

## MEDICAID EXPENDITURES & ENROLLMENT

- 1. Medicaid Expenditure Growth: FYs 2020-2022.** 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			Assumed end of FFCRA** Enhanced FMAP:
	Non-Federal*	Federal	Total: All Sources	
a. FY 2020 over FY 2019	%	%	%	<choose one>
b. FY 2021 over FY 2020	%	%	%	
c. FY 2022 over FY 2021 (proj.)	%	%	%	

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

\*\*FFCRA refers to the Families First Coronavirus Response Act (P.L. 116-127).

Comments on expenditure growth (Question 1), including any significant drivers of differential growth rates between the federal and non-federal shares *other than* the FFCRA enhanced FMAP: \_\_\_\_\_

- 2. Non-Federal Share.** For FY 2022, about what percentage of the non-federal share is state general revenues / general funds (vs. other state or local funds)? \_\_\_\_\_%
- 3. Shortfall.** How likely is a FY 2022 Medicaid budget shortfall given the funding authorized? <choose one>

Comments on Questions 2-3: \_\_\_\_\_

- 4. Use of FFCRA Enhanced FMAP.** In the table below, please use the check boxes to indicate how your state is using or planning to use the enhanced FMAP authorized under the 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 FFCRA enhanced FMAP (Question 4): \_\_\_\_\_

- 5. Factors Driving Total Expenditure Changes.** What were the most significant factors driving increases or decreases in total Medicaid spending (all funds) in FY 2021 and projected for FY 2022?

Total Medicaid Spending		FY 2021	FY 2022 (projected)
a. Upward Pressures	i. Most significant factor?		
	ii. Other significant factors?		
b. Downward Pressures	iii. Most significant factor?		
	iv. Other significant factors?		

Comments on factors (Question 5): \_\_\_\_\_

- 6. American Rescue Plan Act.** In the table below, please use the drop-downs to indicate whether your state plans to take up any of the options made available by the American Rescue Plan Act (ARPA). For any that are planned (or probable), please also briefly describe the anticipated fiscal impact in FY 2022 (non-federal share and total).

Fiscal Impact in FY 2022 (State and Total Expenditures) of ARPA Medicaid Options			
	Plan to take up option?	Estimated FY 2022 Fiscal Impact:	
		State (Non-Federal)	Total (All Sources)
a. HCBS FMAP bump (available 4/1/2021—3/31/2022)	<choose one>	\$	\$
b. Postpartum coverage SPA (first available 4/1/2022)	<choose one>	\$	\$
c. ACA Medicaid expansion incentive	<choose one>	\$	\$
d. Mobile Crisis Intervention Services	<choose one>	\$	\$

Comments on ARPA (Question 6): \_\_\_\_\_

- 7. FY 2021 Medicaid Utilization.** Please indicate if:
- a. Medicaid nursing facility utilization in FY 2021 (e.g., bed days per month) has increased, decreased, or stayed about the same compared to FY 2020. <choose one>

- i. If “decreased,” please briefly comment on whether the decrease in utilization reduced overall spending on long term services and supports (LTSS) in FY 2021 or was fully offset by higher spending in other LTSS areas (e.g., HCBS, provider rate increases): \_\_\_\_\_
  - ii. If “decreased,” please indicate whether nursing facility utilization is expected to partially or fully rebound during FY 2022: \_\_\_\_\_
- b. Medicaid acute care utilization on a per member basis in FY 2021 increased, decreased, or stayed about the same compared to FY 2020. <choose one>
  - i. If “decreased,” please indicate the services for which utilization declines were greatest in FY 2021. \_\_\_\_\_
  - ii. If “decreased,” please also indicate whether you expect a full rebound in these acute care services utilization in FY 2022. \_\_\_\_\_

**8. 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 2021 over FY 2020 \_\_\_\_\_ % and in FY 2022 over FY 2021 \_\_\_\_\_ % (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 \_\_\_\_\_ or projected for FY 2022 \_\_\_\_\_
  - c. Do these projections account for the end of the MOE requirements? <choose one>
    - i. If “yes,” when are you assuming the MOE will end? \_\_\_\_\_
- Comments on enrollment changes (Question 8): \_\_\_\_\_

**9. Factors Driving Change in Enrollment.**

- a. What were the most significant factors driving increases or decreases in total enrollment in FY 2021 and projected for FY 2022?

	FY 2021	FY 2022 (projected)
i. Upward Pressures		
ii. Downward Pressures		

- b. Compared to FY 2020, did the number of new Medicaid applications in FY 2021 increase, decrease, or stay about the same? <choose one>
  - c. Compared to FY 2021, are you projecting that the number of new applications in FY 2022 will increase, decrease, or stay about the same? <choose one>
  - d. Has your state drafted post-COVID-19 eligibility and enrollment operational plans, even if the plans may be revised in response to future CMS guidance? \_\_\_\_\_
  - e. Please comment on the biggest challenges/issues your state may face in resuming normal eligibility operations, if any (e.g., system changes issues, staffing issues, backlogged applications, etc.): \_\_\_\_\_
- Comments on factors driving enrollment changes (Question 9): \_\_\_\_\_

- 10. Per Enrollee Spending.** Is per enrollee spending for some groups (e.g., expansion adults, aged/disabled) growing faster or slower than others? <choose one> If yes, please briefly explain: \_\_\_\_\_

**PROVIDER PAYMENT RATES**

- 11. Fee-For-Service (FFS) Provider Payment Rates.** Compared to the prior year, indicate by provider type any FFS rate changes implemented in FY 2021 or planned for FY 2022. Use “+” to denote an increase, “-” to denote a decrease, or “0” to denote “no change.” (*Include COLA or inflationary changes as “+”.*) Also, please use the drop-downs to note whether any of the rate changes were adopted in response to the COVID-19 emergency. If available, note the % change in the comments.

Provider Type	FY 2021	FY 2022	COVID-19 related change?	Other Comments (indicate % change, if available)
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 FFS provider payments (Question 11): \_\_\_\_\_

- 12. Other FFS Provider Payment Changes.** Please briefly describe any other FFS payment changes in place in FY 2021 or planned for FY 2022 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: \_\_\_\_\_

**Skip Questions 13-16 if your state does not have capitated Medicaid Managed Care Organizations (MCOs) or non-comprehensive Prepaid Health Plans (PHPs)**

- 13. MCO Provider Payments.** 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>

a. If “yes,” please briefly describe the state’s requirement(s): \_\_\_\_\_

- 14. MCO and PHP Directed Fee Schedules.** In the table below, please use the check boxes to indicate, by provider type, the state directed minimum and maximum fee schedules (under 42 CFR §438.6(c)) in place for MCOs and PHPs as of July 1, 2021, including both fee schedules requiring CMS approval and minimum fee schedules using State Plan approved rates that no longer require CMS approval. Use the comment field to briefly describe the fee schedule(s) required (e.g., Medicaid FFS, Medicare, etc.).

Directed Fee Schedules in Place, July 1, 2021			
Provider Type	Min. Fee Sch.	Max. Fee Sch.	Comments (specify fee schedule(s) required)
a. Hospitals	<input type="checkbox"/>	<input type="checkbox"/>	
b. Physicians/other professional service providers	<input type="checkbox"/>	<input type="checkbox"/>	
c. Nursing facilities	<input type="checkbox"/>	<input type="checkbox"/>	
d. Dental providers	<input type="checkbox"/>	<input type="checkbox"/>	
e. HCBS providers	<input type="checkbox"/>	<input type="checkbox"/>	
f. Transportation providers	<input type="checkbox"/>	<input type="checkbox"/>	
g. Other clinics	<input type="checkbox"/>	<input type="checkbox"/>	
h. Other:	<input type="checkbox"/>	<input type="checkbox"/>	

- 15. Other MCO and PHP State Directed Payments.** Distinct from the minimum/maximum fee schedules specified in Question 14, does your state have in place as of July 1, 2021 one or more CMS-approved state directed payment requirements which require MCOs to provide a **uniform dollar or percentage increase\*** for network providers that provide a particular service (under 42 CFR §438.6(c)(1)(iii)(C))? <choose one>

a. If “yes,” please describe the arrangement and the affected provider types in the table below and use the drop-downs to indicate the funding source of the non-federal share (State General Fund, health care-related tax, intergovernmental transfer, or other non-State General Fund source).

Directed Uniform Dollar or Percentage Payments in Place, July 1, 2021		
Provider Type(s)	Type of Arrangement (e.g., uniform \$ or % per claim above negotiated rates; distribution of fixed payment pool based on utilization; etc.)	Funding Source for Non-Federal Share
i.		<choose one>
ii.		<choose one>
iii.		<choose one>
iv.		<choose one>

*\*Please note: Value-based purchasing directed payment arrangements are addressed in Question #39 below. Please do not include in your response to this Question #15.*

Comments on state directed payments (Questions 13-15): \_\_\_\_\_

#### 16. MCO Capitation Rates.

- Are annual MCO contracts effective on a calendar year, state fiscal year, or other basis? <choose one>
  - If "other," please specify: \_\_\_\_\_
- In response to the COVID-19 pandemic, did the state impose risk corridors in its MCO contracts for all or part of FY 2020 or FY 2021? <choose one>
  - If "yes," please indicate the time period(s) covered by the risk corridor: \_\_\_\_\_
  - If "yes," has or will the state recoup MCO payments made for FY 2020 or FY 2021? <choose one>
    - If "yes," please describe actions taken or planned: \_\_\_\_\_

Comments on capitation rates (Question 16): \_\_\_\_\_

### PROVIDER TAXES / ASSESSMENTS

- 17. Provider Taxes / Assessments.** Use the drop-downs to indicate state provider taxes in place in FY 2021, new taxes or changes for FY 2022, and the approximate size of each tax as a percentage of net patient revenues as of July 1, 2021.

Provider Group Subject to Tax	In place in FY 2021	Provider Tax Changes (New, Increased, Decreased, Eliminated, No Change, or N/A) in FY 2022	Size of tax as a percentage of net patient revenues (as of July 1, 2021)
a. Hospitals	<input type="checkbox"/>	<choose one>	<choose one>
b. ICF/ID	<input type="checkbox"/>	<choose one>	<choose one>
c. Nursing Facilities	<input type="checkbox"/>	<choose one>	<choose one>
d. MCO*	<input type="checkbox"/>	<choose one>	<choose one>
e. Other:	<input type="checkbox"/>	<choose one>	<choose one>
f. Other:	<input type="checkbox"/>	<choose one>	<choose one>

\*Include an MCO tax if it is specifically used to fund Medicaid. Exclude broad-based MCO taxes not dedicated to funding Medicaid.

Comments on provider taxes/assessments (Question 17): \_\_\_\_\_

### BENEFIT AND TELEHEALTH CHANGES

#### 18. Non-Emergency Benefit Actions.

- Describe non-emergency benefit changes implemented during FY 2021 or planned for FY 2022, including COVID-19 emergency benefit changes that have or will be made permanent. (*Exclude telehealth and pharmacy benefit changes.*) Use drop-downs to indicate Year and Nature of Impact from the beneficiary's perspective.

Benefit Change	Fiscal Year	Effective Date	Eligibility Group(s) Affected	Nature of Impact
i.	<choose one>			<choose one>
ii.	<choose one>			<choose one>
iii.	<choose one>			<choose one>
iv.	<choose one>			<choose one>
v.	<choose one>			<choose one>

- Please indicate whether any benefit changes in the table above were COVID-19 emergency changes that have or will be made permanent: \_\_\_\_\_

Comments on benefit changes (Question 18): \_\_\_\_\_

## 19. Telehealth.

- a. Use the drop-downs in the table below to indicate whether the services listed are currently covered for delivery via live audio-visual or audio-only telehealth in FFS and whether any changes are planned for FY 2022. Use the last column to briefly describe FY 2022 changes, if any.

FFS Service	As of July 1, 2021, is delivery covered via live:		Are changes planned for FY 2022?	Explanation of FY 2022 changes (e.g., change to coverage, modality, provider types, services, reimbursement, etc.)
	Audio-visual?	Audio-only?		
i. Well/sick child visits	<choose one>	<choose one>	<choose one>	
ii. Mental health	<choose one>	<choose one>	<choose one>	
iii. Substance use disorder	<choose one>	<choose one>	<choose one>	
iv. HCBS (e.g. personal care, habilitation)	<choose one>	<choose one>	<choose one>	
v. OT, PT, Speech Therapies	<choose one>	<choose one>	<choose one>	
vi. Dental services	<choose one>	<choose one>	<choose one>	
vii. Contraceptive visits	<choose one>	<choose one>	<choose one>	
viii. Prenatal visits	<choose one>	<choose one>	<choose one>	
ix. Postpartum visits	<choose one>	<choose one>	<choose one>	

- b. As of July 1, 2021, does the state require MCOs to cover the same services via telehealth as indicated in the FFS table in (a) above? <choose one>
- c. Will telehealth changes planned for FY 2022 (described in the table in (a) above) apply to MCOs? <choose one>
- d. As of July 1, 2021, are there restrictions in FFS on the types of providers that can bill for telehealth contraceptive visits (e.g., Physician, Nurse Practitioner, Physician Assistant, Certified Nurse Midwife, RN, or non-clinician counselor/health educator)? <choose one>
- i. If “yes,” please describe the scope of practice limitations: \_\_\_\_\_
- e. Reimbursement Parity. Please indicate if, as of July 1, 2021, the state maintains payment parity in FFS between telehealth and in-person visits, or if payment varies based on provider type and/or telehealth modality (e.g., audio-visual vs. audio-only): <choose one>
- i. If “varies,” please generally describe the variations: \_\_\_\_\_
- ii. Please indicate if the state requires MCOs to maintain the same telehealth payment parity policies that are applied in FFS : \_\_\_\_\_
- iii. Does your state plan to make changes to telehealth reimbursement policies in FY 2022? <choose one> If “yes,” please describe: \_\_\_\_\_

**For questions 19(f) through 19(i), please indicate telehealth trends across both FFS and managed care:**

- f. Utilization.
- i. Please list the top two or three categories of **physical health services** that had the highest telehealth utilization in FY 2021: \_\_\_\_\_
- ii. Please list the top two or three categories of **behavioral health services** that had the highest telehealth utilization in FY 2021: \_\_\_\_\_
- g. Efficacy and Value.
- i. What examples of specific telehealth services and/or modalities, if any, would you cite as being particularly effective in improving access and/or health outcomes since the beginning of the pandemic? \_\_\_\_\_
- ii. What telehealth services, if any, have had less than expected utilization since the beginning of the pandemic? \_\_\_\_\_
- h. By Population. In FY 2021, which eligibility group was the most likely to use telehealth services (children, pregnant women, parents, elderly, people with disabilities, expansion adults)? \_\_\_\_\_

- i. Since the onset of the coronavirus pandemic, has telehealth utilization increased more for rural or for urban populations? <choose one>
  - ii. Please note any additional trends in the types of patients who have utilized telehealth since the onset of the coronavirus pandemic: \_\_\_\_\_
  - i. **Challenges and Barriers.** Please briefly identify one or two of the most important challenges or barriers associated with telehealth utilization for:
    - ii. Providers: \_\_\_\_\_
    - iii. Members: \_\_\_\_\_
    - iv. The State Medicaid Agency: \_\_\_\_\_
- Comments on telehealth (Question 19): \_\_\_\_\_

## PHARMACY CHANGES

*If your state does not have MCOs, skip Questions 20-23.*

### 20. MCO Pharmacy Coverage.

- a. If your state uses MCOs to deliver acute care benefits, are pharmacy benefits covered under your MCO contracts as of July 1, 2021? <choose one>
- b. Please list or briefly describe any drug products or classes carved-out as of July 1, 2021: \_\_\_\_\_
- c. Please describe any full pharmacy carve-outs, partial pharmacy carve-outs, or reversals planned for FY 2022: \_\_\_\_\_

### 21. MCO Preferred Drug Lists (PDLs).

- a. As of July 1, 2021, are MCOs required to use a uniform PDL for some or all drug classes? <choose one>
- b. Does your state plan to establish, expand, or remove a uniform PDL requirement in FY 2022? <choose one>

### 22. MCO Subcontracts with PBMs.

As of July 1, 2021, are spread pricing arrangements in MCO subcontracts with PBMs prohibited or is your state planning to implement a spread pricing prohibition for FY 2022? <choose one>

- a. Comments on Question 22: \_\_\_\_\_

### 23. MCO/Pharmacy Risk Mitigation.

In the table below, use the check boxes to indicate any pharmacy financial risk mitigation strategies for MCOs in place as of July 1, 2021 for one or more drugs, or check the box in line "g" if none:

Pharmacy Financial Risk Mitigation Strategies as of July 1, 2021 (Check all that apply)		
a. <input type="checkbox"/> Reinsurance	b. <input type="checkbox"/> Risk Pool	c. <input type="checkbox"/> Risk Corridor
d. <input type="checkbox"/> Kick payments	e. <input type="checkbox"/> Drug carve-outs	f. <input type="checkbox"/> Other _____
g. <input type="checkbox"/> No risk mitigation strategies		

- h. Please briefly list or describe the drugs or classes subject to financial risk mitigation strategies, if any: \_\_\_\_\_
- i. Please describe any risk mitigation changes planned for FY 2022: \_\_\_\_\_

### 24. Value Based Arrangement (VBA).

- a. As of July 1, 2021, does your state have a VBA in place with one or more drug manufacturers? <choose one>
  - i. If "yes", what drugs/drug classes are included under the VBA(s)? \_\_\_\_\_
- b. If your state plans to implement a new VBA arrangement in 2022, please briefly describe: \_\_\_\_\_

### 25. Preparing for Emerging Gene and Cell Therapies.

Please describe any initiatives or planning efforts currently underway or planned that address future coverage of new gene and cell therapies (including CAR T-cell therapy): \_\_\_\_\_

### 26. Pharmacy Cost Drivers.

Please list the biggest cost drivers (excluding enrollment growth) that affected growth in total pharmacy spending (all funds) in FY 2021 \_\_\_\_\_ and projected for FY 2022 \_\_\_\_\_.

### 27. Pharmacy Cost Containment Policy Changes.

Please use the check boxes to indicate any new or expanded pharmacy program cost containment strategies implemented in FY 2021 or planned for FY 2022. (Please exclude routine updates, e.g., to PDLs or State Maximum Allowable Cost programs). Check the box in line "d" if there are no changes for either year.

Pharmacy Cost Containment Policy Changes	FY 2021		FY 2022	
	New	Expanded	New	Expanded
a.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. <input type="checkbox"/> No changes in either FY 2021 or FY 2022				

Comments on pharmacy (Questions 20-27): \_\_\_\_\_

#### MEDICAID MANAGED CARE

**28. Medicaid Managed Care Overview.** What types of managed care systems were in place in your state's Medicaid program as of July 1, 2021? (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, 2021

**29.** ☐ Please check this box if acute care MCOs operated statewide as of July 1, 2021.

**30. Managed Care Changes.** Briefly describe any managed care changes made in FY 2021 or planned for FY 2022 (e.g., implement, expand, reduce, or terminate an MCO, MLTSS, PCCM program, or a limited-benefit PHP as well as changes in major services carved in or out of these arrangements): \_\_\_\_\_

**31. 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, 2021**. 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, 2021 (Each column should sum to 100%)				
	Total Population	Children	Expansion Adults	Aged & Disabled	All Other Adults
a. MCOs	%	%	%	%	%
b. PCCM (managed FFS)	%	%	%	%	%
c. Traditional FFS	%	%	%	%	%
<b>Total</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>

Comments on managed care overview and populations served (Questions 28-31): \_\_\_\_\_

**32. Managed Long-Term Services and Support (MLTSS).** As of July 1, 2021, 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**

**33.** ☐ Please check this box if MLTSS operated statewide as of July 1, 2021.

***If your state does not have MCOs, skip Question 34.***

**34. COVID-19 Vaccine-Related MCO Initiatives.** If known, describe any programs, initiatives, or value-added services newly offered by MCOs in your state to promote take up of COVID-19 vaccinations. \_\_\_\_\_

#### QUALITY AND INTEGRATED CARE

**35. Quality Incentives Focus Areas.** For each of the quality focus areas listed in the table below, please use the check boxes to indicate, by type of delivery system, if the state has a **financial quality incentive** in place to promote quality/improvement as of July 1, 2021 (e.g., a performance bonus or penalty, capitation withhold, quality add-on payment, value-based State Directed Payment, etc.). Use the comment field to provide additional program details. Check the box in line "p" if there were no financial quality incentives in place as of July 1, 2021.



Quality Focus Areas	Delivery Systems with Financial Quality Incentives in Place, July 1, 2021 (check all that apply)			Comments
	MCO	PCCM/FFS	PHP	
	a. Member satisfaction	<input type="checkbox"/>	<input type="checkbox"/>	
b. Perinatal/Birth outcomes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Value-based payment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Chronic disease management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Potentially preventable events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. Health information exchange	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
g. Dental services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
h. Mental health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
i. Substance Use Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
j. Health disparities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
k. Nursing facility quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
l. LTSS rebalancing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
m. Operational Metrics (e.g., claims, call center, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
n. Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
o. Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
p. <input type="checkbox"/> NA – no financial quality incentive programs in place				

Other Comments on financial quality incentives including whether state has paused or changed financial incentive structure(s) or related quality focus area(s) in response to pandemic (Question 35): \_\_\_\_\_

**36. MLR.** Does your state require MCOs that do not meet the minimum MLR to pay remittances? <choose one>  
Comments on MLR (including clarification on “yes – sometimes” responses above) (Question 36): \_\_\_\_\_

**37. MCO and/or PHP Quality Rating System**

- a. As of July 1, 2021, does your state have in place a quality rating system (QRS) designed to help beneficiaries understand performance differences across available:
- i. MCOs: <choose one>
  - ii. PHPs: <choose one>
  - iii. If “yes,” to i or ii, please provide a web link to the QRS: \_\_\_\_\_
- b. If your state plans to implement a new QRS in FY 2022, please briefly describe: \_\_\_\_\_

**38. Quality-Based Auto-assignment.** Does your state’s MCO auto-assignment algorithm incorporate quality-related performance measures? <choose one>

**39. Alternative Provider Payment Models (APMs).** In your MCO contracts in place as of July 1, 2021, does your state:

- a. Set a target percentage of MCO provider payments that must be made through APMs? <choose one> If so, please briefly indicate:
- i. The target percentage: \_\_\_\_\_
  - ii. Any [Health Care Payment Learning and Action Network](#) (LAN) category requirements: \_\_\_\_\_
  - iii. If there are incentives or penalties for meeting/failing to meet these requirements: <choose one>
- b. **Require** MCOs to:
- i. Participate in a CMS-approved state-directed VBP initiative (under 42 CFR §438.6(c)) (e.g., pay for performance, episode of care, ACO, etc.)? <choose one> If “yes,” please briefly describe the:
    - A. Type of VBP arrangement: \_\_\_\_\_
    - B. The provider type(s) included: \_\_\_\_\_
    - C. Source of the non-federal share: \_\_\_\_\_
  - ii. Develop a VBP strategy within state-specified guidelines? <choose one>



A. If “yes,” please briefly describe. \_\_\_\_\_

Comments on APMs (Question 39): \_\_\_\_\_

**40. MCO In Lieu of Services.**

a. Under contracts in effect as of July 1, 2021, are MCOs permitted to cover services or settings in lieu of services or settings covered under the State Plan? <choose one>

i. If “yes,” please briefly describe the in lieu of services permitted: \_\_\_\_\_

**41. Behavioral Health (BH) Integration as of July 1, 2021.** For beneficiaries enrolled in an MCO for acute care benefits, please use the check boxes to indicate whether the following BH benefits are always carved-in (i.e., virtually all services are provided directly by the MCO or through MCO sub-contracts), always carved-out (i.e., services are provided by a PHP or via FFS, not by the MCO), or whether carve-in policies vary by geography or other factors.

Services	Always Carved-in	Always Carved-out	Varies by:		Comments
			Geography	Other (describe)	
a. Specialty outpatient mental health*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Inpatient mental health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Outpatient SUD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Inpatient SUD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

\*“Specialty outpatient mental health” refers to services utilized by adults with Serious Mental Illness (SMI) and/or youth with Serious Emotional Disturbance (SED), often provided by specialty providers such as community mental health centers.

e. Did (or will) your state make any changes to how BH benefits are *delivered under MCO contracts* (i.e., carve in/out) in FY 2021 or in FY 2022? <choose one> If so, briefly describe the changes: \_\_\_\_\_

f. Behavioral Health Co-location. Please describe any initiatives in place in FY 2021 or planned for FY 2022 to promote physical and behavioral health co-location (e.g., policies related to same-day billing): \_\_\_\_\_

g. Crisis Services. Please describe any crisis services initiatives (beyond ARPA funded) (e.g., response teams, specialized ER settings, hotlines/integration with “988”, etc.) in place in FY 2021 or planned for FY 2022: \_\_\_\_\_

Comments on BH integration (Question 41): \_\_\_\_\_

**42. Medicare/Medicaid Integration.** As of July 1, 2021:

a. Does your state offer a Financial Alignment Initiative (FAI) demonstration for dual eligible individuals? <choose one>

i. If “yes,” will your state seek an extension beyond the end of the demonstration? <choose one>

ii. If “no,” will your state apply for a capitated FAI, a managed fee-for-service FAI, or a new state-developed model? <choose one>

b. Does your state contract with dual eligible special needs plans (D-SNPs)? <choose one>

c. Does your state require MLTSS plans to also offer dual eligible special needs plans (D-SNPs)? <choose one>

i. If “yes,” is designation as either a Fully Integrated Dual Eligible (FIDE) plan or Highly Integrated Dual Eligible (HIDE) plan required? <choose one>

Comments on dual eligible integration (Question 42): \_\_\_\_\_

**43. Medicaid Delivery System and Payment Reform.** Please use the check boxes to indicate delivery system and payment reform initiatives (including multi-payer initiatives that Medicaid is a part of) in place as of July 1, 2021. Use the comment line below the table to describe the initiatives and/or provide web link(s) for more info.

Delivery System and Payment Reform Initiatives in place as of July 1, 2021 (Check all that apply)			
a. <input type="checkbox"/> Patient-centered Medical Home (PCMH)	b. <input type="checkbox"/> Health Home (under ACA Section 2703)	c. <input type="checkbox"/> Accountable Care Organization (ACO)	d. <input type="checkbox"/> Episode of Care Payments
e. <input type="checkbox"/> All Payer Claims Database	f. Other	g. Other	

Additional information/links related to Delivery System and Payment Reform Initiatives (Question 43): \_\_\_\_\_

## SOCIAL DETERMINANTS OF HEALTH (SDH)

**44. Policies.** Please use the drop-downs to indicate whether the policies listed below are MCO requirements or part of non-MCO initiatives.

	Requirement in MCO Contracts	Non-MCO Initiative
a. Screen enrollees for social needs (e.g., housing services, SNAP)?	<choose one>	<choose one>
b. Screen enrollees for behavioral health (BH) needs or BH risk factors?	<choose one>	<choose one>
c. Require the incorporation of uniform SDOH questions within screening tools?	<choose one>	<choose one>
d. Provide enrollees with referrals to social services?	<choose one>	<choose one>
e. Track referral outcomes ("closed loop" referrals) to social services (if "yes" to a)?	<choose one>	<choose one>
f. Encourage or require providers to capture member SDH data using ICD-10 Z codes?	<choose one>	<choose one>
g. Partner with community-based organizations or social service providers?	<choose one>	<choose one>
h. Employ Community Health Workers or other non-Traditional Health Workers?	<choose one>	<choose one>
i. Require community reinvestments (e.g., tied to MCO profits or MLR)	<choose one>	NA

**45. Pandemic Response.** Has the pandemic caused your state to implement, expand, or reform a Medicaid 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: \_\_\_\_\_

**46. Health Disparities.** Please describe (and/or include a weblink to a description) any innovative or notable initiatives currently in place or new or expanded initiatives planned for FY 2021 or FY 2022 to address disparities in health care by race/ethnicity in Medicaid: \_\_\_\_\_

**47. Community Health Worker Workforce.** Please briefly describe any Medicaid workforce initiatives in place in FY 2021 or planned for FY 2022 to expand the number of community health workers in your state who serve as liaisons between the community and health care and social services including, for example, promotoras, care coordinators, community health educators, outreach and enrollment agents, patient navigators, peer educators, etc.: \_\_\_\_\_

**48. Corrections-Related Populations.** Are care coordination services provided to enrollees prior to release from incarceration through FFS: *<choose one>* and/or are MCOS required to provide such services: *<choose one>*? If yes to either, please briefly describe including types of services (e.g., prescription drugs and MAT) and target populations. \_\_\_\_\_

Comments on SDH requirements/initiatives (Questions 44-48): \_\_\_\_\_

## FUTURE OUTLOOK FOR THE MEDICAID PROGRAM

**49. Conclusions/Outlook.**

- What do you see as the top priorities for your state's Medicaid program over the next year or so? \_\_\_\_\_
- Please describe the biggest opportunities and/or challenges you expect to face over the next few years. \_\_\_\_\_
- 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!***