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CABINET FOR HEALTH AND FAMILY SERVICES  
DEPARTMENT FOR MEDICAID  
CONSUMER RIGHTS AND CLIENT NEED  
TECHNICAL ADVISORY COMMITTEE MEETING

\*\*\*\*\*

Via Videoconference  
June 7, 2023  
Commencing at 1:30 p.m.

Tiffany Felts, CVR  
Court Reporter

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APPEARANCES

BOARD MEMBERS:

Emily Beauregard, TAC Chair

Miranda Brown

Melanie Tyner-Wilson (Not present.)

Arthur Campbell

Brenda Mannino

Christy Hardin (Not present.)

1 MS. BICKERS: Okay. It's just now  
2 1:30. We still have a few people joining in  
3 from the waiting room. I still just have  
4 the two committee members logged in so far,  
5 so we want to give it just a few more  
6 minutes to give people some time to log in.

7 MS. BEAUREGARD: Yeah, I think that's  
8 a good idea. Thanks.

9 Hi, Miranda. We're going to give it  
10 just a couple more minutes to see if some of  
11 our other members join us. We actually have  
12 a new member --

13 MS. BICKERS: Arthur is logging in as  
14 we speak.

15 MS. BEAUREGARD: Excellent. And  
16 Erin, did you hear from Melanie? Did she  
17 ever respond to you?

18 MS. BICKERS: I did. She is actually  
19 also joining our IDD TAC. So we had been in  
20 communication prior, so I sent her the  
21 minutes and the agenda for today.

22 MS. BEAUREGARD: Okay.

23 MS. BICKERS: And the calendar  
24 invite, as well.

25 MS. BEAUREGARD: Well, I hope she'll

1 be able to join us, as well. I know that we  
2 still have one opening for our Kentucky  
3 Association of Community Health Workers  
4 representative. And our FRYSC  
5 representative has been off due to a death  
6 in her family, so I'm not expecting her to  
7 join us today.

8 MS. BICKERS: I do hate to hear that.  
9 I'll be thinking of her.

10 MS. BEAUREGARD: Yeah.

11 MS. BICKERS: And it does look like  
12 you do have a quorum. If I see Melanie pop  
13 in -- unless I missed her when she was  
14 logging in, I'll let you know.

15 MS. BEAUREGARD: That would be great.  
16 Thank you.

17 MS. BICKERS: We can go ahead and  
18 turn it over to you if you'd like because it  
19 looks like the waiting room is clear.

20 MS. BEAUREGARD: Okay. Good  
21 afternoon, everyone.

22 MR. CAMPBELL: Hello.

23 MS. MANNINO: Hello.

24 MS. BEAUREGARD: Hi, Arthur.

25 MR. CAMPBELL: I just sent a message

1 to the group chat. Can somebody read it?

2 MS. BEAUREGARD: Arthur is saying if  
3 the meeting runs past 3 o'clock, he'll have  
4 to leave, and apologies for leaving early  
5 for another meeting.

6 So thank you, Arthur, for letting us  
7 know. We'll try to get to the items that,  
8 you know, that you are usually interested in  
9 covering before --

10 MR. CAMPBELL: I have something for  
11 new business.

12 MS. COLLINS: Are you saying new  
13 business?

14 MR. CAMPBELL: Yeah.

15 MS. COLLINS: Yeah.

16 MS. BEAUREGARD: You have something  
17 to add under new business?

18 MR. CAMPBELL: Yes.

19 MS. BEAUREGARD: Okay.

20 MR. CAMPBELL: Do you want it right  
21 now?

22 MS. BEAUREGARD: Why don't we --  
23 we'll do our introductions, and we'll  
24 approve the minutes from our last meeting,  
25 and then, we can actually jump to new

1 business and cover that item, Arthur.

2 MR. CAMPBELL: Thank you.

3 MS. BEAUREGARD: Yeah. Deputy  
4 Commissioner Veronica Judy Cecil is also not  
5 quite -- I don't think she's on yet, so that  
6 will give her a little time for some of the  
7 old business items that we're going to  
8 cover.

9 So why don't we go ahead and do  
10 introductions? I'm Emily Beauregard. I'm  
11 the director of Kentucky Voices for Health,  
12 and I'm chairing the Consumer TAC. And  
13 Brenda, Arthur, and Miranda, if you could  
14 just introduce yourselves?

15 MS. MANNINO: Hi. I'm Brenda  
16 Mannino, and I'm the representative for  
17 AARP.

18 MR. CAMPBELL: I'm Arthur Campbell  
19 with DPA.

20 MS. BROWN: Miranda Brown with  
21 Kentucky Equal Justice Center.

22 MS. BEAUREGARD: All right. Well,  
23 it's good to see you all. I was hoping that  
24 we would have our new member joining us  
25 today, Melanie Tyner-Wilson. Of course, she

1           may also join us a little later. She will  
2           be representing the Arc in place of Patty  
3           Dempsey. So, of course, want to wish Patty  
4           a farewell. I'm not sure if Patty is on  
5           either. I don't think I've seen her here  
6           today, but hopefully, she will continue to  
7           join us for meetings as she's available. So  
8           I wanted to share that news with you.

9                         We do have a quorum, as Erin stated,  
10           and we'll move to the next item, the  
11           approval of minutes from our previous  
12           meeting. That would be our April meeting.  
13           Has everyone had a chance -- and, of course,  
14           it is a long transcript. I understand that,  
15           but can I get a motion to approve?

16                        MR. CAMPBELL: I make a motion.

17                        MS. BEAUREGARD: Okay. Thank you,  
18           Arthur. And a second?

19                        MS. BROWN: I --

20                        MS. MANNINO: I second it.

21                        MS. BEAUREGARD: Okay. That was kind  
22           of a tie, so I'm going to say, Brenda.  
23           Thank you both. All in favor, say aye.

24                                 (Aye.)

25                        MS. BEAUREGARD: Opposed?

1 (No response.)

2 MS. BEAUREGARD: Okay, motion  
3 carries. So that is approved. Thank you,  
4 all.

5 And now, we'll jump down to new  
6 business and add an item for -- that Arthur  
7 would like to raise for the meeting. And  
8 then, we can go back up to old business.  
9 So, Arthur, tell us what you'd like to  
10 discuss in the meeting today.

11 MR. CAMPBELL: Wait a minute.

12 MS. BEAUREGARD: Okay.

13 MR. CAMPBELL: Wait for one minute.  
14 I'm trying to get my page.

15 MS. BEAUREGARD: Okay.

16 MR. CAMPBELL: I sent a message in  
17 the chat. Can you guys read it?

18 MS. BEAUREGARD: I see it. A  
19 proposal to overhaul the Michelle P. waiver  
20 and other waiver programs in the  
21 Commonwealth. And Arthur is asking us to  
22 bring a fellow colleague who serves on  
23 Kentucky's Protection and Advocacy Advisory  
24 Board to the August 15th TAC meeting. This  
25 person has done a lot of time assuming



1 research on Kentucky's waiver system,  
2 especially the Michelle P. waiver, and he  
3 has a few ideas that will make the waiver  
4 stronger for participants, and his  
5 suggestions will make more sense from a  
6 dollar and cents perspective, too.

7 So Arthur is asking the chat to bring  
8 one of the -- a colleague and two other  
9 people with disabilities to the August 15th  
10 meeting. And after the TAC listens to this  
11 person's suggestions and ideas, Arthur would  
12 like to make TAC recommendations to the MAC.

13 And, Arthur, I am absolutely fine  
14 with having guests attend our August 15th  
15 meeting. We can add them to the agenda. I  
16 don't know if Brenda or Miranda have any  
17 other thoughts there. I got a thumbs-up  
18 from Miranda.

19 MS. MANNINO: It's fine with me.

20 MS. BEAUREGARD: I'm just making  
21 notes here. So that would be for the August  
22 agenda. Arthur, is there anything else that  
23 you want to say about that now, or you just  
24 wanted to make sure that we have it?

25 MR. CAMPBELL: Yeah.

1 MS. BEAUREGARD: Okay. All right.  
2 We will do that. Thank you. I think that's  
3 an important discussion for us to have. So  
4 --

5 MR. CAMPBELL: Thank you.

6 MS. BEAUREGARD: Absolutely. So  
7 let's jump back up to the top of our  
8 agenda -- well, agenda Item 4, old business.  
9 And these are, of course, topics that we've  
10 discussed in previous meetings, and we'd  
11 like to have a status update on the  
12 following.

13 The first is our standing data  
14 request for how many Kentuckians are  
15 currently covered under traditional,  
16 expanded, and emergency limited, and  
17 presumptive eligibility Medicaid.

18 MS. BICKERS: Emily, if you could  
19 give us just a second. Veronica is logging  
20 in as we speak.

21 MS. BEAUREGARD: Okay. Absolutely.  
22 We'll just take a little pause.

23 MS. CECIL: Hi, everyone.

24 MS. MANNINO: Hello.

25 MS. BEAUREGARD: Hi, Veronica.

1 MS. CECIL: Sorry for being late. I  
2 had a meeting run over.

3 MS. BEAUREGARD: Not a problem. We  
4 were just starting to go through old  
5 business, and we're asking for an update on  
6 the number of Kentuckians currently covered  
7 under the traditional, expanded, emergency,  
8 and presumptive eligibility Medicaid.

9 MS. CECIL: Oh, okay. I'm going to  
10 have to phone a friend.

11 MS. BEAUREGARD: That's okay. It's  
12 not always the numbers that you provide.  
13 There may be somebody else there who has  
14 those.

15 MS. CECIL: Okay. Let me see -- is  
16 anybody else from team Medicaid on that can  
17 help with that?

18 (No response.)

19 MS. CECIL: Let's -- if you don't  
20 mind, let's pause on that one.

21 MS. BEAUREGARD: Okay.

22 MS. CECIL: And I'll see who can help  
23 me.

24 MS. BEAUREGARD: All right. Yes, we  
25 can come back to that. And then, a similar

1 question: How many people are currently  
2 covered under the 1915c waivers or on the  
3 waiting list? And if we need to come back  
4 to that one, we can.

5 MS. CECIL: Let's see if anyone from  
6 LTSS is on to help with that.

7 MS. THERIOT: Hi, this is  
8 Dr. Theriot. I was on the IDD TAC  
9 yesterday, and I can tell you what those  
10 numbers were that Alisha shared with us.

11 MS. CECIL: Thank you, Dr. Theriot.

12 MS. THERIOT: It looks like there are  
13 8,284 people on the Michelle P. waitlist,  
14 and 70 percent of those are children. And  
15 then, on the SCL waitlist, there's 3,172  
16 people.

17 MS. HOFFMANN: This is Leslie. I'm  
18 so sorry. I got disconnected, and I had to  
19 come back. I'm sorry, I've got the  
20 information, too, if you need it. I  
21 apologize.

22 MS. BEAUREGARD: Oh, that's fine,  
23 Leslie. And, yeah, if you do have --

24 MS. HOFFMANN: I've got it.

25 MS. BEAUREGARD: Okay.

1 MS. HOFFMANN: Pam is not able to be  
2 on. We are -- the schedules were a little  
3 tough today. So I've got 32,843 individuals  
4 are currently enrolled in the 1915c HCBS  
5 waivers. The waitlist for long-term care  
6 ABI is 16. Michelle P. is 8,294, which  
7 Dr. Theriot just gave you. And then SCL is  
8 3,172.

9 MS. BEAUREGARD: 3,172, thank you.  
10 And I understand that today is not our usual  
11 day, so I appreciate you all accommodating  
12 our reschedule. As far as traditional,  
13 expanded, emergency, and PE Medicaid, do you  
14 have those numbers, too, Leslie?

15 MS. BICKERS: I just dropped them in  
16 the chat, Emily.

17 MS. BEAUREGARD: Oh, okay.

18 MS. CECIL: Bless you, Erin. Thank  
19 you.

20 MS. BEAUREGARD: All right. So we've  
21 got a few numbers there. I appreciate that.  
22 Does anyone have any questions about the  
23 numbers that have been shared so far?

24 (No response.)

25 MS. BEAUREGARD: And then, if you do

1 have any others, you know, if you want to  
2 follow up by e-mail or put them in the chat  
3 later in the meeting, that will be fine.

4 On a related note, our next item is  
5 the PHE unwinding and Medicaid renewals.  
6 Everyone's favorite topic to do.

7 MS. CECIL: I do have that.

8 MS. BEAUREGARD: I figured you would,  
9 Veronica. I feel like that's all you do  
10 these days.

11 MS. CECIL: Yeah, let me --

12 MS. BEAUREGARD: I've realized that I  
13 didn't really update my questions under this  
14 section, but I have a feeling that you have  
15 an update for us anyway, so.

16 MS. CECIL: Okay. Let me share. So  
17 we have been doing -- and by the way, we're  
18 finalizing -- I know we usually try to post  
19 an update every week, and we're finalizing  
20 that. We wanted to -- this is an important  
21 -- this is important information, and so we  
22 want to make sure it's as accurate as we can  
23 get it. A couple of caveats to Medicaid  
24 data, and I apologize for not introducing  
25 myself: Veronica Judy Cecil with Kentucky

1 Medicaid.

2 So, you know, it's fluid because it  
3 depends on where we pull it, what day we  
4 pull it. You know, for example, if we pull  
5 this information and there are, you know,  
6 several cases that are with the worker and  
7 still determining eligibility. Today that  
8 number might not be reflected in a total of  
9 approved or terminated, but tomorrow would  
10 be. So it just, you know, have to remember  
11 that the information is only as good as the  
12 day we pull at the time we pull it because  
13 even throughout the day, that happens.

14 So what we've been doing over the  
15 past week is just making sure that that  
16 information is, you know, as accurate as  
17 possible, that we're putting the numbers in  
18 the right bucket. And then, to be able just  
19 to share it in a way that's understandable  
20 can also be a bit complicated.

21 So here is a snapshot of the May  
22 renewals. The number that we might've  
23 started with at the beginning of April for a  
24 May renewal is not going to always be the  
25 same number when we get to May 31st. And

1           that reason is because people will drop out  
2           of households or be added to households.  
3           Let's say somebody, you know, there's a  
4           child born, so the number -- that number  
5           gets fluid, too. But on May 31st, when we  
6           did the snapshot on June 1st, the number of  
7           individuals that were part of the May 31st  
8           renewal was 74,004 individuals.

9                        The other thing I would just want to  
10           remind everybody that kind of complicates  
11           this is that we've been reporting a lot at  
12           the case level because it is the case level,  
13           the household level, that we process our  
14           eligibility determinations. It's the case  
15           level that we're utilizing to monitor our  
16           workforce and the tasks that our eligibility  
17           workers are processing.

18                       So it just, you know, gets a little  
19           difficult because we will be moving from a  
20           case level to an individual level. Now, as  
21           we proceed through the unwinding period, we  
22           will just make sure that individual -- that  
23           stakeholders understand which metric we are  
24           using. So for this information, this is at  
25           the individual level. So our individual



1 member; not at the case level. So again,  
2 that is 74,000 individuals.

3 Of those 74,000, we were able to  
4 approve 37,182. The majority of those --  
5 although I didn't break it down, and I  
6 apologize for that, but the majority of  
7 those were the ones that we were able to, at  
8 the beginning of April, go out and  
9 automatically renew. So the lion's share of  
10 that is really those ex parte passive  
11 renewals where we went out, we pinged the  
12 federal hub, and we were able to determine  
13 and verify all information that we needed to  
14 be able to make the determination. So about  
15 34,000 of those are those ex-parte.

16 So the remaining of those approvals  
17 are ones where somebody submitted something  
18 in response to a notice or a renewal packet  
19 if they were active renewal or a request for  
20 information if they were a passive renewal.  
21 So a very small number -- you can see if you  
22 subtract around 34,000 from the 37,000, a  
23 very small number of individuals who were  
24 approved because they responded.

25 So let's get to the really, kind of

1           difficult number here. And that is, you  
2           know, 34,124 individuals were terminated  
3           from Medicaid as part of the unwinding. The  
4           number that you may see reported under our  
5           Medicaid statistics website that monthly  
6           report we post is going to be a little  
7           higher in terms of the number that have been  
8           disenrolled because we have a normal turn on  
9           top of that. But for unwinding for the May  
10          renewals, it is a little over 34,000.

11                    Of those, almost 6,000 of them,  
12           though, were eligible for a QHP and advance  
13           premium. So QHP is that qualified health  
14           plan, that commercial-like plan that's on  
15           the state-based marketplace, the Kynect, and  
16           also eligible for the advance premium tax  
17           credit. So almost 6,000 of those that were  
18           terminated were identified as being eligible  
19           for a QHP and APTC.

20                    Of that -- and this is just data as  
21           of June 1st, we tracked 460 of those had  
22           enrolled in a QHP. So those are individuals  
23           that should not see any gap in coverage  
24           because they're being able to move directly  
25           from Medicaid to that qualified health plan

1 coverage.

2 I think the concern here is that  
3 there's a lot that we could not identify  
4 having enrolled. And so they are likely  
5 going to have a gap, but we are working to  
6 outreach to those individuals and try to  
7 connect them to that coverage on the  
8 exchange, and that's what we'll continue to  
9 do during this time.

10 I think the bigger concern here, and  
11 what we honestly are continuing to dig into,  
12 is the 24,000 individuals who didn't respond  
13 at all. So they received a request for  
14 information or a renewal packet and did not  
15 respond to us in any way. So those  
16 individuals, you know, again, we've tried to  
17 outreach to these folks -- the state has a  
18 minimum of three times. The managed care  
19 organizations have attempted to reach their  
20 folks, and for whatever reason, either they  
21 know they're ineligible, or they just didn't  
22 take the action, or maybe we actually didn't  
23 reach them. You know, we left messages, or  
24 we haven't been able to locate them, then,  
25 you know, they had been terminated, and they

1 will be put in the bucket as for procedural  
2 reasons because they did not respond.

3 So just a reminder that we will  
4 continue, over the next 90-days, to try to  
5 reach these individuals and make sure they  
6 understand if they are eligible for  
7 Medicaid, or even if they are not sure, but  
8 submit that information or verify that  
9 information so that we can process their  
10 determination. And if they are eligible,  
11 then we can reinstate them back to that  
12 May 31st date so that there is no ultimate  
13 gap in coverage. Or if they're not  
14 eligible, then continue to make sure that  
15 they've signed up for their employer plan or  
16 they've signed up for a qualified health  
17 plan or Medicare depending on what the  
18 situation is. So it's a large number.

19 I'll pause for a moment on the May  
20 renewals to see if there are questions.

21 MS. BEAUREGARD: Thank you, Veronica.  
22 Any questions?

23 MS. MANNINO: I --

24 MS. BEAUREGARD: It sounds like  
25 Brenda has one.

1 MS. MANNINO: I have a question. Of  
2 that number, with the 24,521 who've had no  
3 response -- you've had no response from, so  
4 that's subtracted from the 34,000  
5 terminations?

6 MS. CECIL: Yes. So if you -- so  
7 what's missing in this bucket -- so, yes.  
8 So you take the 34,000 is the total  
9 termination. Of those, we determined almost  
10 6,000 of those were not eligible --  
11 ineligible for Medicaid but eligible for  
12 QHP. And then, the other subpopulation to  
13 that is the 24,000 that didn't respond.

14 What's missing here? I didn't have  
15 -- again, I know I'm missing a couple of  
16 metrics, but the other bucket under the  
17 termination, the subpopulation of those we  
18 determined ineligible and not QHP-eligible.  
19 So the rest of that is folks that were  
20 terminated because we actually determined  
21 them ineligible.

22 MS. MANNINO: So the no-response, you  
23 had attempted how many times to --

24 MS. CECIL: The state attempted no  
25 less than three times.

1 MS. MANNINO: By mail? Phone?

2 MS. CECIL: Primarily calling. So  
3 all of them -- all of the households were  
4 called. Some were texts if we had a phone  
5 number that was able to receive texts, so we  
6 had a mobile number, or e-mail if we had an  
7 e-mail on file. So we tried all modes of  
8 communication to reach individuals.

9 MS. MANNINO: Yeah, that's a large  
10 number --

11 MS. CECIL: Mm-hmm.

12 MS. MANNINO: -- that you've had no  
13 response.

14 MS. CECIL: Yeah.

15 MS. BEAUREGARD: Veronica, I know  
16 that some of these individuals aren't  
17 eligible any longer. But obviously, it  
18 seems like a larger number than the  
19 ineligible folks. Can you remind us what  
20 the returned mail rate was? I know it's  
21 much lower than it has been historically,  
22 but how many --

23 MS. CECIL: Yeah.

24 MS. BEAUREGARD: -- out of the 24,000  
25 people didn't respond ever?

1 MS. CECIL: For May renewals, only  
2 1,700 --

3 MS. BEAUREGARD: Seventeen hundred.

4 MS. CECIL: -- returned mail, so a  
5 really, really low number.

6 MS. BEAUREGARD: Yeah.

7 MS. CECIL: And for every single one  
8 of those that were returned, we reached out  
9 to the household, and, you know, where we  
10 could verify we then resent --

11 MS. BEAUREGARD: Okay.

12 MS. CECIL: -- their renewal.

13 MS. BEAUREGARD: We appreciate all of  
14 the affirmative outreach that you all are  
15 doing. I know that it's not typical. This  
16 is above and beyond what you typically do.

17 MS. CECIL: Yeah.

18 MS. BEAUREGARD: Any other questions  
19 related to the May report?

20 (No response.)

21 MS. BEAUREGARD: I'm assuming, you  
22 know, we're one week into July --

23 MS. CECIL: Yes.

24 MS. BEAUREGARD: -- so I'm assuming a  
25 few of these people probably have gone to

1 the doctor now or to the pharmacy and have  
2 tried to --

3 MS. CECIL: Yeah.

4 MS. BEAUREGARD: -- either, you know,  
5 get a service or a prescription.

6 MS. CECIL: Yeah.

7 MS. BEAUREGARD: Have you heard from  
8 anyone who's, like, oops?

9 MS. CECIL: Yeah. Well, so  
10 surprisingly, we have not heard a lot. We  
11 had -- on June 1st, we had a couple of folks  
12 that got escalated up to get -- that had  
13 presented for a prescription. We were able  
14 to help them, but otherwise, we're just not  
15 -- we're not seeing it. And so, it's just  
16 quite strange.

17 So one of the things that we are  
18 doing, and the managed care organizations  
19 are doing for their members, is going back  
20 and looking to see, is there a claim within  
21 the last 30 to 60 days? And reaching out to  
22 those providers to see if they've been in  
23 touch with the individual. We did send --  
24 on May 31st, we did send a communication to  
25 all the pharmacies to make sure they



1           remembered that June 1st, people may present  
2           without coverage and what to do if that  
3           happens.

4                     But we're just really, kind of  
5           surprised we're not hearing more from folks  
6           trying to access services.

7                     MS. BEAUREGARD:  Yeah.  I can imagine  
8           that if somebody had enrolled in  
9           employer-sponsored insurance or something  
10          else and weren't really using their Medicaid  
11          coverage --

12                    MS. CECIL:  Yeah.

13                    MS. BEAUREGARD:  -- you know, they  
14          wouldn't have any active, you know --

15                    MS. CECIL:  Mm-hmm.

16                    MS. BEAUREGARD:  -- claims, and that  
17          would be more of a kind of answer to that.  
18          But if people are actively using their  
19          coverage, you would think that they would  
20          still need it.

21                    MS. CECIL:  That's correct, yeah.

22                    MS. BEAUREGARD:  Yeah.  All right.  
23          Well, thank you for that update.  Did you  
24          have some June numbers to share with us?  
25          Yeah.

1 MS. CECIL: Oh, sorry. Yep. Oh,  
2 that's what that was. Okay. It's just a  
3 high level right now. So for June, we did  
4 have -- this is at the case level. We did  
5 have almost 80,000 cases. And of that, we  
6 had a larger number of passive versus  
7 active. So remember, passive are the  
8 individual cases that we can identify as  
9 being able to go out there and successfully  
10 complete an ex parte. So we had a little  
11 over 57,000 passive cases.

12 Of those passive cases, once we ran  
13 ex parte and we went out and tried to ping  
14 the federal hub, we dropped almost 28,000 of  
15 those to a request-for-information, similar  
16 to what we did in May, wanting to give those  
17 folks an opportunity to reach out to us and  
18 verify information in case what we're  
19 getting back was inaccurate before we took  
20 the step to terminate.

21 So we do have that many requests for  
22 information out for June. And then, we have  
23 22,337 active cases for June. So those are  
24 the ones that are receiving the renewal  
25 packet.

1           And then, we're in July renewals. So  
2           at the beginning of June, we identified the  
3           cases that will be subject to a July 31st  
4           renewal. Of that, we have 48,490 cases.  
5           This sounds like a small number, and it is  
6           in terms of the cases that are distributed  
7           across the 12 months. The reason for that  
8           is because we have moved cases with children  
9           to later on in the unwinding period because  
10          we're implementing the continuous coverage  
11          for children, and we want to be able to  
12          extend that coverage if a child's determined  
13          eligible automatically to the child in the  
14          system. So those system changes won't  
15          happen until September. They'll go live in  
16          September, so we pushed a lot of the cases  
17          with children to later in the unwinding  
18          period.

19                 So of those 48,000 cases, our system  
20                 has identified a large number of those to be  
21                 passive, 39,326. And then 9,254 are active.

22                 We have not -- by the way, we have  
23                 not run ex parte. The system is going  
24                 through the process now, so that won't be  
25                 completed until the tenth of the month. So

1 we can't yet report how many of those might  
2 drop to a request-for-information or how  
3 successful ex-parte is at that point.

4 MS. BEAUREGARD: Okay, that makes  
5 sense. Any questions about June or July?

6 MS. CECIL: Like I said, we should --  
7 we're finalizing the graphic that we put up  
8 -- the report, so hopefully, we'll have that  
9 up today.

10 MS. BEAUREGARD: Okay. And I know,  
11 Veronica, that on the notices people get,  
12 you know, information about if you think  
13 that this is -- if you need a  
14 reconsideration or if you want to appeal --  
15 I can't remember the exact language --

16 MS. CECIL: Mm-hmm.

17 MS. BEAUREGARD: -- but it's there.

18 MS. CECIL: Mm-hmm.

19 MS. BEAUREGARD: Of course, people  
20 may not read that low -- that far down in  
21 the notice --

22 MS. CECIL: Yes.

23 MS. BEAUREGARD: -- or, you know, may  
24 just assume that they're ineligible and  
25 there's nothing we --

1 MS. CECIL: Yeah.

2 MS. BEAUREGARD: -- can do about it.

3 Is there anything that you're planning on  
4 putting out more as a PSA or a graphic style  
5 about, you know, how to get your coverage  
6 back --

7 MS. CECIL: Mm-hmm.

8 MS. BEAUREGARD: -- if you didn't  
9 complete, you know, your renewal?

10 MS. CECIL: Yes. So we have a couple  
11 of things planned for that. One is to  
12 continue to, on social media and other ways,  
13 make sure folks do understand that they can  
14 still submit information within the 90-day  
15 period.

16 I already mentioned we're leveraging  
17 providers, so we'll continue our outreach to  
18 providers and education to provider groups  
19 so that they understand when somebody walks  
20 in, and they've just been disenrolled, you  
21 know, it's really great if they could  
22 encourage that member to reach out to Kynect  
23 on the hotline, or to DCBS and check on  
24 their ability to get reinstated.

25 And then, the managed care

1 organizations will continue outreach. I  
2 mean, the plan is to, even though we've got  
3 June and now July renewals starting, that  
4 we'll continue to reach out to the May  
5 renewals every 30, 60, and before that  
6 90-day period ends so that if we can contact  
7 somebody who falls in that period of time  
8 and is potentially still eligible, we can  
9 get them back on.

10 So there really is a multipronged  
11 effort to keep that in everybody's -- keep  
12 everybody's attention on that and focus on  
13 that.

14 MS. BEAUREGARD: That would be great.  
15 And if you could also report any number of,  
16 like, the reconsiderations that do, you  
17 know, result in --

18 MS. CECIL: Yes.

19 MS. BEAUREGARD: -- someone getting  
20 their coverage back. If we could get that  
21 number in the future, that would be  
22 fantastic.

23 MS. CECIL: Absolutely. We are  
24 tracking that, so once June 1st hit, we  
25 started -- the system will start tracking

1 reinstatements. So we're happy to share  
2 that if -- hopefully, we'll have some to  
3 share.

4 MS. BEAUREGARD: That sounds good.  
5 Any other questions related to that?

6 MS. MANNINO: I have a question.  
7 Maybe I missed it, but did you come back and  
8 give us a number on how many Kentuckians are  
9 currently covered under traditional  
10 Medicaid?

11 MS. CECIL: I know that Erin -- not  
12 yet. I'll actually -- once I start  
13 speaking, I'll go pull those numbers. I  
14 know Erin posted total and PE, but we'll  
15 break it down to traditional and expanded.  
16 I just have to pull the report up.

17 MS. MANNINO: Okay, thank you.

18 MS. CECIL: Yep.

19 MS. BEAUREGARD: All right. Well,  
20 again, thanks for all the extra outreach you  
21 all are doing. And also, to the MCOs who  
22 are on the line right now, we appreciate the  
23 extra effort. So --

24 MS. CECIL: And let me say thank you,  
25 all. I mean, the advocacy organizations

1 have been a huge help in getting that word  
2 out. And all our kynectors, you know, it's  
3 definitely a -- all the stakeholders across  
4 Kentucky, I think, are a part of the effort,  
5 and we appreciate it.

6 MS. BEAUREGARD: Yeah, we're  
7 certainly trying, and I have to say, it  
8 feels like a mystery to us right now, too.  
9 So I hope that at some point we had better  
10 understand who this population, the 24,000,  
11 you know, is, and what kind of more targeted  
12 strategies we can come up with to reach  
13 them, and if we can figure out, you know,  
14 who those individuals are who are likely  
15 still eligible. I mean, I think that's what  
16 we're all trying to figure out right now and  
17 how best to reach them. But I think that  
18 looking at claims data and reaching out to  
19 the providers is great. I'm glad you all  
20 are doing that.

21 So the next item that we have here on  
22 the agenda is the home and community-based  
23 services rate study, and, of course, the  
24 increased -- the 10 percent increase that  
25 was approved by the legislature, as well as



1 the adjustments that were being made for PDS  
2 employees.

3 MS. HOFFMANN: So, Emily, I can talk  
4 a little bit about that. Again, as you  
5 said, the document might not be updated, so  
6 I'm not sure where you were with Pam last  
7 time. But just a little bit of information:  
8 The rate study is currently with executive  
9 leadership, and I think the first round  
10 10 percent rate increase is in the system  
11 and eligible to be billed.

12 As far as the PDS employees, I think  
13 the participants have to contact their  
14 support broker or the case manager, and rate  
15 increases should be, of course,  
16 person-centered and requested by the  
17 participant or the PDS rep and not the  
18 employee.

19 So that's about what I have today,  
20 but I can get you additional information if  
21 you need it. I wasn't sure where Pam had  
22 left off with you last time as far as  
23 updates.

24 MS. BEAUREGARD: Well, I think  
25 everything that you shared today was an

1 update.

2 MS. HOFFMANN: Oh, okay.

3 MS. BEAUREGARD: So, you know?

4 MS. HOFFMANN: Yay!

5 MS. BEAUREGARD: As far as the 10  
6 percent rate increase, you said it's in the  
7 system and eligible to be billed.

8 MS. HOFFMANN: To be billed, yes.

9 MS. BEAUREGARD: So is that  
10 automatic, or does somebody have to --

11 MS. HOFFMANN: I think -- I can  
12 double check with Pam, and I can get you  
13 information via e-mail, if that's okay.

14 MS. BEAUREGARD: Okay.

15 MS. HOFFMANN: But I think it's  
16 currently in the system and eligible to be  
17 billed by folks now. So I'll ask her for  
18 sure if that's okay.

19 MS. BEAUREGARD: Yeah. I think what  
20 I'm trying to clarify is just if -- when you  
21 say eligible to be billed, is that something  
22 that has to be done separately than regular  
23 billing? Is there -- is it optional?

24 MS. HOFFMANN: Let me find out --

25 MS. BEAUREGARD: Okay.

1 MS. HOFFMANN: -- because I have not  
2 seen the change order.

3 MS. BEAUREGARD: Okay, thanks.

4 MS. HOFFMANN: Okay. To be billed --  
5 is it automatic or something special? Okay.

6 And then, I think I've got the next  
7 one, too. So a little bit of good news for  
8 -- do you want me to go on to the next one?  
9 I'm sorry.

10 MS. BEAUREGARD: Let me just ask --

11 MS. HOFFMANN: Okay.

12 MS. BEAUREGARD: -- if anybody has  
13 any questions related to what you shared.

14 (No response.)

15 MS. BEAUREGARD: Okay. It looks like  
16 we can go on.

17 MS. HOFFMANN: Okay. So for the PACE  
18 program: Got some good news; kind of  
19 excited about this. As you're aware, we've  
20 got two providers currently: Bluegrass Care  
21 Navigators and Horizon PACE. So very happy  
22 we've got those folks. And we now have a  
23 third provider that's enrolled and who will  
24 be taking clients in Jefferson County  
25 beginning next month. So I think their

1 grand opening is middle of June, June 16th,  
2 and they'll start doing enrollment 7/1. So  
3 we're very happy about that.

4 We've currently got 106 individuals  
5 enrolled in the PACE program. And just to  
6 let you know, we've got multiple other  
7 organizations that are in the middle of the  
8 enrollment process and have submitted their  
9 applications. So it's all very exciting.  
10 This is definitely something that's growing,  
11 and we're happy about that.

12 MS. BEAUREGARD: Great. For the 106  
13 who are enrolled, can you -- and this may  
14 be, you know, for a future meeting --

15 MS. HOFFMANN: Okay.

16 MS. BEAUREGARD: -- but I'd love to  
17 know what kinds of services that they're  
18 getting. How it's, you know, different from  
19 a waiver program, and just generally what  
20 their experience is with it.

21 MS. HOFFMANN: Sure.

22 MS. BEAUREGARD: If it's meeting  
23 their needs.

24 MS. HOFFMANN: I'll talk to Pam about  
25 that, too, and see if we can get something

1 back to you. Or do you just want to put it  
2 on the agenda next time? That would be  
3 fine, too.

4 MS. BEAUREGARD: Yeah, we can do  
5 that.

6 MS. HOFFMANN: And I think somebody  
7 put in the chat, Emily --

8 MS. BEAUREGARD: Mass adjustment --

9 MS. HOFFMANN: Yeah.

10 MS. BEAUREGARD: -- for the rate  
11 increase. Okay.

12 MS. HOFFMANN: Thank you.

13 MS. BEAUREGARD: That's great.

14 MS. HOFFMANN: So I didn't have that  
15 information. Thank you.

16 MS. BEAUREGARD: That makes sense.  
17 Okay. Let me just make a note that I'm  
18 going to add this to the next agenda, or I  
19 will forget.

20 MS. HOFFMANN: And again, I apologize  
21 that we were so pulled today.

22 MS. MANNINO: Can I ask a question?  
23 What did you say were the other -- the care  
24 providers? You had Bluegrass Care  
25 Navigators, and what was the other one?

1 MS. HOFFMANN: And Horizon PACE, and  
2 then, our new one is -- hang on just a  
3 second, let me get the name. Sorry. Senior  
4 Community Care and they will be in Jefferson  
5 County -- or out of Jefferson County.

6 MS. MANNINO: Okay. Thank you.

7 MS. HOFFMANN: Really excited about  
8 the program and how it's taking off.

9 MS. BEAUREGARD: Okay. And just  
10 looking at the chat again. The PDS  
11 employees get an increase going forward, not  
12 retroactively so -- or retrospectively. So  
13 PDS -- so I'm assuming the participants  
14 really need to know that they can make these  
15 increases and do it as soon as possible to  
16 get the maximum benefit from it. Are all  
17 participants aware that they can make these  
18 rate increases?

19 MS. HOFFMANN: Yeah. And, Emily, I'm  
20 going to let Pam speak to that, if that's  
21 okay, to talk to you about it, but I don't  
22 believe we can retroactive that on the PDS  
23 piece.

24 MS. BEAUREGARD: Yeah, okay.

25 MS. HOFFMANN: I'm trying to look in

1 my notes, but I don't believe that's  
2 retroactive.

3 MS. BEAUREGARD: Yeah. No, I mean,  
4 that sounded pretty clear from the message  
5 in the chat, too. I was just wondering if  
6 all participants are aware that they can  
7 make those increases, and if --

8 MS. HOFFMANN: I'll double-check, but  
9 as far as I know, Pam's usually really good  
10 about getting information out, but I'll  
11 double-check on that for you.

12 MS. BEAUREGARD: Okay.

13 MS. BICKERS: Leslie?

14 MS. HOFFMANN: Yes.

15 MS. BICKERS: I believe yesterday in  
16 the IDD TAC -- sorry, this is Erin.

17 MS. HOFFMANN: Yeah, I missed that.  
18 I'm sorry.

19 MS. BICKERS: She said that there was  
20 a mass letter that was sent out --

21 MS. HOFFMANN: Okay.

22 MS. BICKERS: -- regarding the PDS --

23 MS. HOFFMANN: Thank you.

24 MS. BICKERS: -- so people should be  
25 aware.

1 MS. HOFFMANN: We had discussed it,  
2 but I have not seen the letter, so I  
3 apologize.

4 MS. BICKERS: I will make a note. I  
5 believe she's supposed -- Alisha was going  
6 to e-mail it to me to send to the IDD TAC --

7 MS. HOFFMANN: Okay.

8 MS. BICKERS: -- so I will make a  
9 note to also send it to the Consumer TAC.

10 MS. HOFFMANN: Wonderful, thank you.

11 MS. BEAUREGARD: That sounds good,  
12 thank you.

13 Our next item here is the DMS report  
14 on the hospital rate improvement program  
15 quality metrics and data. I put it on this  
16 agenda because I think we discussed this --  
17 it being available now.

18 MS. PARKER: It's not, unfortunately.

19 MS. BEAUREGARD: Okay.

20 MS. PARKER: I mean, but I do want to  
21 share at a high level what is being looked  
22 at as far as the quality metrics per se.  
23 This doesn't give the actual -- all the  
24 actual metrics, but what the targets are.

25 And so I'm going to put that



1 information in the chat. Hopefully, we will  
2 have something more infinitive for you in  
3 the near future, but, like I said, this is  
4 at a high level what they're looking at for  
5 state fiscal year 2023.

6 So we had readmissions within 30  
7 days, sepsis CAUTI, CAUTI C. diff, social  
8 determinants of health, concurrent  
9 e-prescribing, hours of physical restraints,  
10 seclusion, screening for violence risk,  
11 discharge to home and community, discharge  
12 with an opioid prescription, opioid,  
13 uncomplicated vaginal delivery, maternal  
14 depression and SUD, suicide screening in the  
15 emergency department, emergency department  
16 opioid use for ankle sprains. So that is at  
17 a very high level.

18 MS. BEAUREGARD: Okay. So you said  
19 you'll put those in the chat?

20 MS. PARKER: Yes, I did.

21 MS. BEAUREGARD: Oh, okay.

22 MS. PARKER: Did I not hit enter? I  
23 guess not.

24 MS. BEAUREGARD: I don't think --  
25 yeah, there you go.

1 MS. PARKER: There we go.

2 MS. BEAUREGARD: Yeah, it popped up  
3 now. And since we have so much being added  
4 to the chat today, Erin, would it be  
5 possible for you to send us the chat  
6 transcript?

7 MS. BICKERS: Yes, ma'am.

8 MS. BEAUREGARD: Okay.

9 MS. BICKERS: I usually pull all the  
10 pertinent information from the chat to  
11 e-mail to you guys after the meeting --

12 MS. BEAUREGARD: Yeah.

13 MS. BICKERS: -- anyways, and then I  
14 try to alleviate all the cluttered chat.

15 MS. BEAUREGARD: Yeah, that would be  
16 perfect. Thank you. So those have been  
17 shared -- the quality metrics -- or the  
18 targets have been shared. Do you have an  
19 idea of when you'll have data on  
20 performance?

21 MS. PARKER: It's being audited. I  
22 have asked Melanie Landrum with KHA the  
23 status of that, so we might have it by the  
24 next time.

25 MS. BEAUREGARD: Okay.

1 MS. PARKER: I can't make any  
2 promises.

3 MS. BEAUREGARD: All right. Well,  
4 we'll put it on the agenda again, and we'll  
5 see where things are at. Thanks.

6 MS. PARKER: Okay. And for the court  
7 reporter, this is Angie Parker with  
8 Medicaid. I didn't introduce myself, sorry.

9 MS. BEAUREGARD: Our next item here  
10 is the certified community health worker  
11 reimbursement, which I know is going into  
12 effect on July 1st. So we wanted to know  
13 what the status was with new regulations and  
14 any guidance to be shared with CHWs,  
15 providers, and community-based  
16 organizations.

17 MS. PARKER: I don't know what -- if  
18 Jonathan's got -- on the phone, but I do  
19 know that it has been -- the legislation has  
20 been submitted.

21 MR. SCOTT: Angie, I'm here.

22 MS. PARKER: Okay, great.

23 MR. SCOTT: Hello, everyone. Our  
24 regs are going through the process. They  
25 are currently out of our hands. They're

1 being looked at. Again, they're going  
2 through the layers of approval that they  
3 will need to get before they are filed. I  
4 think we would expect them to definitely be  
5 filed before July 1st. That's when our  
6 federal approval date is.

7 You know, there's still some other  
8 discussions going on, but, you know, we're  
9 pretty happy with the status of the SPA and,  
10 you know, the approval -- how that approval  
11 looks, and then, House Bill 525, and kind of  
12 -- so that's going to be the general  
13 contours of the CHW program right there.

14 And so that's -- it's ready. It's  
15 going through the process, and it will be --  
16 it will depend on the DPH reg, you know,  
17 you'll have to be certified by the DPH --  
18 pursuant to the DPH reg, whether that is  
19 having historical service that you're able  
20 to get the certification, or whether you  
21 meet the education requirements. And then,  
22 you'll have to work for one of the  
23 sponsoring providers that's listed in KRS  
24 205.648.

25 And then, the services will have to

1 be ordered from what we're calling an  
2 ordering provider in the reg. And that's  
3 going to be physician, dentist, PA, APRN,  
4 certified nurse midwife, and I think that's  
5 it. So the people that are working under  
6 that -- under the umbrella of the sponsoring  
7 provider.

8 And then it's going to be -- it's  
9 going to include all the services in House  
10 Bill 525, which is codified in KRS 205.648,  
11 and I really hope I'm not telling you the  
12 wrong statute. I think that's right; I'm  
13 shooting from the hip. But that will also  
14 be in the reg.

15 Just, kind of -- there's some  
16 additional wrinkles and examples that are in  
17 the state plan that I thought was important  
18 enough that we also make sure that it's  
19 included in the reg as it goes through.

20 MS. BEAUREGARD: Thanks. The  
21 sponsoring provider list, was that in the  
22 KRS that you just mentioned, the 205.1648?

23 MR. SCOTT: Yes.

24 MS. BEAUREGARD: Okay. And then,  
25 ordering providers: When you say ordering

1 providers, I mean, obviously, they are  
2 ordering CHW services for their patient.  
3 Will they have to have seen that patient  
4 physically or even via telehealth first  
5 before, or is it more of a standing order  
6 that, based on some criteria, they can order  
7 services without having seen them  
8 themselves?

9 MR. SCOTT: We will want to check the  
10 final version, but as I have drafted it, it  
11 is ambiguous.

12 MS. BEAUREGARD: Okay. Okay.

13 DR. DEARINGER: Can I -- this is  
14 Justin Dearinger.

15 MR. SCOTT: Oh, and he may correct  
16 me.

17 DR. DEARINGER: No, you're right. I  
18 was just going to say I think we had sent  
19 you an FAQ over to review, maybe, and that  
20 was one of the questions in the FAQ that we  
21 had sent over.

22 That is correct. They do not have to  
23 actually physically see the individual  
24 first. It can be as long as they prescribed  
25 those services for the patient, then that's

1 all that needs to be done.

2 MS. BEAUREGARD: Okay. Justin, I  
3 know that we had discussed looking at that  
4 FAQ. I don't remember getting it from you,  
5 but it could have come from someone else, so  
6 maybe I missed it. Could you just resend  
7 it?

8 DR. DEARINGER: I will do that.

9 MS. BEAUREGARD: If you don't mind,  
10 thank you. I could have missed that. But  
11 yes, I will definitely take a look at that,  
12 and I think that cleared up my question  
13 about ordering providers, so thank you.

14 Does anybody else have a question  
15 about that regulation? Or maybe it's more  
16 than one.

17 MS. BICKERS: Jonathan, in the chat,  
18 I think Miranda was asking to clarify the  
19 KRS to make sure she wrote it down properly.

20 MR. SCOTT: It's 205.648.

21 MS. BEAUREGARD: Oh, 648. Okay,  
22 great. And this guidance, I think, is what  
23 Justin is talking about with the FAQs, so  
24 that's something that you all are planning  
25 on putting out soon, it sounds like.

1 DR. DEARINGER: That's correct. I  
2 think kind of the last piece -- I think we  
3 were going to give you all a chance to  
4 review that for a day or two, and then we  
5 were going to go ahead and send that out.

6 MS. BEAUREGARD: All right. That  
7 sounds good. Anything else related to that?

8 (No response.)

9 MS. BEAUREGARD: We can move on to  
10 the next item, the value-added benefit  
11 side-by-side with behavioral health items,  
12 which, Erin, thank you. I did get that when  
13 you sent it yesterday or the day before. So  
14 thanks for sharing that with us.

15 As I was looking over it, it's a lot  
16 of information, and it's a good list of  
17 services. I'm still personally and how I,  
18 you know, sort of reviewing it. I'm still  
19 confused about which services are really the  
20 value-added services and not just covered  
21 services.

22 MS. PARKER: And, Emily, we had  
23 challenges with that ourselves in putting  
24 this together. I do know that one of my  
25 staff, Rachael Roehrig, who helped try to



1 make it a little easier to read as far as  
2 putting categories and things.

3 I can say that some of the  
4 value-added benefits are actually covered  
5 benefits, such as care management programs.  
6 That's part of their contract that, you  
7 know, they provide those services.

8 So it is -- I can understand your  
9 confusion on that, but instead of -- I  
10 wanted to get it out there so we would have  
11 somewhat of a final document to show that  
12 these are behavioral health services.  
13 Whether or not they're value-added or not,  
14 they are -- but to your point, there are  
15 some of these things that are actually just  
16 benefits.

17 MS. BEAUREGARD: I guess, if I were  
18 looking for that, I think I would want --  
19 seeing as how we have six MCOs, maybe a list  
20 at the top of covered services that all MCOs  
21 should be providing, and then, you know,  
22 keep the separate columns only to the  
23 value-added services just to make it really  
24 clear. Because I can imagine that some MCOs  
25 haven't included all of their covered

1 services here in this list. I just don't  
2 want someone to look at it and think that  
3 something isn't a covered service if it is.

4 MS. PARKER: Well, it's all covered  
5 service -- these are all covered services,  
6 whether they're value-add or a benefit. I  
7 mean, they are all covered services.

8 MS. BEAUREGARD: Well, for  
9 consistency's sake, if one is putting case  
10 management and another MCO isn't, that could  
11 mean that somebody assumes that that MCO  
12 doesn't provide case management when they  
13 actually do or should.

14 And it's also just such a long list  
15 and hard to really do a comparison. So if  
16 we could put, you know, covered services at  
17 the top. All MCOs should be -- need to be  
18 providing this, and then have only the ones  
19 that are value-added, I think that would  
20 help to kind of --

21 MS. PARKER: Well, behavioral health  
22 had asked for both, so that's why they're on  
23 here this way. I mean, and I understand  
24 what you're saying.

25 MS. BEAUREGARD: I think both can be

1 on the document and just be shared -- you  
2 know, separated, but if this is what the  
3 Behavioral Health TAC wants and approves,  
4 then, you know, that will be fine.

5 MS. BROWN: I'm in Emily's camp in  
6 that I think it could be confusing, but you  
7 know? If you would just look at this and  
8 want to make sure that all of your  
9 behavioral health needs are covered. I  
10 mean, if you would just scroll to the bottom  
11 and see, well, which one has the longest  
12 entry and say, well, I think that one would  
13 be the best one. When actually, some of the  
14 others might cover the things you need, and  
15 they just don't see it because it's not  
16 value-added; it's a benefit. And so it's  
17 not fully transparent for some of them.

18 MS. PARKER: Just as an aside, all  
19 the MCOs were given this. They were asked  
20 the same thing. If it's not on there, they  
21 can come back to us and let us know.

22 I would like to really put this to  
23 bed. I mean, if you're really wanting it  
24 because actually, I started to do that, and  
25 go back to the MCOs and say this is a case

1 management. You offer this whether -- it's  
2 not a value-add, but if we need to go back  
3 again, we can do that.

4 MS. BEAUREGARD: Well, or the  
5 value-added services can be, you know, in a  
6 different color. I think we just have to  
7 differentiate between what should be a  
8 covered service and what's value-added. I  
9 don't know, to me, if we're calling it a  
10 value-added list, and value-added is all  
11 over this, I think -- and people can't, you  
12 know, consumers aren't going to be able to  
13 differentiate between value-added benefits  
14 and services from covered services.

15 MS. PARKER: Well, the top says  
16 value-added services, including behavioral  
17 health value-add benefits and services. So  
18 I don't know, potato/potato. I get it. If  
19 we need to go back and make it a little bit  
20 more clear, it will be a little bit longer.

21 MS. BEAUREGARD: Well, I think it  
22 could actually be shorter. I think if you  
23 had -- if you consolidate all covered  
24 services at the top, you take them out of  
25 the table, and it probably would actually

1 make the whole thing quite a bit shorter and  
2 easier to read. But I understand that  
3 you've gone through a number of iterations  
4 of this. So that's fine.

5 MS. PARKER: And I do --

6 MS. BEAUREGARD: That's just my  
7 input.

8 MS. PARKER: -- want to make sure  
9 that everybody understands that the end, you  
10 know, things that aren't necessarily  
11 behavioral health that -- for example,  
12 maternal health programs that they have,  
13 that is -- that's offered to you whether --  
14 regardless if you're, you know, a behavioral  
15 health person or not. So this is an  
16 all-inclusive behavioral health and  
17 value-add in general outline. But we'll  
18 take -- I'll take another look at it, don't  
19 -- so.

20 MS. BEAUREGARD: Yeah, so in the  
21 table -- and, you know, again, if the  
22 Behavioral Health TAC wants it this way, I  
23 wouldn't ask for changes. But if they would  
24 be open to having covered services at the  
25 top and only using the table for

1 value-added, I think that could clear up  
2 some of the confusion.

3 MS. PARKER: I mean, yeah. I mean, I  
4 get what you're saying. They were asking  
5 for more than just value-add.

6 MS. BEAUREGARD: Right.

7 MS. PARKER: But I will look -- I'll  
8 take another look at it.

9 MS. BEAUREGARD: Thank you. And  
10 then, we had also talked about, you know,  
11 having some sort of supplementary guide so  
12 that people had additional details about  
13 these value-added services in terms of who's  
14 eligible and how to access a particular  
15 benefit. So is that something that you all  
16 are working on?

17 MS. PARKER: That's typically  
18 included in the -- each MCO handbook. And I  
19 know we've talked about that before, but not  
20 working on that -- to answer your question,  
21 not working on that currently.

22 MS. BEAUREGARD: Okay. And is there  
23 -- are you planning on it, or should we just  
24 make that a recommendation?

25 MS. PARKER: We can look at it a

1           little bit further -- how best to do that.

2                   MS. BEAUREGARD:   Okay.  Yeah, I think  
3           for --

4                   MR. OWEN:   Sorry.  This is Stuart  
5           Owen of WellCare.  I was going to say I just  
6           a couple of days ago -- this is a  
7           suggestion.  I took the grid, and at the  
8           very top for, like, the welfare column,  
9           obviously, I put our phone number and  
10          website, you know, check here for  
11          value-added benefit.  And then, in  
12          parentheses next to each value-added benefit  
13          that had any kind of thing that you had to  
14          do, I would just put that in parentheses,  
15          like, you know, must get a preventative  
16          visit next to each one -- the ones that did  
17          have that.  So that was just a thought.

18                   MS. PARKER:   It will be coming back  
19          out to the MCOs again to make sure that the  
20          --

21                   MR. OWEN:   Yeah.

22                   MS. PARKER:   -- particular things  
23          will be changed as requested.

24                   MS. BEAUREGARD:  Yeah.  I think  
25          that's good information.  I mean, people

1           need to know what those additional details  
2           or requirements are. And because I  
3           understand the side-by-side is meant to be  
4           an abbreviated, you know, sort of summary,  
5           having that supplementary guide would be,  
6           you know, where you could include all the  
7           other details. So that's sort of how I  
8           would envision it.

9                         And, you know, for some people, they  
10           may go to every MCO handbook and take a look  
11           for those, but if you're a kynector or  
12           someone who's assisting, you know, a member,  
13           it would be easier if you had something that  
14           was pulling it all together.

15                        MS. PARKER: Okay.

16                        MS. BEAUREGARD: Miranda, anything  
17           else related to that?

18                        (No audio response.)

19                        MS. BEAUREGARD: Okay. The next item  
20           we have here is network adequacy. Of  
21           course, we have discussed this quite a bit,  
22           but I think since our last meeting, the  
23           request that we made to MCOs to report  
24           out-of-network providers, some of that was  
25           shared verbally during the meeting. Some



1 MCOs said that they were going to follow up,  
2 and I got some follow-up, but I don't think  
3 that we've heard from all six MCOs with  
4 these specific, you know, numbers: How many  
5 out-of-network providers were approved in  
6 2022, and what were those provider types.

7 So just wanted to kind of re-up that  
8 ask. And if we could get it in writing,  
9 even if you did share it last time, I think  
10 it would be easier if we had something where  
11 we could kind of compile it all in one  
12 place. So if you could just share that in  
13 writing, that would be fantastic.

14 MR. OWEN: This is Stuart again.  
15 Should we just e-mail Erin, I guess?

16 MS. BEAUREGARD: Yeah, e-mail Erin.  
17 If that's okay with you, Erin.

18 MS. BICKERS: Yes. And, Emily, if  
19 you don't mind, just send me an e-mail  
20 exactly what it is that you want from each  
21 MCO. I can send that to them and make sure  
22 they cover exactly everything that you want  
23 covered in that request.

24 MS. BEAUREGARD: Okay, sure. I can  
25 do that. Let me make a note to myself.

1 MS. MARRS: Hey, Emily. This is --

2 MS. HOBBS: Oh, I'm sorry.

3 MR. OWEN: Oh.

4 MS. MARRS: Go ahead, Ashley.

5 MS. HOBBS: Hi, it's Ashley with  
6 United. Emily, just confirming that you did  
7 receive my e-mail with UHC's out-of-network  
8 numbers.

9 MS. BEAUREGARD: I did, yes. Thanks,  
10 Ashley.

11 MS. HOBBS: Okay.

12 MS. BEAUREGARD: I remember that one.

13 MS. HOBBS: Thanks.

14 MS. MARRS: Emily, this is Michelle  
15 with Aetna. You just wanted that in  
16 reporting format and not presentation  
17 format; is that correct?

18 MS. BEAUREGARD: Oh, yeah. It does  
19 not need to be a presentation, no. No.

20 MS. MARRS: Okay. Thank you very  
21 much.

22 MS. BEAUREGARD: I mean, appreciate  
23 when people put in the extra work, but it's  
24 not necessary for this.

25 So, yes, I will e-mail Erin, though.

1           And then, if anybody has anything else you  
2           want to add, you know, that's fine. But  
3           just so that we can, kind of, have something  
4           that is easy for us to compare side by side.  
5           And --

6                       MS. BICKERS: Ashley, this is Erin.  
7           Did you copy me on that e-mail to Emily? If  
8           not, do you mind and send that to me so I  
9           can compile it all together so I have all  
10          the MCOs' responses?

11                      MS. HOBBS: Yeah, let me double  
12          check, and then I'll make -- I'll forward it  
13          to you, Erin.

14                      MS. BICKERS: Thank you, appreciate  
15          that.

16                      MS. HOBBS: No problem.

17                      MS. BEAUREGARD: All right. The next  
18          item we have here is that request that we  
19          made at the last meeting for data reports.  
20          I think, Angie, you had shared that there  
21          were a few different reports that DMS  
22          receives: Geo-mapping, timely access,  
23          quarterly audits. And I think that you were  
24          planning on sharing those with us, or there  
25          was some way that you were going to be able

1 to get us that information.

2 MS. PARKER: There is someone in the  
3 department that has oversight of all of the  
4 data reports. You actually want to see the  
5 results of the reports, or just what they  
6 were?

7 MS. BEAUREGARD: Oh, no. The  
8 results, I guess, is what we're looking for.

9 MS. PARKER: Yeah, that's the  
10 challenge when you have six, trying to  
11 compare them all. It may be something that  
12 we may need to ask of the MCOs to provide  
13 because I think there -- it's a monthly  
14 report of all of these requests. Well,  
15 there's quarterly audits, and then there's  
16 -- and exceptions, you know, if they don't  
17 have -- the exception reports if they don't  
18 have coverage for certain -- for whatever  
19 reason, they ask for exceptions.

20 Let me -- I know you've been wanting  
21 this, and I apologize on not having this  
22 ready for you, but it is -- like I said, it  
23 is a challenge when you have six different  
24 MCOs and putting them all in one when there  
25 are a lot of different variables in those

1 reports.

2 MS. BEAUREGARD: Well, if you want to  
3 come up with something that you think would  
4 be easy to pull together and share with us,  
5 you know, we can do it that way.

6 MS. PARKER: I'll look at this a  
7 little bit closer and see what we need to  
8 do. Okay? And I'll try to have something  
9 for you the next time. I apologize.

10 MS. BEAUREGARD: All right. Thank  
11 you.

12 And then, our last item here is the  
13 dental, vision, and hearing services  
14 regulations. And, of course, those are now  
15 -- the emergency regulations comment period  
16 is over, and I think we're in the ordinary  
17 -- the ordinary regulation comment period.  
18 But any updates there that you all can share  
19 with us?

20 MR. SCOTT: Sure. So the ordinary  
21 regulation comment period is going to go on  
22 through the end of this month. Most of the  
23 comments that we have already received just  
24 asked to be applied to the ordinary  
25 regulation, as well. So we're compiling,

1 summarizing, and preparing responses to  
2 quite a few comments. I don't know that I  
3 have the final number of comments we  
4 receive. We received one negative comment,  
5 and then a whole lot of positive comments.  
6 And just a lot of excellent research and a  
7 lot of really well thought out arguments,  
8 and really thoughts that we hadn't had  
9 before.

10 So thank you, all, for your part in  
11 that and your research and work on that.  
12 It's been very interesting to read and just  
13 really helpful as we keep moving forward  
14 with it. We expect the regs -- excuse me --  
15 not to be on this month's RS committee. We  
16 do expect them to be on next July, I believe  
17 it's the 13th, and then we'll probably be  
18 deferred, and then we'll probably be on  
19 either the September -- I guess, September  
20 for the ordinary regs.

21 So that's kind of the schedule we're  
22 looking at right now, and just compiling  
23 everything, and getting ready for next  
24 steps, and moving forward.

25 MS. BEAUREGARD: Okay. That sounds

1 good, and you'll have, by that July 13th reg  
2 review committee -- that's the legislative  
3 administrative reg review committee for  
4 people listening. You'll have a report of  
5 the public comments that you can share then,  
6 or how do those comments get shared?

7 MR. SCOTT: We will just share them.  
8 I guess, since we are at -- since we have  
9 already passed the end of the month, those  
10 are official comments we've received, so we  
11 can give you the entire comment. If you  
12 want to see all of the comments, kind of  
13 compiled, and then just the statement of  
14 consideration that we filed, we'll summarize  
15 those comments --

16 MS. BEAUREGARD: Okay.

17 MR. SCOTT: -- and then we'll --  
18 that's what we'll respond to under KRS 13A.

19 MS. BEAUREGARD: Okay. That sounds  
20 really good. So for committee members, if  
21 you haven't already, I would just encourage  
22 you to submit comments on the ordinary regs,  
23 which are identical to the emergency  
24 regulations, right Jonathan?

25 MR. SCOTT: Yes.

1 MS. BEAUREGARD: So you didn't miss  
2 that opportunity really if you didn't do --  
3 if you didn't submit comments on the  
4 emergency regulations. But for just so many  
5 reasons, these are really, really critical  
6 services for Medicaid members to have access  
7 to, and I think we need to make sure that  
8 the legislators know that there's a lot of  
9 support for these.

10 So KVH has put together a comment  
11 collector, and if I haven't shared that with  
12 you all, I'll share that in the chat in  
13 case, you know, it's a little bit more  
14 convenient to share your comments that way.  
15 But, of course, you can send them directly  
16 to DMS, as well.

17 And the only other thing I wanted to  
18 ask about that -- oh, I just really wanted  
19 to clarify, I think, for people listening,  
20 for our committee members, that these  
21 regulations will stay in place even if there  
22 is a deficiency found. For anyone who paid  
23 attention to or was watching the June reg  
24 review committee, they did actually -- not  
25 technically -- review the emergency regs,



1 but they were on the agenda for discussion,  
2 and they did take a vote and found them  
3 deficient, but they are still in place. And  
4 I was just on a call earlier today with  
5 community health workers, and almost no one  
6 thought that these services were still in  
7 place, including CHWs who work for  
8 providers.

9 So that was really alarming to me.  
10 Not entirely surprising; I knew that there  
11 was some confusion and that some people had  
12 the perception that, you know, a deficient  
13 reg meant -- it didn't necessarily mean  
14 that, you know, the service was no longer  
15 covered. But I was surprised by just how  
16 many people were either unaware of the regs  
17 at all or thought that they were no longer  
18 in place.

19 MR. SCOTT: Yes.

20 MS. BEAUREGARD: So if there can be  
21 some clarification maybe sent out to  
22 providers, too, I think that would be really  
23 helpful. Because I would hate for people  
24 not to get these services because they  
25 either weren't aware of them or assumed that

1           they were no longer covered.

2                   MR. SCOTT: That's right. We  
3           anticipate that they will be in effect, you  
4           know, going forward, and it will be a  
5           question for the next legislature whether  
6           they're going to be able to stop them.

7                   MS. BEAUREGARD: Okay. Well, thank  
8           you for that clarification. And, yeah, just  
9           any information that our TAC members can be  
10          sharing in their communities with providers  
11          that you know and work with, and, of course,  
12          Medicaid members, would be really helpful.  
13          So I think it will take all of us making  
14          sure people are aware.

15                   And any questions about that from  
16          committee members or TAC members?

17                           (No response.)

18                   MS. BEAUREGARD: We can move on then  
19          to new business. So one thing that I wanted  
20          to bring to DMS's attention, and I think at  
21          least some DMS staff are aware of this, but  
22          there is on Kyncet Now a "get contacted"  
23          sort of a button on Kynect, but it refers a  
24          consumer, somebody who's, you know, looking  
25          on Kynect to either renew or to apply for

1 coverage, refers them to insurance agents.  
2 And that button was initially on every page,  
3 it seemed, even, like, the SNAP page. I've  
4 noticed that that's been removed. So thank  
5 you for whoever removed it from there, and  
6 it's no longer on the Medicaid page, either,  
7 so that's already an improvement.

8 But we have gotten reports of  
9 consumers, you know, reaching out, pressing  
10 the button, not really understanding that  
11 it's only technically for people who are  
12 wanting to enroll in a qualified health plan  
13 because that's really what agents focus on.  
14 And so we've gotten a lot of reports of  
15 people who click that button, you know,  
16 wanted assistance with a Medicaid  
17 application or a SNAP application, kind of  
18 got the runaround, and, essentially, had to  
19 go back to DCBS and, you know, it took more  
20 time than it saved them and didn't really  
21 provide them the assistance that they were  
22 looking for.

23 So mostly just want to put that on  
24 your radar. Hopefully, if you have any, you  
25 know, plans on, you know, improving this, it

1           would be great to know about that. And,  
2           Miranda, as a kynector, you may have more to  
3           add, but that's been something that has been  
4           a little concerning, especially with  
5           Medicaid renewals happening now.

6                   MS. BICKERS: Emily, I wanted to  
7           apologize. My Zoom is being very finicky,  
8           and it will -- it's stopped sharing my  
9           screen, and so I'm trying to pull the agenda  
10          back up. So I apologize if it's doing  
11          something wonky on your all's end.

12                   MS. BEAUREGARD: Well, thank you. I  
13          understand these things happen with Zoom,  
14          and I have the agenda pulled up for myself,  
15          so hopefully, other people have it, as well.

16                   Is anybody on from DMS who can talk  
17          about how we're going to -- how that button  
18          may be refined, or how we're going to better  
19          target just to qualified health plan folks?

20                   DR. DEARINGER: Is there anybody from  
21          eligibility on?

22                                   (No response.)

23                   DR. DEARINGER: We can take that back  
24          --

25                   MS. BEAUREGARD: Yeah.

1 MR. DEARINGER: -- and get that to  
2 somebody from eligibility to respond to  
3 that.

4 MS. BEAUREGARD: We can add it to the  
5 next agenda, Justin. I'll make a note to  
6 myself. And by then, it may be that some of  
7 these issues are resolved, hopefully so.  
8 But just wanted to make sure that everyone  
9 is aware of that.

10 Miranda, have you had any issues or  
11 concerns with that?

12 MS. BROWN: I just have the same  
13 concerns that you raised.

14 MS. BEAUREGARD: Yeah.

15 MR. CAMPBELL: I have to go in five  
16 minutes.

17 MS. BEAUREGARD: Thanks, Arthur. Why  
18 don't we then jump down to  
19 recommendations --

20 MR. CAMPBELL: Okay.

21 MS. BEAUREGARD: -- so that you can  
22 help vote on those, and then, we can talk  
23 about the orientation packet. We are close  
24 to the end of the agenda, so that's good.

25 So the first recommendation that I

1 was thinking of making is related to those  
2 dental, vision, and hearing regs, and just  
3 recommending that DMS provide clarification  
4 to providers about the status of those  
5 services.

6 MR. CAMPBELL: I make a  
7 recommendation --

8 MS. BROWN: Can you put clarification  
9 to providers and kynectors?

10 MS. BEAUREGARD: And kynectors, yes.  
11 Yes, thank you. That's a very good  
12 suggestion. And should we -- or  
13 communication -- communication to providers  
14 and -- okay. So that DMS provide  
15 communication to providers and kynectors  
16 about the status of the Medicaid dental,  
17 vision, and hearing services.

18 MR. CAMPBELL: I make --

19 MS. BEAUREGARD: If that sounds like  
20 -- oh, are you going to make a motion?

21 MR. CAMPBELL: Yeah.

22 MS. BEAUREGARD: Okay, thank you,  
23 Arthur.

24 MS. BEAUREGARD: Can I get a second?

25 MS. BROWN: I second.

1 MS. BEAUREGARD: Thank you, Miranda.  
2 All in favor, say aye.

3 (Aye.)

4 MS. BEAUREGARD: Any opposed?

5 (No response.)

6 MS. BEAUREGARD: Okay. That motion  
7 carries. I was --

8 DR. DEARINGER: And, Emily, this is  
9 Justin Dearinger again. I'm sorry to  
10 interrupt you. Would you mind shooting, I  
11 guess, just Erin an e-mail about that, just  
12 specifying that button issue so that we can  
13 get you an exact answer?

14 MS. BEAUREGARD: The button issue,  
15 yes. And I do think that this has probably  
16 been brought up with KHB. I just wasn't  
17 sure how involved DMS is, and I just wanted  
18 to make sure that that was on everyone's  
19 radar. But I will e-mail Erin with a little  
20 more information.

21 So another -- I don't know if we need  
22 to make this as a recommendation related to  
23 the value-added benefits. I think we can  
24 see what Angie is able to come back with.  
25 Are there any other recommendations that TAC

1 members wanted to put forward?

2 (No response.)

3 MS. BEAUREGARD: Okay. Well, thank  
4 you, Arthur, for joining us, and if you need  
5 to hop for your next meeting, we understand.

6 We'll go back up to the new business,  
7 MAC, and TAC orientation packet. Erin, I  
8 know you have been working on this. Is  
9 there more feedback that you'd like from us?

10 MS. BICKERS: Kelli has actually been  
11 working on that. That's something that  
12 she's done in a previous role. I believe  
13 she's kicked that up to Veronica to look  
14 over, and with that being a MAC  
15 recommendation, I think those are due  
16 July 10th, so you should see it on or before  
17 then. She's just running it past upper  
18 management, and once it's ready, we'll send  
19 it out. And if you guys have feedback, I'm  
20 sure she's happy to look into that. But  
21 Kelli has been working on that very  
22 diligently.

23 MS. BEAUREGARD: Okay, great. Thank  
24 you to Kelli if you are on.

25 MS. SHEETS: Hi, Emily. This is



1 Kelli. That is almost finished. There are  
2 several documents in the packet so far.  
3 What's taking me some time is the acronyms  
4 list. As I'm sure you know, Medicaid has  
5 lots of acronyms. And all of the different  
6 departments within Medicaid -- with all the  
7 different divisions within the Department of  
8 Medicaid, kind of, has their own set.

9 So we've been working on putting  
10 those all together and getting them down so  
11 it's not so overwhelming to the members.  
12 That's, kind of, what's taking some time,  
13 but I have put it on up the chain to the  
14 commissioner's staff, and now, just waiting  
15 on, kind of, that acronyms list and then  
16 getting the packet approved. And then, I  
17 should have something for you next time we  
18 meet.

19 MS. BEAUREGARD: Okay. Thank you.  
20 Thanks for all your work on that. We'll  
21 look forward to seeing it. I do have an  
22 acronym list. I don't -- it may not be  
23 better than yours or more comprehensive, but  
24 I'm happy to share it with you if it would  
25 be helpful just to --

1 MS. SHEETS: Yeah.

2 MS. BEAUREGARD: -- so you don't have  
3 to recreate anything.

4 MS. SHEETS: Yeah. If you -- I've  
5 gotten several, so if you want to just send  
6 it to me, I can, kind of, see how it  
7 compares to what I already have.

8 MS. BEAUREGARD: Just, kind of, cross  
9 reference them all, yeah.

10 MS. SHEETS: Yeah, that'd be great,  
11 thank you.

12 MS. BEAUREGARD: Okay. I can do  
13 that. Okay.

14 I don't think that we have anything  
15 that we need to discuss, you know, under the  
16 general discussion item, but let me know if  
17 anybody had anything else that they wanted  
18 to bring up.

19 (No response.)

20 MS. BEAUREGARD: Okay. I'm seeing a  
21 no from Miranda. Anybody else?

22 (No response.)

23 MS. BEAUREGARD: All right. And  
24 then, for the next MAC meeting, I'll be  
25 there to provide the report for the Consumer

1 TAC.

2 And we have three remaining meetings  
3 this year. I can't -- y'all, I just can't  
4 believe that we're halfway through the year.  
5 There's just something about that is -- I'm  
6 not -- I just can't understand how this year  
7 is halfway over. And those meetings are  
8 August 15th, October 17th, and December 5th.

9 So at the August 15th meeting, we  
10 will add Arthur's agenda item, we'll do some  
11 of the follow-up that we discussed today,  
12 and hopefully, we'll have a report on those  
13 quality metrics.

14 And we have, of course, a couple of  
15 other MAC meetings left, as well. Those are  
16 the fourth Thursdays at 10 a.m., and those  
17 are the ones that I attend, but, of course,  
18 they're public and open to everyone. So any  
19 of our Consumer TAC members are welcome to  
20 join.

21 I don't have anything else for the  
22 agenda, so just give it one more -- anybody?

23 MS. MANNINO: No.

24 MS. BEAUREGARD: All right. So thank  
25 you, all, again. And I always ask you this,

1 do we make a motion to adjourn?

2 (No response.)

3 MS. BEAUREGARD: By acclamation -- I  
4 think we can adjourn by acclamation, so  
5 that's what we'll do. Thanks again,  
6 everyone, for attending today. We'll see  
7 you next time.

8 (Meeting adjourned at 2:50 p.m.)

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CERTIFICATE

I, Tiffany Felts, CVR, Certified Verbatim 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 26th day of June, 2023.

Tiffany Felts, CVR  
Tiffany Felts, CVR