

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

DEPARTMENT OF MEDICAID SERVICES
CONSUMER RIGHTS & CLIENT NEED
TECHNICAL ADVISORY COMMITTEE

August 16, 2022
1:32 - 2:18 p.m.

Lisa Colston, FCRR, RPR
Federal Certified Realtime Reporter

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

A P P E A R A N C E S

TAC Committee Members:

Miranda Brown, Chair

1 MS. BICKERS: I wanted to make a
2 quick reminder. We have been having a lot of
3 new people join our TACs. So I just want to
4 make a friendly reminder that if you are not
5 on the TAC, please do not vote to approve
6 minutes, please do not vote on the
7 recommendations. If you have an issue that
8 you would like to discuss in a TAC meeting, I
9 encourage you to reach out to one of the TAC
10 members to put it on the agenda. And also,
11 too, when you first introduce yourself, for
12 the court reporter can you make sure to say
13 who you are in your introduction, so that way
14 we are making sure to capture everyone and
15 who is speaking.

16 MS. BROWN: It is a few minutes
17 after, so maybe we should go ahead and start
18 with just introductions.

19 MS. BICKERS: Yes, ma'am. That
20 works for me. I will turn it over to you,
21 Miranda.

22 MS. BROWN: Okay. So I'm Miranda
23 Brown. I'm a member of the TAC. And my day
24 job is with Kentucky Equal Justice Center, so
25 I'm appointed by that organization to serve

1 on the TAC. I'm a Kynector, so I enroll
2 people in coverage. And I'm an outreach
3 coordinator at KEJC.

4 So I will pass it off to others to
5 introduce themself.

6 MS. BICKERS: Veronica, would you
7 like to introduce anyone?

8 (No response)

9 MS. BICKERS: We cannot hear you,
10 Veronica.

11 SR DEPUTY COMMISSIONER CECIL:
12 Sorry. I see people's faces. Is there
13 anybody that's on that wanted to introduce
14 themselves?

15 Can you hear me now?

16 MS. BICKERS: Yes, ma'am.

17 SR DEPUTY COMMISSIONER CECIL:
18 Okay. We are in this new Fangle, you know,
19 big video system.

20 Veronica Judy Cecil, Senior Deputy
21 Commissioner for Medicaid. And I just wanted
22 to take just a moment to introduce our new
23 Director for the Division of Healthcare
24 Policy, Nicole Bradshaw. Nicole is here with
25 me. Today is her first day. So she is

1 stepping into the shoes of Lee Guice. As you
2 all know, Lee retired at the end of July. So
3 we are excited to have Nicole with us. She
4 was previously in Medicaid back in 2013, 2014
5 as a Nurse Service Administrator. She had a
6 lot of experience working in program
7 integrity, both with the state's recovery
8 audit contractor and with the federal
9 contractor for recovery. She worked in the
10 area that covered Kentucky.

11 So she knows a lot about Medicaid
12 policy, about reimbursement, so just really
13 great experience bringing to her position now
14 in healthcare policy.

15 MS. BROWN: Thank you, Veronica.
16 And welcome, Nicole.

17 Are there any other TAC members on
18 yet?

19 MS. BICKERS: No, ma'am, still just
20 you.

21 MS. BROWN: So I just checked my
22 e-mail. And Christine had let Emily and me
23 know that she was actually not able to make
24 it today. But I have not heard from any of
25 the others.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

MS. BICKERS: If you would like to move on through your agenda. And then if they login at a later date, we can always come back and approve your minutes and establish a quorum.

MS. BROWN: Okay. That sounds good.

So the first, then, after quorum approval of minutes is Old Business, starting with wanting to know kind of updates and status on these items, starting with status of DMS proposed spending of a portion of the FMAP funds to pay for the onboarding costs for PDS employees.

Is Pam on?

MS. SMITH: Sorry. I couldn't get ahold of -- I couldn't find my unmute button and my camera button at the same time.

So that was included in the original spending plan. However, because we had to go back and with a 10 percent rate increase we had to revise our spending plan, so we are still looking at methods to do that. I don't have any updates on it, Miranda. But there is still an intent for us

1 to change that so that it is not the employee
2 that has the burden of those costs for
3 onboarding employees. But I don't have
4 really a good update for where we are at this
5 point with that other than that is still our
6 intent, to make that change. We will just
7 have to do it way different than using the
8 spending plan and the ARPA money to do it.

9 MS. BROWN: Okay. And I think --
10 I was trying to remember from last meeting.
11 You had said you were considering -- you were
12 looking at covering the costs of training
13 employees as well. And I guess as part of
14 your update, have you had any, like,
15 additional meetings?

16 MS. SMITH: We have not. We have
17 one coming up with CMS. And we are looking
18 at training overall, kind of in general down
19 to the PDS employee being in control of what
20 types of training they want their -- the
21 individual to have to take versus everyone
22 having to have, you know, a certain set. We
23 also are looking at different trainings that
24 we can provide that, you know, that we can
25 give information on that are free of charge.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

For example, there is one I know coming up on seizures and epilepsy that we have been working with, that we are going to provide that information just out generally to everybody, whether it be PDS or be it traditional agency, that employees can take those kinds of training.

So we are really looking at the whole process from top to bottom. So, you know, including onboarding, training, you know, employee management, the whole process.

MS. BROWN: All right. Thank you, Pam.

So next is the PE Medicaid data request that we had put in. And Lee Guice had not gotten to it before the last meeting. So we had asked about, how many Kentuckians were covered under PE Medicaid basically before the pandemic or, like, immediately before or on average during the year before, in 2019. Is that information that we have now?

SR DEPUTY COMMISSIONER CECIL:
Yeah. I apologize, Miranda. We have the

1 updated PE number, but I think we failed to
2 make sure that we had this in time for the
3 meeting. So we will take it back, and we
4 will get it to you by the end of the week.
5 We will send it to all of the members.

6 MS. BROWN: That would be
7 wonderful, Veronica. Thank you.

8 SR DEPUTY COMMISSIONER CECIL:
9 Yeah. So I apologize for that.

10 MS. BROWN: Understandable with the
11 turnover.

12 Next is DMS disseminating
13 presumptive eligibility and emergency time
14 limited Medicaid flyer. And I think we made
15 a recommendation on this last time and we did
16 get a response. So kind of just wanting an
17 update on how is this being used or planning
18 to be used, the flyer itself versus even
19 information about these programs.

20 SR DEPUTY COMMISSIONER CECIL:
21 Yeah. So the Commissioner has asked our new
22 communications person to work on a
23 dissemination plan for this. One of the
24 things we want to do is maybe incorporate it
25 into our social media. And then, also, think

1 about how do we get it out to the folks that
2 would interact with this population. So we
3 are working on that plan right now. I don't
4 have an update on that specifically yet. So
5 if you want to leave it on the agenda, we are
6 happy to try to bring that to you the next
7 time.

8 MS. BROWN: Okay. Thank you. And
9 then we've got the Health Disparity and
10 Equity TAC.

11 SR DEPUTY COMMISSIONER CECIL: Yes.
12 So excited to report that the first meeting
13 (inaudible). We will send out to all of the
14 MAC and TACs the link to the meeting. And,
15 Erin, I'm going to lean on you a little bit.
16 We don't have that set yet, right?

17 MS. BICKERS: No, ma'am. I can go
18 ahead and get the Zoom link set. I was just
19 waiting for the website to be established as
20 a whole.

21 SR DEPUTY COMMISSIONER CECIL:
22 Sure. We are working on the agenda right
23 now, so probably should have that sometime
24 next week. And then we are creating a
25 website specific to this TAC, and we will be

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

posting that information. So knowing that a lot of folks are interested in this, we will definitely disseminate that information once we have it finalized.

MS. BROWN: Wonderful. Thank you. So next is the PACE program rollout. I'm sorry. I jumped one. We actually have the HCBS rate study work group.

MS. SMITH: So we had postponed or had cancelled the last two rate study work groups. But we will be getting back on track with that hopefully by the end of this month, if not the beginning of September. With, unfortunately, the natural disaster with the flooding and with just some of the other activities that were taking place, we had to dedicate some time to the Appendix K and those activities.

But rate study will be -- we will be resuming meeting in September. And hopefully, you know, we will make up any time that we have lost but we will pick back up where we were with -- I think we had started talking about rate build-ups in the rate process. So we will begin right where we

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

left off.

MS. BROWN: Understandable. Thank you for working on that.

So then we have the PACE program rollout.

MS. SMITH: So very excited to report that we enrolled our first member with the PACE organization. With Bluegrass Navigators we wrote our first individual. He began as of August the 1st. I believe they are going to have their official center ribbon cutting ceremony in the next month. I believe it is scheduled for mid-September.

And as of just a few minutes ago, actually, the agreement with our next organization, Horizon, has been signed and has been sent to CMS. So they are looking forward to onboarding someone in the very near future, too. We are hoping maybe for September or October to have our next individual onboarded through PACE.

So very, very excited for the opportunities that PACE is going to bring for the individuals. We are working very hard on the website and some educational materials

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

that are going to come out that really will help explain more about what PACE is, who is eligible, how to find out about it, how to get connected, that type of information.

MS. BROWN: And the PACE program is, like, based at different centers around the state, right?

MS. SMITH: Correct. Yes. Each PACE organization serves different counties. And, so, there are no overlaps between those counties. So I do not have those, Miranda. Unfortunately, I don't have them memorized yet, and I don't have them off the top of my head. But it is on the website as well as I can get that information and send it out for you-all to be distributed to your members.

But, yes, it's based on each organization. So right now we have the two, we have Horizon and Bluegrass Navigators. We have others that are working through the process of becoming an organization. It's quite a lengthy process with everything that has to happen, including there is a lot of engagement with CMS.

So, but, we do have other

1 organizations or providers that are coming on
2 board. It is quite the process and it takes
3 a little bit. But I can get that out to you,
4 the counties right now that are being served
5 as well as the counties that will be served
6 based on the next groups that are within the
7 process of becoming enrolled and doing
8 everything that they have to do.

9 MS. BROWN: Okay. That sounds
10 great. Thank you, Pam.

11 I guess I'm still thinking about
12 the centers. So they are based at these
13 different organizations and they kind of --
14 PACE is just, like, filling out their
15 functions? I mean...

16 MS. SMITH: So PACE, if you think
17 of it, it is the program, all-inclusive care
18 for the elderly. So if you think about them
19 as really kind of a mini MCO, they are
20 responsible for providing for all care needs
21 for that individual.

22 So they get a capitation payment
23 each month and then they are responsible for
24 oversight and providing all of the care to
25 the individuals. Saying "organization" is

1 new for me, too. I'm not used to it. That's
2 why you will hear me sometimes still
3 defaulting back to "providers." Because,
4 you know, that's kind of my normal
5 terminology in, you know, what I have worked
6 in so far with, you know, our 1915(c)
7 waivers. But we really refer to them as an
8 organization. Because they are very similar
9 to -- they're a kind of mini MCO for the
10 individuals that are enrolled in that program
11 in that they provide for all of the care
12 needs of that individual and coordinate all
13 of their care. Did that help at all?

14 MS. BROWN: Yeah, yeah. I'm just
15 trying to picture it. And, so, how many
16 centers are already, like, fully PACE
17 programs now and already on-line?

18 MS. SMITH: We have one right now,
19 which is Bluegrass Navigators. And then
20 Horizon, which is our second one, they are at
21 the finish line really; the agreement was
22 signed today, actually just within the last
23 30 minutes, and has been sent to CMS.

24 And then there are several in the
25 pipeline that are coming. I will get that

1 information to you. That will -- I think
2 maybe it will make more sense when you see it
3 kind of on paper about who they serve and
4 what areas, what counties they serve and what
5 areas they are in and kind of that general
6 information. And then if you have more
7 questions or if you want us to go into maybe
8 at the next meeting a little more detail we
9 could always do that as well to kind of go
10 through like a mini presentation of the
11 program in the next meeting if there was
12 interest in that.

13 SR DEPUTY COMMISSIONER CECIL:

14 Yeah. And, Miranda, we are going to do --
15 we will be doing a -- we are doing a soft
16 rollout right now. We plan on doing a big
17 rollout, you know, a media blitz about it,
18 and then we will start really promoting it.
19 But we wanted to ensure that our system was
20 working appropriately and making sure the
21 person was eligible, the PACE provider is
22 ready to bring on, you know, additional
23 people to serve.

24 And, so, we are -- it is very much
25 a soft rollout. And then we will have a big

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

kind of kickoff.

MS. BROWN: Okay. Thank you. That is exciting.

SR DEPUTY COMMISSIONER CECIL:
Uh-huh.

MS. BROWN: So I just looked at the participants list. I didn't see any other TAC members. Am I missing anybody who did login?

MS. BICKERS: No, ma'am. I haven't seen them.

MS. BROWN: Okay. Everybody ran when they found out I was going to Chair today, huh?

MS. BICKERS: It is not normal for you guys.

MS. BROWN: I know.
Okay. The next item on the agenda is the Kentucky Medicaid quality strategy project.

MS. PARKER: Hello, Miranda. It is Angie Parker, Medicaid. We have, "we" being me, have received the first draft from our Northern Kentucky University to review. So it should be coming for public comment in the

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

very near future. Any questions?

MS. BROWN: Okay. I'm joined from my computer. Sorry about that.

Let me see if I have any questions. I'm thinking.

That's pretty straightforward. I don't think I have any questions.

Next is stakeholder engagement opportunities regarding public health emergency unwinding.

SR DEPUTY COMMISSIONER CECIL:

All right. So I will share that we did expect a CMS notice by August 14th, that they would not extend the 60 day -- the public health emergency. We did not receive that 60 day notice. So at this point we anticipate another extension of the public health emergency. We are in the process of still kind of working through some internal steps, but we are planning a very robust stakeholder engagement. We are just not there yet.

MS. BROWN: Do you have an idea of the timeline as to, like, how far in advance of the public health emergency ending before

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

you want to involve stakeholders?

SR DEPUTY COMMISSIONER CECIL: Yes. You know, so, we would have -- if not for now the lack of the 60 day notice, I think we would have already been engaging, starting to kickoff our communication strategy. So at this point my guess is it will be at least another 30 to 60 days before we take that on.

MS. BROWN: Okay. I'm just thinking it would be good to have stakeholder involvement early on in the process to help things move smoothly when it hits.

Okay. I just sent out an e-mail to the other TAC members, so, to make sure they had the correct link. We will see if that helps. I know we are getting pretty far down the agenda already.

Next is maternal health review.

DR. THERIOT: Hello, Miranda. This is Dr. Theriot. I don't have too much to report. The 12 months post-partem coverage went into effect as of April 1st. So that is already occurring. We are working, the newest thing that we are working on is, a maternal health dashboard. And, so, we want

1 to get, you know, a dashboard that has kind
2 of important information, such as C-sections,
3 premature births, things like that, on one
4 piece of paper or one computer screen that
5 you can look at that will help give you a
6 snapshot about how we are doing taking care
7 of our moms, new moms and women that can be
8 pregnant. So we are working on that. I'm
9 very excited about that, so more to come on
10 that.

11 We are working with our MCO
12 partners, still looking into post-partem care
13 and trying to -- we have a lot of great
14 things in place, but trying to see what types
15 of things are being utilized and what are
16 not, you know, what are the barriers,
17 for example, to getting to a post-partem care
18 visit and what can we do to address some of
19 those barriers.

20 So it is lots of good things
21 happening, and we will just keep you guys up
22 on things as they develop.

23 MS. BROWN: Thank you, Dr. Theriot.
24 That is awesome. And I was wondering about
25 -- I know the SPA, the SPA also was regarding

1 removing the five year wait for lawfully
2 residing pregnant women, pregnant
3 individuals. And, so, for that and for the
4 extended pos-partem care, maybe less so for
5 that because people are already enrolled at
6 that point, I'm wondering what kind of plan
7 there is for making sure that Kynectors know
8 about that so that they can, you know,
9 properly outreach and go ahead and tell
10 pregnant individuals, "Yeah, you might be
11 eligible because there is no longer that five
12 year wait." So it is an important new update
13 for directors.

14 SR DEPUTY COMMISSIONER CECIL:
15 Yeah. Miranda, that's in process. And we
16 also plan a campaign advertising, a marketing
17 campaign specific to the presumptive
18 eligibility, to the extension of the
19 post-partem. So we are working on those
20 things right now.

21 MS. BROWN: Awesome. Yeah, very
22 excited to find out about these updates. It
23 is a game changer for a lot of individuals,
24 so thank you.

25 So next on the list was next steps

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

for Medicaid reimbursement for licensed certified professional midwives. I think this was addressed at the MAC meeting. But is there any further information that anyone can provide?

SR DEPUTY COMMISSIONER CECIL: No. No change in status.

MS. BROWN: Is it something that's under review for potentially doing in the future?

SR DEPUTY COMMISSIONER CECIL: Not in the near future, as the Commissioner mentioned on the MAC.

MS. BROWN: Okay. Thank you, Veronica.

That takes us to New Business. We still don't have any TAC members joined?

MS. BICKERS: No, ma'am.

MS. BROWN: Okay. I don't want to trip over them if they are there.

So New Business we have the data request that we always get an update on, how many Kentuckians are currently covered under traditional versus expanded Medicaid and PE.

SR DEPUTY COMMISSIONER CECIL: Yes.

1 Give me one second. So currently for
2 presumptive eligibility we have -- so, and,
3 keep in mind this is a snapshot. So the
4 snapshot dated August 15th is that we have
5 1,574 people enrolled in presumptive
6 eligibility. Just one second. For
7 traditional and -- let me get into my
8 document that I should have had up but I
9 don't because I am not at my desk. One
10 second. Let me pull up the other enrollment
11 numbers.

12 Okay. So as of Monday, again it is
13 a snapshot, we have a total of 1,664,616
14 unduplicated members. Of that, in our
15 expansion population we have 619,140. And in
16 managed care we have 1,506,517. And in our
17 SKY program we have 27,831.

18 MS. BROWN: Okay. Thank you.
19 And then we have the feedback on the network
20 adequacy one-pager. Thank you so much,
21 Angie, for pulling that together.

22 MS. PARKER: Well, thank you and
23 Emily for your feedback. I didn't know
24 whether or not you had any other feedback
25 from any of the other TAC members. That

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

hasn't been completed, but -- based on your feedback. But we will have that back to you for further review once it is completed.

MS. BROWN: Okay. Great. Yeah, I didn't see any other feedback from other TAC members. But I think Emily asked a question in her e-mail about, shouldn't the out-of-network services be available when any of the network adequacy standards are not met? I don't know if you -- do you have a response? Do you have information regarding that question?

MS. PARKER: Well, I mean, certainly that could potentially be an alternative to that. But the MCOs would have to work with the particular providers in the area to see if there are any providers who could provide that particular service. It may be out-of-network for one MCO but not the other. So there is a lot of weighing into the type of provider that is needed to determine if there is truly a network adequacy for that one MCO or is it indigenous of the area.

MS. BROWN: Okay. So she also

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

asked if it was DMS' policy that the enrollee switch MCOs rather than requiring the MCO they are currently enrolled with to provide an adequate network. So that kind of addresses that.

MS. PARKER: No. What we expect is an adequate network. There are, as we know, there are challenges for all MCOs in certain areas. But, no, we would prefer they not change unless that member feels it is best for them. And, but, they are to work with their MCO to find a provider if they can.

SR DEPUTY COMMISSIONER CECIL:

Yeah. So the expectation is that the MCO, if there is a provider, a need for a provider that's not in network, is the MCO ensure that coverage and that access and they might have to enter into what is called a single case agreement with the provider. But as Angie mentioned, it is absolutely the expectation that the managed care organization is -- they are, in fact, contracted to provide access to those services on behalf of that member. It is not acceptable for them to say they cannot find a provider. And we need to know about

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

those situations if that is what is being said.

MS. BROWN: Okay. That makes me think that maybe that would be a helpful sentence to have somewhere in the one-pager, that, you know, if the MCO is not working with the patient to figure out a solution, that the member have a route to report that issue.

SR DEPUTY COMMISSIONER CECIL:
Yeah. They should file a complaint, absolutely.

MS. BROWN: Is that something that we can add to the one-pager, Angie?

MS. PARKER: Yes. I will look at that. As I said, with your comment, with your feedback and Emily's and with this discussion, I can update that and send it back out to you-all.

MS. BROWN: Sounds good. Thank you.

MS. PARKER: Uh-huh.

SR DEPUTY COMMISSIONER CECIL: Now, I will say all of that, Miranda. But there are some situations where perhaps the member

1 does want to go to somebody specifically,
2 that person is not in network and that person
3 has no interest in even entering into a
4 single case agreement. At that point, the
5 only MCO responsibility is to ensure that
6 there is access to that service. And if that
7 member refuses to go to somebody else, you
8 know, that is a whole totally different
9 situation that has to be dealt with. But,
10 and, those are some of the things that do
11 happen.

12 But, you know, I think generally
13 the response is that if, you know, the member
14 is just looking for somebody to deliver the
15 dental service, it is a responsibility of the
16 MCO to find a provider available.

17 MS. BROWN: Yes. That definitely
18 makes sense. We are not set up to cover all
19 providers. That is just part of how it
20 works. I understand that.

21 Okay. Well, thank you, Angie, for
22 revising that. And we look forward to an
23 updated version to review.

24 Nobody has responded to my e-mail,
25 other than Emily herself, who is not

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

attending today.

So I think as far as the next item, which is just general discussion, additional items for discussion, let me look at my list to see if I had anything else I wanted to bring up.

The last time we talked about vaccination rates and each of the MCOs gave an update on COVID and routine childhood immunizations. So I think that would be helpful to get another update, if any of the MCOs are still on or would like to share.

SR DEPUTY COMMISSIONER CECIL:

Yeah. But they might not be prepared to do that. I would recommend, if you want, to add it to Old Business, just as a recurring report, if you would like. But I don't know if any of the MCOs are prepared to speak to their updated immunization rates.

MS. JUDE: I'm happy to give a brief update, if that's okay. I'm with Anthem Medicaid, Victoria Jude.

MS. BROWN: That sounds good. Go ahead, Victoria.

MS. JUDE: Okay. You're welcome.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

So for Anthem Medicaid, our percentage of overall membership vaccinated is at 35.82 percent, with total injections of 130,119 members. Our member counts for fully vaccinated is 55,156 members, with partial vaccination counts at 6,423. Our members boosted is 17,379.

And among the trends around our age groups, we are still leading a 60th percentile, 61.9 percent with those 65 and over. And then next to that, obviously, is the ages 50 through 64 with a 52.5 percent. And from there on it goes from 41.8 percent, 40 to 49; 30 to 39 is 37.8 percent; 18 to 29 years old is 35.7 percent; 16 to 17 year olds is at 29.5 percent; 12 to 15 year olds is 21.5 percent; 5 to 11 year olds is 6.4 percent; and then 0 to 4 year olds is at a 0.4 percent.

As far as race, we have Asian or Pacific Island at 52.76 percent; White/non-Hispanic at 32.08 percent; Hispanic at 27.94 percent; Black 30.37 percent; Native Hawaiian 25.34 percent; American Indian

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

31.34 percent; and Other 21.63 percent. And then we are at a 34.60 percent for those not provided.

We are currently collaborating with the Kentucky Association of Health Plans and the other MCOs to support the broad COVID vaccine events going on, including our upcoming State Fair vaccine booth that we are volunteering at where there will be a \$25 gift card and wristband provided. We are still continuing with our \$100 member incentive and our \$50 provider incentive; that will run through 2022. And we are continuing the direct member education and outreach.

We did, for August, do a partnership with WKYT that focused on a four minute segment around the importance of back-to-school vaccines. And we did a two minute segment calling out HPV vaccines, really building that education around the cancer prevention aspect among the, both, male and female.

We also have our partnership going on right now with the Coalition for Homeless

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

as far as a training series addressing different SDOH needs and that some of those will include local resources and experts in the field on vaccinations and access to healthcare.

We have the ready to launch Ready, Set, Renew marketing campaign going on for members once the PHE is lifted. We are currently planning, from a community outreach perspective, upcoming flu and COVID vaccine clinics for the fall. And we are wrapping up our back-to-school events where we did a back-to-school style to work and brought in registration booths from local community partners around immunizations and HPV vaccines for our back-to-school initiative that went statewide.

And that is all of the updates I have at this moment. Do you guys have any questions? I'm happy to follow-up in an e-mail if needed as well.

MS. BROWN: Awesome. Thank you. Can you just repeat. I was kind of swimming in the numbers.

MS. JUDE: I'm sorry.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

MS. BROWN: Can you repeat the percentage of total members that are fully vaxed versus partially vaxed.

MS. JUDE: Yes. So fully vaxed is 55,156 members, and partially vaxed is 6,423 members. And I will give you a visual in the chat, if that is okay.

MS. BROWN: Perfect. Thank you. And thank you for putting in the chat, Samantha, that you would provide rates via e-mail. That's great.

Do any of the other MCOs want to provide an update?

MS. HOBBS: Hi, Miranda. It is Ashley Hobbs from United. I was able to pull what our vaccination percentage looked like. This is just for one vaccine. It is at 44.14 percent of our members. But I will also send some more information via e-mail after the meeting.

MS. JUDE: Miranda, could you put your e-mail in the chat and then I will just do the same.

MS. BROWN: Sure.

MS. HOBBS: Thank you.

1 MS. BROWN: And anything you send
2 my way I can share with the rest of the TAC.

3 Okay. Any other MCOs that are on?

4 MS. PAGE: Hi. This is Anna Page
5 from Passport. We, too, will send you the
6 information, Miranda, in an e-mail.

7 MS. BROWN: Awesome. Thank you.
8 So I do not have other items for general
9 discussion.

10 SR DEPUTY COMMISSIONER CECIL:
11 Miranda, if I can just say, so I just want to
12 make it clear, MCOs, make sure you send that
13 to Erin and Erin will get it to all of the
14 TAC members so that we know what is being
15 sent, okay?

16 MS. BROWN: Thank you, Veronica.
17 Erin, are you able to put your e-mail in the
18 chat?

19 MS. BICKERS: I just dropped it
20 down there.

21 MS. BROWN: Maybe you sent it to an
22 individual. I can't see it yet.

23 MS. BICKERS: Apparently I sent it
24 to the waiting room, where there is nobody
25 at. Sorry about that.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

MS. BROWN: I think that's funny.
I wish there was someone in the waiting room.
I wish there were some other members on here.
Thank you, Erin.

Okay. So that takes us to
recommendations, which we cannot make since
we do not have a quorum.

And then there's the MAC meeting
representation. So this is a new item that
we have on here. Is that just confirming who
is going to give the report for the MAC
meeting?

MS. BICKERS: Yes, ma'am. We added
that on there just so I can kind of keep
track if someone is going to be there. That
way if they are not I can just let the Board
know as they are going through each TAC that
there is not a representative.

MS. BROWN: Okay. Well, we do plan
on having a representative. And Emily said
that she can do it, as usual, if I just
provide her the report out. So that's what
we are planning on at the moment.

And then next is just a review of
our upcoming meetings. We will be meeting

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

October 18th and December 20th, both at 1:30 p.m. Eastern. And then we have the MAC meeting dates listed there as well.

MS. BICKERS: And, Miranda, I wanted to let you know I am working on the calendar for the upcoming year and I hope to get that out to everybody soon so they can start looking at the dates and make sure. I just try to follow along with the date structure you guys had for this year and follow that into the next year. But I hope to have that out in the next week or two.

MS. BROWN: Awesome. That would be great, so we can start looking at those for the next meeting. Thank you so much.

And thank you everybody for being here. Thank you MCOs for providing information on a whim. I appreciate all of that.

Normally our meetings are much longer, but...

And there is really nothing else on the agenda, unless, Erin, do you have anything else?

MS. BICKERS: No, ma'am, I don't.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

MS. BROWN: Okay. Well, I think we can adjourn. And hopefully we will have a quorum at our next meeting and be able to take care of some business then. Thank you all.

(Meeting adjourned at 2:18 p.m.)

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

* * * * *

C E R T I F I C A T E

I, LISA COLSTON, Federal Certified Realtime Reporter and Registered Professional Reporter, hereby certify that the foregoing record represents the original record of the Consumer Rights & Client Need Technical Advisory Committee meeting; the record is an accurate and complete recording of the proceeding; and a transcript of this record has been produced and delivered to the Department of Medicaid Services.

Dated this 18th day of August, 2022.

 /s/ Lisa Colston

Lisa Colston, FCRR, RPR