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CABINET FOR HEALTH AND FAMILY SERVICES
ADVISORY COUNCIL FOR MEDICAID ASSISTANCE

Via Videoconference
November 17, 2022
Commencing at 10:03 a.m.

Shana W. Spencer, RPR, CRR
Court Reporter

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APPEARANCES

ADVISORY COUNCIL MEMBERS:

- Elizabeth Partin - Chair
- Nina Eisner
- Susan Stewart
- Dr. Jerry Roberts (not present)
- Dr. Garth Bobrowski - Co-chair
- Dr. Steve Compton
- Dr. John Muller
- Dr. Ashima Gupta
- John Dadds (not present)
- Dr. Catherine Hanna
- Barry Martin
- Kent Gilbert (not present)
- Mackenzie Wallace
- Annissa Franklin (not present)
- Sheila Schuster
- Bryan Proctor (not present)
- Peggy Roark (not present)
- Eric Wright (not present)

1 CHAIR PARTIN: Okay. So let's go
2 ahead and call the meeting to order.
3 Erin, would you mind taking the roll
4 call?
5 MS. BICKERS: Yes, ma'am. I have
6 Beth.
7 CHAIR PARTIN: Here.
8 MS. BICKERS: Nina.
9 MS. EISNER: Here.
10 MS. BICKERS: Susan.
11 MS. STEWART: Here.
12 MS. BICKERS: Dr. Roberts?
13 (No response.)
14 MS. BICKERS: Dr. Bobrowski.
15 DR. BOBROWSKI: Here.
16 MS. BICKERS: Dr. Compton.
17 DR. COMPTON: Here.
18 MS. BICKERS: Dr. Muller.
19 (No response.)
20 MS. BICKERS: Dr. Gupta.
21 DR. GUPTA: Here.
22 MS. BICKERS: John Dadds.
23 (No response.)
24 MS. BICKERS: Oh, I've got some
25 people in the waiting room. Let me get them

1 admitted.

2 Dr. Hanna.

3 DR. HANNA: Here.

4 MS. BICKERS: Barry Martin.

5 MR. MARTIN: Here.

6 MS. BICKERS: Kent Gilbert.

7 (No response.)

8 MS. BICKERS: Mackenzie Wallace.

9 MS. WALLACE: Hi. I'm here.

10 Sorry. It took me a second to get off mute.

11 MS. BICKERS: That's okay.

12 Annissa Franklin.

13 (No response.)

14 MS. BICKERS: Dr. Schuster.

15 DR. SCHUSTER: Here.

16 MS. BICKERS: Bryan Proctor.

17 (No response.)

18 MS. BICKERS: Peggy Roark.

19 (No response.)

20 MS. BICKERS: Eric Wright.

21 (No response.)

22 CHAIR PARTIN: Sounds like we have

23 some people missing. Do we have a quorum?

24 MS. BICKERS: I have 11 counted in,

25 so we should be good to go. Yes, ma'am.

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CHAIR PARTIN: Great. Thank you.

Okay. Then first up, could we have a motion to approve the minutes from our last meeting and the previous meeting, since we didn't have a quorum at our last meeting?

MS. STEWART: This is Susan Stewart. I approve that, make that motion.

CHAIR PARTIN: Thank you.

MS. EISNER: I'll second. I'll second that motion.

CHAIR PARTIN: Thank you, Nina. Any discussion?

(No response.)

CHAIR PARTIN: All in favor, say aye.

(Aye.)

CHAIR PARTIN: Any opposed?

(No response.)

CHAIR PARTIN: Okay. Minutes are approved. Thank you.

First up on old business. And I understand the commissioner is not able to be with us today, so Veronica Cecil is here in her place; is that right?

MS. JUDY-CECIL: That's correct.

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Good morning.

CHAIR PARTIN: Good morning. So under old business, is there any update on when CPMs might be included for reimbursement with Medicaid?

MS. JUDY-CECIL: We still have not determined a date as to when we're going to make that decision or move forward on implementing that. So, unfortunately, we don't have an update beyond that.

CHAIR PARTIN: We'll leave that on the agenda. Thank you.

And then this is just a reminder, this next item. Update on missed and canceled appointments. How is reporting going? Is there a common thread as to why patients are not showing up for appointments?

And the next update on that will be in March. We agreed at last meeting that we would do that every six months, so we'll be looking forward to hearing about that in March.

MS. JUDY-CECIL: And, Dr. Partin, just -- I wanted to let you know that we have -- we're creating a dashboard that's

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user-friendly that we anticipate being able to post on our website and share regularly with folks.

So definitely by March, I think we'll probably be in a really good shape -- and something that trends, so we can show the historic of where things are. And we're going to break it down by provider type, by MCO. So we're working on that right now.

CHAIR PARTIN: Great. Thank you.

Okay. And then again, this is just an update here. Hepatitis C prenatal screening, number of cases, number treated. And the next update on maternal/child health was to be at this meeting but will be postponed to January '23.

Next up is the status of the Anthem MCO.

MS. JUDY-CECIL: The status is there are no changes. The lawsuit is still pending, so there are no changes at this time.

CHAIR PARTIN: Okay. I'll just keep that on the agenda.

Okay. And then ramifications of the abortion bill related to Medicaid.

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DR. GUPTA: Dr. Partin, I think given the election last week, we don't really know what's going to happen with this yet. I'm fine tabling it until some new news comes out about it.

CHAIR PARTIN: Okay. Okay. Thank you. I'll just keep that on the agenda, then. We are moving right along.

MS. BICKERS: Beth, did you skip over Item C, the update on reimbursement for multiple visits?

CHAIR PARTIN: I did. Thank you. So that is update on reimbursement for multiple visits on the same day. Where are we with that?

MS. JUDY-CECIL: And, Dr. Partin, if you could please clarify, and I apologize for not following up with you prior to the meeting. But is this the Primary Care TAC's recommendation to have -- to allow FQHCs and RHCs multiple visits in a day, or is this related to being able to bill -- for providers being able to bill for multiple visits?

CHAIR PARTIN: This is related not

1 just to RHCs and FQHCs but all providers
2 being able to bill for multiple visits
3 with -- for instance, primary care and then
4 the patient has a specialist on that same
5 day.

6 MS. JUDY-CECIL: Right. So we're
7 not aware of any issues. I think at one
8 time, we had an edit -- there was an edit
9 that prevented that, but that edit was
10 changed, I think, quite a while ago.

11 So I think at this point, if people --
12 if there are providers with a problem related
13 to this, maybe they could send us examples.
14 But I'm not -- I'm not aware of current
15 issues.

16 CHAIR PARTIN: Okay.

17 MS. JUDY-CECIL: Now, the FQHCs and
18 RHCs is a very different thing because it's
19 about them being able to get more than one
20 PPS in a day. That evaluation is still
21 ongoing, and we'll work with the Primary Care
22 TAC on that. But as far as providers being
23 able to bill for multiple visits, I'm not
24 aware of any ongoing issues.

25 CHAIR PARTIN: Okay. Well, then,

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I'm going to go ahead and keep that on the agenda related to the RHCs and FQHCs.

MS. JUDY-CECIL: So our plan is to -- once we're finished with our evaluation, is to present that to the Primary Care TAC and have conversations with them. Just to let you know, that's probably something that would come back up through the Primary Care TAC related to that.

CHAIR PARTIN: Okay. I guess I just -- I have an interest in -- if it comes up through the TAC, it may not be public through the MAC, and I'd like that information to be shared publicly through the MAC.

MS. JUDY-CECIL: Okay. I would request that maybe we change, then, the item to be specific to FQHCs and RHCs and then that might help us, then, track it a little better.

CHAIR PARTIN: Okay.

MS. JUDY-CECIL: Thank you.

CHAIR PARTIN: Okay. Any questions from the MAC regarding UnitedHealthcare and the WellCare presentations from the last

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meeting?

(No response.)

CHAIR PARTIN: Okay. I do have one item. And I brought it up at the last meeting, and I'm going to bring it up again with UnitedHealthcare. This issue has been remedied with Molina Passport but not with UnitedHealthcare, and that is reimbursing providers with a credit card.

This is causing providers to have to pay a fee in order to be reimbursed, and it's -- it can get into significant amounts when you're paying those fees. And so I would like UnitedHealthcare to speak to that, if they would.

MS. HENSEL: This is Krista. Hopefully, you can hear me. I'm not seeing myself, but can you guys hear me? Can you give me a thumbs up or something?

CHAIR PARTIN: Yes.

MS. HENSEL: Okay. Unfortunately, my COO, who is closest to this issue, is not available today. It is something that we were not fully aware of, so thank you for bringing it to our attention.

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My understanding is that we are still -- I can follow up with you offline to get the information from my COO to you in terms of what the specific situation is or was. It was some type of program rolled out, and I think it -- I don't want to misspeak, so I'll wait and get the details from him and follow up with you.

CHAIR PARTIN: Okay. It's not just me. It's all providers. We're receiving a credit card reimbursement, and we have to put that through our credit card machine in order to be reimbursed, and the credit card processing companies are charging us a fee.

MS. HENSEL: Yeah. And I believe our preference is to do an electronic funds transfer, and the credit card -- virtual credit card option was made available to providers that were not interested in EFT and were receiving paper checks. But that's about as far as my knowledge base is at this point on this particular topic.

CHAIR PARTIN: Okay. So when you call to try and get that changed to EFT, you're put on hold forever, and we don't have

1 time to --

2 MS. HENSEL: Do you know what
3 number you're calling? Because that wouldn't
4 be what we're seeing in our dashboard, so I
5 want to follow up on the --

6 CHAIR PARTIN: I don't know offhand
7 what number that is, but I just would --
8 would like it fixed.

9 MS. HENSEL: If you want to follow
10 up with me and let me know what number that
11 is that you're calling. Because when we look
12 at our service dashboards, we're not seeing
13 long hold times or call abandonment on our
14 provider service lines, so I want to
15 investigate because you're doing something
16 different.

17 CHAIR PARTIN: Okay. Would you
18 just send me an email after the meeting? And
19 that way, I'll have your email address, and
20 we can communicate that way.

21 MS. HENSEL: Sounds great. Thank
22 you. Thanks for helping us figure it out.

23 CHAIR PARTIN: Okay. Thank you.

24 DR. BOBROWSKI: Dr. Partin, I've
25 got a comment there. Just -- I know

1 dentistry had to pass a bill back in the
2 spring. It was House Bill 370, and it passed
3 through the house and the senate unanimously
4 on just that issue, for the insurance
5 companies really to not use that form.

6 But I think in their contract language,
7 they were putting it as an option for a
8 provider to use. But most people are just
9 like what you're saying. It costs anywhere
10 from three to five percent just to get your
11 payment. And a lot of times, the insurance
12 company and the finance people were splitting
13 that -- that fee. But we had to pass a bill
14 to get that straightened out.

15 CHAIR PARTIN: So was that bill
16 just related to dentistry?

17 DR. BOBROWSKI: I believe so. I
18 don't think any other provider type was added
19 in on that.

20 CHAIR PARTIN: Okay.

21 DR. BOBROWSKI: Oops. Sorry.
22 Yeah. Okay. I thought I was on mute, but
23 I'm not.

24 CHAIR PARTIN: Okay. I just got a
25 message in the chat that said yes, it was

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just -- okay.

MS. JUDY-CECIL: Dr. Partin, I think your concerns are valid, and we'll go back to the MCOs and ensure that that's just an optional reimbursement mechanism. And they should not -- that should not be the primary or initial reimbursement mechanism for providers.

CHAIR PARTIN: Okay. Thank you.

MS. SCHUSTER: Beth, this is Sheila Schuster. Could I ask a question of Deputy Commissioner Cecil about the multiple visits on the same day? I just want to be sure because this happens to behavioral health all the time, Veronica.

You know, they see their primary care provider early in the day and then they have a behavioral health visit later in the day. And that has been a problem. It was a race to see who was going to get their claim filed first because that was the one that was going to get paid.

So am I understanding that the edit has been fixed, and that should no longer be a problem?

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MS. JUDY-CECIL: Yes. If there's -- if you have recent examples of that, I would like to see them. Because there should be nothing that prevents multiple providers, especially, you know, different NPIs and different services to be denied.

DR. SCHUSTER: Great.

MS. JUDY-CECIL: Now, there could be other reasons for denials, but that should not be one of them.

DR. SCHUSTER: Yes. Yeah. I understand that, but we will certainly let the --

MS. JUDY-CECIL: Yes. Great.

DR. SCHUSTER: -- behavioral health community know that because that's been a problem for years.

MS. JUDY-CECIL: Okay.

DR. SCHUSTER: So appreciate that very much. Thank you and thank you, Beth.

MS. JUDY-CECIL: You're welcome.

CHAIR PARTIN: Okay. So do I need to do something with UnitedHealthcare, or is the Department of Medicaid Services going to

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do something about that?

MS. JUDY-CECIL: We'll take that back, Dr. Partin.

CHAIR PARTIN: Okay. Thank you.

MS. JUDY-CECIL: Yeah.

CHAIR PARTIN: Okay. Next up is update from commissioner.

MS. JUDY-CECIL: Just a couple of things. One is the commissioner -- I believe Commissioner Lee committed to providing a Medicaid budget update, so I do have a short presentation for that but wanted to address a couple of other things and provide an update on them.

One is House Bill 525 passed earlier this year. It required the department to cover community health workers. We've been doing a lot of work on that including stakeholder engagement and meetings with Department For Public Health.

And our goal is to file a state plan amendment towards the end of December. We will comply with 525 which designated certain provider types, that we're supposed to reimburse for CHWs and those provider types.

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So we are working on that and will most definitely share -- once we've got the public notice prepared, we'll share that out to all the MAC and TACs, and it'll be posted on our website. So look for that probably, you know, mid to end of December.

We expanded dental, vision, and hearing services. We added additional services to the adult benefit that mirrored a lot of the coverage that we had for children. And we were excited about being able to increase access to our adult members.

And we are in the process of creating frequently asked questions to send out, so people understand what those services a little -- in more detail about what those services are and any limitations, because there are some limitations.

But that is effective January 1, 2023. We understand that there might not be an immediate uptake to those services because we're still finalizing all of the codes and reimbursement, and the systems have to be updated. And we're working with the Managed Care Organizations about what that coverage

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is.

So we know there's a lot of questions. We're really trying to work very diligently to get those addressed and get something issued out to everybody, so you all can understand what those additional benefits are.

The -- we did not receive the 60-day notice from CMS that the Public Health Emergency would end on January 11th. What that means is that we can expect another extension, and that would get us into mid-April.

So that's, you know, a bit of a relief to states. It gives us even more time to be prepared. Kentucky is in a pretty good situation in terms of -- we've been primarily focused on making sure our systems were updated to unwind.

We've been working on our communication plan and training plan to make sure that we're notifying everyone. And by that, I mean providers, stake -- you know, advocacy organizations, community-based organizations.

We are concerned about workforce. Our

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contact center, we do have, I think, I believe, an hour wait time at times on our call center. So adding unwinding and redeterminations on top of that, we're very concerned about that. So we've been very focused on trying to recruit and retain in that area.

But a lot of our Department of Community-Based Services social workers have never done a redetermination. We have a lot of new staff. So -- and connectors who have never done a redetermination. So we're really focused on making sure that people are adequately trained and understand what to do.

Our goals there are to prevent unnecessary administrative terminations. In other words, if somebody is Medicaid eligible but for some reason was unable to return that documentation that we need that we might have asked for in the allotted time, we want to prevent them from being terminated.

So we're going to do a lot of work, including through our Managed Care Organizations, to do outreach to individuals that we know are in that situation, that

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they're being required to return something so that we can do the redetermination.

The good news is that our system that we've really been working on and focusing on is about at an 85 percent passive renewal rate. And what that means is it does a really good job of going out there and pinging the federal hub and other databases to verify information so that individuals don't have to take any action. So we're -- we have one of the highest rates in the nation. Our system is doing a really good job of verifying that information.

So what that means is, you know, it'll really just be a smaller part of the population, not all 1.6 million, that it'll be a small part of that population that we'll really have to do an active redetermination for and we'll have to engage to make sure that they're providing information that we need.

We also understand that folks are going to be ineligible based on income, and what we want to make sure is that they smoothly transition over to other coverage such as a

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Qualified Health Plan.

In looking at our system, it appears that there is around 80,000 people that would likely qualify for the APTC, the advanced premium tax credits, in a Qualified Health Plan that helps offset costs for those plans, that they're eligible for those.

And so we're going to work to try to make sure that individuals understand that that option is available to them and work with them to do that. So our focus is keeping people covered or getting them transitioned to other coverage and should be in compliance with CMS.

So that's an update on unwinding. But if it's okay, I will -- oh, Dr. Bobrowski, I see your hand up.

DR. BOBROWSKI: I was just going to let you know I just sent a list of 25 questions plus subquestions to the commissioner last night, so I know she hadn't probably had time to read them this morning. But with dentistry, there's going to be a lot of concerns in working through the process-type thing, and we'll get there.

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We'll do it.

I just noticed on one of the codes, though -- this was supposed to be for adults, but I noticed there was a code or two in there that was specific for children. So we might need to -- we'll look at all of it, but I just wanted to let you know I did -- and I apologize. I didn't copy you on that so --

MS. JUDY-CECIL: She -- that's okay. She copied me, and she's already sent it over to our team. And they're working on it as we speak.

DR. BOBROWSKI: Well, that's a great bunch to work with. I tell you.

MS. JUDY-CECIL: Thank you. Thank you. Susan.

MS. STEWART: Sorry. I had trouble with my unmute button.

My question is: Have you all received notification on approval from CMS regarding EVV?

MS. JUDY-CECIL: Not that I'm aware of. Pam Smith, if you're on.

MS. SMITH: We still have not. We -- they did ask us a couple of questions,

1 and we have sent that back to them. They
2 were really -- it was clarifications. It's
3 not ones that I'm concerned about so -- but
4 we have not received the official approval
5 back. But they did let us know that it
6 may -- that it would likely be December
7 before we would get the final approval of
8 that GFE, yes.

9 MS. STEWART: Thank you.

10 MS. JUDY-CECIL: All right. Any
11 other questions before I dive into budget?

12 (No response.)

13 MS. JUDY-CECIL: Okay. All right.
14 I am going to attempt to share my screen,
15 which it's a little difficult for me in Zoom
16 than it is on Teams, so we'll see here. Can
17 everybody see that?

18 CHAIR PARTIN: Yes.

19 MS. JUDY-CECIL: Excellent.
20 All right. So this is part of a presentation
21 that Commissioner Lee and Steve Bechtel
22 presented to the Medicaid Oversight and
23 Advisory Committee. And the full
24 presentation is posted on their website, but
25 we chose a few -- the commissioner had chose

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just a few slides to go through to give you guys an update on what that budget looks like.

So I am going to jump to this slide which shows you that -- our actual expenditures in '21 and '22. As you see, there's about a 500-million-dollar difference between the two, 14.3 in '21 and 14.8 in '22.

Our budget for state fiscal year '23, which runs from July 1 of '22 to June 30th of '23, is 15,272,000. And for '24, because it's always done on an biennium, is 15,847,000. So that's -- and we'll share this slide -- these slides with you after the meeting. But that's just kind of a snapshot of what those budget -- what that budget looks like.

So speaking in terms of state fiscal year 2023, these are our expenditures to date. I always -- the federal and the state, I really just try to focus on the total for you all. But as we mentioned, our enacted budget was 15,272,000. Right now, through October, we've spent almost \$5,000,000. 4,970,000. And that represents about 32

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percent of our overall budget.

So, you know, we're tracking -- so this is a quarter in and, you know, we're -- Steve Bechtel might disagree with me, but we're tracking a little bit on budget so far.

So this big, beautiful pie is the Medicaid budget, looking at it from all the different programs. What you see is the largest there, which is managed care, and they serve over 90 percent of our population. So 11 point almost 8 billion -- billion dollars there. So that represents about 79 percent of our budget for -- again, keep in mind, for over 90 percent of our population, so that makes sense.

Fee for service is a little over three million dollars. Even though our fee-for-service population is a little less than 10 percent, it does encompass over -- a little over 20 percent of our budget.

The big piece for the fee for service comes from our 1915C waivers and our Money Follows the Person transition program and home health, and that's the alternative community care. They're represented at 1.1

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million dollars.

Our nursing facility is the other big piece to that, and that's 1.2 -- over 1.2 -- excuse me, billion. The alternative community care is 1.1 billion, and nursing facility is 1.2 billion. So that breaks down where our costs are really going.

We've started to break out and show folks that over 22 percent of the managed care budget is actually directed payments that is in state statute. And so, you know, these are mandated for us to pay.

Right now, the big pieces of that are our hospital rate improvement program. As you can see, total to date from state fiscal year 2020 to now is over 2.2 billion dollars. And the university directed payment is the university hospital which is similar to the hospital rate improvement program, and that -- a total over those three -- a little over three fiscal years is 3.8 billion dollars.

And then we have a fairly new ambulance provider assessment program which has increased reimbursement to our ambulance

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providers across the state which started in state fiscal year '21. And right now, we're at 82.5 million dollars for that program.

This is looking at our waiver expenditures. We do have six waivers, so this is just showing across the state fiscal years where we are in spending for those different waiver programs.

There was a -- we noted a 90 -- about a 9 percent increase from state fiscal year '21 to '22 of about 90 million dollars. We did want to note that it does show a decrease in brain injury, but that was due to decreased utilization and as a result of COVID --

(Brief interruption.)

MS. JUDY-CECIL: -- in the early part of '22. Oh, I'm sorry. I did want to note -- sorry about that -- that for the waivers, we did submit a spending plan to CMS to utilize those increased HCBS FMAP that was under the American Rescue Plan. And that would provide a 10 percent increase in rates across all waivers. And that's in our budget, but we're waiting for CMS approval still to do that.

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DR. SCHUSTER: Excuse me, Veronica.

I don't know how to raise my hand on this thing.

MS. JUDY-CECIL: Sure.

DR. SCHUSTER: Can you go back to the 1915C waivers? Because I had a question I was going to ask.

I've been hearing from providers of those services about the difficulties that they're having, and I know you've been hearing about it, keeping their doors open and providing services due to tremendous staffing difficulties.

We know that House Bill 1, the biennial budget, had language directing that 10 percent rate increase, and DMS has testified at legislative committees about this issue.

Pam Smith sent a letter to waiver providers on September 16th indicating that you all had submitted the plan and will expedite reimbursement which, I think, is what you just reported.

That was two months ago.

MS. JUDY-CECIL: Yep.

DR. SCHUSTER: And people are

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really getting fairly desperate at this point.

So on behalf of the HCB waiver providers, I'm asking: What's the status of the rate increase? What communication has been received from CMS? Are there any barriers to implementation? And what do you see is a really accurate if -- the most accurate projected time frame that you can give us for reimbursement of those adjusted rates to begin? Thank you.

MS. JUDY-CECIL: Okay. Pam, are you able to address those questions?

MS. SMITH: I can.

MS. JUDY-CECIL: Thank you.

MS. SMITH: So we have not received the final approval from CMS. They sent us some questions as well as pointed out again to us that, in order to use those funds, we have to have an approved rate methodology in place which is -- the rate study, as you know, is in progress right now and is targeted for those.

We've previewed some of the rates with some groups yesterday, and we'll be ready to,

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after some small changes, present those, begin amending regulations and the waivers in early 2023.

So we -- while we cannot -- the rate will go back retroactive to July 1st. We can use Appendix K to do that. We cannot use the ARPA funds to pay for those rate increases until that is -- until that rate methodology is in place and approved by CMS.

However, there are some -- you know, right now -- and we're evaluating whether we need to expand it to some additional services. But a large portion of the HCBS, the services that are -- you know, that are support professionals that are not the, you know, clinical services, are able to request up to a 50 percent increase right now through Appendix K.

So even -- so they're even able to request more than that 10 percent right now and be billing that. That was retro back to January 1st of this year. And we do have several providers that have taken advantage of that and are doing that, are using that rate increase.

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DR. SCHUSTER: Thank you, Pam. Are providers broadly aware of the direct service provider 50 percent increase?

MS. SMITH: I believe they are. We did aggressive --

DR. SCHUSTER: I didn't see that in their letter.

MS. SMITH: We had done some aggressive communication around Appendix K when we first put that in. We will be -- and I can target, kind of, a section of communication that's going to be going out soon with an update of where we are on the rate study. So I can reiterate that, Dr. Schuster, and let -- to make sure that people understand.

We also are going to -- we've talked about it's going to be important as we move forward with the rate study and just -- it's been a while since we've had some of those larger stakeholder sessions where we basically just kind of held open office hours and people could come in and ask questions, that we are going to target starting some of those in January once we get through the

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holidays and have, you know, a better idea -- the timeline is a little more firm on the rate study completing.

MR. CHRISTMAN: Pam, this is Rick Christman. As you know, we talked about this very issue at our TAC meeting, but there are some services that still have not been eligible for that -- those rate increases through Appendix K.

Wouldn't that include day training and, like, residential, too, and perhaps some others?

MS. SMITH: So day training -- the day training and adult day providers for this version of Appendix K were eligible for retainer payments, and it was for three retainer payments. Those are targeted to go out next month at the latest, and it'll be all three of those retainer payments.

And then we can evaluate -- and, Rick, I think this is what I mentioned in the TAC -- with, you know, my leadership and additional -- additional staff whether, based on the timeline for the rate study, if we need to do a different amendment to

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Appendix K or if that needs to change based on what, you know, the timeline looks like for the permanent rate increases to be put into place.

MR. CHRISTMAN: I realize it's very complicated. Tell me again about those retainer payments that are pending.

MS. SMITH: So the -- all of the ADTs and ADHCs that applied for the retainer payments, we are in the process of doing a final quality check on who meets that criteria. And I'm sorry. I don't have it in front of me, and I don't want to speak percentages because I will get it wrong without having it in front of me.

But we're doing the quality checks to make sure that everyone that applied met the criteria and then we will send out -- they were eligible for three of those retainer payments. So it's basically three consecutive months of those, what it would entail. It would be three consecutive -- or three months of reimbursement in those retainer payments, and that is targeted to go out before Christmas of next month.

1 MR. CHRISTMAN: Okay. And this is
2 going to compose all of my presentation
3 anyway. But Sheila, for you to know, I guess
4 the rates that are legislatively mandated
5 through HB1 will be the floor; correct, Pam?
6 And then the rate study --

7 MS. SMITH: Correct. There are
8 no --

9 MR. CHRISTMAN: They could exceed
10 that.

11 MS. SMITH: There are no rates
12 that -- the proposed increase through the
13 rate study is below the 20 percent, which is
14 the 10 percent for fiscal year '23 and the 10
15 percent for fiscal year '24.

16 MR. CHRISTMAN: And --

17 MS. SMITH: Most -- a lot of the
18 services -- the majority of the services are
19 receiving much more -- or are -- I should say
20 proposed because, you know, again, these all
21 have to go through all the formal approval
22 processes. But the proposed new rates, the
23 majority of them are well above that 20
24 percent mark.

25 MR. CHRISTMAN: And that the new

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rates that are going to be forthcoming from this rate study may be in play by about this time next year, would you say?

MS. SMITH: Yes. That is -- that is the target date, to get -- you know, realize we're dependent on legislative review timelines as well as CMS' timeline for reviewing them.

But the plan would be that we could match up the end of Appendix K. So when -- you know, the increases through Appendix K, when that ends, that the new rates would be ready to take place so that there wouldn't be a gap.

MR. CHRISTMAN: Yeah. So to answer your question, Sheila, it's very complicated, but they're working on it. Thank you.

DR. SCHUSTER: I know the ABI folks belong to the BH TAC.

There's two questions in the chat, Pam. One, can Appendix K be sent to the MAC members? I think that was from Sue Stewart maybe.

MS. SMITH: It can, and it's -- I can get that to Erin, and we can get it out.

1 Or -- it probably will be easier for me to
2 have Erin send the link. But it is out on
3 the website as well as all of our -- we
4 recorded our sessions where we went over
5 those, so those are also -- the recordings
6 are available as well.

7 DR. SCHUSTER: Oh. That would be
8 great. And then Amy Staed has: DMS
9 testified in July that Appendix K had already
10 been amended to reflect the HB1 increases.
11 What happened?

12 MS. JUDY-CECIL: We have to get CMS
13 approval.

14 MS. SMITH: Right. So there was
15 the -- so Appendix K has -- was modified to
16 allow for increases that are even -- and that
17 was done prior to House Bill 1 even being
18 approved. We cannot do anything with the
19 House Bill 1 increases until we have final
20 approval.

21 And, again, the rate that they are --
22 the providers are able to get through the
23 Appendix K amendment is 50 percent, so it's
24 much more than the House Bill 1 increase.

25 DR. SCHUSTER: Okay. I think I'm

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getting an intense lesson here on some of these ins and outs, but I appreciate your willingness to communicate all of that, Amy, and I -- I mean, Pam. And I just wanted to reiterate that these are our most vulnerable people on these waivers.

MS. SMITH: Absolutely.

DR. SCHUSTER: And we just worry so much about whether, you know, people are going to get services. I see Dr. Gupta has a question, also. Do these rate increases only apply to these specific Medicaid waivers?

MS. SMITH: Yes.

DR. SCHUSTER: Or does it also include the common E&M codes we use in the clinic?

MS. SMITH: So the rates that were in House Bill 1 are specific to five of the HCBS waivers.

DR. SCHUSTER: Five of the six, yeah.

MS. SMITH: Model 2 was not included in those increases.

DR. SCHUSTER: Right.

MS. SMITH: And the rate study that

1 I've been referencing also is specific to --
2 it's specific to all of the 1915C waivers.
3 So all of the conversation is speaking --
4 that I've referenced has been directly
5 related to the 1915C waivers.

6 MS. JUDY-CECIL: It might be
7 helpful if we go back and maybe prepare a
8 couple of slides that really talk through --
9 and we've done a lot in rate increases for
10 the waivers throughout the COVID-19 PHE.

11 So I think it might -- maybe what we can
12 do is try to distill that information down a
13 little bit easier to understand and show
14 across what we've done throughout the PHE and
15 then what's pending.

16 MS. SMITH: We actually have one in
17 draft right now, Veronica.

18 MS. JUDY-CECIL: Excellent, Pam.
19 Thank you.

20 MS. SMITH: So perfect idea so...

21 MS. JUDY-CECIL: And we'll get that
22 out because it is confusing. And I assure
23 you, if we could wave a wand and make CMS
24 make a decision when we want them to make a
25 decision, we'd do it, but they -- we are at

1 their mercy.

2 DR. SCHUSTER: Right.

3 MS. JUDY-CECIL: We follow up
4 regularly on this. They are well aware of
5 our desire to -- you know, to get this
6 implemented, especially since it's in the
7 budget. So I can assure you we're working on
8 that.

9 MR. CHRISTMAN: And one more thing.
10 And, Pam, it'll be the case that in regard to
11 the rate increases contained in HB1, the 20
12 percent, they will be paid eventually
13 retroactive to July 1st; correct?

14 MS. SMITH: Well, the 10 percent
15 would be. Because, remember, it's 10
16 percent --

17 MR. CHRISTMAN: Oh, the 10 percent.
18 Of course, yes.

19 MS. SMITH: -- each fiscal year.
20 We referenced in the rate study the 20
21 percent because, you know, the rates will be
22 in place for longer than just that period of
23 time so...

24 MR. CHRISTMAN: You are correct.

25 DR. SCHUSTER: Yeah. I love the

1 idea of a couple of slides. And if you could
2 put some -- excuse me, some timeline in there
3 when you do it, Pam.

4 MS. SMITH: Absolutely. And I --

5 DR. SCHUSTER: And I know it's up
6 in the air because of CMS but, you know,
7 post-CMS, pre-CMS approval, post-CMS
8 approval, and what you see is kind of the
9 bottom line.

10 MS. SMITH: Absolutely.

11 DR. SCHUSTER: And the things that
12 are retroactive would be helpful.

13 MS. SMITH: Absolutely. We will do
14 that. Because it's a lot to try to unpack
15 and to try to understand even with doing --

16 DR. SCHUSTER: Yeah.

17 MS. SMITH: Even with working in it
18 every single day, so we will do that.

19 DR. SCHUSTER: All right. Thank
20 you so much. I appreciate the --

21 MS. SMITH: You're welcome.

22 DR. SCHUSTER: Thank you for your
23 questions, everyone, and for weighing in,
24 Chris. Appreciate it.

25 CHAIR PARTIN: I'll put that on the

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agenda for the next meeting, so we'll have those slides.

MS. JUDY-CECIL: Excellent. That sounds great.

So just a couple more slides, and this does not -- this is non-Appendix K. A couple of the other -- what we wanted to show for the Public Health Emergency impacts to our expenditures, and they were really related primarily to nursing facility and hospital.

We added a 29-dollar add-on for nursing facility. We also added 270 per COVID-positive patient, and we increased the bed reserve days for them which resulted in an increase in expenditures. And then we did increase the hospital DRG by 20 percent for discharges, so that's that.

And then a couple of other things that, you know, have impacted our expenditures, and that is continuous enrollment. You know, we're having to keep on -- right now, we're up to about an increase of 375,000 people that we have increased from pre-COVID-19 Public Health Emergency to date.

We don't know, again, until we go

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through a redetermination how many of those folks are going to maintain Medicaid eligibility, and that's something we'll find out over the 12 months as we unwind.

But the 6.2 FMAP that was afforded to states for that continuous enrollment, it has helped us manage that budget increase. So we're -- we keep reminding CMS that we appreciate that and would like to continue that as long as possible, especially through unwinding.

Some of the other flexibilities. You know, as you all are well aware, we expanded telehealth, and we increased the limit on inpatient beds to 25 for critical access hospitals. We waived certain requirements for durable medical equipment so that people could get access to their DMEs.

And we expanded settings for adult day training and adult day health to be provided in-home. So several things that we did over the course of the Public Health Emergency.

So that is just a couple of slides I wanted to go over, if there are any other questions.

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MR. MARTIN: Veronica, on some of those optional things, what are we doing with those? Are we considering those, especially, like, telehealth? I'm sure Sheila and others will chime in and say those are --

MS. JUDY-CECIL: Yeah. Telehealth isn't going away.

MR. MARTIN: Okay.

MS. JUDY-CECIL: So we -- you know, we filed a regulation and really cemented several of the flexibilities that we have had in place under COVID-19. The only thing that we don't have control over is platform. And right now, under the PHE, you know, we have available -- providers have available several platforms to do that telehealth.

Once PHE ends, we have no flexibility to continue those. But, you know, we plan a lot of communication around that to make sure providers understand what they can and can't do once the PHE unwinds. But, you know, we did take a lot of the flexibilities and implement them already.

DR. SCHUSTER: Yeah. And I would say that the BH TAC had requested an FAQ on

1 telehealth. We had a briefing on all of the
2 reg changes, and that document is out there.
3 It's excellent. It's a FAQ on the current
4 status of behavioral -- I mean, of telehealth
5 in the commonwealth. And then there's also,
6 kind of, a flyer that goes along with it that
7 could be helpful for you to distribute to
8 your staff and even to patients.

9 I don't know where those are housed. I
10 guess someplace on the DMS website, Veronica.

11 MS. JUDY-CECIL: Yeah. I'll
12 double-check to see if they're on our
13 COVID-19 website. But if we haven't, we'll
14 re-send or send to the MAC and the TACs to
15 make sure they have it.

16 DR. SCHUSTER: Yeah. Because it's
17 really an excellent piece on telehealth.

18 MS. JUDY-CECIL: Thank you for
19 that, Dr. Schuster.

20 DR. SCHUSTER: Thank you.

21 MS. JUDY-CECIL: And that is -- I
22 believe completes the commissioner's update
23 unless there are any other questions.

24 (No response.)

25 CHAIR PARTIN: Okay. Thank you.

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So next up is reports and recommendations from the TACs, and first up is behavioral health.

DR. SCHUSTER: Thank you very much. The Behavioral Health TAC met via Zoom on November 3rd. We have a new voting member representing the Brain Injury Association of America - Kentucky Chapter. We had a quorum. We had DMS and Department For Behavioral Health representatives, and all six MCOs were there.

We had great interaction from Justin Dearing over at DMS who told us that they were creating the dashboard that Deputy Commissioner Cecil just mentioned to you, so we're very excited about that. We have been wanting to see how many of the reports to the no-show portal are coming from behavioral health providers because we really want to up that. So I think he's hoping that January will be a go live on that.

We continue to struggle with coverage for people who have -- who are dually covered, not so much with Medicaid and Medicare but for those who have Medicaid and

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a commercial insurance.

So each of the MCOs told us whether they have a bypass list or not. I'm happy to report that Aetna, Anthem, Humana, Passport by Molina, and just recently, WellCare all have bypass lists. United is working on theirs.

We had people from each of the MCOs put their contact information in the chat so that the providers could contact them. But Deputy Commissioner Cecil requested that they post those bypass lists in their provider portal which we certainly seconded and were encouraged by.

She also said that she -- DMS had met recently with the MCOs about trying to create a uniform bypass list that would be used by all of the MCOs. So we feel like we are inching closer to a resolution to this. It just kills me that people who have coverage from two different sources have a harder time getting their services reimbursed than those who just simply have Medicaid.

The credentialing alliance being created by the Kentucky Hospital Association and

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Verasis should go live by the end of November. We're excited about that.

We still have a number of problems about the number of MCO audits of providers, and Jennifer Dudinskie of DMS gave us some feedback about targeted case management should only have a lookback period of one year, and she's available to receive complaints.

Leslie Hoffmann updated us on the status of the SUD waiver and the reauthorization of the 1115 waiver, which is now called Team Kentucky waiver.

We looked at the work of the EMS task force which is one of the issues that we've been following. This is the problem of people with mental health issues not being able to get transportation from a hospital that doesn't have a psych unit to a hospital that does have a psych unit. And I'm not sure that the task force is going to come up with a firm recommendation on that.

We do have a series of recommendations that are all tied to the same issue. We recommend that Kentucky Medicaid prepare a

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document listing all benefits and services for mental health provided to adults and children who are Medicaid members similar to the document being prepared with the Primary Care TAC listing all substance use disorder benefits and services.

Secondly, following the completion of the first document, that DMS would instruct all of the Managed Care Organizations to prepare and submit information to DMS about their benefits, operations, and value-adds regarding behavioral health services so that DMS can create a side-by-side comparison of the MCOs as they've done for maternity benefits.

If you all have seen that, I think it's a very helpful tool for consumers to switch MCOs or to pick an MCO if they're first becoming eligible for Medicaid.

This would include a variety of information specific to children and to adults of various populations, whether they have add-ons such as cell phones, what incentive programs are in place, apps, transportation aids, medication refill

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reminders, criteria for case management, communication with primary care providers and behavioral health providers, and where and how prior authorization is used.

Upon receipt of this information, that DMS will prepare and post this side-by-side comparison and make it available to providers and members upon its completion to be updated prior to open enrollment each year.

And, finally, that both of these documents be made as accessible as possible in terms of format, vocabulary, font size, and available in Spanish and in all other languages in which DMS issues written materials.

Our consumer rep on the TAC emphasized the importance of making the information in the comparison chart as clear as possible without adding to members' confusion. In that vein, we suggest that materials be reviewed by our voting members and also by the voting members of the Consumer TAC before being published and disseminated.

And our next meeting will be January 5th via Zoom from 2:00 to 4:00. And I'm

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available for questions. Thank you very much.

CHAIR PARTIN: Thank you, Sheila. I would like to make one comment on something that you touched on, and that is the audits. Recently, the -- we had to send records on patients, multiple patients, requested by some of the MCOs. And they don't have the ability for us to send those records electronically.

And since most practices now are using electronic health records, we have the capacity to send records electronically. But the MCOs don't have the ability to receive them electronically.

And with the requests going back so far, it's tons of papers. So to fax it is unrealistic because of the time that it would take to fax that many papers.

So, recently, I had to mail records, and it cost \$55 to mail the records. And so that's a burden when you've got multiple MCOs requesting records and no ability to send those many records. Because some patients are seen every month, and so that's a lot of

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paper.

So I would like to speak to that and say that maybe the MCOs develop a capacity to receive those records electronically to ease that expense on practices and to just ease the work burden of printing out -- it's not only the postage that you have to pay, but you have to pay for the paper and the ink to print those as well, which is becoming more and more expensive, as many of you who have practices know.

So I guess I would like to add that question to the MCOs about being able to receive those records electronically.

MR. OWEN: Chair Partin, if I may, Stuart Owen with WellCare, and I'm curious about the specific audit. Because I know -- like, our medical record audits, we allow electronic. We also volunteer for staff to go to the office. We also allow for staff to remote in. You know, if the provider gives permission virtually, to remote -- give them remote access control.

So I definitely know that. I know that's for our medical records, quality

1 audits, HEDIS audits. So I know that's an
2 option for that. I don't know if that's
3 exactly the specific audit we're talking
4 about here.

5 CHAIR PARTIN: Well, that -- that
6 would definitely be helpful. If you could
7 send me information about --

8 MS. STEWART: Sure.

9 CHAIR PARTIN: -- that, that would
10 be helpful.

11 MS. STEWART: Yeah. Will do.

12 CHAIR PARTIN: And if the other
13 MCOs can offer something similar, that would
14 be helpful or allow us to send the records
15 electronically.

16 DR. CANTOR: Sure. This is
17 Dr. Cantor with UnitedHealthcare, and we also
18 have electronic capabilities to be able to
19 send that, send information, especially
20 around HEDIS and other quality measures that
21 we're asking for. But I'm happy to direct
22 you to more specific people on our team who
23 can help with that.

24 CHAIR PARTIN: Okay. If -- I think
25 it might be helpful if just the MCOs provide

1 us that information. Maybe send it to Erin,
2 and she can --

3 DR. CANTOR: Will do.

4 CHAIR PARTIN: Thank you.

5 DR. SCHUSTER: Excellent addition,
6 Beth. Thank you. We've not had that
7 specific one. We've been talking mostly
8 about the quantity of and sometimes the
9 extremely short turnaround time.

10 And we have had a lot of support from
11 DMS -- and I will pass this along to the MAC
12 members -- that providers can always ask for
13 an extension of the time frame. They're
14 supposed to be 30 days minimum.

15 And a couple of the MCOs are kind of
16 dribble-drabbling out extensions every two
17 weeks or something like that. But Jennifer
18 Dudinskie at DMS was interested in hearing
19 specifics about those as well.

20 DMS has made it clear at the BH TAC --
21 and I'm sure this would be true across all
22 provider types -- that they don't want audits
23 to interfere with the ability of providers to
24 actually provide services. The audits are a
25 necessary evil perhaps but should not either

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be so costly, as you've pointed out, Beth, or so demanding that they interfere with the ability to actually provide services.

CHAIR PARTIN: Okay. Thanks, Susan, and thanks for that information from WellCare and UnitedHealthcare.

Okay. Next up is Children's Health.

MS. BICKERS: I don't think they have a representative on today, but they did have a meeting at the end of last month. They did not have a quorum.

CHAIR PARTIN: Okay.

MS. BICKERS: We're working on filling their inactive members slots so that they can have an active quorum.

CHAIR PARTIN: Okay. Thank you. Consumer Rights and Client Needs.

MS. BICKERS: I'm not seeing a representative on for them either today. They did have a meeting, and they did have a quorum. They did not have any recommendations.

CHAIR PARTIN: Okay. Dental.

DR. BOBROWSKI: Yes. The dental TAC met on November the 4th with a quorum.

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We met for about two hours and discussed a lot of topics. And just to highlight a couple, we had a follow-up report on the oral health survey done by Dr. McKee.

Several of the MCOs, for example, gave reports on the opioid prescriptions through dentistry that are actually decreasing. And Humana reported on a care transformation model, which is designed to help decrease emergency room visits.

There was a C2578 study on the systemic complications for medical -- Medicaid beneficiaries with Type II diabetes. And it's another study that just kind of shows that, you know, what we put in our mouths and how we treat our mouths can affect the rest of our mouth (sic). And it confirmed a lot of those aspects.

There was a lot of questions about the new expansion program, and there are other questions on the administrative part, that DMS said that they would be able to help us and handle that.

But, basically, we're looking at trying to help do things to minimize disease and to

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increase better oral health throughout the state so that Kentucky can get off the 49th level of oral health in the nation.

But there's one topic that was brought up to me about -- that we might need to just look at in the future, was on patients in these substance abuse programs. Like, when they go to the oral surgeon's office, it just takes an awful amount of time to coordinate them getting in the door and getting their paperwork.

Because, then, they've got to -- the oral surgeon's office has to check on what's their status with their pain clinic. They've got to be off their Suboxone. Then they've got to get back on. And they just talked about the -- a lot of time it takes to get them medically prepared to do oral surgery on them. So that might be something we need to look at in the future.

But there was no recommendations for the MAC, but we had a good TAC meeting.

CHAIR PARTIN: Thank you. Okay.
Next up is EMS.

MS. BICKERS: The EM -- EMS, excuse

1 me, is our newest TAC. They did meet on the
2 24th for their very first meeting, so it was
3 more of, you know, trying to find their way.
4 They have their next meeting on December
5 19th.

6 And, Beth, I misspoke. The Consumer
7 Rights TAC did have recommendations, but they
8 don't have anyone on the call to bring those
9 forth. So I'll make sure to remind them in
10 their next December meeting to bring those
11 forth in January.

12 CHAIR PARTIN: Okay. Thank you.
13 Health Disparities.

14 (No response.)

15 CHAIR PARTIN: Home Health.

16 MS. STEWART: This is Susan. I'm
17 not sure Evan is on today. We did have a
18 meeting. We did have a quorum. We had no
19 new recommendations, but we are still waiting
20 on a follow-up from our previous
21 recommendations. Thank you.

22 CHAIR PARTIN: Okay. I'm a little
23 bit confused here. On my previous agenda, I
24 have Nursing Home Care, but I don't see
25 Nursing Home Care.

1 MS. BICKERS: They have postponed
2 their meetings until March of next year, so I
3 just removed it.

4 CHAIR PARTIN: Okay.

5 MS. BICKERS: Because they haven't
6 been meeting the past few months.

7 CHAIR PARTIN: Okay. All right.
8 Thank you. That just threw me off a little
9 bit.

10 Okay. Hospital.

11 MR. RANALLO: This is Russ Ranallo.
12 The Hospital TAC, we did not have a meeting.
13 Our next meeting is scheduled for the
14 beginning of December.

15 CHAIR PARTIN: Thank you.
16 Intellectual and Developmental Disabilities.

17 (No response.)

18 CHAIR PARTIN: Nursing Services.

19 MR. MARTIN: Isn't Intellectual and
20 Developmental Disabilities a new one?

21 MS. BICKERS: No. The -- they had
22 their meeting just a couple of days ago
23 and --

24 DR. SCHUSTER: Yeah. Rick
25 Christman was on just a little while ago, and

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he --

MR. CHRISTMAN: Oh, I'm sorry. I was on mute. I'm sorry.

Yes. We met on the 15th. We had a quorum, and everything I was going to cover was -- has already been covered during the commissioner's presentation.

CHAIR PARTIN: Okay. Thank you. Okay. Nursing Services.

(No response.)

CHAIR PARTIN: Optometry.

MR. COMPTON: Yes. Steve Compton from the Optometric TAC. We met November the 10th. We had a quorum. All the MCOs and subcontractors were present. We had discussion over the upcoming expanded benefits. But like dentistry, we're still waiting on some answers. And we have no recommendations.

CHAIR PARTIN: Thank you. Persons Returning to Society From Incarceration.

DR. SCHUSTER: I believe they met. Steve Shannon had a conflict, and they're waiting for the SUD waiver to be approved to

1 really get into some recommendations. So I
2 don't believe they had any recommendations.

3 CHAIR PARTIN: Okay. Thank you.
4 Pharmacy.

5 MS. HANNA: Sorry. I couldn't get
6 myself unmuted. I don't believe the PTAC met
7 since the last meeting.

8 CHAIR PARTIN: Okay. Thank you.
9 Physician Services.

10 (No response.)

11 DR. GUPTA: Hi. This is Ashima
12 Gupta. The Physician TAC met on November
13 4th, and we had a quorum.

14 We do have a recommendation. The
15 Physician TAC recommends that DMS consider
16 the impacts of inflation and rising labor
17 costs on providers and practices as it
18 considers changes to the 2023 physician fee
19 schedule; and, further, the Physician TAC
20 recommends that DMS look at enhancing the
21 highly utilized primary care center codes
22 99203, 99204, and the codes between 99212
23 through 99215.

24 I do have just a bit of an explanation,
25 so please bear with me. But I think it will

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help explain the reasoning for our recommendations.

In cross-comparing the 2022 fee schedule with the 2013 fee schedule, looking specifically at some of the more highly utilized primary care codes like 99203, 99204, 99213, and 99215, which are the E&M codes for new and established patients, there has not been a rate change for any of these codes for at least the last nine years, if not longer. All the while, the rates for these codes in the Medicare space have seen a congregant average increase of 18.2 percent over the same time period.

Currently, the Kentucky Medicaid fee schedule for these four aforementioned codes is about 66 percent of a Medicare rate. Meanwhile, at the same time, according to the U.S. Bureau of Labor Statistics, prices for medical care are 28.14 percent higher in 2022 versus 2013. And just over the last two years, prices for medical care are almost 5 percent higher.

Physicians are the only Medicare provider not receiving an inflationary update

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in 2023. This is particularly destabilizing as physicians, many of whom are small business owners, contend with a wide range of shifting economic factors when determining their ability to provide care to Medicare beneficiaries.

The same could be said for the State's Medicaid physician fee schedule which is already significantly less when compared to Medicare. The cost effectiveness of primary care is well-documented going back to Barbara Starfield's paper who demonstrated that healthcare systems which have more comprehensive primary care improved population health at lower costs and with greater equity.

Primary care is a foundation of a high-functioning healthcare system. Evidence compiled over the past several years, both nationally and internationally, resulted in a conclusion that primary -- quote, primary care is the only healthcare component where an increased supply is associated with better population health and more equitable outcomes, end quote.

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Investing in high-quality primary care is an essential component of multiple policy priorities for the state including creating a more robust health workforce and ensuring that healthcare coverage translates into meaningful access to care.

Thus, the Physician TAC would recommend that, as a first step towards enhancing its primary care investment in helping providers deal with inflation, that as DMS finalizes its 2023 physician fee schedule, it considers enhancing the rate for more highly utilized primary care codes that have not seen an increase in nearly a decade or more.

And I did specifically say physician, and that's just because that's how the graph and research dated it, but this, I'm sure, applies to anyone who uses -- any healthcare provider that uses these codes. Thank you.

CHAIR PARTIN: Thank you. Primary care.

MS. LOCKHART: Excuse me. My name is Lisa Lockhart from the Nursing TAC, and I was having some trouble getting my phone off of mute when you called the Nursing TAC.

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Would it be all right if I spoke
briefly?

CHAIR PARTIN: Yes, please.

MS. LOCKHART: Okay. We -- the
Nursing TAC met, and we just wanted to bring
forward -- actually, or re-ask about a
recommendation that we had brought to the MAC
in the spring meeting. And let me just make
sure -- I just wanted to read exactly the way
we had produced this.

We had decided to take the reimbursement
issues to the MAC, and we just wanted to
recall the issues that we brought to you
previously to see if there were any responses
for us yet.

The first was the recommendation that
all APRNs in Kentucky be reimbursed by
Medicaid at 100 percent of the physician fee
schedule. Currently, it's at 75 percent.
The MAC approved this recommendation and took
it to DMS. DMS came back with a statement
that they will look at it.

We are just curious to know if it's
still being considered, and where does it
stand now?

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CHAIR PARTIN: Okay. Thank you.
Do you have any other recommendations?

MS. LOCKHART: The second was the recommendation that CPMs, Certified Professional Midwives, be recognized as providers eligible for reimbursement for their services by Medicaid. The MAC had approved this recommendation as well and taken it to DMS, and we were wondering if there was a response or any updates. That was it.

CHAIR PARTIN: Okay. Thank you. And if you were in the earlier part of the meeting, that -- the CPM issue has been on the agenda for probably over a year. And Deputy Commissioner Cecil said that right now, they are not -- not looking at changing that regulation. But we'll keep --

MS. LOCKHART: I must have missed that. Okay. Thank you.

CHAIR PARTIN: So as far as your first recommendation, we'll look to DMS responding to that and then their responses to the recommendations.

Okay. Anything else?

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(No response.)

CHAIR PARTIN: Okay. Thank you,
Lisa.

MS. LOCKHART: Not from nursing.
Thank you.

CHAIR PARTIN: Okay. Primary care.

DR. CAUDILL: Good morning. This
is Mike Caudill. I'm the chairperson of the
Primary Care TAC. We met on Thursday,
November the 3rd, and a quorum was
established.

At that time, we do have a
recommendation to the MAC, and it concerns
dental that Dr. Bobrowski also discussed
earlier. And that recommendation is: The
Primary Care TAC recommends to the MAC that
the following request be approved by the MAC
and forwarded to the secretary of Cabinet For
Health and Family Services, that the
secretary convene public and dental
stakeholders to study and make recommendation
to improve oral health information and state
dental policies related to population health,
dental workforce, in-state dental graduate
retention, dentists and dental auxiliary

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education, and Medicaid MCO contracts that support dental reimbursement, dentists' participation in Medicaid, dental telehealth, and dental case management.

In addition to that recommendation, we also discussed that the -- that DMS is preparing a crosswalk on SUD benefits at our request and coordinate that through the MCOs. And to that end, Ms. Cecil provided us a document based upon the ASAM level of care for SUD services that are covered by Medicaid. And the other documents will be forthcoming including specific information to each MCO as to what each of them covers.

And to that extent, Anthem and WellCare have provided that requested information. I do not have a copy of anyone else having done so yet.

We also updated on the provider signature regulations. If the MAC members will remember, FQHCs and rural health are treated differently in that the regulation requires them to close an encounter in one day as opposed to three days, and the Department has taken that up. That is going

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through their process and will be --
hopefully be presented in part of this next
legislature coming up.

The -- we had a presentation --
actually, I had two. But one of the
presentations was by Dr. Julia Richerson and
Casey Bryant.

Casey is executive director of Mama to
Mamas, and it deals with doulas. Doulas are
trained nonclinical professionals who provide
continuous physical, emotional, and
informational support to a pregnant person
before, during, and after childbirth. There
are very few health plans who covers the cost
of doulas at this time.

The presentation was looking for the
ultimate end of that being a reimbursed
category by DMS. And at that time, a
discussion took place. It was pointed out
that even though there's a lot of benefits to
that, that there would be problems where
they're not required to be certified about
being able to be spend Medicaid money for
that.

Medicaid promised that they will

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research the way that other states are handling the funding of doulas and will get back with the TAC on that.

Our next meeting is January the 5th, 2023, at 10:00 a.m., and we established meeting dates for the rest of the year of March the 2nd, May the 4th, July the 6th, September the 7th, and November the 2nd. And that's my report from the PC TAC, ma'am.

CHAIR PARTIN: Thanks, Mike. Any questions?

MS. BICKERS: Dr. Bobrowski has his hand raised.

DR. BOBROWSKI: Let me get unmuted here. Sorry.

Dr. Mike, thank you for those comments. Dentistry is really looking at an access-to-care problem of getting folks into the dentist, and I know two or three of the TACs have mentioned the -- about wanting to get fee increases. Dentistry hasn't had an adult fee increase for 20 years, and that fee schedule was based off of a 1998 fee schedule.

The -- I just got a report this week

1 that from 2017 to now, 2022, that the cost of
2 dental offices just to operate has gone up 40
3 percent in those five years. And it's just
4 getting hard to see patients and lose money
5 on a lot of procedures that we normally would
6 have done.

7 But one other comment, Dr. Mike, on your
8 doulas. I believe there's several of the
9 MCOs that cover that as an added benefit here
10 in Kentucky, but I'm not the expert on that
11 division. So -- but I did notice that
12 several MCOs do cover that. Thank you.

13 DR. GUPTA: This is Dr. Gupta. I
14 just wanted to say one more thing about the
15 fee schedules. You know, because Medicare
16 also is a proposed of an 8.2 percent cut
17 during -- in 2023 unless Congress takes
18 action. And for, you know, our small
19 businesses, it's going to be much more
20 difficult for us to be seeing -- to be taking
21 care of Medicaid and Medicare patients if
22 that cut does occur.

23 And, you know, we're all small
24 businesses, and it's going to hurt the
25 patients just as much as the providers with

1 decreasing access to health care. So just,
2 you know, it's so serious to not cut our fee
3 schedule and actually, you know, increase it.
4 I just wanted to leave it with that.

5 DR. CAUDILL: I know in our FQHC,
6 that we would be willing to employ another
7 four to six dentists immediately if they were
8 available.

9 MS. BICKERS: Susan has her hand
10 raised, Beth.

11 CHAIR PARTIN: Okay. Go ahead,
12 Susan.

13 MS. STEWART: I just wanted to add
14 comment about the reimbursement. Home health
15 rates have not been adjusted in over 20 years
16 as well, so I think that's something that DMS
17 needs to look at across the board, is, you
18 know, we need fair compensation for the
19 services that we provide across the board.

20 CHAIR PARTIN: I would just like to
21 add to that regarding reimbursement. Just to
22 put it in a little bit of perspective for
23 nurse practitioners, for a Level 2 visit,
24 that would be a 99212, it's \$23. So I think
25 what Dr. Gupta is talking about is kind of

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scary.

Because when you think about it, most of the visits are Level 2 or Level 3 visits. A Level 3 visit for a nurse practitioner is \$35, and I think everybody can appreciate that you can't -- you can't keep the lights on. You can't pay staff when you're reimbursed at \$23 or \$35 a visit.

So just to add a little context there to what we're talking about. It's -- people aren't getting rich on those visit codes.

Okay. I guess enough on that point.

MS. STEWART: Beth, if you don't mind, I'll add comment to that. I mean, it's really going to, you know, potentially force providers out of the market and then that leaves patients going unserved.

And for those that, you know, try to do the right thing and take care of the Medicaid population, maybe there ought to be a safety net provider status or something that is provided to us for those that are willing to continue to see Medicaid patients.

DR. SCHUSTER: This is Sheila Schuster. I tried to raise my hand, but I

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don't know that it was successful. We may take the prize for the longest period of no rate increase. Community mental health centers have not had a rate increase since 1999.

And I agree with the comments that have been made, particularly in terms of some kind of status for the safety net providers. Because that's what our CMHCs are, and many of you all fall in that category as well. It is really troublesome.

And as you all know, there's an increased need for behavioral health services in all age groups, particularly with children, due to COVID and so forth.

So I wouldn't want to be in DMS' shoes, I guess, but, you know, I think we're all up against it for sure. Thank you.

CHAIR PARTIN: So with this much discussion about reimbursement, I'm going to put that on the agenda for next time for just an update on what DMS is -- I know you can't act quickly but just your thoughts, the thoughts from DMS on that subject.

Okay. Last up is therapy services.

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(No response.)

CHAIR PARTIN: Okay. Well, that concludes the reports and recommendations from the TACs. Would somebody like to make a motion to accept those reports and recommendations?

DR. SCHUSTER: So moved. This is Sheila Schuster.

MS. STEWART: Second. Susan Stewart.

CHAIR PARTIN: Okay. Any discussion?

(No response.)

CHAIR PARTIN: All in favor, say aye.

(Aye.)

CHAIR PARTIN: Anybody opposed?

(No response.)

CHAIR PARTIN: Okay. The reports have been accepted, and the recommendations have been accepted.

Moving on to new business, Mackenzie Wallace has volunteered to be nominated for secretary. I have not received any other self-nominations for that position. So if it

1 would be the pleasure of the MAC, unless
2 there's somebody else who would like to step
3 forward, would somebody want to make a motion
4 to accept Mackenzie Wallace's nomination as
5 secretary.

6 MS. EISNER: This is Nina Eisner.
7 I'll make that motion.

8 MS. HANNA: Cathy. I'll second.

9 DR. BOBROWSKI: Bobrowski. Second.

10 CHAIR PARTIN: Okay. Mackenzie,
11 everybody is in favor of you.

12 MS. WALLACE: Well, thank you all
13 so much. I'm sorry I'm not on camera today.
14 I'm traveling. But I figured no one else
15 stepped up, so I'm happy to do it.

16 CHAIR PARTIN: Okay. So any
17 discussion?

18 (No response.)

19 CHAIR PARTIN: All in favor, say
20 aye.

21 (Aye.)

22 CHAIR PARTIN: Anybody opposed?

23 (No response.)

24 CHAIR PARTIN: Okay. Thank you,
25 Mackenzie. You are our new secretary.

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Any other business to come up?

MS. BICKERS: Beth, Steve Shannon dropped in the chat he's sorry for missing the reentry TAC report, but they did not have any recommendations from their November 10th, 2022, meeting.

CHAIR PARTIN: Okay. Steve -- does he want to say anything?

MS. BICKERS: I think he had multiple meetings going on this morning.

MR. SHANNON: Yeah.

MS. BICKERS: There you are.

MR. SHANNON: I actually have three laptops going right now, tracking all stuff. The other -- well, anyway. No. I have nothing else to add to that. We did not have a quorum. We have no recommendations, so thank you.

CHAIR PARTIN: Okay. Thank you, Steve. Okay.

DR. SCHUSTER: Beth, I have an item under new business. This is Sheila Schuster.

CHAIR PARTIN: Okay. Go ahead, Sheila.

DR. SCHUSTER: In addition to the

1 rate issue, the reimbursement issues, I
2 should say, the other common thread that I'm
3 hearing from all of us -- and I don't think
4 we've had a discussion as a MAC about this --
5 is workforce shortages.

6 And I don't know what we can do about
7 it, but it feels like the MAC is the one
8 place where every kind of provider and every
9 kind of Medicaid recipient has a meeting
10 place and a place for discussion.

11 And it just feels, to me, that that is
12 such an important issue that we ought to at
13 least put it on there and perhaps start with
14 a question to Medicaid about what initiatives
15 they're looking at, maybe what they're
16 learning from other states about what other
17 states might be doing in looking at various
18 workforce shortages.

19 CHAIR PARTIN: Okay. Veronica, can
20 we put that on the next agenda?

21 MS. JUDY-CECIL: Sure. You know, I
22 think this is where we do need more input and
23 engagement from you all and from your
24 provider associations, from the boards, from
25 the licensing boards. The workforce issue

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can't necessarily be solved by Medicaid. It has a lot to do with availability of practitioners, how many are graduating, how many are staying.

There are -- and I hear the conversation about rate increases. I promise you. We do continue to evaluate that, and I know a lot of providers think that's the solution to the workforce issue. If you just got -- if you just had more money, you could pay more, and you could attract more people.

But we're not seeing that as the, I guess, you know, way to resolve the issue. You're still going to have -- you can't -- even if we raised everybody's rates, which we can't do because we don't have the budget for it. This is a legislative problem. We have to have the budget to increase rates. But, you know, you're still not going to have somebody to fill that position because they're not there.

So -- and you all are -- a lot of you all are competing for the same workforce. So we can't continue to increase each -- you know, each provider type to a point where --

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you're still going to be in competition for that limited workforce.

So we are happy to continue the conversation about this and, you know, we've been working on the dental workforce issue. And we are committed to continuing to look at that, but I get it's across all provider types.

And what we need at the table are the licensing boards and the schools and the associations to come and work together, and it's not just Medicaid, to work together on those workforce challenges.

I know the governor is, you know, trying to adopt a lot of policies to try to encourage increases in the workforce. So the challenges are beyond solutions that are just Medicaid, and I think we just need to keep that in mind.

DR. SCHUSTER: I absolutely agree with you, Veronica. This is Sheila, and I wasn't intending or implying that it was simply a Medicaid problem. But the MAC is the one place where so many of -- in fact, nearly all of the health and health-related

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professions are represented.

I would be happy, Beth, to take a few minutes at our next meeting to present an idea that Emily Beauregard and I have presented at the MOAC about the workforce issue, and it has to do with licensure board data. Because we really don't know who's out there practicing because our licensure boards aren't asking the right questions.

And we're looking at some legislation possibly in the next session, and I'm happy to present that to the MAC as at least a piece for people to look at, if that would be helpful.

MS. JUDY-CECIL: Those are wonderful things to bring up and have discussions about in this forum. But you just pointed out, Dr. Schuster, it will take legislation. It will take executive policy. It will take the licensing boards, you know, to really impact any of this. And certainly, you know, welcome to have this to be part of the forum in which that's discussed. But I wanted to temper expectations a little.

DR. SCHUSTER: Absolutely.

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MS. JUDY-CECIL: Yeah. To make sure everyone understands what our limitations are.

CHAIR PARTIN: I think we do --

DR. SCHUSTER: Right. There are a number of -- go ahead, Beth.

CHAIR PARTIN: I think we do understand that, that DMS is limited in what they can do. But I think to Sheila's point, this is one of the places where all of the healthcare providers come together, and so it would be a good place to kind of brainstorm and to bring information forward to perhaps formulate some type of legislation in the future. So I think this would be an appropriate place for those discussions to begin.

And then the other point is to reimbursement. I think that none of us expect that the reimbursement from Medicaid is going to be raised at any time that's going to be competitive with some of the private insurances or even Medicare in the some circumstances. So the idea is not to try to recruit new providers to Medicaid but

1 to prevent currently participating providers
2 from dropping out because the reimbursement
3 is so low. I think that would be a more
4 realistic perspective on it.

5 So at our next meeting, Sheila, if you
6 would like to provide an update on that
7 information, that would be great. And I'll
8 put that on the agenda.

9 DR. SCHUSTER: Yeah. And Emily
10 Beauregard from the Consumer TAC -- because
11 this is a consumer issue as well if you think
12 about it. They know that if they can't find
13 a provider, they're not going to get the
14 service. So I'll volunteer Emily, without
15 her being here, that we'll do something on
16 what we had presented at the MOAC.

17 CHAIR PARTIN: Okay. So let's look
18 at maybe a 15- or 20-minute --

19 DR. SCHUSTER: Yeah. We don't need
20 any more than that, and there may be some
21 other information that others want to bring
22 to the discussion. But it would at least get
23 it started, kicked off a little bit.

24 CHAIR PARTIN: Yes. Thank you for
25 that.

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Okay. Any other business that somebody would like to bring forward or comments?

(No response.)

CHAIR PARTIN: Okay. Our meeting dates for next year are posted. And just everybody take note that we're doing November a little bit differently. In past years, we've met before Thanksgiving. And for 2023, we will be meeting after Thanksgiving for that November meeting.

Okay. If there's no other business, then would somebody like to make a motion to adjourn?

DR. BOBROWSKI: So moved.

CHAIR PARTIN: Okay.

Dr. Bobrowski. Second?

DR. SCHUSTER: Second. Sheila Schuster.

CHAIR PARTIN: Second, Sheila. Any discussion?

(No response.)

CHAIR PARTIN: Okay. All in favor?

(Aye.)

CHAIR PARTIN: Okay. Thank you, everybody. We'll see you next year.

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(Meeting adjourned at 11:42 a.m.)

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C E R T I F I C A T E

I, SHANA SPENCER, Certified
Realtime Reporter and Registered Professional
Reporter, do hereby certify that the foregoing
typewritten pages are a true and accurate transcript
of the proceedings to the best of my ability.

I further certify that I am not employed
by, related to, nor of counsel for any of the parties
herein, nor otherwise interested in the outcome of
this action.

Dated this 29th day of November, 2022.

/s/ Shana W. Spencer

Shana Spencer, RPR, CRR