

MEDICAID EXPENDITURES & ENROLLMENT

1. **Medicaid Expenditure Growth: FYs 2019-2021.** For each year, indicate the annual percentage change in total Medicaid expenditures for each source of funds. **(Exclude admin. and Medicare Part D Clawback payments.)**

Fiscal Year (generally, July 1 to June 30)	Percentage Change of Each Fund Source			Public Health Emergency End Date Assumed (e.g., 12/31/2020):	FY 2021 State Budget Enacted? (Y/N)
	Non-Federal*	Federal	Total: All Sources		
a. FY 2019 over FY 2018	%	%	%	Click or tap to enter a date.	
b. FY 2020 over FY 2019	%	%	%		
c. FY 2021 over FY 2020 (proj.)	%	%	%		

*Non-federal share includes state general revenues/ state general funds and local or other funds.

2. Non-Federal Share

- a. **General Fund Percentage.** For FY 2021, about what percentage of the non-federal share is state general revenues/general funds (vs. other state or local funds)? _____%
- b. **Medicaid Fiscal Accountability Regulation (MFAR).** Approximately what proportion of the non-federal share is made up of funds relevant to the MFAR rule (e.g., provider assessment funding, IGTs, and CPEs)? <choose one>
- c. **Use of Enhanced FMAP.** In the table below, please indicate how your state is using or planning to use the enhanced FMAP authorized under the Families First Coronavirus Response Act (FFCRA).

State Use of Enhanced FMAP (Check all that apply)			
a. <input type="checkbox"/> Close or reduce Medicaid / state GF budget shortfall	b. <input type="checkbox"/> Help pay for increases in Medicaid enrollment	c. <input type="checkbox"/> Avoid or reduce benefit cuts	d. <input type="checkbox"/> Avoid or reduce provider rate cuts
e. <input type="checkbox"/> Other	f. <input type="checkbox"/> Don't know	g. <input type="checkbox"/> NA—State not qualified for enhanced FMAP	

Comments on non-federal share (Question 2): _____

3. **Shortfall.** How likely is a FY 2021 Medicaid budget shortfall given the funding authorized? <choose one>
Comments on Medicaid expenditures (Questions 1-3): _____
4. **Factors Driving Total Expenditure Changes.** Use the drop-down boxes in the table below to indicate whether the *net effect* of each factor identified below was an upward or downward pressure on total FY 2021 projected Medicaid spending (all funds), or neither an upward nor downward pressure.

Factors Driving Expenditure Changes			
a. Enrollment changes	<choose one>	b. Utilization changes	<choose one>
c. Provider rate/cost changes	<choose one>	d. Long term services and supports spending	<choose one>
e. Other:	<choose one>		

Comments on factors, including utilization changes already observed due to COVID-19 (Question 4): _____

5. Change in Total Enrollment.

- a. Indicate percentage changes in total Medicaid (Title XIX - funded) enrollment (*exclude CHIP-funded enrollees and family planning-only enrollees*) in FY 2020 over FY 2019 _____ % and in FY 2021 over FY 2020 _____ % (proj.).
- b. Please briefly describe any eligibility groups (kids, parents, elderly, people with disabilities, expansion adults) with notably higher rates of growth (relative to other groups) in FY 2021 _____

Comments on enrollment changes including impact of FFCRA maintenance of effort (Question 5): _____

6. **Factors Driving Change in Enrollment.** Use the drop-down-boxes in the table below to indicate whether the *net effect* of each factor was an upward or downward pressure on projected changes in total enrollment for FY 2021 or neither an upward nor downward pressure.

Factors Driving Enrollment Changes			
a. Economy	<choose one>	b. FFCRA Maintenance of Effort (MOE)	<choose one>
c. Aging population	<choose one>	d. Eligibility expansion	<choose one>
e. Eligibility system or process changes	<choose one>	f. Other:	<choose one>

Comments on factors driving enrollment changes (Question 6): _____

MEDICAID ELIGIBILITY STANDARDS, PREMIUMS, APPLICATION AND RENEWAL PROCESSES (MAGI & NON-MAGI GRPS)

7. Are any **COVID-19 Emergency Changes** (expanded eligibility, changes to application, verification, or renewal policies, premium eliminations) expected to continue beyond the public health emergency (PHE) period? <choose one>
a. If yes, please describe. _____
8. Are FY 2021 **non-emergency eligibility, enrollment, renewal, or premium changes** planned? <choose one>

- a. If yes, please describe changes (including effective date, groups affected, nature of impact (from beneficiary perspective), waiver or SPA) _____
- Comments on changes in eligibility and enrollment (Questions 7-8): _____
9. Does your state have an approved SPA in place for the new **Uninsured Coronavirus Testing group**? <choose one>
- a. If "yes," how many individuals have been covered under this option as of June 30, 2020? _____
10. Please briefly describe any **outreach efforts** your state is using to publicize COVID-19 related eligibility changes or the availability of Medicaid coverage following the economic downturn, including suspended premiums, to potential newly eligible or existing enrollees. _____
11. Has your state expanded **enrollment assistance** or increased **call center capacity** during the PHE? <choose one>
12. **Application Processing:**
- a. Do you currently have application processing delays due to COVID-19 related volume increases? <choose one>
- i. If yes, how is your state addressing? _____
- b. Are you continuing to conduct data checks to detect eligibility changes during the PHE period? <choose one>
- Comments on application processing (Question 12): _____

PROVIDER PAYMENT RATES AND PROVIDER TAXES / ASSESSMENTS

13. **Fee-For-Service (FFS) Provider Payment Base Rates.** Compared to the prior year, indicate by provider type any FFS rate changes implemented in FY 2020 or planned for FY 2021. Use "+" to denote an increase, "-" to denote a decrease, or "0" to denote "no change." (Include COLA or inflationary changes as "+".) Also, please note whether any of the rate changes reported were adopted in response to the COVID-19 emergency. If available, note the % change in the comments.

Provider Type	FY 2020	FY 2021	COVID-19 related change?	Other Comments
a. Inpatient hospital*			<choose one>	
b. Outpatient hospital			<choose one>	
c. Doctors – primary care			<choose one>	
d. Doctors – specialists			<choose one>	
e. OB/GYNs			<choose one>	
f. Dentists			<choose one>	
g. Nursing Facilities*			<choose one>	
h. HCBS (specify affected services/populations in comments)			<choose one>	

* For inpatient hospitals and nursing facilities, both "0" and "-" responses will be counted as rate restrictions in the budget survey report because unlike other provider groups, these providers typically receive routine cost-of-living adjustments.

Comments on provider payment rates (Question 13): _____

14. **Other FFS Provider Payment Changes.** Please briefly describe any other FFS payment changes implemented in FY 2020 or planned for FY 2021 in response to the COVID-19 emergency (e.g., retainer payments, advanced or interim payments, UPL etc.) and the provider type to which the payment change applies: _____
15. **CARES Act Provider Relief Fund.** Have provider relief funds been adequate to address fiscal issues for providers that serve a high share of Medicaid and low-income patients in your state? <choose one>
- a. If no, which provider types would you say should be funded or receive additional relief funds? _____
16. **Managed Care Organization (MCO) Provider Payments** (Skip if your state does not have Medicaid MCOs). In response to the COVID-19 emergency, has your state imposed or does it plan to impose new provider payment and/or pass-through requirements on MCOs? <choose one>
- b. If "Yes," please briefly describe the state's requirement: _____
17. **MCO Capitation Rates** (Skip if your state does not have Medicaid MCOs).
- a. Indicate for each year whether MCO capitation rates, on average, have or will increase, decrease, or stay about the same compared to the prior year: **FY 2020:** <choose one> **FY 2021:** <choose one>
- i. If known, please specify the % change in aggregate capitation rates (for FY 2021 or most recent year): _____

- b. COVID-19 Adjustments.** Has or will your state make adjustments to FY 2021 MCO contracts or rates in response to unanticipated COVID-related:
- i. Testing and treatment costs (e.g., risk corridors, upward rate adjustments, or carve-outs)? *<choose one>*
 - ii. Depressed utilization (e.g., risk corridors, downward rate adjustments)? *<choose one>*
 - iii. If “yes,” to either i or ii, please briefly describe: _____

18. Provider Taxes / Assessments.

- a. Use the drop-downs to indicate state provider taxes in place in FY 2020, new taxes or changes for FY 2021, and the approximate size of the tax as a percentage of net patient revenues as of July 1, 2020.

Provider Group Subject to Tax	In place in FY 2020	Provider Tax Changes (New, Increased, Decreased, Eliminated, No Change, or N/A) in FY 2021	Size of tax as a percentage of net patient revenues (as of July 1, 2020)	Waiver of the broad-based and/or uniformity requirement in place for this tax? (Y/N/NA)
i. Hospitals	<input type="checkbox"/>	<i><choose one></i>	<i><choose one></i>	
ii. ICF/ID	<input type="checkbox"/>	<i><choose one></i>	<i><choose one></i>	
iii. Nursing Facilities	<input type="checkbox"/>	<i><choose one></i>	<i><choose one></i>	
iv. Other*:	<input type="checkbox"/>	<i><choose one></i>	<i><choose one></i>	
v. Other*:	<input type="checkbox"/>	<i><choose one></i>	<i><choose one></i>	

*“Other” can include an MCO tax if specifically used to fund Medicaid. Exclude broad-based MCO taxes not dedicated to funding Medicaid.

- b. Describe any expected COVID-19 impacts to FY 2021 provider tax collections in your state: _____

BENEFIT, COST-SHARING, AND PHARMACY CHANGES

- 19. Are any COVID-19 Emergency Changes** related to benefits (*including* pharmacy and HCBS but *excluding* telehealth) or cost sharing expected to continue beyond the public health emergency (PHE) period? *<choose one>*

- a. If yes, please describe (e.g., new benefits or cost sharing reductions to be retained, prior authorization requirements to remain suspended, etc.). _____

- 20. Are FY 2021 Non-emergency Benefit or Cost Sharing Changes** planned (incl. to Rx, HCBS, and IMD)? *<choose one>*

- a. If yes, please describe changes (including effective date, groups affected, nature of impact (from beneficiary perspective), waiver or SPA) _____

- 21. Emergency Telehealth Coverage Expansion.** Use the drop downs in the table below to indicate whether the services listed are currently covered for delivery via telehealth in FFS when the originating site is the beneficiary’s home (column 2). If covered, provide details about reimbursement (column 3). Indicate whether coverage from the beneficiary’s home was added or expanded in response to COVID-19 (column 4) and whether your state plans to continue current coverage after the PHE period ends (column 5). If not covered, select “NA”.

FFS Telehealth Service	Currently covered from beneficiary home?	Reimbursement same as for in person visit?	Coverage from beneficiary home added or expanded in response to COVID-19?	Will current coverage continue after PHE period?
a. Well / Sick Child Visits	<i>Yes, always</i>	<i>Yes, always</i>	<i>Yes, added</i>	<i>Yes</i>
b. Mental Health	<i>Yes, sometimes</i>	<i>Yes, sometimes</i>	<i>Yes, expanded</i>	<i>Yes, in part</i>
c. Substance Use Disorder	<i>No</i>	<i>No</i>	<i>No, already covered</i>	<i>No</i>
d. Prenatal Care Visits	<i><choose one></i>	<i>NA, not covered</i>	<i>NA, not covered</i>	<i>Undetermined</i>
e. Contraceptive Visits	<i><choose one></i>	<i><choose one></i>	<i><choose one></i>	<i>NA, not covered</i>
f. HCBS (e.g., personal care, habilitation)	<i><choose one></i>	<i><choose one></i>	<i><choose one></i>	<i><choose one></i>
g. OT, PT, Speech Therapies	<i><choose one></i>	<i><choose one></i>	<i><choose one></i>	<i><choose one></i>
h. Dental services	<i><choose one></i>	<i><choose one></i>	<i><choose one></i>	<i><choose one></i>

- i. Were permitted telehealth modalities (e.g., audio/video, real-time, voice-only, etc.) expanded in response to COVID-19? *<choose one>*

- i. If “yes,” please describe the newly authorized modalities. _____

- j. Are MCOs required to implement the FFS telehealth policies adopted in response to COVID-19? *<choose one>*

Comments on telehealth services/coverage expansions (please specify specific HCB services): _____

- 22. Pharmacy Cost Containment Policy Changes.** Please indicate any new or expanded pharmacy program cost containment strategies planned for FY 2021 in the table below. *(Please exclude routine updates, e.g., to PDLs or State Maximum Allowable Cost programs).* Check the box on line “k” if there are no changes planned.

FY 2021 Pharmacy Cost Containment Initiatives <i>(Check all that apply)</i>					
New Expanded		New Expanded		New Expanded	
a.	<input type="checkbox"/> <input type="checkbox"/>	Preferred drug list (PDL)	b.	<input type="checkbox"/> <input type="checkbox"/>	Uniform PDL
d.	<input type="checkbox"/> <input type="checkbox"/>	Purchasing pools	e.	<input type="checkbox"/> <input type="checkbox"/>	Value-based agreements
g.	<input type="checkbox"/> <input type="checkbox"/>	Med. Therapy management	h.	<input type="checkbox"/> <input type="checkbox"/>	Other util. controls
j.	<input type="checkbox"/> <input type="checkbox"/>	Other (describe):	k.	<input type="checkbox"/>	No pharmacy cost containment initiatives planned
c.	<input type="checkbox"/> <input type="checkbox"/>	MCO Rx carve-out	f.	<input type="checkbox"/> <input type="checkbox"/>	Other rebate enhancements
			i.	<input type="checkbox"/> <input type="checkbox"/>	PBM reforms

Comments on pharmacy cost containment (Question 22): _____

MEDICAID MANAGED CARE

- 23. Medicaid Managed Care Overview.** What types of acute managed care systems were in place in your state’s Medicaid program as of July 1, 2020? *(check all that apply):*

☐ **MCO** ☐ **PCCM** - Primary Care Case Management ☐ **PHP** (PIHP or PAHP) ☐ **Other:** _____
☐ **No managed care programs operating in your state Medicaid program as of July 1, 2020**

- 24. Population.** Please indicate the approximate share of your total Medicaid population served by **each acute care delivery system** model listed in the table below, **as of July 1, 2020**. If possible, please also indicate the share of each eligibility group served by each delivery system model. *Include full-benefit beneficiaries only; exclude partial-benefit dual eligibles and family planning-only enrollees.*

Delivery System	Distribution of Medicaid population as of July 1, 2020 <i>(Each column should sum to 100%)</i>				
	Total Population	Children	Expansion Adults	Aged & Disabled	All Other Adults
a. MCOs					
b. PCCM (managed FFS)					
c. Traditional FFS					
Total	100%	100%	100%	100%	100%

Comments on populations served (Question 24): _____

- 25. Acute Care MCO Policy Changes.** Please use the drop-down boxes to indicate whether your state made any of the following acute care MCO policy changes in FY 2020 or is planning to make these changes in FY 2021.

Acute Care MCO Policy Changes		Comments: <i>Add details about populations and benefits</i>
a. Implemented MCO contracts for the first time	<choose one>	
b. Made enrollment mandatory for additional populations	<choose one>	
c. Expanded MCOs to new geographic regions	<choose one>	
d. Carved-in additional benefits/services	<choose one>	
e. Carved-out benefits/services	<choose one>	
f. Other	<choose one>	
g. Other	<choose one>	

- 26. Managed Long-Term Services and Support (MLTSS).** As of July 1, 2020, does your state cover long-term services and supports (LTSS) through any of these capitated or managed fee-for-service arrangements? *(Check all that apply):*

☐ **Medicaid MCO** (MCO covers Medicaid acute + Medicaid LTSS) ☐ **PHP** (PHP covers only Medicaid LTSS)
☐ **Managed fee-for-service** (PCCM entity or other non-capitated) ☐ **No MLTSS**

- 27. MLTSS Policy Changes.** Please use the drop-down boxes to indicate whether your state made any of the following MLTSS policy changes in FY 2020 or is planning to make these changes in FY 2021.

MLTSS Policy Changes		Comments: <i>Add details about populations and benefits</i>
a. Implemented capitated MLTSS contracts for the first time	<choose one>	
b. Made enrollment mandatory for additional populations	<choose one>	
c. Expanded MLTSS to new geographic regions	<choose one>	
d. Carved-in additional benefits/services	<choose one>	
e. Carved-out benefits/services	<choose one>	
f. Other	<choose one>	
g. Other	<choose one>	

- 28. Other Managed Care Changes.** Briefly describe any other managed care changes made in FY 2020 or planned for FY 2021 (e.g., implement, expand, reduce, or terminate a PCCM program or a limited-benefit prepaid health plan): _____
- 29. COVID-19 Related MCO Policy Changes.** Other than the MCO payment/rate adjustments, new provider payment requirements, and/or telehealth changes discussed above (Questions 16, 17, and 21), has your state made other MCO policy changes (by contract amendment or otherwise) in response to the COVID-19 pandemic? *<choose one>*
 a. If “yes,” please briefly describe (e.g., network adequacy, “in lieu of” services, quality reporting, etc.). _____
- 30. Other COVID-Related MCO Initiatives.** If known, describe any programs, initiatives, or value-added services newly offered by MCOs in your state in response to the COVID-19 emergency. _____

LONG-TERM SERVICES AND SUPPORTS (LTSS)

- 31. COVID-19 Impact on LTSS Direct Care Workforce.** Use the drop-down boxes in the table below to indicate the significance of the COVID-19 impacts, if any, on your state’s HCBS and institutional direct care workforce.

Type of Impact	HCBS	Institutional	Comments (including whether improving)
a. Reduced worker supply	<i><choose one></i>	<i><choose one></i>	
b. Inadequate access to PPE	<i><choose one></i>	<i><choose one></i>	
c. Inadequate access to COVID tests	<i><choose one></i>	<i><choose one></i>	
d. Worker COVID-19 infections	<i><choose one></i>	<i><choose one></i>	
e. Other	<i><choose one></i>	<i><choose one></i>	

- 32. COVID-19 Driven HCBS Setting Closures.** Has the COVID-19 pandemic resulted in:
 a. Reduced access to non-home HCBS settings (e.g., Adult Day Health, Day Habilitation, etc.)? *<choose one>*
 b. Reduced access to residential HCBS settings (e.g., group homes)? *<choose one>*
- 33. COVID-19 Rebalancing Impacts.** What implications, if any, is the COVID-19 emergency likely to have for your state’s institutional/HCBS rebalancing efforts (including any current plans to expand the number of persons served in a HCBS setting)? _____
- 34.** Briefly identify the top three LTSS policy changes adopted in response to COVID-19 that will be retained after the PHE period: _____

SOCIAL DETERMINANTS OF HEALTH (SDH)

- 35.** Has the COVID-19 emergency caused your state to implement, expand, or reform a program or initiative to address enrollees’ social determinants of health, particularly relating to housing and/or food insecurity? *<choose one>*
 a. If “yes,” please briefly describe: _____

CONCLUSIONS AND FUTURE OUTLOOK FOR THE MEDICAID PROGRAM

- 36. COVID-19 Impact and Response.** Please briefly comment on:
 a. Whether, in your state, the worst pandemic effects are likely still ahead or have already occurred. _____
 b. The effectiveness of your state’s response in terms of adopting emergency authorities. _____
 c. The effectiveness of the federal Medicaid response and what is needed to address the pandemic in the future. _____
- 37. Economic Downturn.** Please comment on your state’s outlook on the severity of the current economic downturn (i.e., likely duration, state fiscal impact, and Medicaid impact), including in comparison to the Great Recession. _____
- 38. Priorities.** What do you see as the top priorities for your state’s Medicaid program over the next year? _____
- 39. Challenges.** What are the biggest challenges facing your state’s Medicaid program over the next year? _____
- 40.** When you step back and look at your Medicaid program, what is it that you take the most pride in about Medicaid in your state — considering things such as Medicaid’s impact in the community and health care insurance market, administration, new policies or initiatives? _____

This completes the survey. Thank you very much!