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COMMONWEALTH OF KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
FOR MEDICAID SERVICES

IN RE: CHILDREN'S HEALTH TECHNICAL
ADVISORY MEETING

HELD AT:

VIA ZOOM MEETING

DATE:

MAY 11, 2022

2:00 P.M.

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A T T E N D E E S:

Mahak Kalra - Chair

Erin Bickers - DMS

TAC MEMBERS PRESENT:

Cheryl Dimar

Donna Grigsby

Courtney Smith

(and many more were on ZOOM)

1 MS. KALRA: Welcome everyone to our May
2 Children's Health Technical Advisory
3 Committee Meeting. Let's just go around
4 for the TAC Members that are here and do
5 quick introductions. And if you are not a
6 TAC member and you are just joining, if
7 you're an insurance company or anything
8 else, just please put your name in the
9 chat. Just wanted to make sure that
10 everyone knows who the TAC Members are so
11 that way we could establish a quorum and
12 then we can go on to our new business and
13 old business. So whoever wants to start it
14 off.

15 MS. DIMAR: I'm Cherie Dimar. I'm with
16 Kentucky PTA. Good afternoon, Everybody.

17 MS. SMITH: Courtney Smith. I represent
18 the Kentucky Psychological Association.

19 MS. GRIGSBY: I'm Donna Grigsby. I
20 represent the Kentucky Chapter of the
21 American Academy of Pediatrics.

22 MS. KALRA: I'm waiting to see if there's
23 anyone else that's a TAC Member.

24 MS. BICKERS: I have four of you.

25 MS. KALRA: So with that being said, we

1 will have to wait on establishing a quorum.
2 I think we need five. Hopefully we will
3 have another TAC member join us so we can
4 have our full quorum and then we can
5 approve the minutes.

6 So with that being said I think we can
7 go ahead and go into old business. I know
8 when we last spoke we really wanted to hear
9 about what are the Covid-19 vaccination
10 numbers for kids, any follow-up slides that
11 you-all wanted to share with us.

12 So, Erin, I don't know if it's the
13 best -- if there's a strategy that you think
14 that might be helpful. Do you think each
15 MCO, or maybe we start with DMS and then
16 each MCO go? What do you think might be
17 beneficial or helpful for this group?

18 MS. BICKERS: That's your preference, but
19 if the MCOs have an update and a person
20 from DMS has an update, it's whoever wants
21 to go first. Makes me no difference.

22 MS. KALRA: Does DMS want to go first to
23 kind of set the stage and then we can have
24 MCOs share any follow-up?

25 Okay. So I guess we can just start

1 with the MCOs. We can start alphabetically
2 or we could go ahead and whoever wants to
3 jump in. So I don't have a preference. I
4 don't know if anyone else has a preference.
5 MS. BICKERS: Is Aetna on the line? We can
6 just go ahead and start with Aetna if they
7 are here.
8 MS. VICKERS: Yes, I'm Susan Vicars. I'm
9 the Director of Quality for the SKY Program
10 at Aetna. Can you-all hear me okay?
11 MS. KALRA: We can.
12 MS. VICKERS: I'm actually new to this TAC
13 Meeting. I know Jennifer Nachreiner, our
14 Director of Quality, has prepared a slide
15 and submitted it. It's listed on the
16 website. Do you-all traditionally share
17 the screen or share the updates?
18 MS. KALRA: If you have a slide and I know
19 that there's attachments -- each of the
20 MCOs might have attachments -- it might be
21 best if we could see it.
22 MS. VICKERS: Okay, sure. Hold on. It
23 says host disabled participant's screen
24 sharing.
25 MS. KALRA: I think you are the cohost now

1 so you can go ahead and share the screen.

2 MS. BICKERS: I just approved sharing.

3 MS. VICKERS: Wonderful. Thank you.

4 Can everybody see my screen okay?

5 MS. KALRA: We can.

6 MS. VICKERS: Awesome. So I think one of
7 the things that we wanted to share was just
8 the follow-up on well-child appointments
9 and visits and just coverage for our
10 well-child and childhood kiddos. We have
11 some rates here that we wanted to share.
12 You know, our well-child visits in the
13 first 15 months of life and vaccines have
14 both increased and our dental visits. I
15 think another thing to say is that we have
16 some Next Best Action Campaigns providing
17 some text messaging, education going on,
18 member incentives going on, and also our
19 SKY high Touch approach to hopefully
20 improve these rates and really engage and
21 get our youth and adolescents to the
22 dental, well-child, and adolescent
23 appointments.

24 Another slide that we had included
25 involves coordinating care for our SKY

1 enrollees. We have a requirement for our
2 newly-enrolled SKY members who are coming
3 into out-of-home care to have a dental,
4 vision and physical or medical visit within
5 the first couple of weeks of enrollment.
6 This slide -- actually, we learned so much
7 about recording over the past year. We're
8 starting to report this on a rolling
9 12-month basis because of the claims lag.
10 It appears last quarter this might have
11 looked about 35 percent, but actually when
12 you look back six months, about 60 percent
13 of our members upon enrollment, within a
14 couple of weeks are getting those
15 appointments. So we are pleased to be able
16 to kind of provide an update to this data
17 based on just now having a year's worth of
18 claims and data for the scout program. So
19 that -- of course, we want to get to 100
20 percent, but working with our care
21 management team.

22 We are also working to improve that
23 routine visit adherence, working to set up
24 some on-site mobile services at our SKY
25 residential facilities, or residential

1 facilities in which our SKY members are
2 placed. Also doing -- continuing our
3 incentivization for providers and also
4 incentivizing our SKY members for those
5 dental, physical and vision appointments
6 within that first 14 days, as I mentioned
7 before.

8 Also, immunizations, one thing that we
9 have deployed is a mobile unit equipped with
10 a medical grade freezer to hopefully, you
11 know, enhance the access to immunizations
12 and working with our pharmacy partners and
13 provider partners to set up some program
14 around that: Some clinic days and then just
15 that multi-modal outreach, reminders,
16 education, postcards, you know, text
17 messaging.

18 I know there was also some old
19 business related to Covid vaccination rates.
20 This is Q1, I believe, of 2021. As you can
21 see between the ages of 5 and 11, those
22 eligible for the Covid vaccination, our
23 rates were 12.4 percent; about 30 percent
24 for ages 12 through 15; and about 35 percent
25 for that age 16 to 21, or, you know,

1 transition into adulthood age. As you can
2 see there we have some incentives around
3 this. Again, that mobile unit partnering
4 with pharmacies for on-site vaccination
5 efforts and, again, just, you know, as much
6 information and education as possible.

7 So I'll stop sharing and hand the ball
8 to the next.

9 MS. BICKERS: Anthem?

10 MS. KALRA: Before we kind of move on to
11 the next MCO, does anyone have any
12 questions?

13 All right. It doesn't seem like it.
14 Sounds good. I think we can move on to
15 Anthem.

16 MR. COX: This is Stuart Cox with Anthem.
17 I apologize, we don't have a slide. Did we
18 have anything that was submitted prior to
19 the meeting from our team?

20 MS. KALRA: I do see on our page that
21 there's some slides. I can share them with
22 you.

23 MR. COX: If you can share them.

24 I'm QM Director Stuart Cox. We have a
25 population health domain leader on our team

1 that leads our Covid vaccinations domain,
2 and if you can share those slides you have,
3 then we can take a quick look there.

4 MS. KALRA: Erin, do you want to help?

5 MS. BICKERS: Give me just a second and
6 I'll pull those up from the last meeting.

7 MS. KALRA: Thank you.

8 MR. COX: Real quick, our overall top line
9 is we are continuing our overall Covid
10 vaccination program, particularly our
11 incentives for our members and our
12 providers, through the end of 2022. We are
13 planning to sustain those benefits at this
14 time. So that's the overall member healthy
15 rewards incentive, but also for the
16 providers, the incentive that's in place
17 there. Of course, we have adjusted all of
18 our age ranges for the age five and up. We
19 have also optimized, looked at our rewards
20 for the type of cards we offer for the
21 members to help to make it more appealing
22 to a wider age range and a wider
23 demographic for the rewards there.

24 I don't have our rates. Were those
25 available to pull up?

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MS. BICKERS: My computer is trying to open the presentation.

MR. COX: One of the other things we have done is implement with our benefits transportation support. We know that that's a social determinate of health, challenge barrier that's been out there. So we've actually implemented additional use of gas cards and other incentives to help break down the barriers for members to be able to get to those vaccinations. I will say this, as far as redemption rates, we did have data through the first quarter, and we continue to stay relatively strong for the incentives through the first quarter and, again, our vaccination incentive is based around the first two immunizations and not the booster shots. So we did see through Q1 of 2022 some member incentives there, and we did -- we were able through our digital outreach to see that there is some polarization still. There are some members that expressed some challenging feelings about the Covid vaccination overall as well, and we are

1 concerned we are looking at this. And we
2 think it may be something with the other
3 MCOs to look at, but the possible effect
4 that the pushing -- or the promotion of the
5 Covid vaccination may have had on the other
6 childhood immunizations as well. So that's
7 something as we get more data in, to wrap
8 up, to look at first quarter, and then as
9 we sustain through the second quarter.

10 MS. KUNTZ: This is Stephanie. This is the
11 slide that we went over in March, so I
12 didn't realize we were going to be going
13 over Covid again on this TAC -- on this
14 meeting.

15 MS. BICKERS: These are the only
16 presentations that I have from last month,
17 or from the last meeting. Excuse me.

18 MS. KUNTZ: That's what I was saying. I
19 didn't realize we were going to be doing
20 Covid again, because we just did it in the
21 last meeting. But I think Slide 6 has our
22 overall Covid update on there from back
23 then that we reviewed.

24 MS. KALRA: I think our goal was just to
25 continue the conversation since Covid's

1 still a thing, and just making sure that we
2 have updates. Any new updates that you-all
3 have shared or anything else that you
4 want --

5 MR. COX: We will actually be update this.
6 Our analyst for this has been out on
7 maternity leave. So for the entire first
8 quarter we will have this updated and we
9 will be able to provide this back, so we
10 will be happy to do that.

11 MS. KALRA: That will be great. Thank you
12 so much, Stuart.

13 MR. COX: Overall, I was just going to say
14 that we -- I mentioned some of the
15 challenges. We would like to continue to
16 pursue that and the dialogue to see if
17 other MCOs are experiencing similar
18 feedback about the vaccinations. And,
19 again, we want to make sure that, you know,
20 with the other childhood immunizations,
21 that there isn't any -- aren't any issues
22 with those related to perceptions or
23 feelings about the Covid vaccination.

24 MS. KALRA: Any questions for Stuart?

25 All right. I think we can go into

1 Humana. Do you -- is there a Humana member
2 on?

3 MS. STEPHENS: Hi, this is Cathy Stephens
4 with Humana. We didn't have any follow-up
5 questions from our March presentation, so
6 did not prepare a slide for today, but we
7 certainly can prepare slides moving
8 forward, if that's something you would like
9 to do in each meeting or if there are any
10 follow-up questions now I would happy to
11 take those back and get that information
12 back to you.

13 MS. KALRA: Yes, certainly I think just
14 having ongoing information around, you
15 know, vaccination rates, numbers, that
16 would be helpful, booster shot numbers.
17 Dr. Grigsby or others, I don't know what
18 would be more meaningful. Is there
19 anything else that we want the members
20 to -- the MCOs, I should say, to come
21 prepared to address?

22 MS. GRIGSBY: Just getting a sense of how
23 many kids are getting vaccinated and if
24 there are barriers in certain areas versus
25 other areas. Do we see a difference in

1 rural areas versus urban areas? Are there
2 any difficulties getting access to the
3 vaccine in any certain areas? Anything
4 that the MCOs that are aware of that we may
5 not be aware of.

6 MS. STEPHENS: Right. We can update the
7 slide we presented in March and we can
8 update that before each Children's TAC if
9 you want and send that over.

10 MS. GRIGSBY: Yes, thank you. I think that
11 would be really helpful because I -- I feel
12 like this is going to be an ongoing issue.
13 I don't think Covid is ever going to --

14 MS. STEPHENS: I apologize, I didn't
15 realize that it was for each TAC, so my
16 apologies.

17 MS. BICKERS: If I can interrupt for just a
18 second, the MCOs are likely not prepared
19 due to the fact that the agenda didn't hit
20 the website until -- a little delayed --
21 after this normally does. That is
22 something that I have been trying to work
23 on with all the TACs and getting those
24 agendas out so that the MCOs are prepared
25 and DMS staff is prepared for old business,

1 and they have the opportunity to ask if
2 they need to bring new stuff under old
3 business. So that's something we are
4 working with MCO members on. I apologize
5 for not having that out to you sooner.
6 That is something I am working on.

7 MS. STEPHENS: No worries. We are happy to
8 do the slides, and I apologize again for
9 not being -- not understanding that that
10 was for this meeting as well, but we will
11 be ready for you the next meeting, I
12 promise.

13 MS. KALRA: That sounds good. Maybe what
14 we could do is after this meeting, you,
15 Donna and I could connect and just jot down
16 what the requests are. It sounds like we
17 want MCOs to come prepared with numbers
18 around well-child checkup -- I think that's
19 important -- as well with prevention visits
20 and then also Covid numbers as well, and
21 then also looking at the regional
22 differences, or just some gaps and
23 barriers. So I think that's an overall
24 request for all MCOs, so maybe we could
25 just touch base after this meeting really

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quickly, and just hang on just so we are all on the same page and we can shoot an e-mail immediately after the meeting.

MS. STEPHENS: That's great. Erin, would that request be coming from you with the criteria, or would that be coming from Angie?

MS. BICKERS: Typically, that's on the agenda. That's why I like to have it on the website ten days prior. That way if you do have questions, typically the MCOs reach out to Angie, who reaches out to me. As long as you copy Angie so she's aware.

MS. STEPHENS: All right. No worries. Thank you so much.

MS. BICKERS: You are very welcome.

MS. KALRA: I guess so we don't waste too much time on each of the MCOs saying that they are not prepared, is there any MCO that has any updates that they would like to share since our last meeting? That might be the most efficient...

MS. BEAL: Hey, it's Jessica with Passport. I know that we had not provided Covid data so we sent that I think the day after the

1 TAC through formal inquiry from DMS to you
2 guys. Do you have it? And if not, I
3 pulled up what we sent and I can screen
4 share and give you the latest update from
5 last week's data as well.

6 MS. KALRA: I don't have it, but I don't
7 know if -- and it could be that you sent it
8 to me, but I haven't gone through all my
9 e-mails in the last day or so.

10 Erin, do you have it?

11 MS. BICKERS: My apologies, I was answering
12 an e-mail. Can you ask that one more time?

13 MS. BEAL: It's okay. I can just screen
14 share. It's no big deal.

15 MS. KALRA: Thank you.

16 MS. BEAL: You're welcome. Let me grab it.

17 So because we did not present on Covid
18 last time -- and we apologize for that; we
19 didn't realize that was part of the ask -- I
20 went ahead and sent the data to DMS for
21 you-all in March. And you can see our
22 breakdowns here in terms of vaccination rate
23 by age. We are seeing the number creep up
24 in our 5 to 11 population. As of last
25 week's dataset we were at 16.3 percent of

1 our population. We are seeing a real steady
2 hold with our 12 to 20-year-olds, so we only
3 saw an increase of point, like, 6 percent
4 between March and last week's dataset for
5 our 12 and up. So, again, we are seeing
6 that really slow incremental increase with
7 our younger members. We understand the
8 hesitancy that caregivers have. We are
9 really aware of that and sensitive to that
10 and trying not to overwhelm them, but still
11 remind them of the opportunity. So we hope
12 that we will continue to see that creep, but
13 I know we are still not touching U.S.
14 national averages with our Medicaid
15 population as a whole.

16 And, likewise to Humana, we are happy
17 to prepare a quarterly slide. If we could
18 know what's going to be on that list further
19 in advance than the ten days that it might
20 be posted -- I know we are very used to the
21 formal inquiry process from TACs where we go
22 ahead and send that information in advance,
23 but we are happy to continually prepare
24 updated slides on preventive care for our
25 population and for vaccinations.

1 MS. KALRA: Thank you, Jessica. That's
2 helpful. So I guess moving forward, is
3 there any other MCOs that might have an
4 update that they would like to share?

5 DR. CANTOR: Mahak, this is Dr. Cantor with
6 United Healthcare. First, congratulations.

7 MS. KALRA: Thank you.

8 DR. CANTOR: Is it okay to derail your
9 meeting and say congratulations?

10 MS. KALRA: You are totally fine. Thank
11 you.

12 DR. CANTOR: Glad you're back. I hope it
13 was wonderful.

14 From our perspective there is one
15 update I'd like to give as it relates to
16 children, which is -- KHP along with
17 Kentucky Foundation -- (technical
18 interruption).

19 MS. KALRA: Dr. Cantor, I can't hear you
20 any longer. Yeah, can't hear you.

21 DR. CANTOR: Oh, dear. Let me stop my
22 video feed. Can you hear me?

23 MS. KALRA: Yes, we can hear you now.

24 DR. CANTOR: Okay, okay. So there is a
25 focus group with pregnant women to help

1 understand their hesitancy around Covid
2 vaccination, and I think it's pertinent
3 because these are moms who are going to
4 have babies who turn into children and grow
5 up. So it was interesting that their
6 primary source of information is coming
7 from their doctors or their significant
8 others. They are busy -- like a lot of
9 moms, busy taking care of their kids so
10 they are not able to look into the news as
11 much perhaps, and that then led to the
12 conversation of how the providers are
13 talking to the patients, our members. And
14 of those women that were vaccinated, the
15 common theme was that the doctor spent a
16 fair amount of time with them to talk about
17 their individual need for why that person
18 who is sitting in front of them should get
19 the vaccine versus some physicians, some
20 providers who were simply saying -- who
21 were simply saying, oh, you can get it if
22 you want to, it's up to you, but more
23 nonchalant.

24 So the call to action, which we're
25 doing our part, and I think the Department

1 of Epidemiology with Dr. Herrington, trying
2 to get that message out again to the
3 providers of the importance of having a
4 detailed conversation with the patient about
5 why it's important to get the vaccine. The
6 focus group members were also more
7 focused -- more concentrated on what the ill
8 effects of the vaccine were going to be and
9 less concerned about the ill effects of the
10 infection itself, and they didn't understand
11 how the vaccine works when they are
12 pregnant, meaning that their bodies making
13 antibodies and the baby gets the antibodies
14 and the baby doesn't get the actual vaccine.
15 So those are some big takeaways. And
16 everywhere where I can get this message out
17 to anyone who's willing to listen, I'm
18 always happy to give that.

19 Like the other MCOs, we will be able
20 to give you an update on those requested
21 asks for the vaccination rates and the
22 access and all those bullet points that you
23 have asked for. We will have that next time
24 as well. Thank you.

25 MS. KALRA: Thank you, Dr. Cantor.

1 A quick question that I had was are
2 there any solutions that you guys are
3 testing out or trying to just debunk from
4 these pregnant women, or anything that,
5 recommendations that you-all feel that this
6 TAC should discuss?

7 DR. CANTOR: I think pediatricians play a
8 role in this as well because they are
9 talking to the moms. And so same message:
10 Why is it important to get the vaccine?
11 Why is it important to not get Covid?
12 There's a lot of Covid fatigue out there. I
13 know I have it. And so it's still
14 important to not get this infection. The
15 long-haulers, what does it mean for
16 children if they get Covid? I don't know
17 that answer. But the best thing that we do
18 have in our toolkit is to get the vaccine.
19 So having pediatricians get this message,
20 and be willing to talk to the individual
21 needs of that child and family. I think
22 that's the biggest takeaway.

23 MS. KALRA: That sounds good. And I'm
24 wondering are other MCOs hearing that same
25 message? And, if so, maybe that could be a

1 part of the conversation for our next
2 quarter, you think? I don't know if anyone
3 wants to chime in right now and just share
4 if they are hearing the same thing or they
5 aren't. It would just be good to hear from
6 you-all as MCOs.

7 MS. BEAL: So it sounds like the focus
8 study that was done is very reflective of
9 what we know from all of our national data
10 on hesitancy, in maternity and other
11 populations. It's nice to hear that
12 Kentucky is matching what we hear from the
13 national level, and as a result we already
14 had implemented things for especially our
15 returning members in terms of the education
16 that our care management for maternity has
17 been doing, so...

18 MS. KALRA: Thanks for that update,
19 Jessica.

20 Anyone else?

21 MR. COX: This is Stuart from Anthem again.
22 We did hear some verbatim feedback from our
23 outbound messaging. We have analyzed some
24 of that input, and there was hesitancy
25 around visiting offices even as late as the

1 first quarter of this year. It kind of
2 relieved last year, but then it came back
3 again. But there was expression that folks
4 felt it was maybe challenging to take their
5 children in for any vaccines with the
6 threat of Covid.

7 MS. KALRA: TAC Members, do you-all feel
8 like we should probably discuss this in a
9 more robust way next time we all kind of
10 get together? It would be great to have
11 the MCOs kind of present any data or
12 national study or any other information
13 that they have on this, and then maybe we
14 could come up with some plan of action or
15 recommendation? I don't know how everyone
16 feels about that idea.

17 MS. GRIGSBY: Yeah, I agree. I feel like
18 they may be privy to information from their
19 members that we are not getting even as
20 providers. So they may be -- they may be
21 reaching out to families that aren't coming
22 in and getting that information. So that
23 would be helpful if there is something we
24 can do to encourage folks to get the
25 children in, or decrease the barriers. I

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think that's going to be important for us to know.

MS. KALRA: Sounds good. All right.

Any other MCO updates or on anything that we have discussed so far?

Okay. So moving on to new business. I know we were slated for a conversation around the impact Covid has had on dental visits and dental care. Are MCOs feeling confident on this topic? Shall we continue to proceed with this, or should we hold off until next meeting.

MS. ROSS: This is Tabitha from WellCare. We can get that specific data around the dental visits. We don't have that prepared, but we can have it for the next meeting.

MS. KALRA: Is that how all MCOs kind of feel right now?

MS. BEAL: Yes, ditto for Passport. We were unaware the TAC had requested this data.

MS. KALRA: That's okay. I just don't want to call everyone individually.

MR. COX: Same for Anthem.

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MS. KALRA: Okay.

MS. STEPHENS: Same for Humana, too. We didn't realize it was --

MR. COX: But having said that, we are concerned about dental visits as well. Same kind of feedback we think with children and access there as well.

MS. KALRA: Okay. That works. I'm capturing a whole list for next meeting that we can connect on. And so hopefully after this meeting we will connect with each of the MCOs and provide you with a list well in advance for July's meeting.

MR. RICH: This is Adam Rich --

MS. KALRA: Hey, Adam.

MR. RICH: -- with United Healthcare. Hey, thanks. Same thing. As specific as you can get, we will dig in as far as you like. Don't have anything specific to date, but I did want to -- from the Kentucky Coalition, I thought that was very telling with the KPCA presentation that they had there and they expressed that their mobiles and school clinics were seeing caries rates had doubled and that emergency and urgent needs

1 had gone up 50 percent just since -- what
2 they were observing since they had been
3 back in the schools and had the clinics
4 open again. So the need is -- it's
5 obviously had an impact. Covid has had a
6 big impact on our kids and our youth as it
7 relates to dentistry and, you know, we are
8 looking for multiple avenues to make sure
9 we are getting these kids in and seen,
10 because we understand the importance and
11 the gravity of the whole thing. It's
12 definitely going to take up -- it's going
13 to be a mountainous task to get things back
14 to the baseline they were before Covid.
15 MS. KALRA: I completely agree, Dr. Rich.
16 And I think what Dr. Rich is referring to
17 is work that we have done with providers,
18 various providers, across the state kind of
19 gathering just anecdotal information around
20 what the impact has been, but it's helpful
21 to have the data to back it so we know what
22 the actual impact is. And so what we could
23 do is maybe request some numbers around
24 urgent dental needs, and also to see if,
25 like, carie rates have been increased or

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no.

Dr. Rich, do you have a suggestion if there's anything else that's more specific that we kind of need to hone in on? But to me it sounds like carie rates and urgent visits.

MR. RICH: Caries rates from a diagnostic perspective is going to be very hard to capture because it's not a billable item as you can bill the treatment for exams. It's just more about -- you know, what we are seeing is just in comparison from where we were two years ago with what was normal rates for members being seen and percentages to where we are now. I think that's really the biggest comparison we are going to be able to get. It's going to be hard to capture. And like you said, it's going to be anecdotal, it's going to have to be something that the provider actually did on their own. It's not something that would come necessarily from that -- except for the urgent treatment care need, like you said. So the urgent and the comparison, you know, how many visits we're

1 actually getting versus where we were last
2 year with our preventive and our diagnostic
3 visits.

4 MS. BEAL: It's Jessica. I would also say
5 that, you know, in the USTF (phonetic) kind
6 of more formally recommending -- might be
7 curious to have us look at that data only
8 because I keep looking at it all the time
9 right now. But, you know, that's something
10 that again with Covid -- you know, that's
11 something that could be provided through
12 multiple settings, so it might be
13 interesting to look at that zero to five
14 population and how that's coming.

15 MS. KALRA: That's a great idea, and also I
16 think we can look at sealants as well, too.

17 All right. So I think we have a list
18 of data points that would be helpful for
19 this next meeting in July.

20 I think we could move on to Returning
21 in Person. Do you have an update on that
22 or --

23 MS. BICKERS: I do. With us not having a
24 quorum, I don't know if you can technically
25 vote. I'm not one hundred percent sure if

1 this is something you have to vote on, but
2 I can give you an update and you can always
3 put it on the agenda for next month when we
4 have some more members on. We have the
5 equipment up and running. I have learned
6 how to use it. We have the option of
7 offering still a hybrid because I know
8 there are some people who do travel and
9 would prefer not to make the trip to
10 Frankfort, depending on how far that could
11 be for some of them. Also, one of the
12 downsides I have seen is it's very focused
13 on our long, very long corridor table. So
14 we would have to have most of the people in
15 the conference room on one side of the
16 table, which I believe would still require
17 a Zoom link for all the people who -- you
18 know, MCOs, I know sometimes there's
19 several of them from each MCO. It may have
20 to be something that we kind of --
21 obviously, with it being an open meeting we
22 have to make sure it's available to whoever
23 wants to be able to attend, so there will
24 always be a Zoom link. So it might be
25 something that we can maybe table for the

1 next meeting when you have a few more board
2 members to figure out where you guys fall
3 on that. You know, myself and if the court
4 reporter comes in person, we can always
5 hide in a corner. We don't have to
6 necessarily be on camera when we are not
7 speaking. So just kind of an idea of where
8 that's at. And so if you guys just want to
9 discuss that now, or if you want to table
10 it until your next meeting, get a little
11 more feedback from a few more members,
12 that's up to you.

13 MS. GRIGSBY: So legally do we have to meet
14 in person or is Zoom still an option to
15 continue?

16 MS. BICKERS: So from my understanding it
17 is still an option to continue, from
18 everything that I have -- and if I'm wrong
19 someone will correct me -- that we still
20 have that option as long as we're -- what
21 am I trying to say? As long as we are
22 hitting the open meeting requirements and
23 whoever wants to be available can log in.
24 That's why we have the Zoom link on our
25 CHFS website, so anyone in the public can

1 access that. So as long as we still have
2 that option, as far as I know we are not
3 required to come back one hundred percent
4 in person. If that changes before the next
5 meeting, I will let you know, but from my
6 understanding being on Zoom is still an
7 option.

8 MS. GRIGSBY: Are there any TAC members
9 that are physically located in Frankfort?

10 MS. BICKERS: I don't know, to be honest.
11 I'm not really sure. I know on some of the
12 other TACs we had a member who lives about
13 three and a half hours away, so I know
14 there are some members throughout the state
15 that do live several hours away. So I
16 think that's why we are kind of leaving it
17 up to you guys per TAC.

18 MS. KALRA: From my understanding, there is
19 no TAC Members that actually live or work
20 in Frankfort. We do have several members
21 that are in the far west or far east, which
22 that's why they prefer the virtual option.
23 I think we can maybe have a more robust
24 conversation next time and hopefully
25 everyone can join us and we can push that,

1 hey, it's virtual, so you should be able to
2 make it. And maybe that could be one of
3 the main conversations, or at least the
4 main business side of the conversations
5 that we need to take care of for July.
6 MS. BICKERS: Sounds good to me.
7 MS. KALRA: Moving on to MAC Meeting
8 Representation. Erin, do you want to talk
9 about this or do you want me to talk about
10 it?
11 MS. BICKERS: Typically, the Chair talks if
12 they are going to be at the MAC or talks if
13 they need someone to fill in. So will you
14 be available?
15 MS. KALRA: I am not available. That's
16 when I will be out. So I don't know,
17 Dr. Grigsby, what your availability is.
18 MS. GRIGSBY: I'm actually in clinic that
19 day. It's a Thursday, so that's my regular
20 clinic day, unfortunately.
21 MS. KALRA: Okay. And, Erin, it's okay if
22 we provide written information; correct, as
23 long as the MAC has that written
24 information?
25 MS. BICKERS: Are you referring to a

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recommendation?

MS. KALRA: Well, just an update from our TAC.

MS. BICKERS: You can send it to me and I will find out for sure.

MS. KALRA: Okay.

MS. BICKERS: It's not a question I have been asked before, so it will be a new learning thing for me. So I will find out for you.

MS. KALRA: Because I can draft something before I head out. That way they have information. I can give them an update that we met today, we didn't have a quorum, these are the topics we are going to cover next time, and our goal is to have a quorum so that we have recommendations for that. That shouldn't be a problem for me to draft up.

MS. BICKERS: Any member can represent your TAC.

MS. KALRA: Okay.

MS. BICKERS: So one of the other two members that are on today can be there, they can also represent your TAC.

1 MS. KALRA: Okay, great. I know Dr. Smith,
2 you probably have patients at that time?

3 MR. SMITH: I do. I already have a full
4 patient schedule that day.

5 MS. KALRA: Cherie, are you available at
6 all?

7 MS. DIMAR: I am not that week.

8 MS. KALRA: So, Erin, I'm happy to go ahead
9 and draft something, and if you don't mind
10 sharing it with the MAC members, if that's
11 allowable, I would appreciate that.

12 MS. BICKERS: Yeah, go ahead and send it
13 over to me and I will verify with Veronica
14 if that is allowed or not, and then I'll
15 let you know for future reference.

16 MS. KALRA: Okay, that sounds good. Yeah,
17 I will make sure that it's on my calendar
18 for every other -- any of the other ones.

19 All right. So the next meeting that I
20 have on our schedule is July 13th from 2:00
21 to 4:00. I'm not sure if there's anything
22 else on the agenda that we kind of want to
23 discuss at this time. I know -- if maybe
24 the TAC Members want to stay on for a little
25 bit longer so I can go through the data

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requests for the MCOs. That way I have it all spelled out. And then also, Erin, if you could stay on for another five minutes so we can talk about this data request, that would be helpful.

MS. BICKERS: Yes, ma'am.

MS. KALRA: Is there anything else that we need to discuss before we adjourn? Doesn't look like it.

Well, thank you-all. Hopefully, next meeting we will have more robust conversation around the data and much more.

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THEREUPON, the meeting was concluded.

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STATE OF KENTUCKY)
COUNTY OF FAYETTE)

I, JOLINDA S. TODD, Registered Professional Reporter and Notary Public in and for the State of Kentucky at Large, certify that this transcript is a true and accurate record of the Children's Health Technical Advisory Committee meeting.

My commission expires: August 24, 2023.

IN TESTIMONY WHEREOF, I have hereunto set my hand and seal of office on this the 11th day of July 2022.

JOLINDA S. TODD, RPR, CCR(KY)
NOTARY PUBLIC, STATE AT LARGE

<p>DR. CANTOR: [6] 20/5 20/8 20/12 20/21 20/24 23/7</p> <p>MR. COX: [9] 9/16 9/23 10/8 11/3 13/5 13/13 24/21 26/25 27/4</p> <p>MR. RICH: [3] 27/14 27/16 29/7</p> <p>MR. SMITH: [1] 36/3</p> <p>MS. BEAL: [6] 17/23 18/13 18/16 24/7 26/20 30/4</p> <p>MS. BICKERS: [24] 3/24 4/18 5/5 6/2 9/9 10/5 11/1 12/15 15/17 17/8 17/16 18/11 30/23 32/16 33/10 34/6 34/11 34/25 35/4 35/7 35/20 35/23 36/12 37/6</p> <p>MS. DIMAR: [2] 3/15 36/7</p> <p>MS. GRIGSBY: [7] 3/19 14/22 15/10 25/17 32/13 33/8 34/18</p> <p>MS. KALRA: [50]</p> <p>MS. KUNTZ: [2] 12/10 12/18</p> <p>MS. ROSS: [1] 26/13</p> <p>MS. SMITH: [1] 3/17</p> <p>MS. STEPHENS: [7] 14/3 15/6 15/14 16/7 17/4 17/14 27/2</p> <p>MS. VICKERS: [5] 5/8 5/12 5/22 6/3 6/6</p>	<p>Academy [1] 3/21</p> <p>access [5] 8/11 15/2 22/22 27/7 33/1</p> <p>accurate [1] 38/8</p> <p>across [1] 28/18</p> <p>action [3] 6/16 21/24 25/14</p> <p>actual [2] 22/14 28/22</p> <p>actually [9] 5/12 7/6 7/11 11/8 13/5 29/20 30/1 33/19 34/18</p> <p>Adam [2] 27/14 27/15</p> <p>additional [1] 11/8</p> <p>address [1] 14/21</p> <p>adherence [1] 7/23</p> <p>adjourn [1] 37/8</p> <p>adjusted [1] 10/17</p> <p>adolescent [1] 6/22</p> <p>adolescents [1] 6/21</p> <p>adulthood [1] 9/1</p> <p>advance [3] 19/19 19/22 27/13</p> <p>ADVISORY [3] 1/8 3/2 38/9</p> <p>Aetna [3] 5/5 5/6 5/10</p> <p>after [6] 15/21 16/14 16/25 17/3 17/25 27/11</p> <p>afternoon [1] 3/16</p> <p>again [13] 9/3 9/5 11/16 12/13 12/20 13/19 16/8 19/5 22/2 24/21 25/3 28/4 30/10</p> <p>age [6] 8/25 9/1 10/18 10/18 10/22 18/23</p> <p>agenda [4] 15/19 17/9 31/3 36/22</p> <p>agendas [1] 15/24</p> <p>ages [2] 8/21 8/24</p> <p>ago [1] 29/13</p> <p>agree [2] 25/17 28/15</p> <p>ahead [8] 4/7 5/2 5/6 6/1 18/20 19/22 36/8 36/12</p> <p>all [28] 4/11 5/10 5/16 9/13 10/17 13/2 13/25 15/23 16/24 17/2 17/14 18/8 18/21 22/22 23/5 24/6 24/9 25/7 25/9 26/3 26/18 30/8 30/17 31/17 36/6 36/19 37/2 37/10</p> <p>allowable [1] 36/11</p> <p>allowed [1] 36/14</p> <p>along [1] 20/16</p> <p>alphabetically [1] 5/1</p> <p>already [2] 24/13 36/3</p> <p>also [17] 6/18 7/22 8/2 8/3 8/8 8/18 10/15 10/19 16/20 16/21 22/6 28/24 30/4 30/15 31/11 35/25 37/2</p> <p>always [4] 22/18 31/2 31/24 32/4</p> <p>am [4] 16/6 32/21 34/15 36/7</p> <p>American [1] 3/21</p> <p>amount [1] 21/16</p> <p>analyst [1] 13/6</p> <p>analyzed [1] 24/23</p> <p>anecdotal [2] 28/19 29/19</p> <p>Angie [3] 17/7 17/12 17/13</p> <p>another [4] 4/3 6/15 6/24 37/3</p> <p>answer [1] 23/17</p> <p>answering [1] 18/11</p> <p>Anthem [5] 9/9 9/15 9/16 24/21 26/25</p> <p>antibodies [2] 22/13 22/13</p> <p>any [23] 4/10 4/24 9/11 13/2 13/21 13/21 13/24 14/4 14/9 15/2 15/3 17/19 17/20 20/3 20/20 23/2 25/5 25/11 25/12 26/4 33/8 35/20 36/18</p> <p>anyone [7] 3/23 5/4 9/11 22/17 24/2 24/20 32/25</p> <p>anything [11] 3/7 9/18 13/3 14/19 15/3 23/4 26/4 27/19 29/3 36/21 37/7</p> <p>apologies [2] 15/16 18/11</p>	<p>apologize [5] 9/17 15/14 16/4 16/8 18/18</p> <p>appealing [1] 10/21</p> <p>appears [1] 7/10</p> <p>appointments [4] 6/8 6/23 7/15 8/5</p> <p>appreciate [1] 36/11</p> <p>approach [1] 6/19</p> <p>approve [1] 4/5</p> <p>approved [1] 6/2</p> <p>are [76]</p> <p>areas [5] 14/24 14/25 15/1 15/1 15/3</p> <p>aren't [3] 13/21 24/5 25/21</p> <p>around [13] 3/3 8/14 9/2 11/17 14/14 16/18 21/1 24/25 26/8 26/14 28/19 28/23 37/12</p> <p>as [47]</p> <p>ask [3] 16/1 18/12 18/19</p> <p>asked [2] 22/23 35/8</p> <p>asks [1] 22/21</p> <p>Association [1] 3/18</p> <p>attachments [2] 5/19 5/20</p> <p>attend [1] 31/23</p> <p>August [1] 38/12</p> <p>availability [1] 34/17</p> <p>available [6] 10/25 31/22 32/23 34/14 34/15 36/5</p> <p>avenues [1] 28/8</p> <p>averages [1] 19/14</p> <p>aware [4] 15/4 15/5 17/13 19/9</p> <p>away [2] 33/13 33/15</p> <p>Awesome [1] 6/6</p>
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