at least" 30 percent of hospitals aren't fully compliant with the price transparency regs. I saw an outside statistic that found that about 75 percent of hospitals aren't fully compliant. <a href="https://www.patientrightsadvocate.org/blog/new-report-shows-more-than-75-of-hospitals-still-not-complying-with-hospital-price-transparency-rule">https://www.patientrightsadvocate.org/blog/new-report-shows-more-than-75-of-hospitals-still-not-complying-with-hospital-price-transparency-rule</a> I was wondering if there's a reason you know for the differences. Would need it by 1 pm tomorrow.	02/23/2023	
WNIJ	Maria Gardner Lara	May I have your assistance in locating demographic data on patients served in FQHC's in the Rockford area.	02/24/2023	
Wisconsin Examiner	Erik Gunn	In reading your tables on Medicare and Medicare Advantage enrollment, the columns containing Medicare Advantage data are given the heading -- "Medicare Advantage And Other Health Plans." -- The phrase "And Other Health Plans" confuses me. What are the "other health plans" that might be included in this column and are NOT Medicare Advantage plans? How big a share of the overall number in this column consists of the "OTHER health plans" that are NOT Medicare Advantage Plans? If I am reporting the number in that column as simply "Medicare advantage enrollment" is that essentially accurate? Or do I need to somehow derive a different number just to count Medicare Advantage enrollment that does not include the "other health plans.."???	02/23/2023	
Our Sunday Visitor	Katie Yoder	I'm writing a story about a proposal to make birth free in the United States. I read that, in 2020, 42% of U.S. births were covered by Medicaid. Can you confirm that? Are there more recent numbers? A source told me that, while most states have pregnancy Medicaid, this does not benefit women who are covered as dependents on their parents' insurance plan. Can you confirm this? Are women who are covered as dependents on their parents' plan disqualified from applying for Medicaid? (I'm hearing this is a concern because insurance plans of large employers are not required to provide delivery for dependents.) Thanks for your time! I greatly appreciate any/all information you have about this.	02/23/2023	Hannat
STAT News	Rachel Cohrs	I've noticed that it appears all CMS staff have disappeared from the HHS staff directory, while other agencies including NIH and FDA are still displayed. Was this an intentional removal or a technical glitch? If we could confirm by the end of the day, that would be much appreciated. My deadline is 5pm ET on Wednesday, Feb. 22.	02/23/2023	Will
Asheville Watchdog	Barbara Durr	I would like to have a copy of the HCAPS survey for Mission Hospital in Asheville, NC.	02/27/2023	
CNN	Tami Luhby	I saw Politico's story that CMS/HHS is working with Congress to get the authority to continue providing Medicare beneficiaries with up to 8 free at-home tests a month. Could you please update me on where this effort stands? On background is fine. And please let me know if/when CMS/HHS receives the authority and covers the at-home tests.	02/23/2023	Will

Inside Health Policy	Bridget Early	Hi! I just have a quick question about the proposed universal foundation for a story I'm filing today (Feb. 22) at 4pm. I was wondering how the universal foundation is supposed to differ from the health equity index CMS developed last year -- would it incorporate the HEI as one of the core quality measures across programs?	02/23/2023	
The Missouri Independent	Clara Bates	I am trying to get clarity on what standards CMS uses to accept states' waivers for extension of postpartum Medicaid. The latest version of the Missouri legislature's bill to extend postpartum Medicaid coverage includes the following provision: "The state shall not provide payments, add ons, or reimbursements to health care providers through MO HealthNet for medical assistance services provided to persons who do not reside in this state, as determined under 5 42 CFR 435.403" 1. Does that provision conflict with federal statute, as it appears to? 2. In what instances does CMS reject a state's waiver to extend postpartum coverage? Would the inclusion of such a provision be reason to reject the application? 3. Did CMS reject Texas's waiver last year because of the language around abortion? Would language that, as Missouri's draft does, clarifies "A woman shall be enrolled in benefits under this subdivision when her child is enrolled in the MO HealthNet program or the children's health insurance program or when a physician or the managed care plan notifies the MO HealthNet program of the pregnancy ending involuntarily or necessarily to save the life of the mother" also be of concern to CMS? Here is the legislation <a href="https://instatrac-production.s3.us-east-2.amazonaws.com/GovWatch/text/pdfs/21/bill-text/1d2f541d2f55c63f6b9f3dac417837d4.pdf">https://instatrac-production.s3.us-east-2.amazonaws.com/GovWatch/text/pdfs/21/bill-text/1d2f541d2f55c63f6b9f3dac417837d4.pdf</a>	02/23/2023	Hanna
San Jose Inside	Barry Holtzclaw	Request copy of (or link to) 2022-23 report by CMS on several suicides at Valley Medical Center, plus any summary page or cover letter to the Santa Clara County CA public health system re Valley Medical Center.	02/23/2023	
WyoFile	Madelyn Beck	I'm looking to talk with someone at CMS about changes people and health care facilities in Wyoming should expect from the agency as federal COVID emergency declarations come to an end.	02/24/2023	Will
AARP	Susan Obrien	I'd like to confirm whether or not Medicare will cover the cost of an ambulance for the trip home from either a hospital or SNF stay. I understand the criteria for ambulance coverage to a facility	02/23/2023	
USA Today	Ken Alltucker	Please provide a copy of any surveys, inspections or 2567 reports and responses from Harrison Medical Center in Bremerton, Washington since Jan 1, 2020.	02/25/2023	
Associated Press	Kavish Harjai	I am a data reporter with the Associated Press working on a story that touches on the number of Medicaid enrollees in each state and nationally from March 2019 to the most recent month for which data is available.  The following questions refer to the CMS dataset "State Medicaid and CHIP Applications, Eligibility Determinations, and Enrollment Data."  - Can you explain what exactly the footnote 'Includes Individuals Enrolled At Any Time in Month (Not a Point-in-time Count)' means? I noticed it's attached to most of West Virginia's Medicaid enrollment numbers between March 2019 and October 2022 under the column 'total_medicaid_enrollment footnotes.' I also see it attached to a number	02/23/2023	Hanna

		<p>of Medicaid enrollment numbers for both Ohio and Washington. Is it ok to compare enrollment figures that have the footnote to others for the same state without the footnote? Is it ok to compare enrollment figures that have the footnote to other states for the same month?</p> <p>- There is a footnote attached to most of Utah's medicaid enrollment numbers indicating that the numbers include 'Enrollees in Other Financial Assistance Programs Not Enrolled in Medicaid or CHIP.' I contacted Utah's Medicaid agency, and it said "Utah includes the disclaimer to indicate that some cases are receiving both financial and medical assistance. We do not report numbers that are financial assistance only." I wasn't really able to make sense of the footnote or the response. Could you clarify the meaning of the footnote, and whether it's ok to use the Medicaid enrollment figures for Utah as they are?</p>		
WYMT	Buddy Forbes	<p>Good morning! I am a reporter for WYMT in Eastern Kentucky. I am working on a story about the notice of termination for the Parkview Post-Acute and Rehabilitation Center located at 200 Nursing Home Lane in Pikeville, Ky. I was hoping someone would be able to provide a little more information into what caused the termination and what this means for the residents.</p>	02/23/2023	Will
Los Angeles Times	Emily Alpert Reyes	<p>Hello, I'm interested in the process in which patients are assessed by transplant centers before being approved for the kidney transplant waitlist. Is there any requirement for a transplant center to perform that assessment within a certain period of time? Is the amount of time taken for the assessment measured in any way that is monitored by CMS?</p>	02/27/2023	
MUSC Health	Joy Jacob	<p>This was published in 2022- when can a vote be expected for outcome?</p>	03/01/2023	
Wall Street Journal	Anna Matthews	<p>Hi all, I saw the Secretary's statement and the fact sheet regarding the Advance Notice, and I wanted to follow up with a few questions.</p> <p>1) The big difference between Wall Street analyst/insurance industry assessment of the impact (a 2.27% cut in revenue) and CMS's (a 1.03% increase) seems to be the 3.3% "MA risk score trend" that CMS includes. Can you explain what that is and why CMS believes it should be included and would increase the plan's revenue?</p> <p>2) In the fact sheet released last week, CMS said it had "identified diagnosis codes that are not used consistently across the industry" and "has proposed to address these inconsistencies in order to ensure insurance companies offering Medicare Advantage are not gaming the system." Can you explain what CMS meant by that, and how the codes that are being eliminated were selected, with a bit more clarity? Does CMS feel that some plans were "gaming" the system by using these codes when not justified?</p> <p>3) Some in the industry have argued that the code tweaks could result in far larger revenue dropoffs for some plans and risk-bearing physician groups. For example, American's Physician Groups have suggested revenues could fall by 10% to 20% for some of its members. The Better Medicare Alliance released an Avalere analysis that suggested there could be a \$540 reduction in benefits per members on average. Does CMS agree with those claims? Why or why not? And does CMS feel that steeper drops in revenue would occur among groups and plans that were employing coding practices the agency feels might not be justified under the current system?</p>	02/23/2023	Megha

		4) Any other comments you'd want to share about the Advance Notice and its impact?		
Very Well Health	Valerie DeBenedette	<p>Can I speak with someone from CMS about the new models being tested in the hopes that they will lower drug costs? VeryWellHealth.com wants me to write about the Medicare \$2 Drug List. I will be mentioning the other two models in passing in my article. My questions include:</p> <ul style="list-style-type: none"> <li>• How many drugs will be on the \$2 list? I've seen one report that it will be about 150 generic drugs.</li> <li>• What percent of prescriptions for Medicare recipients will this cover? In other words, are we talking about 20% of the total number of prescriptions? 60% of prescriptions?</li> <li>• Some pharmacies are already offering cheap generics, such as Amazon Pharmacy's RxPass that offers a \$5 subscription for as many prescriptions as needed from a list of 50 generic drugs. How will this CMS model stack up against those?</li> </ul>	02/23/2023	Megha
Arizona Republic	Andrew Ford	Hello, has CMS sent preclusion letters to any Modern Vascular clinics? If yes, can you say why?	02/23/2023	Will
Wall Street Journal	Julie Wernau	I am rating about what information is available about doctors online. I'd like to mention the Care Compare site and am wondering how comprehensive the site is, if disciplinary actions and medicare claims are included and what consumers can expect/not expect to find when using the site.	02/23/2023	
Bloomberg Industry Group	Celine Castronuovo	I'm Bloomberg Law's FDA and drug pricing reporter, and my team is doing an ongoing series of profiles on officials involved in implementing the drug pricing provisions of the Inflation Reduction Act. Here's one my colleague did on Medicare Director Meena Seshamani in November: <a href="https://news.bloomberglaw.com/health-law-and-business/meet-the-surgeon-economist-at-heart-of-democrats-drug-price-law?context=search&amp;index=0">https://news.bloomberglaw.com/health-law-and-business/meet-the-surgeon-economist-at-heart-of-democrats-drug-price-law?context=search&amp;index=0</a> . I recently reported on Principal Deputy Administrator Jonathan Blum's remarks at the Biopharma Congress, and I was wondering if it would be possible to set up a conversation with him to discuss his career at the CMS, and how that is informing what he's working on now to help implement the drug price negotiations, the Part D redesign, and other components of the IRA. If you could get back to me by	02/23/2023	Megha

		next Thursday, Feb. 23, I would greatly appreciate it. Let me know if you have any questions.		
Maryland Benefits Counseling Network	Charlie Hollins	I wish to receive confirmation that CMS has denied the 2022 expansion of EID eligibility that had allowed for unlimited income and limited resources only at the time of the initial application.	02/28/2023	
CBS Evening News	Deborah Rubin	<p>My name is Debbie Rubin and I am hoping you can help answer a couple of questions about the CMS Hospital Value-Based Purchasing Program (HVBP), and the role that HCAHPS plays in hospital reimbursement for the most recent fiscal year available. My understanding is that the law requires participating hospitals to collect and submit HCAHPS data, which includes questions pertaining to patient satisfaction with the care they received at the hospital. Some of the questions in the survey are related to communication with doctors and nurses, responsiveness of hospital staff, communication about medicines.</p> <p>Can you please tell me what the percent of HVBP withheld from participating hospitals is currently (2%?) and confirm my understanding that based on their performance in the program, participating hospitals can earn back a percentage of that 2%? I read that for 2022 the discharges were approximately \$1.9 billion. Can you please confirm or correct?</p> <p>I also read that HCAHPS is the basis for the Person and Community Engagement domain, which accounts for 25% of the Hospital VBP Total Performance Score. SO that means that questions relating to communication with physicians and nurses is part of the equation that goes in to how much a participating hospital can get back from the funds withheld. Can you please confirm or correct?</p>	02/24/2023	Megha
Fox32 Denver	Carissa Scott	Will CMS confirm that Medicare often pays insurance providers between \$6,000 and \$7,000 per fixed-wing air-ambulance flight, and those patients can't be balance-billed by participating Medicare providers per federal law?	02/23/2023	
Association for Health Care Journalists	Mary Chris Jaklevic	I'm the patient safety topic leader for the Association of Health Care Journalists. I'm trying to contact the individual who assembles the hospital inspection reports (2567 forms) datafile that CMS provides electronically to AHCJ. A 2013 article on the AHCJ web site states: "During the process of preparing the records for release, CMS discovered that some state health departments and its own regional offices had sometimes not uploaded the inspection reports into a central computer system that could then be shared by us. In such cases, CMS identified the dates of the missing inspections and the number of deficiencies identified and those details are included on each hospital's page. You can request that information from CMS or your state health department. "CMS and AHCJ have also discovered that some reports that should be released are missing entirely from	02/23/2023	Kristian



		<p>the dataset. CMS is working with its regional offices and state health departments to remedy this problem. The issues seem to be particularly acute in California." Do these data gaps persist in recent data files, such as the most recent one provided to AHCJ last fall? Or have these data gaps been remedied? Are there other missing data is this most recent file that journalists should know about? For your reference, the website is here: <a href="http://www.hospitalinspections.org/">http://www.hospitalinspections.org/</a>. I'd appreciate your prompt attention to this matter.</p>		
<p>GOV CIO</p>	<p>Nikki Henderson</p>	<p>Good afternoon. Hope you're doing well. I'm reaching out today regarding an article interview request for a GovCIO Media &amp; Research feature on Data Literacy. I would be honored to speak with Ms. Allison Oelshclaeger about the challenges of reskilling and upskilling personnel with cutting-edge data literacy tools and training.</p> <p>I would also like to discuss what does data literacy means to CMS, how CMS is measuring data literacy and what programs CMS is using to improve data literacy. Here is a list of the interview questions:</p> <p>What training programs do you offer to improve data literacy across all levels of the workforce?  What challenges did you face with data literacy? How did they impact the tech solutions VA offers?  How are data literacy programs improving other technology solutions – like AI or data governance for example? Where are those crossovers?  How are you measuring and documenting results/ success within data literacy?  Are you collaborating with other federal agencies to share best practices and partner to provide data-driven value?  Moving forward, what are your goals with data literacy?</p> <p>I would like to schedule an interview within the next couple of weeks. My Editor-In-Chief would like for me to have my interviews done by Feb. 24 but I have a little flexibility. The actual article is due March 10 and the publication will be a short time after that. Please check Ms. Oelshclaeger's availability and get back to me at your earliest convenience.</p>	<p>02/24/2023</p>	<p>Kristian</p>

<p>Kaiser Health News</p>	<p>Harris Meyer</p>	<p>I'm working on a bill of the month story for Kaiser and this issue came up. Matt Fiedler and Loren Adler believe this case highlights a loophole in the No Surprises Act. I need to know CMS's view on this and whether CMS plans to provide guidance on it. Does the NSA apply in situations where the patient's insurer has a contract with a provider but that provider is out of network for the patient's particular plan? In the case I'm writing about, the insurer has a contract with a hospital as a participating provider but that provider is out of network for this patient's plan. But the contract allows the hospital to charge the plan's members a 50% coinsurance when the members go to that hospital on an out of network basis. In this case, the insurer reclassified the patient's care as emergency and waived the coinsurance. But the insurer says neither it nor the hospital violated the NSA. It appears the insurer considers its contract with the hospital to take this situation outside the requirements of the NSA. Does the NSA apply in situations like that, or not? And if not, does CMS plan to issue any kind of guidance to protect consumers from what appears to be a major loophole in the law? Thanks.</p> <p>Harris Meyer  Reporter/Writer/Editor, Chicago  Health care, law, business, wine  Winner, Gerald Loeb Award for Distinguished Business &amp; Financial Journalism</p> <p>(b)(6) cell  harris_meyer@yahoo.com</p>	<p>02/21/2023</p>	<p>Kyla</p>
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Gwendolyn Chambers  
Centers for Medicare & Medicaid Services | Media Relations Group  
[gwendolyn.chambers@cms.hhs.gov](mailto:gwendolyn.chambers@cms.hhs.gov) | 443-718-8291

Message

**From:** Schinderle, Elizabeth (CMS/OC) (b)(6)  
(b)(6)  
**Sent:** 2/24/2023 1:12:50 PM  
**To:** Richardson (she/her), Erin (CMS/OA) (b)(6)

(b)(6); Ellis (she/her), Kyla  
(b)(6); Katch (she/her), Hannah  
(b)(6); Harris, Will (CMS/OA)  
(b)(6); Alexander, Bruce  
(b)(6); Blum, Jonathan  
(b)(6); Boulanger, Jennifer  
(b)(6); OToole, Meghan  
(b)(6); Woronoff, Arielle  
(b)(6); Yao, Kristiana (CMS/OA)  
(b)(6); Kaiser, Alyssa (CMS/OL)  
(b)(6); esfaye, Eden (CMS/)  
**CC:** (b)(6); Aldana, Karen (CMS/OC)  
(b)(6); Franklin, Julie (CMS/OC)  
(b)(6); Coomey, Mary (CMS/OC)  
(b)(6); Brager, Mark  
(b)(6); Clemens, Kristen  
(b)(6); Wagner, Rachel  
(b)(6); Shorter, Kimberly  
(b)(6); Bradley, Tasha  
(b)(6); Thorn, Raymond  
(b)(6); Chambers, Gwendolyn

**Subject:** MEDIA INQUIRIES: FEB 24

Happy Friday!

Below, please find a list of open inquiries. Kindly flag any you have an interest in reviewing. Thanks so much!

Outlet	Contact Name	Description of Request	Received	Deadline	Senior Advisor
Market Watch	Brett Arends	RE: Lecanemab. Could the CMS please explain in more detail why it will not approve this drug, and respond to the comments made by the American Association of Neurologists, 92 members of Congress, and various other bodies urging it to reconsider?	02/24/2023	02/24/2023	
Fierce Healthcare	Robert King	This is Robert King with Fierce Healthcare. I am writing you to get a response from remarks from Patrick Conway of Optum made at Health Datapalooza surrounding coding changes in the proposed advance notice. Dr. Conway asserted that the shift from ICD-9 to ICD-10 will result in 2,000 codes being pulled out from the program. He asserts that this will harm dual eligible and low-income beneficiaries as some of the codes include mild depression care. I wanted to get CMS' response to these remarks. Is the agency going to end up getting rid of 2,000 codes and has it looked into the impact of this change on beneficiaries? I would like to get a response today but I know the timing constraints may be difficult. I can add in a statement after the story is published later tonight. Thanks for your help! **Please note, inquiry arrived after 5pm. We told the reporter we would do our best to assist on 2/24.	02/23/2023	02/24/2023	
WNBC-TV	Doreen Geiger	We received a call from a viewer saying she has been receiving several phone calls to her landline that appear to be from a financial institution but when she answers, the caller tries to sell her a Medicare Advantage Plan. Are these calls actually coming from Medicare? How would people know if they are legit or not? This might be a story we air early next week.	02/23/2023	02/24/2023	
Lexington Herald-Leader	Rick Childress	I'm reaching out to see if there's any additional information about the termination of the Medicare provider agreement for the Parkview Post-Acute and Rehabilitation Center in Pikeville, Kentucky? I've seen the public notice/press release and I just wanted to check to see if there's been any updates since.	02/23/2023	02/23/2023	
McKnight's Long-Term Care News	Kimberly Marselas	Nursing home staffing minimum A few questions on the staffing study/possible mandate: 1. Is there any formal comment period open on the staffing minimum proposal, or is there any way to review comments CMS has received since the last formal period closed? 2. Can you provider any further	02/23/2023	02/24/2023	

		information on how and when the proposal will be made, i.e. would it be included in the 2024 SNF PPS rule, or will it be issued as a stand-alone rule?			
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WIRED	Brenda Stolyar	<p>My name is Brenda Stolyar and I'm a writer at Wired. I'm currently working on updating our Best At-Home Covid-19 Tests story. The Biden Administration recently announced it will be terminating the public health emergency surrounding Covid-19 on May 11, 2023. I wanted to reach out and see if you could provide me with any details on how coverage of free at-home Covid-19 tests will be impacted for those who have Medicare and Medicaid.</p>	02/22/2023	02/23/2023	Will
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		<p>steep increases according to the study, and that the increases would be highest in Nevada? My deadline is today. Here's a link to the story's early version:  <a href="https://www.reviewjournal.com/local/local-nevada/proposed-medicare-advantage-cuts-could-hit-nevadans-hardest-study-says-2733220/">https://www.reviewjournal.com/local/local-nevada/proposed-medicare-advantage-cuts-could-hit-nevadans-hardest-study-says-2733220/</a></p>			
Wisconsin Examiner	Erik Gunn	<p>In reading your tables on Medicare and Medicare Advantage enrollment, the columns containing Medicare Advantage data are given the heading -- "Medicare Advantage And Other Health Plans." -- The phrase "And Other Health Plans" confuses me. What are the "other health plans" that might be included in this column and are NOT Medicare Advantage plans? How big a share of the overall number in this column consists of the "OTHER health plans" that are NOT Medicare Advantage Plans? If I am reporting the number in that column as simply "Medicare advantage enrollment" is that essentially accurate? Or do I need to somehow derive a different number just to count Medicare Advantage enrollment that does not include the "other health plans.."???</p>	02/22/2023	02/23/2023	
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WYMT	Buddy Forbes	<p>Good morning! I am a reporter for WYMT in Eastern Kentucky. I am working on a story about the notice of termination for the Parkview Post-Acute and Rehabilitation Center located at 200 Nursing Home Lane in Pikeville, Ky. I was hoping someone would be able to provide a little more information into what caused the termination and what this means for the residents.</p>	02/21/2023	02/23/2023	Will
Los Angeles Times	Emily Alpert Reyes	<p>Hello, I'm interested in the process in which patients are assessed by transplant centers before being approved for the kidney transplant waitlist. Is there any requirement for a transplant center to perform that assessment within a certain period of time? Is the amount of time taken for the assessment measured in any way that is monitored by CMS?</p>	02/21/2023	02/27/2023	



Wall Street Journal	Anna Matthews	<p>Hi all, I saw the Secretary's statement and the fact sheet regarding the Advance Notice, and I wanted to follow up with a few questions.</p> <p>1) The big difference between Wall Street analyst/insurance industry assessment of the impact (a 2.27% cut in revenue) and CMS's (a 1.03% increase) seems to be the 3.3% "MA risk score trend" that CMS includes. Can you explain what that is and why CMS believes it should be included and would increase the plan's revenue?</p> <p>2) In the fact sheet released last week, CMS said it had "identified diagnosis codes that are not used consistently across the industry" and "has proposed to address these inconsistencies in order to ensure insurance companies offering Medicare Advantage are not gaming the system." Can you explain what CMS meant by that, and how the codes that are being eliminated were selected, with a bit more clarity? Does CMS feel that some plans were "gaming" the system by using these codes when not justified?</p> <p>3) Some in the industry have argued that the code tweaks could result in far larger revenue dropoffs for some plans and risk-bearing physician groups. For example, American's Physician Groups have suggested revenues could fall by 10% to 20% for some of its members. The Better Medicare Alliance released an Avalere analysis that suggested there could be a \$540 reduction in benefits per members on average. Does CMS agree with those claims? Why or why not? And does CMS feel that steeper drops in revenue would occur among groups and plans that were employing coding practices the agency feels might not be justified under the current system?</p> <p>4) Any other comments you'd want to share about the Advance Notice and its impact?</p>	02/20/2023	02/23/2023	Meghan
Arizona Republic	Andrew Ford	Hello, has CMS sent preclusion letters to any Modern Vascular clinics? If yes, can you say why?	02/17/2023	02/23/2023	Will
Wall Street Journal	Julie Wernau	I am rating about what information is available about doctors online. I'd like to mention the Care Compare site and am wondering how comprehensive the site is, if disciplinary actions and medicare claims are included and what consumers can expect/not expect to find when using the site.	02/17/2023	02/23/2023	

Bloomberg Industry Group	Celine Castronuovo	<p>I'm Bloomberg Law's FDA and drug pricing reporter, and my team is doing an ongoing series of profiles on officials involved in implementing the drug pricing provisions of the Inflation Reduction Act. Here's one my colleague did on Medicare Director Meena Seshamani in November:  <a href="https://news.bloomberglaw.com/health-law-and-business/meet-the-surgeon-economist-at-heart-of-democrats-drug-price-law?context=search&amp;index=0">https://news.bloomberglaw.com/health-law-and-business/meet-the-surgeon-economist-at-heart-of-democrats-drug-price-law?context=search&amp;index=0</a>. I recently reported on Principal Deputy Administrator Jonathan Blum's remarks at the Biopharma Congress, and I was wondering if it would be possible to set up a conversation with him to discuss his career at the CMS, and how that is informing what he's working on now to help implement the drug price negotiations, the Part D redesign, and other components of the IRA. If you could get back to me by next Thursday, Feb. 23, I would greatly appreciate it. Let me know if you have any questions.</p>	02/17/2023	02/23/2023	Meghan
Maryland Benefits Counseling Network	Charlie Hollins	I wish to receive confirmation that CMS has denied the 2022 expansion of EID eligibility that had allowed for unlimited income and limited resources only at the time of the initial application.	02/17/2023	02/28/2023	
Fox32 Denver	Carissa Scott	Will CMS confirm that Medicare often pays insurance providers between \$6,000 and \$7,000 per fixed-wing air-ambulance flight, and those patients can't be balance-billed by participating Medicare providers per federal law?	02/16/2023	02/23/2023	
GOV CIO	Nikki Henderson	<p>Good afternoon. Hope you're doing well. I'm reaching out today regarding an article interview request for a GovCIO Media &amp; Research feature on Data Literacy. I would be honored to speak with Ms. Allison Oelshclaeger about the challenges of reskilling and upskilling personnel with cutting-edge data literacy tools and training.</p> <p>I would also like to discuss what does data literacy means to CMS, how CMS is measuring data literacy and what programs CMS is using to improve data literacy. Here is a list of the interview questions:</p> <p>What training programs do you offer to improve data literacy across all levels of the workforce?  What challenges did you face with data literacy? How did they impact the tech solutions VA offers?</p>	02/10/2023	02/24/2023	Kristiana

How are data literacy programs improving other technology solutions – like AI or data governance for example? Where are those crossovers?  
How are you measuring and documenting results/ success within data literacy?  
Are you collaborating with other federal agencies to share best practices and partner to provide data-driven value?  
Moving forward, what are your goals with data literacy?

I would like to schedule an interview within the next couple of weeks. My Editor-In-Chief would like for me to have my interviews done by Feb. 24 but I have a little flexibility. The actual article is due March 10 and the publication will be a short time after that. Please check Ms. Oelshlaeger's availability and get back to me at your earliest convenience.

Message

**From:** OToole, Meghan (CMS/OA); (b)(6)  
**Sent:** 2/24/2023 1:42:33 PM  
**To:** Schindler, Elizabeth (CMS/OC); (b)(6)

**(b)(6)**

**(b)(6)**

**(b)(6)**

**CC:** Richardson (she/her),  
Ellis (she/her), Kyla  
Katch (she/her), Hannah  
]; Harris, Will (CMS/OA)  
Alexander, Bruce  
Blum, Jonathan  
Boulanger, Jennifer  
Woronoff, Arielle  
Yao, Kristiana (CMS/OA)  
Kaiser, Alyssa (CMS/OL)  
esfaye, Eden (CMS/)  
  
Aldana, Karen (CMS/OC)  
Franklin, Julie (CMS/OC)  
oomey, Mary (CMS/OC)  
y]; Brager, Mark  
]; Clemens, Kristen  
Wagner, Rachel  
]; Shorter, Kimberly  
Bradley, Tasha  
Thorn, Raymond  
); Chambers, Gwendolyn

**Subject:** RE: RE: MEDIA INQUIRIES: FEB 24

+1 for me - thanks.

**From:** Schinderle, Elizabeth (CMS/OC) <elizabeth.schinderle@cms.hhs.gov>

**Sent:** Friday, February 24, 2023 8:13 AM

**To:** Richardson (she/her), Erin (CMS/OA) <Erin.Richardson@cms.hhs.gov>; Ellis (she/her), Kyla (CMS/OA) <Kyla.Ellis@cms.hhs.gov>; Katch (she/her), Hannah (CMS/OA) <Hannah.Katch@cms.hhs.gov>; Harris, Will (CMS/OA) <William.Harris@cms.hhs.gov>; Alexander, Bruce (CMS/OC) <Bruce.Alexander@cms.hhs.gov>; Blum, Jonathan (CMS/OA) <Jonathan.Blum@cms.hhs.gov>; Boulanger, Jennifer (CMS/OL) <Jennifer.Boulanger@cms.hhs.gov>; OToole, Meghan (CMS/OA) <Meghan.OTOole1@cms.hhs.gov>; Woronoff, Arielle (CMS/OL) <Arielle.Woronoff@cms.hhs.gov>; Yao, Kristiana (CMS/OA) <Kristiana.Yao1@cms.hhs.gov>; Kaiser, Alyssa (CMS/OL) <Alyssa.Kaiser@cms.hhs.gov>; Tesfaye, Eden (CMS/) <eden.tesfaye@cms.hhs.gov>

**Cc:** Howden, Catherine (CMS/OC) <Catherine.Howden@cms.hhs.gov>; Aldana, Karen (CMS/OC) <Karen.Aldana@cms.hhs.gov>; Franklin, Julie (CMS/OC) <Julie.Franklin@cms.hhs.gov>; Toomey, Mary (CMS/OC) <Mimi.Toomey@cms.hhs.gov>; Brager, Mark (CMS/OC) <Mark.Brager@cms.hhs.gov>; Clemens, Kristen (CMS/OC) <Kristen.Clemens@cms.hhs.gov>; Wagner, Rachel (CMS/OC) <Rachel.Wagner@cms.hhs.gov>; Shorter, Kimberly (CMS/OC) <Kimberly.Shorter@cms.hhs.gov>; Bradley, Tasha (CMS/OC) <Tasha.Bradley1@cms.hhs.gov>; Thorn, Raymond (CMS/OC) <Raymond.Thorn@cms.hhs.gov>; Chambers, Gwendolyn (CMS/OC) <Gwendolyn.Chambers@cms.hhs.gov>

**Subject:** MEDIA INQUIRIES: FEB 24

Happy Friday!

Below, please find a list of open inquiries. Kindly flag any you have an interest in reviewing. Thanks so much!

Outlet	Contact Name	Description of Request	Received	Deadline	Senior Advisor
Market Watch	Brett Arends	RE: Lecanemab. Could the CMS please explain in more detail why it will not approve this drug, and respond to the comments made by the American Association of Neurologists, 92 members of Congress, and various other bodies urging it to reconsider?	02/24/2023	02/24/2023	
Fierce Healthcare	Robert King	This is Robert King with Fierce Healthcare. I am writing you to get a response from remarks from Patrick Conway of Optum made at Health Datapalooza surrounding coding changes in the proposed advance notice. Dr. Conway asserted that the shift from ICD-9 to ICD-10 will result in 2,000 codes being pulled out from the program. He asserts that this will harm dual eligible and low-income beneficiaries as some of the codes include mild depression care. I wanted to get CMS' response to these remarks. Is the agency going to end up getting rid of 2,000 codes and has it looked into the impact of this change on beneficiaries? I would like to get a response today but I know the timing constraints may be difficult. I can add in a statement after the story is published later tonight. Thanks for your help! **Please note, inquiry arrived after 5pm. We told the reporter we would do our best to assist on 2/24.	02/23/2023	02/24/2023	Meghan

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		<p>clarity? Does CMS feel that some plans were "gaming" the system by using these codes when not justified?</p> <p>3) Some in the industry have argued that the code tweaks could result in far larger revenue dropoffs for some plans and risk-bearing physician groups. For example, American's Physician Groups have suggested revenues could fall by 10% to 20% for some of its members. The Better Medicare Alliance released an Avalere analysis that suggested there could be a \$540 reduction in benefits per members on average. Does CMS agree with those claims? Why or why not? And does CMS feel that steeper drops in revenue would occur among groups and plans that were employing coding practices the agency feels might not be justified under the current system?</p> <p>4) Any other comments you'd want to share about the Advance Notice and its impact?</p>			
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Message

**From:** Yao, Kristiana (CMS/OA); (b)(6)  
(b)(6)  
**Sent:** 2/24/2023 2:51:39 PM  
**To:** Harris, Will (CMS/OA); (b)(6)

(b)(6)

(b)(6)

(b)(6)

**CC:** (b)(6)

**Subject:** RE: RE: MEDIA INQUIRIES: FEB 24

Schinderle, Elizabeth  
Richardson (she/her),  
Ellis (she/her), Kyla  
Katch (she/her), Hannah  
Alexander, Bruce  
um, Jonathan  
oulanger, Jennifer  
Toole, Meghan  
Woronoff, Arielle  
aiser, Alyssa (CMS/OL)  
sfaye, Eden (CMS/)  
ldana, Karen (CMS/OC)  
Franklin, Julie (CMS/OC)  
omey, Mary (CMS/OC)  
Brager, Mark  
Clemens, Kristen  
agner, Rachel  
Shorter, Kimberly  
radley, Tasha  
horn, Raymond  
Chambers, Gwendolyn

+3 – thanks!

**From:** Harris, Will (CMS/OA) <William.Harris@cms.hhs.gov>  
**Sent:** Friday, February 24, 2023 9:35 AM  
**To:** Schinderle, Elizabeth (CMS/OC) <elizabeth.schinderle@cms.hhs.gov>; Richardson (she/her), Erin (CMS/OA) <Erin.Richardson@cms.hhs.gov>; Ellis (she/her), Kyla (CMS/OA) <Kyla.Ellis@cms.hhs.gov>; Katch (she/her), Hannah (CMS/OA) <Hannah.Katch@cms.hhs.gov>; Alexander, Bruce (CMS/OC) <Bruce.Alexander@cms.hhs.gov>; Blum, Jonathan (CMS/OA) <Jonathan.Blum@cms.hhs.gov>; Boulanger, Jennifer (CMS/OL) <Jennifer.Boulanger@cms.hhs.gov>; OToole, Meghan (CMS/OA) <Meghan.OToole1@cms.hhs.gov>; Woronoff, Arielle (CMS/OL) <Arielle.Woronoff@cms.hhs.gov>; Yao, Kristiana (CMS/OA) <Kristiana.Yao1@cms.hhs.gov>; Kaiser, Alyssa (CMS/OL) <Alyssa.Kaiser@cms.hhs.gov>; Tesfaye, Eden (CMS/) <eden.tesfaye@cms.hhs.gov>  
**Cc:** Howden, Catherine (CMS/OC) <Catherine.Howden@cms.hhs.gov>; Aldana, Karen (CMS/OC) <Karen.Aldana@cms.hhs.gov>; Franklin, Julie (CMS/OC) <Julie.Franklin@cms.hhs.gov>; Toomey, Mary (CMS/OC) <Mimi.Toomey@cms.hhs.gov>; Brager, Mark (CMS/OC) <Mark.Brager@cms.hhs.gov>; Clemens, Kristen (CMS/OC) <Kristen.Clemens@cms.hhs.gov>; Wagner, Rachel (CMS/OC) <Rachel.Wagner@cms.hhs.gov>; Shorter, Kimberly (CMS/OC) <Kimberly.Shorter@cms.hhs.gov>; Bradley, Tasha (CMS/OC) <Tasha.Bradley1@cms.hhs.gov>; Thorn, Raymond (CMS/OC) <Raymond.Thorn@cms.hhs.gov>; Chambers, Gwendolyn (CMS/OC) <Gwendolyn.Chambers@cms.hhs.gov>  
**Subject:** RE: MEDIA INQUIRIES: FEB 24

Thanks!

**From:** Schinderle, Elizabeth (CMS/OC) <elizabeth.schinderle@cms.hhs.gov>  
**Sent:** Friday, February 24, 2023 8:13 AM  
**To:** Richardson (she/her), Erin (CMS/OA) <Erin.Richardson@cms.hhs.gov>; Ellis (she/her), Kyla (CMS/OA) <Kyla.Ellis@cms.hhs.gov>; Katch (she/her), Hannah (CMS/OA) <Hannah.Katch@cms.hhs.gov>; Harris, Will (CMS/OA) <William.Harris@cms.hhs.gov>; Alexander, Bruce (CMS/OC) <Bruce.Alexander@cms.hhs.gov>; Blum, Jonathan (CMS/OA) <Jonathan.Blum@cms.hhs.gov>; Boulanger, Jennifer (CMS/OL) <Jennifer.Boulanger@cms.hhs.gov>; OToole, Meghan (CMS/OA) <Meghan.OToole1@cms.hhs.gov>; Woronoff, Arielle (CMS/OL) <Arielle.Woronoff@cms.hhs.gov>; Yao, Kristiana (CMS/OA) <Kristiana.Yao1@cms.hhs.gov>; Kaiser, Alyssa (CMS/OL) <Alyssa.Kaiser@cms.hhs.gov>; Tesfaye, Eden (CMS/) <eden.tesfaye@cms.hhs.gov>  
**Cc:** Howden, Catherine (CMS/OC) <Catherine.Howden@cms.hhs.gov>; Aldana, Karen (CMS/OC) <Karen.Aldana@cms.hhs.gov>; Franklin, Julie (CMS/OC) <Julie.Franklin@cms.hhs.gov>; Toomey, Mary (CMS/OC) <Mimi.Toomey@cms.hhs.gov>; Brager, Mark (CMS/OC) <Mark.Brager@cms.hhs.gov>; Clemens, Kristen (CMS/OC) <Kristen.Clemens@cms.hhs.gov>; Wagner, Rachel (CMS/OC) <Rachel.Wagner@cms.hhs.gov>; Shorter, Kimberly (CMS/OC) <Kimberly.Shorter@cms.hhs.gov>; Bradley, Tasha (CMS/OC) <Tasha.Bradley1@cms.hhs.gov>; Thorn, Raymond (CMS/OC) <Raymond.Thorn@cms.hhs.gov>; Chambers, Gwendolyn (CMS/OC) <Gwendolyn.Chambers@cms.hhs.gov>  
**Subject:** MEDIA INQUIRIES: FEB 24

Happy Friday!

Below, please find a list of open inquiries. Kindly flag any you have an interest in reviewing. Thanks so much!

Outlet	Contact Name	Description of Request	Received	Deadline	Senior Advisor
Market Watch	Brett Arends	RE: Lecanemab. Could the CMS please explain in more detail why it will not approve this drug, and respond to the comments made by the American Association of Neurologists, 92 members of Congress, and various other bodies urging it to reconsider?	02/24/2023	02/24/2023	Will, Kristiana (FYI)

Fierce Healthcare	Robert King	<p>This is Robert King with Fierce Healthcare. I am writing you to get a response from remarks from Patrick Conway of Optum made at Health Datapalooza surrounding coding changes in the proposed advance notice. Dr. Conway asserted that the shift from ICD-9 to ICD-10 will result in 2,000 codes being pulled out from the program. He asserts that this will harm dual eligible and low-income beneficiaries as some of the codes include mild depression care.</p> <p>I wanted to get CMS' response to these remarks. Is the agency going to end up getting rid of 2,000 codes and has it looked into the impact of this change on beneficiaries? I would like to get a response today but I know the timing constraints may be difficult. I can add in a statement after the story is published later tonight. Thanks for your help! **Please note, inquiry arrived after 5pm. We told the reporter we would do our best to assist on 2/24.</p>	02/23/2023	02/24/2023	Kristiana
WNBC-TV	Doreen Geiger	<p>We received a call from a viewer saying she has been receiving several phone calls to her landline that appear to be from a financial institution but when she answers, the caller tries to sell her a Medicare Advantage Plan. Are these calls actually coming from Medicare? How would people know if they are legit or not? This might be a story we air early next week.</p>	02/23/2023	02/24/2023	
Lexington Herald-Leader	Rick Childress	<p>I'm reaching out to see if there's any additional information about the termination of the Medicare provider agreement for the Parkview Post-Acute and Rehabilitation Center in Pikeville, Kentucky? I've seen the public notice/press release and I just wanted to check to see if there's been any updates since.</p>	02/23/2023	02/23/2023	
McKnight's Long-Term Care News	Kimberly Marselas	<p>Nursing home staffing minimum</p> <p>A few questions on the staffing study/possible mandate: 1. Is there any formal comment period open on the staffing minimum proposal, or is there any way to review comments CMS has received since the last formal period closed? 2. Can you provide any further information on how and when the proposal will be made, i.e. would it be included in the 2024 SNF PPS rule, or will it be issued as a stand-alone rule?</p>	02/23/2023	02/24/2023	Will, Kristiana (FYI)

STAT News	Casey Ross	<p>I'm working on a story on Medicare Advantage coverage denials and appeals, and how the volume of appeals is changing over time. My questions are:</p> <p>-- Can you explain the difference between QICs (Maximus) and QIOs (Livanta, Kepro) in the Medicare Advantage (Part C) appeals process? I have read the docs on your site, but it doesn't explain the difference between the two designations. Do they perform the same function in reconsidering initial denials by MA plans, or do they perform different functions in the process?</p> <p>-- Does this database on Part C appeals (<a href="https://www.cms.gov/qic-decision-search?planType=Part+C&amp;sort=desc">https://www.cms.gov/qic-decision-search?planType=Part+C&amp;sort=desc</a>) reflect only the appeals processed by Maximus (the QIC), or does it include appeals handled by the QIOs? I'm trying to understand whether the database reflects all the Part C appeals handled in a given year, or just a subset?</p> <p>-- Is Maximus the only federally-designated QIC?</p>	02/23/2023	02/27/2023	
WIRED	Brenda Stolyar	<p>My name is Brenda Stolyar and I'm a writer at Wired. I'm currently working on updating our Best At-Home Covid-19 Tests story. The Biden Administration recently announced it will be terminating the public health emergency surrounding Covid-19 on May 11, 2023. I wanted to reach out and see if you could provide me with any details on how coverage of free at-home Covid-19 tests will be impacted for those who have Medicare and Medicaid.</p>	02/22/2023	02/23/2023	Will
Las Vegas Review - Journal	Mary Hynes	<p>I'm writing today on a briefing today by the Better Medicare Alliance and a new study. An analysis by Avalere shows that the proposed cuts could lead to premiums that are \$76.05 higher a month and \$912.58 higher a year for Nevadans who choose Medicare Advantage. The average premium for Nevadans this year is \$3.78 a month, or \$45.36 annually. The cuts would lead to premiums of \$79.83 each month, or \$957.96 a year, if the same level of benefits is maintained, according to the study. Nationwide, the average annual premium increase would be \$540, according to the study. Can you comment on these findings? On the steep increases according to the study, and that the increases would be highest in Nevada? My deadline is today. Here's a link to the story's early version: <a href="https://www.reviewjournal.com/local/local-nevada/proposed-medicare-advantage-cuts-">https://www.reviewjournal.com/local/local-nevada/proposed-medicare-advantage-cuts-</a></p>	02/22/2023	02/24/2023	Meghan



		<a href="#"><u>could-hit-nevadans-hardest-study-says-2733220/</u></a>			
Wisconsin Examiner	Erik Gunn	In reading your tables on Medicare and Medicare Advantage enrollment, the columns containing Medicare Advantage data are given the heading -- "Medicare Advantage And Other Health Plans." -- The phrase "And Other Health Plans" confuses me. What are the "other health plans" that might be included in this column and are NOT Medicare Advantage plans? How big a share of the overall number in this column consists of the "OTHER health plans" that are NOT Medicare Advantage Plans? If I am reporting the number in that column as simply "Medicare advantage enrollment" is that essentially accurate? Or do I need to somehow derive a different number just to count Medicare Advantage enrollment that does not include the "other health plans.."???	02/22/2023	02/23/2023	
Our Sunday Visitor	Katie Yoder	I'm writing a story about a proposal to make birth free in the United States. I read that, in 2020, 42% of U.S. births were covered by Medicaid. Can you confirm that? Are there more recent numbers? A source told me that, while most states have pregnancy Medicaid, this does not benefit women who are covered as dependents on their parents' insurance plan. Can you confirm this? Are women who are covered as dependents on their parents' plan disqualified from applying for Medicaid? (I'm hearing this is a concern because insurance plans of large employers are not required to provide delivery for dependents.) Thanks for your time! I greatly appreciate any/all information you have about this.	02/22/2023	02/24/2023	Hannah
CNN	Tami Luhby	I saw Politico's story that CMS/HHS is working with Congress to get the authority to continue providing Medicare beneficiaries with up to 8 free at-home tests a month. Could you please update me on where this effort stands? On background is fine. And please let me know if/when CMS/HHS receives the authority and covers the at-home tests.	02/22/2023	02/23/2023	Will
Inside Health Policy	Bridget Early	Hi! I just have a quick question about the proposed universal foundation for a story I'm filing today (Feb. 22) at 4pm. I was wondering	02/22/2023	02/23/2023	

		how the universal foundation is supposed to differ from the health equity index CMS developed last year -- would it incorporate the HEI as one of the core quality measures across programs?			
The Missouri Independent	Clara Bates	<p>I am trying to get clarity on what standards CMS uses to accept states' waivers for extension of postpartum Medicaid. The latest version of the Missouri legislature's bill to extend postpartum Medicaid coverage includes the following provision:</p> <p>"The state shall not provide payments, add ons, or reimbursements to health care providers through MO HealthNet for medical assistance services provided to persons who do not reside in this state, as determined under 5 42 CFR 435.403"</p> <p>1. Does that provision conflict with federal statute, as it appears to? 2. In what instances does CMS reject a state's waiver to extend postpartum coverage? Would the inclusion of such a provision be reason to reject the application? 3. Did CMS reject Texas's waiver last year because of the language around abortion? Would language that, as Missouri's draft does, clarifies "A woman shall be enrolled in benefits under this subdivision when her child is enrolled in the MO HealthNet program or the children's health insurance program or when a physician or the managed care plan notifies the MO HealthNet program of the pregnancy ending involuntarily or necessarily to save the life of the mother" also be of concern to CMS?</p> <p>Here is the legislation <a href="https://instatrac-production.s3.us-east-2.amazonaws.com/GovWatch/text/pdfs/21/bill-text/1d2f541d2f55c63f6b9f3dac417837d4.pdf">https://instatrac-production.s3.us-east-2.amazonaws.com/GovWatch/text/pdfs/21/bill-text/1d2f541d2f55c63f6b9f3dac417837d4.pdf</a></p>	02/22/2023	02/23/2023	Hannah
University of CA, Santa Cruz Science Communications Program	Elissa Welle	<p>I am looking for numbers related to vagus nerve stimulation for epilepsy. I'd like to find the number of devices implanted in adults and children in the US, and I imagine CMS collects the numbers of surgery/device reimbursements for these implants. However, I cannot seem to find the right database with this information. Can you help point me in the right direction?</p>	02/22/2023	03/01/2023	

Associated Press	Kavish Harjai	<p>I am a data reporter with the Associated Press working on a story that touches on the number of Medicaid enrollees in each state and nationally from March 2019 to the most recent month for which data is available. The following questions refer to the CMS dataset “State Medicaid and CHIP Applications, Eligibility Determinations, and Enrollment Data.”</p> <p>- Can you explain what exactly the footnote ‘Includes Individuals Enrolled At Any Time in Month (Not a Point-in-time Count’ means? I noticed it’s attached to most of West Virginia’s Medicaid enrollment numbers between March 2019 and October 2022 under the column ‘total_medicare_enrollment__footnotes.’ I also see it attached to a number of Medicaid enrollment numbers for both Ohio and Washington. Is it ok to compare enrollment figures that have the footnote to others for the same state without the footnote? Is it ok to compare enrollment figures that have the footnote to other states for the same month?</p> <p>- There is a footnote attached to most of Utah’s medicare enrollment numbers indicating that the numbers include ‘Enrollees in Other Financial Assistance Programs Not Enrolled in Medicare or CHIP.’ I contacted Utah’s Medicare agency, and it said “Utah includes the disclaimer to indicate that some cases are receiving both financial and medical assistance. We do not report numbers that are financial assistance only.” I wasn’t really able to make sense of the footnote or the response. Could you clarify the meaning of the footnote, and whether it’s ok to use the Medicare enrollment figures for Utah as they are?</p>	02/21/2023	02/23/2023	Hannah
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Bloomberg Industry Group	Celine Castronuovo	<p>I'm Bloomberg Law's FDA and drug pricing reporter, and my team is doing an ongoing series of profiles on officials involved in implementing the drug pricing provisions of the Inflation Reduction Act. Here's one my colleague did on Medicare Director Meena Seshamani in November:  <a href="https://news.bloomberglaw.com/health-law-and-business/meet-the-surgeon-economist-at-heart-of-democrats-drug-price-law?context=search&amp;index=0">https://news.bloomberglaw.com/health-law-and-business/meet-the-surgeon-economist-at-heart-of-democrats-drug-price-law?context=search&amp;index=0</a>. I recently reported on Principal Deputy Administrator Jonathan Blum's remarks at the Biopharma Congress, and I was wondering if it would be possible to set up a conversation with him to discuss his career at the CMS, and how that is informing what he's working on now to help implement the drug price negotiations, the Part D redesign, and other components of the IRA. If you could get back to me by next Thursday, Feb. 23, I would greatly appreciate it. Let me know if you have any questions.</p>	02/17/2023	02/23/2023	Meghan
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Message

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Harris, Will (CMS/OA)

(b)(6)

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Sent:

2/24/2023 2:34:52 PM

To:

Schinderle, Elizabeth (CMS/OC)

(b)(6)

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; Woronoff, Arielle

Yao, Kristiana (CMS/OA)

Kaiser, Alyssa (CMS/OL)

esfaye, Eden (CMS/)

CC:

(b)(6)

Aldana, Karen (CMS/OC)

Franklin, Julie (CMS/OC)

oomey, Mary (CMS/OC)

]; Brager, Mark

]; Clemens, Kristen

Wagner, Rachel

]; Shorter, Kimberly

Bradley, Tasha

Thorn, Raymond

]; Chambers, Gwendolyn

Subject:

(FYDIBOHF23SPDLT)/cn=Recipients/cn=894ff9f1d8294938839dbc0b78f109ca-gwendolyn.c]

RE: RE: MEDIA INQUIRIES: FEB 24

Thanks!

**From:** Schinderle, Elizabeth (CMS/OC) <elizabeth.schinderle@cms.hhs.gov>

**Sent:** Friday, February 24, 2023 8:13 AM

**To:** Richardson (she/her), Erin (CMS/OA) <Erin.Richardson@cms.hhs.gov>; Ellis (she/her), Kyla (CMS/OA) <Kyla.Ellis@cms.hhs.gov>; Katch (she/her), Hannah (CMS/OA) <Hannah.Katch@cms.hhs.gov>; Harris, Will (CMS/OA) <William.Harris@cms.hhs.gov>; Alexander, Bruce (CMS/OC) <Bruce.Alexander@cms.hhs.gov>; Blum, Jonathan (CMS/OA) <Jonathan.Blum@cms.hhs.gov>; Boulanger, Jennifer (CMS/OL) <Jennifer.Boulanger@cms.hhs.gov>; OToole, Meghan (CMS/OA) <Meghan.OToole1@cms.hhs.gov>; Woronoff, Arielle (CMS/OL) <Arielle.Woronoff@cms.hhs.gov>; Yao, Kristiana (CMS/OA) <Kristiana.Yao1@cms.hhs.gov>; Kaiser, Alyssa (CMS/OL) <Alyssa.Kaiser@cms.hhs.gov>; Tesfaye, Eden (CMS/) <eden.tesfaye@cms.hhs.gov>

**Cc:** Howden, Catherine (CMS/OC) <Catherine.Howden@cms.hhs.gov>; Aldana, Karen (CMS/OC) <Karen.Aldana@cms.hhs.gov>; Franklin, Julie (CMS/OC) <Julie.Franklin@cms.hhs.gov>; Toomey, Mary (CMS/OC) <Mimi.Toomey@cms.hhs.gov>; Brager, Mark (CMS/OC) <Mark.Brager@cms.hhs.gov>; Clemens, Kristen (CMS/OC) <Kristen.Clemens@cms.hhs.gov>; Wagner, Rachel (CMS/OC) <Rachel.Wagner@cms.hhs.gov>; Shorter, Kimberly (CMS/OC) <Kimberly.Shorter@cms.hhs.gov>; Bradley, Tasha (CMS/OC) <Tasha.Bradley1@cms.hhs.gov>; Thorn, Raymond (CMS/OC) <Raymond.Thorn@cms.hhs.gov>; Chambers, Gwendolyn (CMS/OC) <Gwendolyn.Chambers@cms.hhs.gov>

**Subject:** MEDIA INQUIRIES: FEB 24

Happy Friday!

Below, please find a list of open inquiries. Kindly flag any you have an interest in reviewing. Thanks so much!

Outlet	Contact Name	Description of Request	Received	Deadline	Senior Advisor
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Fierce Healthcare	Robert King	This is Robert King with Fierce Healthcare. I am writing you to get a response from remarks from Patrick Conway of Optum made at Health Datapalooza surrounding coding changes in the proposed advance notice. Dr. Conway asserted that the shift from ICD-9 to ICD-10 will result in 2,000 codes being pulled out from the program. He asserts that this will harm dual eligible and low-income beneficiaries as some of the codes include mild depression care. I wanted to get CMS' response to these remarks. Is the agency going to end up getting rid of 2,000 codes and has it looked into the impact of this change on beneficiaries? I would like to get a response today but I know the timing constraints may be difficult. I can add in a statement after the story is published later tonight. Thanks for your help! **Please note, inquiry arrived after 5pm. We told the reporter we would do our best to assist on 2/24.	02/23/2023	02/24/2023	



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STAT News	Casey Ross	I'm working on a story on Medicare Advantage coverage denials and appeals, and how the volume of appeals is changing over time. My questions are: -- Can you explain the difference between QICs (Maximus) and QIOs (Livanta, Kepro) in the Medicare Advantage (Part C) appeals process? I have read the docs on your site, but it doesn't explain the difference between the two designations. Do they perform the same function in reconsidering initial denials by MA plans, or do they perform different functions in the process? -- Does this database on Part C appeals ( <a href="https://www.cms.gov/qic-decision-search?planType=Part+C&amp;sort=desc">https://www.cms.gov/qic-decision-search?planType=Part+C&amp;sort=desc</a> ) reflect only the appeals processed by Maximus (the QIC), or does it include appeals handled by the QIOs? I'm trying to understand whether the database reflects all the Part C appeals handled in a given year, or just a subset? -- Is Maximus the only federally-designated QIC?	02/23/2023	02/27/2023	

WIRED	Brenda Stolyar	My name is Brenda Stolyar and I'm a writer at Wired. I'm currently working on updating our Best At-Home Covid-19 Tests story. The Biden Administration recently announced it will be terminating the public health emergency surrounding Covid-19 on May 11, 2023. I wanted to reach out and see if you could provide me with any details on how coverage of free at-home Covid-19 tests will be impacted for those who have Medicare and Medicaid.	02/22/2023	02/23/2023	Will
Las Vegas Review - Journal	Mary Hynes	I'm writing today on a briefing today by the Better Medicare Alliance and a new study. An analysis by Avalere shows that the proposed cuts could lead to premiums that are \$76.05 higher a month and \$912.58 higher a year for Nevadans who choose Medicare Advantage. The average premium for Nevadans this year is \$3.78 a month, or \$45.36 annually. The cuts would lead to premiums of \$79.83 each month, or \$957.96 a year, if the same level of benefits is maintained, according to the study. Nationwide, the average annual premium increase would be \$540, according to the study. Can you comment on these findings? On the steep increases according to the study, and that the increases would be highest in Nevada? My deadline is today. Here's a link to the story's early version: <a href="https://www.reviewjournal.com/local/local-nevada/proposed-medicare-advantage-cuts-could-hit-nevadans-hardest-study-says-2733220/">https://www.reviewjournal.com/local/local-nevada/proposed-medicare-advantage-cuts-could-hit-nevadans-hardest-study-says-2733220/</a>	02/22/2023	02/24/2023	Meghan
Wisconsin Examiner	Erik Gunn	In reading your tables on Medicare and Medicare Advantage enrollment, the columns containing Medicare Advantage data are given the heading -- "Medicare Advantage And Other Health Plans." -- The phrase "And Other Health Plans" confuses me. What are the "other health plans" that might be included in this column and are NOT Medicare Advantage plans? How big a share of the overall number in this column consists of the "OTHER health plans" that are NOT Medicare Advantage Plans? If I am reporting the number in that column as simply "Medicare advantage enrollment" is that essentially accurate? Or do I need to somehow derive a different number just to count Medicare Advantage enrollment that does not include the "other health plans.."???	02/22/2023	02/23/2023	

Our Sunday Visitor	Katie Yoder	I'm writing a story about a proposal to make birth free in the United States. I read that, in 2020, 42% of U.S. births were covered by Medicaid. Can you confirm that? Are there more recent numbers? A source told me that, while most states have pregnancy Medicaid, this does not benefit women who are covered as dependents on their parents' insurance plan. Can you confirm this? Are women who are covered as dependents on their parents' plan disqualified from applying for Medicaid? (I'm hearing this is a concern because insurance plans of large employers are not required to provide delivery for dependents.) Thanks for your time! I greatly appreciate any/all information you have about this.	02/22/2023	02/24/2023	Hannah
CNN	Tami Luhby	I saw Politico's story that CMS/HHS is working with Congress to get the authority to continue providing Medicare beneficiaries with up to 8 free at-home tests a month. Could you please update me on where this effort stands? On background is fine. And please let me know if/when CMS/HHS receives the authority and covers the at-home tests.	02/22/2023	02/23/2023	Will
Inside Health Policy	Bridget Early	Hi! I just have a quick question about the proposed universal foundation for a story I'm filing today (Feb. 22) at 4pm. I was wondering how the universal foundation is supposed to differ from the health equity index CMS developed last year -- would it incorporate the HEI as one of the core quality measures across programs?	02/22/2023	02/23/2023	
The Missouri Independent	Clara Bates	I am trying to get clarity on what standards CMS uses to accept states' waivers for extension of postpartum Medicaid. The latest version of the Missouri legislature's bill to extend postpartum Medicaid coverage includes the following provision: "The state shall not provide payments, add ons, or reimbursements to health care providers through MO HealthNet for medical assistance services provided to persons who do not reside in this state, as determined under 5 42 CFR 435.403" 1. Does that provision conflict with federal statute, as it appears to? 2. In what instances does CMS reject a state's waiver to extend postpartum coverage? Would the inclusion of such a provision be reason to reject the application? 3. Did CMS reject Texas's waiver last year because of the language around abortion? Would language that, as Missouri's draft does, clarifies "A woman shall be enrolled	02/22/2023	02/23/2023	Hannah

		<p>in benefits under this subdivision when her child is enrolled in the MO HealthNet program or the children's health insurance program or when a physician or the managed care plan notifies the MO HealthNet program of the pregnancy ending involuntarily or necessarily to save the life of the mother" also be of concern to CMS?</p> <p>Here is the legislation <a href="https://instatrac-production.s3.us-east-2.amazonaws.com/GovWatch/text/pdfs/21/bill-text/1d2f541d2f55c63f6b9f3dac417837d4.pdf">https://instatrac-production.s3.us-east-2.amazonaws.com/GovWatch/text/pdfs/21/bill-text/1d2f541d2f55c63f6b9f3dac417837d4.pdf</a></p>			
University of CA, Santa Cruz Science Communications Program	Elissa Welle	<p>I am looking for numbers related to vagus nerve stimulation for epilepsy. I'd like to find the number of devices implanted in adults and children in the US, and I imagine CMS collects the numbers of surgery/device reimbursements for these implants. However, I cannot seem to find the right database with this information. Can you help point me in the right direction?</p>	02/22/2023	03/01/2023	
Associated Press	Kavish Harjai	<p>I am a data reporter with the Associated Press working on a story that touches on the number of Medicaid enrollees in each state and nationally from March 2019 to the most recent month for which data is available. The following questions refer to the CMS dataset "State Medicaid and CHIP Applications, Eligibility Determinations, and Enrollment Data."</p> <p>- Can you explain what exactly the footnote 'Includes Individuals Enrolled At Any Time in Month (Not a Point-in-time Count' means? I noticed it's attached to most of West Virginia's Medicaid enrollment numbers between March 2019 and October 2022 under the column 'total_medicaid_enrollment__footnotes.' I also see it attached to a number of Medicaid enrollment numbers for both Ohio and Washington. Is it ok to compare enrollment figures that have the footnote to others for the same state without the footnote? Is it ok to compare enrollment figures that have the footnote to other states for the same month?</p> <p>- There is a footnote attached to most of Utah's Medicaid enrollment numbers indicating that the numbers include 'Enrollees in Other Financial Assistance Programs Not Enrolled in Medicaid or CHIP.' I contacted Utah's Medicaid agency, and it said "Utah includes the disclaimer to indicate that some cases are receiving both financial and medical assistance. We do not report numbers that are financial</p>	02/21/2023	02/23/2023	Hannah

		assistance only." I wasn't really able to make sense of the footnote or the response. Could you clarify the meaning of the footnote, and whether it's ok to use the Medicaid enrollment figures for Utah as they are?			
WYMT	Buddy Forbes	Good morning! I am a reporter for WYMT in Eastern Kentucky. I am working on a story about the notice of termination for the Parkview Post-Acute and Rehabilitation Center located at 200 Nursing Home Lane in Pikeville, Ky. I was hoping someone would be able to provide a little more information into what caused the termination and what this means for the residents.	02/21/2023	02/23/2023	Will
Los Angeles Times	Emily Alpert Reyes	Hello, I'm interested in the process in which patients are assessed by transplant centers before being approved for the kidney transplant waitlist. Is there any requirement for a transplant center to perform that assessment within a certain period of time? Is the amount of time taken for the assessment measured in any way that is monitored by CMS?	02/21/2023	02/27/2023	
Wall Street Journal	Anna Matthews	Hi all, I saw the Secretary's statement and the fact sheet regarding the Advance Notice, and I wanted to follow up with a few questions. 1) The big difference between Wall Street analyst/insurance industry assessment of the impact (a 2.27% cut in revenue) and CMS's (a 1.03% increase) seems to be the 3.3% "MA risk score trend" that CMS includes. Can you explain what that is and why CMS believes it should be included and would increase the plan's revenue? 2) In the fact sheet released last week, CMS said it had "identified diagnosis codes that are not used consistently across the industry" and "has proposed to address these inconsistencies in order to ensure insurance companies offering Medicare Advantage are not gaming the system." Can you explain what CMS meant by that, and how the codes that are being eliminated were selected, with a bit more	02/20/2023	02/23/2023	Meghan

		<p>clarity? Does CMS feel that some plans were "gaming" the system by using these codes when not justified?</p> <p>3) Some in the industry have argued that the code tweaks could result in far larger revenue dropoffs for some plans and risk-bearing physician groups. For example, American's Physician Groups have suggested revenues could fall by 10% to 20% for some of its members. The Better Medicare Alliance released an Avalere analysis that suggested there could be a \$540 reduction in benefits per members on average. Does CMS agree with those claims? Why or why not? And does CMS feel that steeper drops in revenue would occur among groups and plans that were employing coding practices the agency feels might not be justified under the current system?</p> <p>4) Any other comments you'd want to share about the Advance Notice and its impact?</p>			
Arizona Republic	Andrew Ford	Hello, has CMS sent preclusion letters to any Modern Vascular clinics? If yes, can you say why?	02/17/2023	02/23/2023	Will
Wall Street Journal	Julie Wernau	I am rating about what information is available about doctors online. I'd like to mention the Care Compare site and am wondering how comprehensive the site is, if disciplinary actions and medicare claims are included and what consumers can expect/not expect to find when using the site.	02/17/2023	02/23/2023	
Bloomberg Industry Group	Celine Castronuovo	<p>I'm Bloomberg Law's FDA and drug pricing reporter, and my team is doing an ongoing series of profiles on officials involved in implementing the drug pricing provisions of the Inflation Reduction Act. Here's one my colleague did on Medicare Director Meena Seshamani in November:</p> <p><a href="https://news.bloomberglaw.com/health-law-and-business/meet-the-surgeon-economist-at-heart-of-democrats-drug-price-law?context=search&amp;index=0">https://news.bloomberglaw.com/health-law-and-business/meet-the-surgeon-economist-at-heart-of-democrats-drug-price-law?context=search&amp;index=0</a>. I recently reported on Principal Deputy Administrator Jonathan Blum's remarks at the Biopharma Congress, and I was wondering if it would be possible to set up a conversation with him to discuss his career at the CMS, and how that is informing what he's working on now to help implement the drug price negotiations, the Part D redesign, and other components of the IRA. If you could get back to me by next Thursday, Feb. 23, I would greatly appreciate it. Let me know if you have any questions.</p>	02/17/2023	02/23/2023	Meghan

Maryland Benefits Counseling Network	Charlie Hollins	I wish to receive confirmation that CMS has denied the 2022 expansion of EID eligibility that had allowed for unlimited income and limited resources only at the time of the initial application.	02/17/2023	02/28/2023	
Fox32 Denver	Carissa Scott	Will CMS confirm that Medicare often pays insurance providers between \$6,000 and \$7,000 per fixed-wing air-ambulance flight, and those patients can't be balance-billed by participating Medicare providers per federal law?	02/16/2023	02/23/2023	
GOV CIO	Nikki Henderson	<p>Good afternoon. Hope you're doing well. I'm reaching out today regarding an article interview request for a GovCIO Media &amp; Research feature on Data Literacy. I would be honored to speak with Ms. Allison Oelshclaeger about the challenges of reskilling and upskilling personnel with cutting-edge data literacy tools and training.</p> <p>I would also like to discuss what does data literacy means to CMS, how CMS is measuring data literacy and what programs CMS is using to improve data literacy. Here is a list of the interview questions:</p> <p>What training programs do you offer to improve data literacy across all levels of the workforce?  What challenges did you face with data literacy? How did they impact the tech solutions VA offers?  How are data literacy programs improving other technology solutions – like AI or data governance for example? Where are those crossovers?  How are you measuring and documenting results/ success within data literacy?  Are you collaborating with other federal agencies to share best practices and partner to provide data-driven value?  Moving forward, what are your goals with data literacy?</p> <p>I would like to schedule an interview within the next couple of weeks. My Editor-In-Chief would like for me to have my interviews done by Feb. 24 but I have a little flexibility. The actual article is due March 10 and the publication will be a short time after that. Please check Ms. Oelshclaeger's availability and get back to me at your earliest convenience.</p>	02/10/2023	02/24/2023	Kristiana

Message

**From:** Tesfaye, Eden (CMS/); (b)(6)  
(b)(6)  
**Sent:** 2/24/2023 2:52:51 PM  
**To:** Richardson (she/her), Erin (CMS/OA); (b)(6)  
(b)(6)  
**Subject:** FW: FW: MEDIA INQUIRIES: FEB 24

I'm sure this is a dumb question but what do folks mean when they say +1 or +3?

**From:** Yao, Kristiana (CMS/OA) <Kristiana.Yao1@cms.hhs.gov>  
**Sent:** Friday, February 24, 2023 9:52 AM  
**To:** Harris, Will (CMS/OA) <William.Harris@cms.hhs.gov>; Schinderle, Elizabeth (CMS/OC) <elizabeth.schinderle@cms.hhs.gov>; Richardson (she/her), Erin (CMS/OA) <Erin.Richardson@cms.hhs.gov>; Ellis (she/her), Kyla (CMS/OA) <Kyla.Ellis@cms.hhs.gov>; Katch (she/her), Hannah (CMS/OA) <Hannah.Katch@cms.hhs.gov>; Alexander, Bruce (CMS/OC) <Bruce.Alexander@cms.hhs.gov>; Blum, Jonathan (CMS/OA) <Jonathan.Blum@cms.hhs.gov>; Boulanger, Jennifer (CMS/OL) <Jennifer.Boulanger@cms.hhs.gov>; OToole, Meghan (CMS/OA) <Meghan.OToole1@cms.hhs.gov>; Woronoff, Arielle (CMS/OL) <Arielle.Woronoff@cms.hhs.gov>; Kaiser, Alyssa (CMS/OL) <Alyssa.Kaiser@cms.hhs.gov>; Tesfaye, Eden (CMS/) <eden.tesfaye@cms.hhs.gov>  
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+3 – thanks!

**From:** Harris, Will (CMS/OA) <William.Harris@cms.hhs.gov>  
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**To:** Schinderle, Elizabeth (CMS/OC) <elizabeth.schinderle@cms.hhs.gov>; Richardson (she/her), Erin (CMS/OA) <Erin.Richardson@cms.hhs.gov>; Ellis (she/her), Kyla (CMS/OA) <Kyla.Ellis@cms.hhs.gov>; Katch (she/her), Hannah (CMS/OA) <Hannah.Katch@cms.hhs.gov>; Alexander, Bruce (CMS/OC) <Bruce.Alexander@cms.hhs.gov>; Blum, Jonathan (CMS/OA) <Jonathan.Blum@cms.hhs.gov>; Boulanger, Jennifer (CMS/OL) <Jennifer.Boulanger@cms.hhs.gov>; OToole, Meghan (CMS/OA) <Meghan.OToole1@cms.hhs.gov>; Woronoff, Arielle (CMS/OL) <Arielle.Woronoff@cms.hhs.gov>; Yao, Kristiana (CMS/OA) <Kristiana.Yao1@cms.hhs.gov>; Kaiser, Alyssa (CMS/OL) <Alyssa.Kaiser@cms.hhs.gov>; Tesfaye, Eden (CMS/) <eden.tesfaye@cms.hhs.gov>  
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Lexington Herald-Leader	Rick Childress	I'm reaching out to see if there's any additional information about the termination of the Medicare provider agreement for the Parkview Post-Acute and Rehabilitation Center in Pikeville, Kentucky? I've seen the public notice/press release and I just wanted to check to see if there's been any updates since.	02/23/2023	02/23/2023	
McKnight's Long-Term Care News	Kimberly Marselas	Nursing home staffing minimum A few questions on the staffing study/possible mandate: 1. Is there any formal comment period open on the staffing minimum proposal, or is there any way to review comments CMS has received since the last formal period closed? 2. Can you provide any further information on how and when the proposal will be made, i.e. would it be included in the 2024 SNF PPS rule, or will it be issued as a stand-alone rule?	02/23/2023	02/24/2023	Will, Kristiana (FYI)
STAT News	Casey Ross	I'm working on a story on Medicare Advantage coverage denials and appeals, and how the volume of appeals is changing over time. My questions are: -- Can you explain the difference between QICs (Maximus) and QIOs (Livanta, Kepro) in the Medicare Advantage (Part C) appeals process? I have read the docs on your site, but it doesn't explain the difference between the two designations. Do they perform the same function in reconsidering initial denials by MA plans, or do they perform different functions in the process? -- Does this database on Part C appeals ( <a href="https://www.cms.gov/qic-decision-search?planType=Part+C&amp;sort=desc">https://www.cms.gov/qic-decision-search?planType=Part+C&amp;sort=desc</a> ) reflect only the appeals processed by Maximus (the QIC), or does it include appeals handled by the QIOs? I'm trying to understand whether the database reflects all the Part C appeals handled in a given year, or just a subset? -- Is Maximus the only federally-designated QIC?	02/23/2023	02/27/2023	

WIRED	Brenda Stolyar	My name is Brenda Stolyar and I'm a writer at Wired. I'm currently working on updating our Best At-Home Covid-19 Tests story. The Biden Administration recently announced it will be terminating the public health emergency surrounding Covid-19 on May 11, 2023. I wanted to reach out and see if you could provide me with any details on how coverage of free at-home Covid-19 tests will be impacted for those who have Medicare and Medicaid.	02/22/2023	02/23/2023	Will
Las Vegas Review - Journal	Mary Hynes	I'm writing today on a briefing today by the Better Medicare Alliance and a new study. An analysis by Avalere shows that the proposed cuts could lead to premiums that are \$76.05 higher a month and \$912.58 higher a year for Nevadans who choose Medicare Advantage. The average premium for Nevadans this year is \$3.78 a month, or \$45.36 annually. The cuts would lead to premiums of \$79.83 each month, or \$957.96 a year, if the same level of benefits is maintained, according to the study. Nationwide, the average annual premium increase would be \$540, according to the study. Can you comment on these findings? On the steep increases according to the study, and that the increases would be highest in Nevada? My deadline is today. Here's a link to the story's early version: <a href="https://www.reviewjournal.com/local/local-nevada/proposed-medicare-advantage-cuts-could-hit-nevadans-hardest-study-says-2733220/">https://www.reviewjournal.com/local/local-nevada/proposed-medicare-advantage-cuts-could-hit-nevadans-hardest-study-says-2733220/</a>	02/22/2023	02/24/2023	Meghan
Wisconsin Examiner	Erik Gunn	In reading your tables on Medicare and Medicare Advantage enrollment, the columns containing Medicare Advantage data are given the heading -- "Medicare Advantage And Other Health Plans." -- The phrase "And Other Health Plans" confuses me. What are the "other health plans" that might be included in this column and are NOT Medicare Advantage plans? How big a share of the overall number in this column consists of the "OTHER health plans" that are NOT Medicare Advantage Plans? If I am reporting the number in that column as simply "Medicare advantage enrollment" is that essentially accurate? Or do I need to somehow derive a different number just to count Medicare Advantage enrollment that does not include the "other health plans.."???	02/22/2023	02/23/2023	

Our Sunday Visitor	Katie Yoder	I'm writing a story about a proposal to make birth free in the United States. I read that, in 2020, 42% of U.S. births were covered by Medicaid. Can you confirm that? Are there more recent numbers? A source told me that, while most states have pregnancy Medicaid, this does not benefit women who are covered as dependents on their parents' insurance plan. Can you confirm this? Are women who are covered as dependents on their parents' plan disqualified from applying for Medicaid? (I'm hearing this is a concern because insurance plans of large employers are not required to provide delivery for dependents.) Thanks for your time! I greatly appreciate any/all information you have about this.	02/22/2023	02/24/2023	Hannah
CNN	Tami Luhby	I saw Politico's story that CMS/HHS is working with Congress to get the authority to continue providing Medicare beneficiaries with up to 8 free at-home tests a month. Could you please update me on where this effort stands? On background is fine. And please let me know if/when CMS/HHS receives the authority and covers the at-home tests.	02/22/2023	02/23/2023	Will
Inside Health Policy	Bridget Early	Hi! I just have a quick question about the proposed universal foundation for a story I'm filing today (Feb. 22) at 4pm. I was wondering how the universal foundation is supposed to differ from the health equity index CMS developed last year -- would it incorporate the HEI as one of the core quality measures across programs?	02/22/2023	02/23/2023	
The Missouri Independent	Clara Bates	I am trying to get clarity on what standards CMS uses to accept states' waivers for extension of postpartum Medicaid. The latest version of the Missouri legislature's bill to extend postpartum Medicaid coverage includes the following provision: "The state shall not provide payments, add ons, or reimbursements to health care providers through MO HealthNet for medical assistance services provided to persons who do not reside in this state, as determined under 5 42 CFR 435.403" 1. Does that provision conflict with federal statute, as it appears to? 2. In what instances does CMS reject a state's waiver to extend postpartum coverage? Would the inclusion of such a provision be reason to reject the application? 3. Did CMS reject Texas's waiver last year because of the language around abortion? Would language that, as Missouri's draft does, clarifies "A woman shall be enrolled	02/22/2023	02/23/2023	Hannah

		<p>in benefits under this subdivision when her child is enrolled in the MO HealthNet program or the children's health insurance program or when a physician or the managed care plan notifies the MO HealthNet program of the pregnancy ending involuntarily or necessarily to save the life of the mother" also be of concern to CMS?</p> <p>Here is the legislation <a href="https://instatrac-production.s3.us-east-2.amazonaws.com/GovWatch/text/pdfs/21/bill-text/1d2f541d2f55c63f6b9f3dac417837d4.pdf">https://instatrac-production.s3.us-east-2.amazonaws.com/GovWatch/text/pdfs/21/bill-text/1d2f541d2f55c63f6b9f3dac417837d4.pdf</a></p>			
University of CA, Santa Cruz Science Communications Program	Elissa Welle	<p>I am looking for numbers related to vagus nerve stimulation for epilepsy. I'd like to find the number of devices implanted in adults and children in the US, and I imagine CMS collects the numbers of surgery/device reimbursements for these implants. However, I cannot seem to find the right database with this information. Can you help point me in the right direction?</p>	02/22/2023	03/01/2023	
Associated Press	Kavish Harjai	<p>I am a data reporter with the Associated Press working on a story that touches on the number of Medicaid enrollees in each state and nationally from March 2019 to the most recent month for which data is available. The following questions refer to the CMS dataset "State Medicaid and CHIP Applications, Eligibility Determinations, and Enrollment Data."</p> <p>- Can you explain what exactly the footnote 'Includes Individuals Enrolled At Any Time in Month (Not a Point-in-time Count' means? I noticed it's attached to most of West Virginia's Medicaid enrollment numbers between March 2019 and October 2022 under the column 'total_medicaid_enrollment__footnotes.' I also see it attached to a number of Medicaid enrollment numbers for both Ohio and Washington. Is it ok to compare enrollment figures that have the footnote to others for the same state without the footnote? Is it ok to compare enrollment figures that have the footnote to other states for the same month?</p> <p>- There is a footnote attached to most of Utah's Medicaid enrollment numbers indicating that the numbers include 'Enrollees in Other Financial Assistance Programs Not Enrolled in Medicaid or CHIP.' I contacted Utah's Medicaid agency, and it said "Utah includes the disclaimer to indicate that some cases are receiving both financial and medical assistance. We do not report numbers that are financial</p>	02/21/2023	02/23/2023	Hannah

		assistance only." I wasn't really able to make sense of the footnote or the response. Could you clarify the meaning of the footnote, and whether it's ok to use the Medicaid enrollment figures for Utah as they are?			
WYMT	Buddy Forbes	Good morning! I am a reporter for WYMT in Eastern Kentucky. I am working on a story about the notice of termination for the Parkview Post-Acute and Rehabilitation Center located at 200 Nursing Home Lane in Pikeville, Ky. I was hoping someone would be able to provide a little more information into what caused the termination and what this means for the residents.	02/21/2023	02/23/2023	Will
Los Angeles Times	Emily Alpert Reyes	Hello, I'm interested in the process in which patients are assessed by transplant centers before being approved for the kidney transplant waitlist. Is there any requirement for a transplant center to perform that assessment within a certain period of time? Is the amount of time taken for the assessment measured in any way that is monitored by CMS?	02/21/2023	02/27/2023	
Wall Street Journal	Anna Matthews	Hi all, I saw the Secretary's statement and the fact sheet regarding the Advance Notice, and I wanted to follow up with a few questions. 1) The big difference between Wall Street analyst/insurance industry assessment of the impact (a 2.27% cut in revenue) and CMS's (a 1.03% increase) seems to be the 3.3% "MA risk score trend" that CMS includes. Can you explain what that is and why CMS believes it should be included and would increase the plan's revenue? 2) In the fact sheet released last week, CMS said it had "identified diagnosis codes that are not used consistently across the industry" and "has proposed to address these inconsistencies in order to ensure insurance companies offering Medicare Advantage are not gaming the system." Can you explain what CMS meant by that, and how the codes that are being eliminated were selected, with a bit more	02/20/2023	02/23/2023	Meghan

		<p>clarity? Does CMS feel that some plans were "gaming" the system by using these codes when not justified?</p> <p>3) Some in the industry have argued that the code tweaks could result in far larger revenue dropoffs for some plans and risk-bearing physician groups. For example, American's Physician Groups have suggested revenues could fall by 10% to 20% for some of its members. The Better Medicare Alliance released an Avalere analysis that suggested there could be a \$540 reduction in benefits per members on average. Does CMS agree with those claims? Why or why not? And does CMS feel that steeper drops in revenue would occur among groups and plans that were employing coding practices the agency feels might not be justified under the current system?</p> <p>4) Any other comments you'd want to share about the Advance Notice and its impact?</p>			
Arizona Republic	Andrew Ford	Hello, has CMS sent preclusion letters to any Modern Vascular clinics? If yes, can you say why?	02/17/2023	02/23/2023	Will
Wall Street Journal	Julie Wernau	I am rating about what information is available about doctors online. I'd like to mention the Care Compare site and am wondering how comprehensive the site is, if disciplinary actions and medicare claims are included and what consumers can expect/not expect to find when using the site.	02/17/2023	02/23/2023	
Bloomberg Industry Group	Celine Castronuovo	<p>I'm Bloomberg Law's FDA and drug pricing reporter, and my team is doing an ongoing series of profiles on officials involved in implementing the drug pricing provisions of the Inflation Reduction Act. Here's one my colleague did on Medicare Director Meena Seshamani in November:</p> <p><a href="https://news.bloomberglaw.com/health-law-and-business/meet-the-surgeon-economist-at-heart-of-democrats-drug-price-law?context=search&amp;index=0">https://news.bloomberglaw.com/health-law-and-business/meet-the-surgeon-economist-at-heart-of-democrats-drug-price-law?context=search&amp;index=0</a>. I recently reported on Principal Deputy Administrator Jonathan Blum's remarks at the Biopharma Congress, and I was wondering if it would be possible to set up a conversation with him to discuss his career at the CMS, and how that is informing what he's working on now to help implement the drug price negotiations, the Part D redesign, and other components of the IRA. If you could get back to me by next Thursday, Feb. 23, I would greatly appreciate it. Let me know if you have any questions.</p>	02/17/2023	02/23/2023	Meghan

Maryland Benefits Counseling Network	Charlie Hollins	I wish to receive confirmation that CMS has denied the 2022 expansion of EID eligibility that had allowed for unlimited income and limited resources only at the time of the initial application.	02/17/2023	02/28/2023	
Fox32 Denver	Carissa Scott	Will CMS confirm that Medicare often pays insurance providers between \$6,000 and \$7,000 per fixed-wing air-ambulance flight, and those patients can't be balance-billed by participating Medicare providers per federal law?	02/16/2023	02/23/2023	
GOV CIO	Nikki Henderson	<p>Good afternoon. Hope you're doing well. I'm reaching out today regarding an article interview request for a GovCIO Media &amp; Research feature on Data Literacy. I would be honored to speak with Ms. Allison Oelshclaeger about the challenges of reskilling and upskilling personnel with cutting-edge data literacy tools and training.</p> <p>I would also like to discuss what does data literacy means to CMS, how CMS is measuring data literacy and what programs CMS is using to improve data literacy. Here is a list of the interview questions:</p> <p>What training programs do you offer to improve data literacy across all levels of the workforce?  What challenges did you face with data literacy? How did they impact the tech solutions VA offers?  How are data literacy programs improving other technology solutions – like AI or data governance for example? Where are those crossovers?  How are you measuring and documenting results/ success within data literacy?  Are you collaborating with other federal agencies to share best practices and partner to provide data-driven value?  Moving forward, what are your goals with data literacy?</p> <p>I would like to schedule an interview within the next couple of weeks. My Editor-In-Chief would like for me to have my interviews done by Feb. 24 but I have a little flexibility. The actual article is due March 10 and the publication will be a short time after that. Please check Ms. Oelshclaeger's availability and get back to me at your earliest convenience.</p>	02/10/2023	02/24/2023	Kristiana