

***Administration for Community Living
Affordable Care Act Webinar
Making Managed Long Term Services and Supports More Consumer-Focused
March 4, 2014
3:00-4:00 pm Eastern***

Coordinator: Welcome and thank you all for standing by.

At this time all participants will be on a listen only mode until the question and answer session of today's call. At that time you can press star 1 to ask a question from the phone lines.

I'd also like to inform parties that today's call is being recorded. If you have any objections you may disconnect at this time.

I'd now like to turn the call over to Ms. Marisa Scala-Foley. Thank you and you may begin.

Marisa Scala-Foley: All right. Thank you so much (Charles).

Good afternoon everyone. Thank you for joining us for our webinar today, Making Managed Long Term Services and Supports More Consumer Focused - one of a series of webinars on the Patient Protection and Affordable Care Act or the Affordable Care Act or ACA offered by the Administration for Community Living over the past few years.

As (Charles) mentioned, my name is Marisa Scala-Foley. I work in the Center for Disability and Aging Policy at the Administration for Community Living. And we are glad that you have joined us for our webinar today.

Before I introduce our speakers, I have just a few housekeeping announcements. First, if you have not yet done so, please use the link included in your email confirmation to get on to WebEx so that you can not only follow along with the slides as we go through them, but also ask your questions when you have them through the Chat function in WebEx.

If you do not have access to the link we emailed you, you can also go to www.webex.com. Again that's www.webex.com. Click on the Attend a Meeting button at the top of the page, and then enter our meeting number which is 668834690. Again that's 668834690. If it asks you for a password, the password is ACLwebinar and that's all one word - ACLwebinar.

If you have any problems with getting into WebEx please contact WebEx technical support at 1-866-569-3239. Again WebEx technical support can be reached at 1-866-569-3239.

As (Charles) mentioned, you all are in listen only mode right now. However we do welcome your questions throughout the course of the webinar. As I mentioned before, there are a couple of ways you can ask your questions. First is through the Web using the Chat function in WebEx. Enter your questions, we'll sort through them and answer them as best we can when we take breaks for questions.

In addition after (Alice) wraps up we'll offer you a chance to ask your questions through the audio line. When that time comes (Charles) will give you instructions as to how to queue up to ask your questions.

If there are any questions we can't answer during the course of the webinar, we will follow up to be sure that those questions get answered. If you do think of any question that you need answered after the course of the webinar, you can also email them to us at affordablecareact@acl.hhs.gov. Again that's affordablecareact@acl.hhs.gov.

As (Charles) also mentioned, we are recording this webinar. We will post the recording, slides and a transcript of this webinar on the ACL web site www.acl.gov as soon as possible after the webinar. If you would like a copy of the slides sooner than that, please email us at affordablecareact@acl.hhs.gov.

All right. And with that, that's enough of the housekeeping announcements. I would like to turn things over to our speaker for today, Alice Dembner who is a project director with Community Catalyst. Alice, I'll turn things over to you.

Alice Dembner: Thank you so much and good afternoon everyone.

Before I start I'd like to just tell you a little bit more about Community Catalyst. We are a national nonprofit advocacy organization based in Boston but working across the country to ensure high quality, affordable healthcare for all.

We work at two levels. We work in Washington doing direct advocacy and partnering with agencies such as the Administration on Community Living and many national organizations. And we also work in more than 40 states

where we provide support and technical assistance to consumer health advocates who are working on the healthcare system and ways to improve it.

Our work includes both issue campaigns as well as a lot of work on new and existing models of care including important work on how to make managed long term services and supports and the dual eligible demonstrations that are going on better for consumers. Next slide.

So our agenda today as we focus on a new tool that we have developed at Community Catalyst to help improve managed long term services and supports is to provide some context and background about the tool, then to walk you through ways to use the tool, and then to talk a little bit about how we can collectively build on the recommendations that are in the tool.

So we'll start with the context and background. So we are currently going through a period of incredible change in managed long term services and supports as most of you are well aware. There's been a lot of growth over the last decade, even more so over the last few years.

And according to a recent count from Truven Health Analytics, we now have 19 states that are doing long term services and support through Medicaid managed care. Nearly a million people enrolled in all those programs. And this count includes as I mentioned the dual eligible demonstrations.

Those are demonstration projects that are authorized by the Affordable Care Act and the implemented now combining care and services for people both eligible for Medicaid and Medicare.

During the last year we also saw new Federal regulations and guidance that affect managed long term services and supports. They include new

recommendations and new requirements. We'll really require changes in many states.

And finally we have additional change coming from a number of new players who are involved in this program - in these programs in the states - and new providers and many new managed care companies who have not before been involved in providing or overseeing long term services and supports. Next slide please.

So with all these changes there are many benefits - potential benefits and potential risks for consumers. And this slide is put together focused on that risk and benefit to consumers since that's our focus at Community Catalyst. And we have a nuanced view of managed care.

We think that there are potential improvements which really include that we - and the ability to expand the services that consumers want most - that's the home and community based services - and also to improve the quality and coordination by reducing the fragmentation that has been common in the fee for service system.

Also their managed care may be able to improve the efficiency of programs and make costs more predictable by providing the right care at the right time in the right place. So the bottom line on that side of the benefits side of the ledger would be enhanced quality of life for consumers through approved services and access to services.

On the risk side there is also a number of things on that side of the ledger. One of the big issues is that many states are setting savings targets for managed long term services and supports before they even start enrolling people. And

that can force cuts in services or cuts in provider rates depending upon how the program is rolled out.

Managed long term services and supports in the move to manage long term services can also disrupt care. We're talking about people's lives here so it's very important to make sure that there is continuity of care. And that has been a problem in some states.

Also there's the potential that community providers and state departments with lots of experience in home and community based services may be squeezed out by managed care companies.

And finally, there's the potential that overhead costs could rise with the involvement of for profit managed care companies because of their requirement to provide money to their shareholders. So the bottom line on that side of the ledger is harm to consumers - actual harm to consumers from this program. Next slide please.

So the goal of this tool is to help states design and operate programs that increase the benefits for consumers and reduce the risks. We want to see that programs put consumers first, identify program weaknesses, use promising practices to improve the programs and continuously evaluate and work on our programs to makes them better.

So this tool came about through a partnership between the Administration of Community Living whose staff provided the initial idea for the tool and the SCAN Foundation which supported the work through a grant.

We built on a paper that I wrote about 18 months ago entitled Putting Consumers First, Promising Practices for Medicaid Managed Long Term

Services and Supports. And our first step after that was to create a checklist of the required elements of a consumer focused program. That checklist is available on our web site and is downloadable in a pdf format.

The next step was identification of specific policies, contract language, regulations or recommendations for each element of the checklist, and links to the source documents or to people who could help explain how to implement this particular element in another state.

What I'm presenting here today is the combined tool which gives you both the required elements and where you can find more information to help you implement that particular element in your state. Next slide please.

So here's a look at the landing page for this tool on our web site. And we're calling it The Tool, Strengthening Long Term Services and Supports. The URL where you can find this is written at the top of the page, and it is www.communitycatalyst.org/resources/tools/mmltss.

And yes, it's not your eyes. This slide and the next are a little blurry because they are screen shots directly from the web that were blown up to the size of the slide.

On this page there are links to the paper that I mentioned, Putting Consumers First as well as the seven page checklist which doesn't include the examples and a short checklist with only the most important elements for those who are in a hurry and want to focus in. Next page please.

Marisa Scala-Foley: Hey Alice, I'm posting the - just so everyone knows - I'm going to post the URL so everybody doesn't have to be frantically scribbling within the Chat function within WebEx.

Alice Dembner: Wonderful. And they are also on the last page of the slide deck as well so people will get to see them again.

So there are nine sections of the tool, and you can see these nine sections if you were on the web on the landing page and you scrolled down to the bottom of the page. And these are to enable people to be able to jump to any section of the tool that they're interested in and to jump back and forth among them. Next slide please.

So what about the sources for the tool? The elements in the tool came from a consumer focused analysis of what works best to increase the benefits of managed long term services and supports and to reduce the risks for consumers.

We chose examples from the states that best meet a particular criteria drawing on contracts, memorandum of understanding, policies, Federal regulations, Federal guidance, advice from experts and many of the reports that have come out in the last few years on managed long term services and supports.

I'd like to note that no one state meets all the criteria. Also we try to keep the tool manageable by limiting the number of examples for each element. If you'd like more comprehensive links to contract language on selected topics, my friends at the National Senior Citizens Law Center just released a detailed library of MLTSS contract language.

But turning back to this strengthening LTSS tool, lack of mention in the tool of a particular state or its program does not necessarily mean that that program needs overhaul. In some cases where we haven't yet identified a state

example, we have offered links to regulations, guidance or recommendations from experts. Next slide please.

So let's jump in to use the tool. So again this is a screen shot, and this would be if you went to the first section of the tool on Adequate Planning what you would see. And along the right hand side is a list of all the checklist sections so that you can again easily navigate to another section from the section you're in.

Back on the left you can see the essential elements in the bolder type. So starting from the top the first element is, has the state allocated adequate time for planning? And you can link there directly to a paper that discusses Tennessee's three year process as well as to a separate resource on the web site of the Center for Medicare and Medicaid Services which has a timeline for MLTSS development that was developed in consultation with Truven Health Analytics.

A second element under Adequate Planning is, has the state set clear goals including expanding home and community based services? Clicking on the words Home and Community Based Services here would take you directly to another section of the tool that focuses entirely on enhancing home and community based services.

But back on this page below that heading, there's a description of how five states have used MLTSS to shift their balance of services from nursing homes to people's homes and community settings. And there is a link to the source document with page number. And we've tried to be that specific on each element in here so you can quickly get to the source document to find more information.

The Adequate Planning section is packed with examples and with lots of links to other sections of the checklist and the tool because it includes, you know, in planning you pretty much need to cover most of the ground that is in the checklist in some way.

So as an example, if we were to go back and click on that link that says Expanding Home and Community Based Services, that would take us to the - next slide please - to the section and we would, if we scroll part way down the page we would see this particular element. Does the state use payment methods that incentivize community based care?

So payment methods can be pretty complex. So here we decided to provide a link to quite detailed discussions of payment methods that are in several different papers and reports that have come out recently.

In addition then we are providing a list of required elements. Only one is featured here, and that is does the state include nursing homes in the capitated and does it hold managed care companies financially responsible for the entire stay?

This is important because it's important to insure that the health plans have a financial incentive to revive care across all settings but to favor generally less expensive community settings. Arizona's contract uses this method. And you can click through from the web site to the page of the contract where they discuss that particular provision. Next slide please.

So moving on to the section on Stakeholder Engagement, this subsection of that page starts with a link to a paper from Community Catalyst about consumer engagement strategies. Additional tool kits with steps and

instructions to help health plans in particular engage consumers is now available on our landing page for this resource as well.

So the two resources are available on the same page - the links. And that tool kit is called Meaningful Consumer Engagement. So for those who want to delve even deeper into this subject, that is another resource available from Community Catalyst.

Here on this slide we are focusing in on one specific required element of stakeholder engagement. Let the state create a planning and oversight committee for the entire program that has at least 50% consumer representation.

And the example here is from the Implementation Council that was created by Massachusetts for its dual eligible demonstration. And there's a direct link to the Implementation Council's web site as well as frequently asked questions about the Council. Next page please.

So moving on to consumer supports and protections - here we focus on the slide on the issue of enrollment and the way the program is set up. So the - we think that it's really important that programs for managed care be set up with voluntary enrollment for the consumers that you would get - you'd get the best results with a voluntary program.

And in fact in the dual demonstration - in the dual eligible demonstrations in Massachusetts and South Carolina are among those that are allowing consumers to opt out to a fee for service system for Medicaid LTSS as part of that program if they choose.

And we link to the language in the Memorandum of Understanding for those two programs to see what the contract language on that - or I'm sorry. Not the contract language but the agreement between the state and the Centers for Medicare and Medicaid Services regarding that provision.

If in fact the state proceeds with mandatory enrollment as opposed to voluntary enrollment, then the recommended element here is that they allow consumers at least 90 days to choose which health plan they want before they are auto assigned to a plan.

And here we have South Carolina as an example again for the dual eligible demonstration which does include long term services and support. And they are giving consumers six months to choose the MCO, so plenty of time to really look into them, find out about them, find out which one is going to be right for them before they are assigned. Next slide please.

So person center processes are the core of any LTSS program as Federal regulations and guidance have recently made very, very clear. This slide focuses on one specific element - does the state require a needs assessment of each consumer that examines physical, psycho-social, and functional strengths and needs as well as personal goals and preferences?

And the examples here are from Washington State which uses a comprehensive assessment tool called Care, and from Michigan which uses a particular assessment tool called InterRAI Home Care. And both of these have been held up as examples for other states to consider using as well. Next slide please.

So it's really important that MLTSS programs have an integrated and comprehensive service package, preferably one that includes not only MLTSS

but all other services - health services that are being provided through the Medicaid program.

In addition to having that comprehensive scope of services, one tool to ensure that MCOs are spending enough money on services is for the state to set a medical loss ratio requiring the managed care companies to spend at least 85% of premiums on services and supports. And this element of the tool links to the number of the states with dual eligible demonstrations that have set medical loss ratios either at 90% or at 85%. Next slide please.

So turning to the section on provider quality, quantity and continuity, this section covers a range of topics, but primarily it covers the issue of network adequacy. And we focus here on one particular aspect of network adequacy which is, does the state require MCOs to maintain a diverse and robust network of providers that is culturally and linguistically competent?

Minnesota's Senior Health Options Program which has been operating for many years covering long term services and supports requires MCOs not only to provide consumers with access to providers who are culturally and linguistically competent but also to work to expand the pool of providers who are available and who are culturally and linguistically competent. And there is a link to their contract and a contract (unintelligible) there.

In addition at the top of this slide there is a link which is also on the tool which is to a much broader discussion of network adequacy in managed care from our partners at the National Health Law Program. I recommend that resource to people want to dive in more. And there are many more provisions on network adequacy on the tool as well.

Moving along to overall quality, so one of the elements here is, does the state work to improve LTSS quality through a number of means including through using incentives and penalties that are spelled out in managed care organization contracts?

And here we focus on Kansas. Kansas is implementing a quality withhold program in managed care this year and next. I want to be clear, this is untested as of yet. On paper it looks good. They're going to withhold 5% of annual capitation payments to each managed care company.

And to earn back those funds the managed care company must meet benchmarks for 15 quality indicators which include competitive employment for people with disabilities, increased life expectancy for people with disabilities, increased integration of care for people with mental illness and disabilities, and decreased nursing home days of care.

Managed care companies that fail to meet the standards can be required to participate in performance improvement projects as well as forfeiting the 5%. Next slide please.

I apologize. I think the oversight got cut off the top of the slide here. But oversight is not something we want to cut into at all. It's something we want to see as very robust. It's key to insuring that programs are providing what consumers need and that the health plans and providers are meeting all the requirements.

So one of the elements here and a very critical one is, does the state exercise strong contract management by maintaining the ultimate responsibility for all aspects of the program and spelling this out in the contract? We do not want to see states that are turning over responsibility - ultimate responsibility to health

plans. It's important that the state hold on to that and exercise that responsibility and oversight.

And Tennessee is based as the strongest contract oversight and is well known for that. Its contract ranges to 500 plus pages with lots of requirements for corrective actions and fines if plans do not meet the contract elements.

And among the things that they do are monitoring a whole range of MCO activities, looking at consumer complaints, at appeals, at dis-enrollments, utilization, finances and a host of other things. And there's a link to the specific page of the contracts which discusses this whole area. Next slide please.

So it's really important that these are recommendations of elements and examples that we think really can get states to a better place for MLTSS. But - next slide please - what's really important is not just good policies but how they actually play out on the ground for consumers, for providers and for other stakeholders.

So it's really important that people continuously look at how the policies are working, how are consumers faring, what stakeholders are saying and what new promising practices are emerging since we're seeing lots of new development in the states all the time. So next slide please.

So we'd love to hear from you as you launch out and use this tool and give us feedback. Is it working for you? How is it helping you if it is? What more could be included? Do things need updating when we know this is changing all the time? So as you read the tool, we really do want to hear from you. Next slide please.

So you can give us feedback. You can give me feedback directly through my email which is listed here adembner@communitycatalyst.org. You can visit our web site and there's a link again there to the tool. And we urge you all to use it and let us know.

So I'll stop there Marisa and take questions.

Thank you very much.

Marisa Scala-Foley: Thank you Alice for your presentation. I'm sure folks are probably right now on their computers looking - trying to look at the tool as we speak.

(Charles), I think I've been able to answer most of the questions that have come in through Chat. They've mostly been administrative questions.

(Charles), do you want to let people know how they can queue up to ask questions through the audio line?

And in the meantime for those of you who don't want to ask your question through the audio line please do enter it in the Chat function or Q&A within WebEx.

Coordinator: Absolutely. We will now begin the question and answer session of today's call. If you would like to ask a question from the phone lines please press star 1. You will be prompted to unmute your phone and record your name. Your name is required to introduce your question.

Again it's star 1 to ask a question. And just one moment please for the first question.

Marisa Scala-Foley: All right. Well while we're waiting for the first question to come in, we did get a question in Q&A through - from (Robin) who asks how can states work with managed care plans to achieve these initiatives?

Alice Dembner: So I think, you know, very important for states to work with managed care plans and vice versa and also to bring in other stakeholders as well to really look at this together - to take this tool and take the state program and work through the tool and say, "How do we stand up? How do we hold up to the tool?"

And then how can we look at the elements where we're falling down and what can we do together to get there - to get to achieve a more consumer focused program?

Marisa Scala-Foley: Okay Alice, we got a question for (Darrell) through - or perhaps (Durrell), I apologize if I'm mispronouncing your name - who asks what your definition of home and community based services is.

Alice Dembner: Well we use for this definition - we did use the new Federal definition that has come out with the new regulations. And I'd rather refer you to the regulations than to try to bumble through it here since I have don't have it in front of me.

But basically we're looking at services that are provided in the community and in the home that are person centered and consumer focused with the consumer control as much as is possible for that person. And I think, you know, those are some of the more important elements.

Also looking at the new requirements of settings that the Federal government put out that really talk about enforcing what has been the law of the land in terms of the Olmstead decision of the Supreme Court for services to be

provided in the least restrictive environment possible which is most often the consumer's home.

Marisa Scala-Foley: Okay (Charles), have we gotten any questions in through the audio line?

Coordinator: Yes ma'am, I'm showing a couple questions right now.

Our first question comes from (Sarah Roberts). Your line is now open.

(Sarah Roberts): Hi. Thank you for the presentation. My question is around what are the quality standards or is there a checklist for - to ensure quality standards to measure the quality of life more of the qualitative measurements that are experienced by consumers.

Alice Dembner: It's a great question. The checklist does include a section with a number of quality elements. On the issue of quality of life, we have one element that says, you know, does the state measure this? And we have not cited a specific measurement tool. We do point to a specific state that's requiring that measurement of quality of life so you could see what tool they are using.

But we have not recommended a specific tool because at this point the development of tools in that arena is still in its infancy. And I know that there are efforts across Federal agencies and the Administration of Community Living is involved with to develop better measures for quality of life and look forward to seeing those in the not too distant future.

(Sarah Roberts): Thank you.

Coordinator: Okay, I'm showing our next question comes from (Fran Servinek). Your line is now open.

(Fran Servinek): Yes. My question - I put it - just put it in the Chat box - is what states have done long term services and supports to a Medicaid managed care program long enough that there's some reliable data about how well it is working?

Alice Dembner: So there are a handful of states that have really been doing this for many, many years. And those include Arizona, New Mexico, Tennessee, Wisconsin, Minnesota. There are a few others but those are some of the ones that have been doing it the longest and have the longest track record.

One of the things that...

(Fran Servinek): And if I could just ask a follow up, I'm sorry. Are they doing it both with the senior population as well as the younger, disabled population?

Alice Dembner: Let me think. All of those states I believe are doing it with across both populations. Some of them started with one and then went to the other. But I'm pretty sure that they're all doing it across both populations.

Minnesota had two separate programs. I think they actually do still have two separate programs. So there's not a combined program but they have one program that's managed for seniors and one for people with disabilities. Other states like Arizona have it all combined together.

(Fran Servinek): Okay, thank you.

Coordinator: Okay. And just as a reminder everyone press star 1 to ask your question and record your name.

At this time I'm not showing any questions.

Marisa Scala-Foley: Okay. Bear with me for one minute while I scroll through the Chat to see if we have any other questions that we need to answer.

We did get one sort of comment from (Connie) who you had asked about sort of issues and so forth within what needs updating, how our consumers are faring, what are stakeholders saying? One of the issues that she mentioned was that issues in their state include delayed payments to providers.

Alice Dembner: Yes. I can think of one particular state that's having a lot of problems with that she might be from. And in fact that is really a critical issue if the payments aren't getting to providers then the providers may not be as willing to provide great care.

We hope that they will anyway but that's obviously not a good way to run the system. So it's very important that you have structures set up. That should be part of the planning to make sure that payments can be made on time to providers.

Coordinator: Okay. I'm showing a question from (Sarah Roberts). Your line is now open.

(Sarah Roberts): Thank you. Alice, could you point me to where I could get more information on the care coordination efforts? I'm looking at the pdf checklist. And then also the name of states that you mentioned have been developing the quality of life survey.

Alice Dembner: So if you have the tool - there's two different tools. There's the checklist which does not have the link. But if you're at the tool with the interactive tool which is on the resources page of our web site, then do you want to go back to that opening page?

Marisa Scala-Foley: I'm doing that right now. I may actually - do you want me to try to open the tool on the screen?

Alice Dembner: If you can that would be great.

Marisa Scala-Foley: Okay. Let me...

Alice Dembner: And we can show where the care coordination is in the section on Person Centered Planning. And the information on quality on life is in the Quality section. And it's - can you see it?

(Sarah Roberts): Yes.

Alice Dembner: Okay. So if you click through - this is great. I didn't know we had that capacity. So if you scroll to the bottom - Marisa, please on that first screen. Okay, now click on, you know, Overall Quality. Let's go - see if we can get to the quality of life.

(Sarah Roberts): There we go.

Alice Dembner: Okay. So there the first question - the first bullet there is...

(Sarah Roberts): Okay.

Alice Dembner: ...so the state can, you know, look at quality at life. So Massachusetts is requiring the NPLs to conduct a quality of life survey. You can look at the contract language. I vaguely remember that they are mentioning - they mention a couple of different quality of life surveys on the contract. I could be wrong.

But we could also click through to the contract but I'm not sure we want to go there right now, Marisa, when it would take long. We could give it a try.

Marisa Scala-Foley: Let's give it a shot.

Alice Dembner: Okay. So then we want to go to Page 122. We'll see how long it takes to load. It may be...

Marisa Scala-Foley: Are you seeing...

(Sarah Roberts): I'm seeing...

Marisa Scala-Foley: ...the contract?

(Sarah Roberts): It's trying to load.

Alice Dembner: No, see it would - you'd just see basically a grid. Looks like a chain link fence. So maybe that's not going to work.

(Sarah Roberts): That's okay. I can look.

Alice Dembner: Okay. Why don't we leave it to you (Sarah) to look on that. If you can't find it there, shoot me an email because I know there are some other states that are looking at that as well.

(Sarah Roberts): Thank you.

Marisa Scala-Foley: Just one other sort of reference in terms of quality of life surveys, ACL's Administration for Intellectual and Developmental Disabilities has been

working with a number of national partners to develop what's called the National Core Indicators...

(Sarah Roberts): Right.

Marisa Scala-Foley: ...which is a survey that looks at quality of life. You may be - it sounds like you're familiar with it already. I was just going to say you might look as well.

(Sarah Roberts): Right. No, that's a good recommendation. I'm trying to gather all of it - the different quality of life surveys out there. Colorado is looking at trying to create one basically.

Marisa Scala-Foley: This is Marisa. If you want to email us at affordablecareact@acl.hhs.gov, you know this is an issue that we've been working on quite a bit here at ACL. And I'm happy to connect you with our folks who are working in that area.

(Sarah Roberts): Oh, that's perfect. That would be great. Thank you. I'll do that.

Alice Dembner: And we would love to hear from you as you move forward on it if you feel like you've developed a tool that works to please share it.

(Sarah Roberts): Oh absolutely.

Marisa Scala-Foley: Okay Alice, we got a question through Chat from (Dennis) and I think it's a great plug for one of the - for the best practices report that you did last year I think or the year before perhaps, who asked is it possible for you to provide us with a matrix of best practices along with the sort of carrots and sticks associated with those best practices?

Alice Dembner: Absolutely. So I think the best practices are built - well built into this tool as well as in that paper that we put out which did focus on best practices. But a number of those - all those best practices that were in that paper plus more are in this tool that we were talking about today in terms of those examples.

Those are the best practices. And the headers are designed to, you know, really give you the phrase. You can go to your state and ask about, you know, are we doing X whether, you know, you go back to any of the pages - the pages Marisa with the particular sections on them we can look at some of those matrix - some of those things.

So it's - they're basically embedded in this tool under every different subject area are those best practices and links to them.

Marisa Scala-Foley: (Charles), any more questions through the audio line?

Coordinator: I'm showing no questions at this time.

Marisa Scala-Foley: Okay. We did get a couple more questions through Chat so let's work through those and then we'll try one more pass at the audio line before we sign off.

But so we got a question from (William) who asks if you have looked at the possibility of a waiting system for the checklist points in order to come up with an overall score.

Alice Dembner: We did not go there because we just thought that was a - we probably would have needed more statistical power than we have on staff to do that kind of a waiting in a valid way. So we thought we would leave the scoring to others and let others judge which are, you know, if they wanted to do that.

I mean one thing to look at is if someone is looking for, you know, the subset of elements that we think are the most critical. You can go to the first landing page of the tool, and there's a link there to the shorter checklist which is really the ones that we think are the most critical.

Marisa Scala-Foley: And for those of you on WebEx I did post the link to the tool again. And this is probably a good time to remind folks that we will be posting the slides on the ACL web site, acl.gov, probably within the next week or so. If you would like the slides sooner than that so you can get a look at the great information that Alice is presenting, please do email us at affordablecareact@acl.hhs.gov.

Okay we got another question from (Sharon) who asks, and I'm not sure whether this is a question you can answer or not but I'll pose it Alice. Are there significant differences between the states and what they do and don't count in terms of medical loss ratio and are there any best practices with that?

Alice Dembner: So absolutely. If you've seen one medical loss ratio you've seen one medical loss ratio. The states do have very different practices for this. And so it's really, you know, it is important to ask what are the elements that make up that.

I think some of the better requirements for that have actually been developed with the Affordable Care Act for private plans. I think it's probably worth looking at those because there was a lot of back and forth with stakeholders about how those would be defined for the private insurance marketplaces that were set up under the Affordable Care Act. So I'd say that would be one place - one good place to look for some standards on that.

Marisa Scala-Foley: Okay. (Charles), any more questions through the audio line?

Coordinator: I'm showing no questions at this time.

But just as a reminder press star 1 and record your name to ask a question.

Marisa Scala-Foley: All right. Well we're not showing any more questions through Chat either. So I will start our wrap up and then we'll give it more try with (Charles) and see if any more audio questions have come in and then we'll close things out.

So I really want to thank Alice for - well thank Community Catalyst for their work on this terrific tool. And thank you to Alice for being with us today. And thank all of you who have been with us on WebEx and the phone for such great questions.

If you have any additional questions or if you have suggestions for future webinar topics, we'd love to hear from you. So please do email us at affordablecareact@acl.hhs.gov.

(Charles), one last...

Coordinator: I'm showing no questions at this time Marisa.

Marisa Scala-Foley: All right. Well then we thank you all for joining us today. And we look forward to having you on future webinars. Thank you so much.

Coordinator: That concludes today's conference. Thank you all for participating. You may disconnect at this time.

END