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.

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)

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

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

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

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

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

MS. BICKERS: I have four of you.

MS. KALRA: So with that being said, we

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

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

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

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

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

Okay. So I guess we can just start

with the MCOs. We can start alphabetically or we could go ahead and whoever wants to jump in. So I don't have a preference. I don't know if anyone else has a preference.

MS. BICKERS: Is Aetna on the line? We can just go ahead and start with Aetna if they are here.

MS. VICKERS: Yes, I'm Susan Vicars. I'm the Director of Quality for the SKY Program at Aetna. Can you-all hear me okay?

MS. KALRA: We can.

MS. VICKERS: I'm actually new to this TAC Meeting. I know Jennifer Nachreiner, our Director of Quality, has prepared a slide and submitted it. It's listed on the website. Do you-all traditionally share the screen or share the updates?

MS. KALRA: If you have a slide and I know that there's attachments -- each of the MCOs might have attachments -- it might be best if we could see it.

MS. VICKERS: Okay, sure. Hold on. It says host disabled participant's screen sharing.

MS. KALRA: I think you are the cohost now

so you can go ahead and share the screen.

MS. BICKERS: I just approved sharing.

MS. VICKERS: Wonderful. Thank you.

Can everybody see my screen okay?

MS. KALRA: We can.

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

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

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

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

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

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

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

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

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

MS. BICKERS: Anthem?

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

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

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

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

MR. COX: If you can share them.

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

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

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

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

MS. KALRA: Thank you.

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

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

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

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

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

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

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

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

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

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

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

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

MS. KALRA: Any questions for Stuart?

All right. I think we can go into

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Erin, do you have it?

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

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

MS. KALRA: Thank you.

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

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

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

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

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

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

MS. KALRA: Thank you.

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

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

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

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

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

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

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

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

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

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

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

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

MS. KALRA: Thank you, Dr. Cantor.

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

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

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

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

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

MS. KALRA: Thanks for that update, Jessica.

Anyone else?

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

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

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

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

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.

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

had gone up 50 percent just since -- what they were observing since they had been back in the schools and had the clinics open again. So the need is -- it's obviously had an impact. Covid has had a big impact on our kids and our youth as it relates to dentistry and, you know, we are looking for multiple avenues to make sure we are getting these kids in and seen, because we understand the importance and the gravity of the whole thing. It's definitely going to take up -- it's going to be a mountainous task to get things back to the baseline they were before Covid.

MS. KALRA: I completely agree, Dr. Rich. And I think what Dr. Rich is referring to is work that we have done with providers, various providers, across the state kind of gathering just anecdotal information around what the impact has been, but it's helpful to have the data to back it so we know what the actual impact is. And so what we could do is maybe request some numbers around urgent dental needs, and also to see if, like, carie rates have been increased or

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

hey, it's virtual, so you should be able to make it. And maybe that could be one of the main conversations, or at least the main business side of the conversations that we need to take care of for July.

MS. BICKERS: Sounds good to me.

MS. KALRA: Moving on to MAC Meeting Representation. Erin, do you want to talk about this or do you want me to talk about it?

MS. BICKERS: Typically, the Chair talks if they are going to be at the MAC or talks if they need someone to fill in. So will you be available?

MS. KALRA: I am not available. That's when I will be out. So I don't know, Dr. Grigsby, what your availability is.

MS. GRIGSBY: I'm actually in clinic that day. It's a Thursday, so that's my regular clinic day, unfortunately.

MS. KALRA: Okay. And, Erin, it's okay if we provide written information; correct, as long as the MAC has that written information?

MS. BICKERS: Are you referring to a

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.

MS. KALRA: Okay, great. I know Dr. Smith, you probably have patients at that time?
MR. SMITH: I do. I already have a full patient schedule that day.
MS. KALRA: Cherie, are you available at all?
MS. DIMAR: I am not that week.
MS. KALRA: So, Erin, I'm happy to go ahead and draft something, and if you don't mind sharing it with the MAC members, if that's allowable, I would appreciate that.
MS. BICKERS: Yeah, go ahead and send it over to me and I will verify with Veronica if that is allowed or not, and then I'll let you know for future reference.
MS. KALRA: Okay, that sounds good. Yeah, I will make sure that it's on my calendar for every other -- any of the other ones.
All right. So the next meeting that I have on our schedule is July 13th from 2:00 to 4:00. I'm not sure if there's anything else on the agenda that we kind of want to discuss at this time. I know -- if maybe the TAC Members want to stay on for a little bit longer so I can go through the data

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