



April 27, 2020

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

Dear Secretary Azar,

On behalf of the nation's Medicaid Directors, NAMD is writing to request:

- The Department's immediate engagement with Medicaid Directors to facilitate expeditious distribution of Congressionally appropriated funds to critical Medicaid providers. This distribution must occur within the next two weeks.
- Greater transparency from HHS on the specific funding amounts awarded to specific providers which in turn will inform state decisions on additional fiscal relief.

HHS's allocation priorities and information sharing to date have not met these needs.

The National Association of Medicaid Directors (NAMD) is a bipartisan, nonprofit, professional organization representing leaders of state Medicaid agencies across the country. Our members drive major innovations in health care while overseeing Medicaid, which provides a vital health care safety net for more than 72 million Americans. Medicaid is at the forefront of states' COVID-19 response efforts, providing critical coverage to vulnerable populations and fiscal resources to a wide array of providers. Medicaid will also become a source of coverage for many of the 26 million Americans filing for unemployment benefits in recent weeks.

Specifically, NAMD requests that HHS work directly with state Medicaid agencies to obtain critical information to ensure the solvency of critical Medicaid providers at risk of imminent closure. This information includes:

- Data to identify specific Medicaid providers in need in the state;
- Data to quantify the funding needed by the provider; and
- The best mechanisms available to distribute funding from HHS to the provider.

This engagement with states must occur as soon as possible, with the aim of facilitating HHS's distribution of appropriated funds to Medicaid providers within the next two weeks.

HHS should be aware that the universe of impacted providers extends beyond institutionally-based providers that may be more directly visible to federal data sources. They include, but are not limited to:

- Behavioral health providers;
- Substance use disorder treatment providers;
- Home- and community-based service providers;

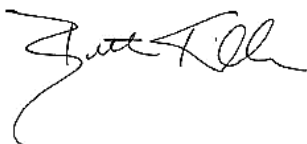
- Federally Qualified Health Centers and Rural Health Centers;
- Children’s hospitals;
- Nursing homes and other long-term care facilities
- Non-emergency medical transportation providers;
- School-based health service providers
- Pediatricians; and
- Maternal health providers.

Medicaid agencies further recognize that their providers’ fiscal needs will likely require additional actions by the state after Congressional funds are allocated. States share HHS’s goals in not duplicating funds available through Congressional appropriations in any future state funding actions. To ensure states have all the information necessary to make appropriate decisions about state-level funding mechanisms, HHS must provide states with granular data on specific funding awards to specific providers in the state. This should include any awards already made and all awards made in the future and should be as close to real-time as possible. The aggregated funding amounts by state that are currently available are not sufficient for state planning purposes and may inadvertently lead states to duplicate funds provided by Medicare, the Federal Emergency Management Agency, or other sources.

In taking these actions, HHS will reinforce its commitment to the state-federal partnership and values of transparency that define the Medicaid program. Medicaid is a critical safety net program for millions of the nation’s most vulnerable populations, including individuals with disabilities, pregnant women and children, individuals with substance use disorder needs, and children with special health conditions. If the providers serving these individuals are not made whole during the pandemic, these vulnerable populations will be the ones to feel the effects. Medicaid provider networks are generally more fiscally fragile than those of other payors, further emphasizing the need for immediate action in the face of declining service utilization due to COVID-19.

NAMD stands ready to work with HHS to facilitate all necessary communication with states to achieve these goals. We urge HHS to implement the above actions immediately. Medicaid provider needs are acute and urgent, and action cannot wait.

Sincerely,



Beth Kidder
President, NAMD
Deputy Secretary for Medicaid
Florida Agency for Health Care Administration



Jami Snyder
President-Elect, NAMD
Director
Arizona Health Care Cost Containment System