

1. Are states required to conduct outreach activities such as advertising for CHIP and/or Medicaid?

As part of their Medicaid and CHIP state plans, all states are required to report their outreach activities but they are not required to conduct specific activities including advertising.

2. Tennessee has assessments on Hospitals, Nursing Homes, and Ground Emergency Services. Are there assessments on other entities in other states that Tennessee is not using? I forgot to add that in TN there is a tax on managed care plans.

For a comparison of provider taxes across state Medicaid programs, see this 2017 Kaiser Family Foundation analysis:

<https://www.kff.org/medicaid/fact-sheet/states-and-medicaid-provider-taxes-or-fees/>

3. For the Tribal/Urban/IHS provider where can we find regulations or policy that the FMAP is 100%?

See the third sentence of section 1905(b) of the Social Security Act which states: "Notwithstanding the first sentence of this section, the Federal medical assistance percentage shall be 100 per centum with respect to amounts expended as medical assistance for services which are received through an Indian Health Service facility whether operated by the Indian Health Service or by an Indian tribe or tribal organization (as defined in section 4 of the Indian Health Care Improvement Act)..." Section 9815 of the American Rescue Plan includes the provision temporarily extending for two years the 100 percent FMAP to Urban Indian Health Organizations and Native Hawaiian Health Systems.

4. Very specific question, but how is the UPL reimbursement for nursing homes calculated? I understand it's supposed to be a comparison between Medicaid and pro forma Medicare rates, but each facility's reimbursement seems to come out of a magic box.

For a class of providers, the upper payment limit (UPL) is the maximum aggregate amount of Medicaid fee-for-service payments that can be made to a class of providers. The UPL equals the aggregate amount that Medicare would have paid for those services. The total amount of supplemental payments that can be made to that class of providers is the difference between the UPL and base Medicaid payments. How each state determines the formula for setting supplemental payments to nursing homes is generally up to the states, subject to applicable federal rules.

5. Follow-up re: outreach; did I hear correctly that the federal match for advertising mirrors the FMAP for the related category? So a newly expansion state's advertising that is determined to be tied to that population (how?) would be eligible for the 90% + the additional increases from Families First/American Rescue?

For Medicaid, the FMAP for advertising and other outreach efforts, including for the Medicaid expansion, equals the regular administrative matching rate of 50 percent. However, for CHIP, the matching rate for outreach and advertising, like for other administrative spending, is equal to the regular enhanced CHIP matching rate (EMAP).

6. Have any state had to cut their CHIP program since its conception? It sounds like this never happened.

Yes, states have cut their CHIP programs since CHIP's enactment in 1997. This includes imposing enrollment caps and adding waitlists, raising premiums and cost-sharing, and cutting reimbursement rates to CHIP plans and providers. But this was driven largely by the need to close state budget deficits, not due to the lack of federal CHIP funding, at least over the last decade. Moreover, under provisions in the Affordable Care Act and in the most recent CHIP funding reauthorization, since 2010, states have been prohibited from cutting eligibility or imposing more restrictive eligibility procedures for children in both Medicaid and CHIP. This requirement is in effect through September 30, 2027.