DEPARTMENT OF MEDICAID SERVICES
CHILDREN'S TECHNICAL ADVISORY COMMITTEE

****

September 14, 2022
2:00 - 3:07 p.m.

Lisa Colston, FCRR, RPR
Federal Certified Realtime Reporter

A T T E N D A N C E

TAC Committee Members:

Mahak Kalra, M.D., Chair
Donna Grigsby, M.D.
Courtney Smith, Ph.D.

DR. KALHRA: Let's go ahead and get started in the interests of time. Knowing that we have several folks on the call today, it might be just nice, if you don't mind, putting your name and the organization that you are representing in the chat so we all know who you are with.

Additionally, I think the TAC members could go ahead and announce themselves. So if you don't mind unmuting and just sharing who you are and what organization that you are with.

I could go ahead and kick it off and say, hi, everyone. I'm Mahak Kalra with Kentucky Advocates. And I will pass it on to Dr. Smith.

DR. SMITH: Hi. I'm Courtney. I represent Kentucky Psychological Association. I'm a psychologist in Louisville.

DR. GRIGSBY: Hi. I'm Donna Grigsby. I'm a pediatrician at UK. And I'm representing the Kentucky Chapter of the AAP.

DR. KALHRA: I don't see any other TAC members joining us. If there is a TAC member joining, please feel free to unmute

yourself and share. There is an individual that has a cell phone number listed. If you don't mind putting in the chat who you are, if you have capability to do so. That would be great and helpful.

All right. Well, we don't have a quorum, it seems like, so we could skip that part and kind of dive into our old business. I know last month or last quarter when we got together, we talked a lot about well child checkups and also data around preventive visits and COVID visits and heard from each of the MCOs on that.

But something that stuck out to our TAC members, when we met immediately afterwards, was really around the conversation of sports physicals and well child checkups. What we truly want to know here today is, we want clarification around what is occurring at well child checkups but not in sports physicals, how are each of these reimbursed, could they be bundled.

And then additionally, on the school perspective, it seems that we are hearing that children who previously had

COVID and they have to be seen by their pediatrician to complete a sports physical and not -- it can't be completed by an urgent care or a back-to-school bash or any of those other opportunities. This was actually brought up by one of our TAC members, unfortunately Michael isn't here that I could see right now, and he could definitely shed some more light to that.

But we wanted to hear from DMS today, knowing that that was a conversation that we had last meeting and we had hoped that you could provide input. I know we provided this information to you all immediately after when we met. So you will have had the agenda for quite some time.

So I will just stop right there and just open it up to a DMS representative to talk us through.

DR. THERIOT: Hello. Can you hear me?

DR. KALHRA: Yes. Dr. Theriot, we can.

DR. THERIOT: Wonderful. Hi. Well, I just wanted to give my two cents

worth.

I believe that the checkup and the sports physical can be done at the same time and, actually, ideally should be done at the same time for mere convenience for the family. The thing that sets them apart, if you do separate them, is that the well child check goes into more depth with anticipatory guidance, like wearing seat belts, things like that, and you don't fill out that sports physical form.

The sports physical, it has a bunch of questions on the sports physical form about, you know, people that die before the age of 50 of a heart attack, if the child has any syncopal episodes. It just goes into kind of sports information like that. And the mom or dad fills out that form, and it kind of gives you a guided conversation to have with the family about those issues.

And, so, that is the big difference. Usually you are not having those -- the same type of a conversation if you are not doing a sports physical. But ideally the physical exam part is the same. It should be

the same.

And that's the difference. So if you -- you shouldn't really bill for two separate encounter codes. You would just bill for the checkup and do both at the same time. If for some reason the child or the mom doesn't want to do it, then a lot of times they will have to come back to get that done because it is a little bit different.

That being said, if you want to head things off at the pass, a lot of pediatricians will go ahead and because you have done the entire physical exam, if you go over the questionnaire on the phone with the mom, you know, if she comes back a month later and says, hey, I need this now, then you can provide that piece of paper because you have already done the physical part.

Does that make sense?

DR. KALHRA: It does. And I know the concern was, you know, often at times the sports physical is the only time the child is seeing someone. And, so, just making sure that that sports physical also is an opportunity to complete some of those well

child checkups --

DR. THERIOT: Yeah.

DR. KALHRA: -- knowing that a physician, a PA or a nurse, can complete those. And, so, I know that was a point of concern from our TAC members.

DR. THERIOT: Oh, yeah. It should all be -- whenever the child comes in, if they are due for both of those things, they should get both of those things, in my opinion.

DR. KALHRA: So on the question of the stories that we've heard from our TAC member Michael Flynn, who represents the FRYSCKy around the sports physical can't be completed by urgent care or back-to-school bash or any of those clinics but rather a pediatrician, if the child had previously had COVID.

Have you all heard of that? Are there any barriers that are causing this to happen? Because it seems to be a huge misconception or at least a barrier into accessing people.

DR. THERIOT: I would have to look

that up. I personally have not heard that. I don't know if the AAP has that, you know, because of the cardiac problems that could arise from COVID. But I'd have to look it up.

MS. BEAL: Dr. Theriot, it is Jessica from Passport.

DR. THERIOT: Hello.

MS. BEAL: Hi. My understanding is that this is KHFA recommendation based on KMA committee on sport medicine's, like kind of, belief about this. And it looks like the 2022-23 school year stuff has some confusion in the paperwork itself, when you kind of delve in in terms of who needs to complete it. So my guess is, there maybe has been an update in one area and not an update in another. But that has nothing to do with you guys. That has nothing to do with DMS or MCO rules.

DR. THERIOT: Nope.

MS. BEAL: That was really the decision by the State Athletic Association --

DR. THERIOT: Yeah.

MS. BEAL: -- and KMA.

DR. THERIOT: That makes sense.

DR. GRIGSBY: There is a message in the chat box. I don't know if you can see that.

DR. KALHRA: Yeah. Eva, do you mind, I know you are on, if you want to share your message.

MS. STONE: Yeah. I was just sharing that we discovered that KHSAA, which is the -- the KMA directs them or gives them guidance on return to play things and physicals and so on, and they updated their guidance. We didn't see it until August.

But it looks like the committee changed their guidance in June. And it now allows an MD, PA, APRN, or chiropractor to do that return to play protocol. So people could have physical -- that return to play done at the same time as their physicals.

I think one of the bigger issues is that the sports physicals often happen outside of when students are scheduled for their annual physical exam. Like if they are playing fall sports, they have to have it right before fall sports starts and it is

good for a year. And, so, there is a lot of mismatch between sports physicals and annual preventive health exams. So I think that is how it has risen up to that they have become separate things.

But families don't get that -- once they have had that annual per benefit health exam, they -- if they can't pay out of pocket for a sports physical, then they are missing out on participation. So...

And providers, at least anecdotally from here, providers won't fill out sports physical forms at the same time that they are doing their annual preventive health exam or they will charge families to do it because it is an extra set of paperwork that is not in their electronic health record.

DR. THERIOT: They are good for a year. And maybe this is more of an educational thing for providers. Because, again, the best time to do it is when the kids are there for their annual visit.

MS. STONE: Absolutely.

DR. THERIOT: And, you know, to educate everyone that hey they are here, it

is good for a year, yes they play football and it is basketball season, but you can still do their physical. And if anything happens or comes up during -- you know, in the in-between time, they can come back if they need to.

DR. GRIGSBY: That surprises me to hear that people are refusing to do the school -- to do the form at the same time. I mean, it takes a few more minutes. But, I mean, it is a lot easier to do when they are there so you can have them fill out the questions.

You know, if we have done a recent physical on kids for their well child checks and the family gives us that form later, we can still -- I mean, we still use the information that we got from the checkup. We don't necessarily have them come back in. Yeah.

DR. THERIOT: That's what we do, too. As long as we've done that complete physical, we just use that information.

DR. SMITH: That must just be an office by office policy. This is not

Medicaid related necessarily. But my daughter's pediatrician would never do them at a sport -- or at her regular checkup. We had to be seen separately, the paperwork.

DR. KALHRA: So is this something that DMS could put out as a notice to providers and, also, partner with the AAP?

Dr. Grigsby, I don't know if that's like an opportunity, if DMS --

(Interrupted by unmuted microphone)

DR. KALHRA: I don't who just said something. But that was a question, what --

DR. GRIGSBY: I can reach out to -- I feel like there's a committee within the AAP that deals with -- or that makes recommendations about sports medicine issues.

But I can reach out and say there seems to be some concern that there is a difference from office to office in how these are handled. And is there, you know, AAP guidance about the way these are done? I've always felt like you did them at the same time. I mean, Dr. Theriot is shaking yes. So I am stunned that there are folks that are refusing to do them. So let me reach out to

the AAP and see if we can get some better guidance about that.

MS. BEAL: Yeah. Dr. Grigsby, the AAP does offer guidance on this. And Dr. Theriot almost said it word for word, which is ideally this should be done at the same time as the well child check. And that there's so much overlap it doesn't make sense not to.

I guess what I wonder from a Medicaid perspective, if there might also need to be some member education. If you look at the form, it is really long. But there's only two and a half pages that need to be completed by the physician. And I wonder if there are some physicians who get frustrated when the whole form comes in blank and they feel like they have to take time to do more. So I guess that is just a wondering on my point.

DR. THERIOT: It is a good wonder, except we get all these forms all the time. I mean, you just flip to your part and you do it.

DR. GRIGSBY: Yeah.

DR. THERIOT: And most, you know, pediatricians just fill it out all the time, so they should be used to that form.

DR. GRIGSBY: Well, and we know we can't answer those questions, right? So a lot of times we will push back and say, "Hey, can you have mom fill out these or dad fill out these first two pages." And then we will complete the form for them, just because you don't want to just fill out the physical and not have the answer to the questions.

DR. KALHRA: So I guess going back to my question, is there something on the provider level that we could do as an education just to ensure, another reminder, that this is what the AAP provides as guidance and this is an expectation for across the state. And is that something DMS could provide?

And then obviously as providers, you know, just sharing, you know, we, within our networks, could share it as well and find a way to continue to increase that knowledge base, too.

But if there's guidance from DMS,

that would be great or at least some sort of notice.

DR. THERIOT: Yeah. It sounds like it is more than a Medicaid issue. You know, if we do it through DMS, it is only going to get half the kids in the state.

DR. KALHRA: Right. But that is at least a starting point.

DR. THERIOT: Uh-huh.

DR. KALHRA: And that's what our TAC members were talking about, was we need that regardless. That's just a level setting playing field. And then we could share the rest to other providers as well.

MS. BRACKENS: This is Sharica from Humana. But on top of the providers, we need to sometimes educate the members as well. Because they might go in for their physical and they remember later, oh, I have got to do this sports thing, not knowing that they could do them together.

But I'm a mother of a sports -- of children that do sports. And I always took the packet in filled out and said, "Hey, I need you to do both of these at the same

time" and they would. So it is a question of, do the members know that they can do that as well?

DR. THERIOT: Yeah.

DR. KALHRA: Certainly. And I think that plays a part in it. But I think, to that point, we are also -- as you all know, members are confused by a lot of things. It is not an easy system to navigate, and that is what we are struggling with on a general basis.

So if providers could simplify that message and then once patients hear it and students hear enough, that could translate into change.

MS. BRACKENS: That's true. Also, do the doctors keep the forms in their office or do they also have to get it from the schools before they can fill them out or off-line?

DR. GRIGSBY: We certainly keep them in stock, yeah.

MS. BRACKENS: Okay.

DR. GRIGSBY: If there is a special form -- there are -- like, I've run into

where certain camps won't step. Like they only will accept their forms, and that is a little challenging from time to time. But, and so, we ask that families give us access to or get those forms.

But the sports physical forms and the regular school physical forms most, I feel like most, physician offices keep those in stock.

MS. BRACKENS: Okay.

MS. BEAL: Yeah. And at Passport we routinely try to remind caregivers in our, like, member newsletters and things like that, especially when we do -- every year I write an article about well child checks. And we always put it in there and say, "If you think your child is going to play sports, this is a great opportunity to ask for your sports physical to be completed."

DR. KALHRA: All right. Well, do I hear a commitment from DMS to at least share something, a notice out, and then we can work our channels to make sure that it is a way that this is pushed out. I mean, we know that kids are going to urgent care, not

necessarily their provider. So we could certainly partner with other groups to share this message. But is that something that we could expect from DMS?

DR. THERIOT: Yep. That sounds great.

DR. KALHRA: All right. Thank you, Dr. Theriot.

All right. I think we could just go ahead and move on to New Business. And certainly when we talk about New Business, when we first got together as a TAC, right after our last meeting we were thinking immediately about those that are impacted by the floods of Eastern Kentucky. And we just wanted to hear what DMS is doing and also what each of the MCOs are doing to help families that are impacted. And, so, with that being said, Erin, I don't know if there is a way you would like to do this, if we want to just call each MCO one by one or another way.

MS. BICKERS: I had two MCOs let me know who was sharing. So if the other ones would drop their names in the chat, I would

appreciate that. I believe we had Lauren and Jessica. So if one of those two want to start, they are already a co-host.

MS. PAYNE: This is Lauren from Aetna. I will go ahead and start. Let me share my screen. Okay. Can you guys see my screen okay?

DR. KALHRA: We can't see anything.

MS. PAYNE: Okay.

DR. KALHRA: Now we can.

MS. PAYNE: Okay. And this should be the PowerPoint, correct?

DR. KALHRA: Yes.

MS. PAYNE: Okay. Awesome.

So good afternoon. My name is Lauren Payne. I am the Chief of Staff for Aetna Better Health of Kentucky, in support of our CEO, Paige Mankovich. So I am new to this role, and this is my first TAC. So it is very nice to meet you guys. I've been with the organization for eight years, but just in this role for about 90 days now. So like I said, it is very nice to meet you guys.

So the first thing I want to talk

about and highlight is our initial, like, rapid response to any natural disaster or unexpected event. So Aetna has a local swat team that consists of our senior leadership in addition to representation from each of our internal departments. So, obviously, it is a team that you hope you never have to deploy but always keep in the waiting should you need them. And, unfortunately, we have relied on this team more than ideal over the last year between the Western Kentucky tornado and Eastern Kentucky flooding.

So within 24 hours of any disaster or event, we assemble this team to assess member, provider, staff needs, ensuring our teams are accounted for, they are safe, and just ensure there is a uniform communication plan that is consistent and aligns with local officials. And, so, I highlight this team intentionally because amidst what is typically chaos we have made it a priority to be efficient in the critical first 24 to 48 hours of impact.

So in highlighting assistance that Aetna has given to Eastern Kentucky, I want

to talk about our financial and supply donations for the impacted regions. So we have given tens of thousands of dollars to World Central Kitchen to support meal delivery for those in the impacted communities. We have also given several thousand dollars in Visa gift cards to our local community-based organizations to disseminate amongst impacted staff, patients, et cetera.

We have also given 450 backpacks to Jenkins Independent School District and are in the process right now of donating 2,000 additional backpacks to Letcher County public schools, once they have confirmed the back to school date.

In addition to that, we have provided several pallets of water by request by Breathitt retention and Jackson group homes. And then we also did a local drive where we collected many of the supply requests that we received. And we did a six county caravan drop off within the first week of the flooding.

We also sponsored a two day remote

access medical, or RAM, clinic. And that was held on October 27th through -- excuse me, August 27th through the 28th. And it started at 5 a.m. on both of those days. And, so, at those there were several, several physician types represented, from cardiologists to dentists. And, so, residents of Eastern Kentucky were encouraged to attend. And, so, from that we were able to treat 208 patients, totaling over $100,000 in services provided to those patients.

Additionally, within the first 24 to 48 hours Aetna made an attempt to outreach via text and/or phone, depending on the known complexity of the member needs of all of the members impacted in those nearby regions, which totalled about 45,000 of our members. And because we have outreach coordinators and community health workers that reside in those areas, we have had boots on the ground every day since.

We have also re-prioritized our outbound outreach via Pyx Health, which is a 24/7 technology platform. And it reduces loneliness and social isolation by connecting

members outside of their traditional care setting.

So the focus during this time was really put on members in those affected areas and just offering companionship and support. And, so, as you can see on this slide, 45 percent of our members who opted in throughout the month of August were from Eastern Kentucky counties affected by the flooding.

Finally, I just want to wrap up by circling back to the RAM clinic, so with some real-life examples of the impact it had on a few members of that community. So the first example is regarding a couple who self-identified as Aetna members at the event. They disclosed that they have been living out of their RV and lacked the basic necessities as a result of the flood. So one of our community health workers, as I mentioned earlier, who lives in that region connected the couple with FEMA housing assistance and was able to supply them with some of their immediate basic needs, such as clothing, food, toiletries, et cetera, that

they were really in dire need of.

And then the second example is regarding a gentleman who attended the RAM clinic, the Remote Access Medical clinic. A couple of our Aetna staff noticed this man was in distress. And, so, they approached him and quickly realized he was having a heart attack. And, so, with the cardiologist being on-site he was able to immediately receive aid and was air-lifted to a hospital for treatment. So thankful he lived. But had he not been at that medical clinic, he was told that he would not have been reached in time.

And, so, looking ahead we know that approximately 10 to 15 percent of communities when able leave after natural disasters. So it is a priority for Aetna to support the long-term rebuilding, starting with Letcher County Public Schools Libraries and Workforce Development for both Eastern and Western Kentucky.

We continually assess how to partner and support local small businesses. And we are committed to focusing on supplying

basic needs, such as food and shelter, to those impacted by the flood.

So that is what I have for you guys today. Any questions?

DR. KALHRA: Thanks for presenting, Lauren. And I'm glad that that gentleman was in the right place at the right time.

MS. PAYNE: Yeah.

DR. KALHRA: Unfortunately, even though the situation was very unfortunate. But I appreciate you sharing any update.

Any TAC members have any questions?

(No response)

DR. KALHRA: It doesn't sound like it. All right.

MS. PAYNE: All right. Thank you.

DR. KALHRA: Thank you.

MS. PAYNE: I am not sure how to unshare. Let me see here.

MS. BICKERS: You should have a button that says "stop sharing."

MS. PAYNE: There we go. Thank you, guys.

MS. BICKERS: Lauren, if you would like to go next. Or, I'm sorry, not Lauren.

Jessica.

MS. BEAL: Yep. Let me share screen as well. Let me find the right screen to share. Can you all see my screen?

MS. BICKERS: Yes, we can see your screen.

MS. BEAL: Thank you. All right. I know I sent this to you guys about a week ago, and I hate just reading slides. So I'm just going to highlight a couple of things. I think you will find that very much like every heart in the Commonwealth, Passport of Molina responded as quickly as we could, too.

Unfortunately, it feels like national disasters are hitting the Commonwealth at a higher rate. And, luckily, we also have a rapid response team that we can implement every time this happens. And we know that it will, sadly, continue to happen.

So what we do is we take a three-pronged approach. Because we need to make sure we are outreaching members, providers, and our staff that live in those opportunities. While we don't have a, you

know, really super high membership in the area that was hit this time, we have a lot of providers that we work with there, too, and we do have staff in the area as well.

So every -- the member lists are immediately pulled as soon as a disaster hits. And members are texted within hours. And then we begin a phone triage attempt within those 24 hours as well, because we know during this time texting is not always ideal and we know we won't reach people by phone. And, so, our efforts also include -- often include trying to call hospitals and other places that we know we may be able to find members. We call hospitals where we know members may be currently inpatient to make sure they are okay, that they have not discharged, and if they need to discharge that they will actually have a home to go to, those kinds of things.

Of great concern is always prescription loss. So we, of course, create a quick list of any member in the community that has a prescription filled so that we can outreach them and make sure they know how

they can get another 30-day supply. And we work with the pharmacies to alert them that they can go ahead and fill those.

Every single member in the area that is active with care management gets outreach calls until we reach them. We do not stop until we reach the member or find somebody that can confirm that they are okay and that they don't need assistance. So that is an ongoing process. We call into the weekends as well and approve overtime as needed to make sure that we can do that.

For our providers, we call them as well and offer our support. Prior authorizations for all services were immediately suspended through the impacted area through August 31st so that they knew they didn't have to worry about that. And we sent out an Enews communication letting them know of both resources internal to Passport as well as resources external to Passport to help them with their 24/7 efforts with the members.

We knew that the providers were rolling up their sleeves and jumping in, too,

but that they also had some significant impacts to their clinics.

We did have Passport members in the area. Ryan personally called every one of those people immediately. Our plan president likes to do that. He did that with Western Kentucky as well. It tends to scare some staff when they get a call from their plan president, but he calls them personally right away.

And we deploy emergency outreach procedures and emergency PTO is always provided to that staff because we know that they have to focus on their family and their friends and themselves and not worry about the time off that they are taking from work.

We committed $100,000 to the governor's relief fund and the foundation for Appalachian Kentucky within hours of learning of the flooding. And we had a generous donor match that contribution almost immediately, which was wonderful. We held donation drives. We provided car seats. There are just so many simple things that people are missing that it can be hard to track down as

they start to rebuild their lives.

An e-mail blast was sent out to all of corporate Molina staff within about a day of the event, notifying them what had happened in Kentucky and giving them information to the vetted donation sites and encouraging them to give as able. And all of our Passport staff were encouraged to use their volunteer benefits. We get 24 hours of VTO every single year, that's paid time off to do volunteer work in the community. And so we were, of course, all encouraged to use that. And we provided staff with opportunities to plug in and do those things. We had staff spend hours with our members in person and others in the community specifically around managing some of the legal aspects of losing important papers, et cetera, and how to fill out FEMA applications.

And then similar to the other health plans, we partnered with the Kentucky Association of Health Plans to spearhead their remote area medical, their RAM clinic in Lick Creek. And you got to hear some of

the results of that from Aetna just a moment ago.

So that was kind of our deployment. We happily have reached all of our members that we needed to reach, and we will continue to support members and providers as needed until the repair and the rebuild continues. We are actually maintaining our One Stop Help Center in Hazard as a continued donation site as well. So that is a place where folks can come from the community and pick up goods.

Any questions?

DR. KALHRA: It does not seem like it. Thanks, Jessica.

MS. BEAL: You're welcome.

MS. BICKERS: Amanda. You are on mute, Amanda.

MS. STAMPER: All right. Thank you. I'm sharing my screen. Let me just hit share. And, then, are you all able to see that?

DR. KALHRA: Yes.

MS. STAMPER: Great. Thank you. So just like you heard from Aetna and Molina, we, too, have a disaster relief response team

that mobilizes as quickly as we receive word that a disaster has happened somewhere inside the state. And we begin immediate outreach to our members as well, too. We outreach to all of them via text and IVR calls. But we give added focus to those members who are enrolled in case management, physical health, behavioral health, and SDOH, making individuals on-calls to those members until we reach them to make sure that they have access to the supplies and the health care items, prescriptions that they need, to keep themselves safe and healthy.

We also have a team that starts immediate outreach to providers who are impacted in the area. And, of course, you all know there were several providers in that area that have been impacted by that. And we worked to help get them supplies. We are currently in the process of working with several of the providers in Eastern Kentucky to deliver fentanyl test strips and Narcan, to help restock those supplies of those providers and to get those supplies back out into the community as quickly as we can.

Because we know that there is going to be an increase in substance use and overdoses due to the stress that these disasters have caused.

We mobilized our outreach team. So we pull all of our outreach team from the field in their respective areas and we send them to the area that has the natural disaster. Within the first week of the flooding in Eastern Kentucky, we delivered over $5,000 in cleaning supplies to local shelters across the impacted counties. We had an associate boxed fan drive. We heard from several community partners that drying out the homes and the businesses. And if you will remember, at the time, too, there was also a huge heat wave that came through the area as well after the flooding. So we got a big U-Haul, loaded up the van, you can see over there in the right-hand corner at the bottom, the National Guard was there and helped us get those fans off the truck to the Floyd County Sports Complex -- I'm sorry, the Knott County Sports Complex that's in Eastern Kentucky, that's where those were delivered

and people were able to come and get those there.

We also gave $50,000 for the Foundation for Appalachian Kentucky and an additional $50,000 to the governor's Eastern Kentucky Relief Fund. We were able to mobilize our million dollar grant to the American Red Cross to help get them put into the communities, our $250,000 grant to direct relief, and $100,000 grant to Americares to help deliver additional medical supplies and assistance to the area.

We worked with one of our community partners to do hot food. We delivered hot meals over that first weekend in partnership with the Disability Resource Center in Hazard. And we also are announcing $100,000 endowment to the Eastern Kentucky University to help fund education for frontline workers who will agree to stay in Eastern Kentucky upon graduation to practice in three years post-graduation. We did the same in Western Kentucky as well, too. We gave $100,000 to Western Kentucky University and Murray State. And this is in addition to the $100,000 we

gave Eastern Kentucky again last year and Hazard Community Technical College as part of our commitment to increase access to healthcare in rural areas of the state.

We continue to volunteer in the area. We also have an employee match program that the foundation will match our dollar-for-doer program. For any donation that a associate makes, the foundation will match that 100 percent. And then we have also mobilized staff from a volunteer perspective being able to take their volunteer time off. We created an internal site through our teams platform, posting the different volunteer opportunities so that associates had a place to go to to see where all of those volunteer opportunities were and continue to be, right?

So it is important that we are not just there for the first week or the second week but that we are continuing to be there and to rebuild. We have about 10,000 members in Eastern Kentucky. So we are committed to making sure that we are there for the long haul as well to help rebuild and make sure

that we are giving the resources, not only to our members but our community partners and our providers in the area as well, too.

Any questions?

(No response)

MS. STAMPER: All right.

DR. KALHRA: Thank you.

MS. STAMPER: Thank you.

MS. BICKERS: Brent.

MR. WILKERSON: Good afternoon, everyone. This is Brent Wilkerson with Humana. One second here. I'm going to share screen. Can someone just confirm they can hear me okay and that the screen is shared?

DR. KALHRA: Yep. We can see it and hear you.

MR. WILKERSON: Perfect. Thank you all. And thanks for having all the MCOs to provide these updates. There are some commonalities across the presentations, certainly.

You know, the first thing I would do is just recognize that Humana serves 16,000 plus Medicaid members in the impacted region. And, additionally, and we've heard

this in some of the other updates, Humana has a crisis response team, a dedicated team that helps nationally when national disasters occur.

So we were able to move quickly and in less than 48 hours deploy member outreach to the members in the impacted region, that included text, e-mail, IVR, web alerts. Additionally, we subsegment our membership. We deploy established data analytic processes to understand among the membership in the region who could have significant needs exacerbated by the flooding that occurred in the region.

And, so, through the data analytics we were able to deploy our care managers, our population health resources to do individual direct contact with many members in the region. And all of that began within a week of the flooding.

Just some numbers. You know, made more than 3,000 calls to this subpopulation, targeting more than 1,700 members, reaching more than 300 of the members at a response rate of approaching 20 percent. Many of the

members we did reach did indicate they were displaced from their homes. They indicated they were staying with family or friends. Other members that we reached, as we complete our basic needs assessments and other assessments, we identified opportunities to help them, support them with resources related to food, medication, and DME.

The last thing I would just point out on this slide and I will move to the second slide, you know, policy updates in the region, just acknowledge that the pharmacy lock-in program as well as preauthorization requirements were put on hold in the region. While the pharmacy lock-in program remains on hold today, many of the preauthorization requirements have resumed effective last week.

And in the second slide, you know, we will focus on some of the monetary giving as well as supplies and support to the region. You know, first, the Humana Foundation donated half a million dollars to three organizations supporting the cleanup and rebuilding of Eastern Kentucky

communities impacted by the flooding.

Humana employees stepped up as well. We quickly coordinated a donation matching program among our employee base. Nearly 600 employees contributed to the identified organizations. Humana matched those contributions dollar for dollar. $100,000 was raised and deployed.

Lastly, in shifting away from monetary giving and more to some of the supplies and other support we provided the region, you know, we have talked about member engagement but we have a provider engagement team working closely with providers in the region, a community engagement team working closely with community-based organizations in the region. And, so, as we are having those conversations, checking in on those folks, identifying opportunities to fill needs as we identify them.

A number of providers in the region demonstrated significant loss in medical supplies. We were able to procure and deliver pallets, sometimes, of medical supplies to help those providers restock and

continue to provide care throughout the communities they serve. Again, Humana stepped up in this area as well. The employees came together, coordinated donation drives within our Louisville and Lexington buildings. We advertised this and had a week-long event. At the end of the week, loaded all of these supplies up and delivered them to the region, including food, personal hygiene products, and other supplies to deploy throughout the communities.

Lastly, going back to some of the provider engagement and the way in which we stay close to providers to assess how we can help them. In speaking with some of the providers, we actually identified some with pretty significant loss within their offices. And we were able to continue to have conversations with the provider and even have on-site visits to assess the need. Ultimately we were able to identify an inventory of Humana assets, furniture, technology, equipment, a number of things that would make their lives easier as they rebuild. And, so, we are possibly two weeks

away, maybe sooner, of delivering a significant amount of furniture and technology equipment to a few providers. We are going to load those onto the moving truck. We are going to deliver them. But we are also going to install everything and make sure that it works the way it should. And we are going to do all of that at no cost to the providers we have been working with.

I think -- you know, so in summary, and we have heard others mention the tornado outbreak in Western Kentucky, you know, like that outbreak we understand the rebuild takes a long time. And, so, we do look at these scenarios as long-term commitments and we continue to be ready in working with the Eastern Kentucky region to identify new ways to help the rebuild and recovery.

I will pause there for any questions or comments.

DR. KALHRA: It doesn't sound like anyone has any questions. So thank you.

MR. WILKERSON: Thank you all.

MS. BICKERS: Dr. Rich, do you want to try to share your screen? And if you have

issues, just send me over the presentation and I will try to share for you.

DR. RICH: Thank you so much. I will try to share my screen. I apologize. And I also did try to e-mail it to you, but I can't promise that it went anywhere. I am getting -- I'm having some very technical issues right now. So is it the green? There it is. For some reason I can only see half the screen. Let's see if anything comes up, and then let's hope it is the right thing.

MS. BICKERS: Is your camera turned on, Dr. Rich?

(Technical equipment was administered to)

MS. BICKERS: Okay. Is there anyone from WellCare, while I check my e-mail for Dr. Rich's presentation?

DR. RICH: I'm sorry.

MS. BICKERS: That's okay.

(No response)

MS. BICKERS: Okay. Guys, give me just a second. Let me check my e-mail.

DR. THERIOT: We can see you now.

DR. RICH: Hey, that is me. I can even see me.

DR. THERIOT: Okay.

MS. BICKERS: Let's see if that works now. I made you a co-host where your face is showing.

DR. RICH: Cool. Let's try that. Okay. Let's see what happens.

MS. BICKERS: It says you are sharing but we are just getting a dark screen.

DR. RICH: None a lot of my screens are dark.

MS. BICKERS: There we go.

DR. RICH: Oh. Awesome. Wow. I apologize for making that so challenging. That was not my intent. But thanks for your patience, everyone. I do appreciate that.

And, yeah, I will try to keep this very brief. But, so, UHC was able to -- you know, our first commitment and our first task was to reach out to the complex care members and our chronic condition members that are in the zone affected by the flooding. And we were able to do that and continuously work with those people that needed, that care is so meaningful to.

We stepped up our text and e-mail campaigns in duration until we reached out to every member that we could to make sure they are all right and offer for support.

From a provider engagement perspective and for our members, to make sure there was no interruption in continuity of care, we suppressed the prior authorization there through the first weeks of the disaster and we also allowed out-of-network utilization.

So in addition to that, we were able to donate $205,000 to the Eastern Kentucky Flood Relief Fund and Kentucky Rural Collaborative. And then we had a lot of -- we had just a lot of staff that were motivated and wanting to give back. And, so, we were able to work with Mercy Chefs and Marino Food Trucks and we had -- and provide meals to members. We provided meals. We provided -- and also shelter to folks and worked other efforts like that.

But it was fun also. I mean, it is just so rewarding, you know, for the team to be able to get out and do that as well. And

the food preparation and the food service was a big -- was very much awarding to us as well.

But, so, that highlights our efforts in Eastern Kentucky. We continue to make ourselves as available as we can to our members and to our providers.

So any questions?

DR. KALHRA: It doesn't sound like it.

DR. RICH: I'm going to hope you can take back control easier than I gained it.

MS. BICKERS: You will have to stop sharing.

DR. RICH: Oh, boy.

MS. BICKERS: It is down towards the bottom.

DR. RICH: I'm sorry.

MS. BICKERS: Sometimes at the top, depending on how your computer lays out. Technology is not always our friend.

DR. RICH: Yeah, I know.

DR. SMITH: Roll your mouse on your screen and it will pop up somewhere.

DR. RICH: Yeah. So that is why I couldn't find it. See if it is stopping.

DR. KALHRA: Yep. You are good.

DR. RICH: Thank you.

MS. BICKERS: One last call. Do we have anyone from WellCare today?

(No response)

MS. BICKERS: Okay. It doesn't appear so.

DR. KALHRA: All right. Erin, are you going to follow-up to make sure that we get a WellCare presentation at least?

MS. BICKERS: I will shoot them an e-mail. They received the agenda after I received the agendas from the TACs. I have been e-mailing them directly to the MCOs. So they should be aware that that has been requested. So I will follow-up. It could be maybe someone was out of the office unexpectedly, but I will follow-up.

DR. KALHRA: Okay. Thank you. And then all of the other PowerPoints, we are going to get that via e-mail; is that correct.

MS. BICKERS: Yes, ma'am.

DR. KALHRA: Okay. Sounds good. Because I know we have several folks that are not here. And additionally, there was a lot of information on each of those slides. So that would be great.

Before we move forward from this conversation, I don't know if DMS wants to speak to share what they are doing, any guidance that they have put out, any other information that has been sent out via e-mail. I want to give you all the opportunity since that was also part of the question.

MR. DEARINGER: This is Justin Dearinger with DMS. I don't really have anything right now. I've got a couple of things I can send to you via e-mail, but nothing to talk about right at this moment.

DR. KALHRA: Okay. That was a request in our original ask. So please next time, whoever is representing DMS, to come prepared to provide us with information so we can close out the conversation and we are not bringing it on to the next meeting.

All right. So moving forward, I

know as a TAC we certainly wanted to talk about how we want to move forward, whether that's virtually, hybrid, or in-person. But given the fact that we only have three of us, I'm assuming we would probably want to hold off on that New Business until more folks are engaged. But I think we could still have a conversation around what is DMS' role in engaging those that have not attended the TAC meeting.

MS. BICKERS: I can give you a quick update about the virtual, hybrid, in-person, per some of the other TAC and MAC meetings.

We have been leaving that up primarily to the TACs to make that decision. Part of the barriers that we are running into currently is a provided space that is large enough. Our public health facility has been under construction because they had pipes that burst, so all of their conference rooms are currently not available. LRC is no longer allowing anyone to use their equipment. And, so, that has been a barrier as far as trying to -- because, as you know,

it is an open meeting, so it has to be recorded to be put out there to the public. And without that recording, that takes all of their large rooms off the table as well.

We have been looking into a few other avenues, you know, especially for some of the larger TACs that do have more members, technically you guys have 10 members and it is completely open to the public.

So that has been a few barriers that we have run into that we have been trying to work through on DMS' side. I can tell you that 99 percent of the TACs have preferred to stay virtual, because it makes it easier to attend, they don't have to drive to Frankfort, they have found that they have had more public interest in not being in-person.

And, so, that is just a quick update on what has been going on with some of the other ones. But we have been leaving that up to the TACs. I do note, our CHS building is looking to be renovated soon. When that will start, I am not sure. But we have just been kind of leaving that up to

each TAC to kind of discuss.

So if you just to just kind of keep that on the agenda moving forward, I can keep you guys up-to-date on, you know, the statuses of some of the rooms. Because usually public health is the largest space. But with all of the pipes bursting overhead and they have been kind of -- you know, they have not been able to be used, and then LRC taking their equipment and not being -- allowed to be used has also been a large barrier. But I would just suggest keeping that on the agenda and we can keep that open discussion based on what you guys would like to do in the future.

And I am currently, I'm just going to throw this out there, I'm currently working on the 2023 calendar for your meetings. And, so, as soon as I get all of those dates locked down, I will send that out to you guys to look over.

DR. KALHRA: That sounds it good, Erin. And then also, to that point, just hearing from what DMS' role in engaging those that have not attended the TAC meetings, the

members in particular, and I only ask that because our TAC is very confused on what is our role as TAC members and then also what is DMS' role in engaging members.

I know in the past the individual that you replaced would reach out to TAC members. And, so, I don't know if that is an expectation, if that is something that you are willing to do. But certainly it is important to be all on the same page so we can take the necessary steps that we need to.

MS. BICKERS: So from my understanding from Veronica, and she is currently out of the office this week and I apologize she's not here, the Commissioner is also out for personal reasons this week, if the slot is vacant, I reach out to the association and work on them to get and nominate three nominations that get sent over to the Governor's office -- excuse me, my sinuses are bothering me today, I don't mean to sniffle on you -- and they will work on filling that. If you have people who have not been attending, from my understanding the Chair would need to write a letter for me to

submit to the association for them to look for new members because they have inactive members.

And I can send you a list. I did pull that list, per your request, of who has not consistently been there. And I can e-mail that to you if you would like, if you don't want me to go over it in the public meeting.

So, you know, we would kind of work together to get those members -- I hate to say "removed" since they are not coming. But we would work to try to get more active members for your-all's TAC.

DR. KALHRA: That would be helpful, Erin, if you could give us that list prior.

MS. BICKERS: I will send that over after the meeting with all of the presentations. I will say, I do have two e-mails from your-all's TAC that I have never been able to get an e-mail through. I think you said you have also had some of the same struggles. I had reached out to one of your members in a previous meeting about a presentation that you guys had wanted from

her and she told me that she wasn't on the TAC and I had the wrong person. So I am not sure if -- I'm just not sure on that one.

So, but, we can definitely work together to try to get you guys, you know, some more active members.

DR. KALHRA: Yeah. That would be much appreciated. I know whenever we met after our last meeting, something that we had discussed was connecting on our individual secondary members. So, you know, knowing that, you know, there could be instances where we, as primary TAC members, can't attend every meeting but we have backup or alternates.

And, so, going ahead and starting that list and just working with each TAC member as well, that is something that I as a Chair could certainly do, is just ask each member to provide an alternate. I know we have done that in the past. And, so, certainly moving forward we can continue to do that. But I know one thing that I would also like your support, Erin, if -- since the process is, I guess, sending a letter to

those individuals that have not attended regularly, if there is already a sample letter that you all have, that I could just go ahead and copy if that needs to come from me.

MS. BICKERS: There is not, that I am aware of. But you wouldn't write the letter to the committee member. You would write it to the association. And I will be happy to also, when I send you the names, the association that they are supposed to be representing, and if you know anyone who is within those associations and, you know, want to reach out to them on the back-end and say, "Hey, do you have any interest in possibly serving?" They can reach out to me. And, you know, that would definitely get that ball rolling. I know a lot of the other TACs know people that work with some of the other associations and have done that when they know that they have, you know, terms expiring or no longer are interested in serving. So that is definitely something that we can work together.

But as far as I know there is not,

like, a template letter to the association. I don't think it would have to be anything very lengthy, just, "Hey, your association appointed, you know, x, y, you know, this person and they have not been active. You know, can we look -- you know, start looking for a more active member."

DR. KALHRA: Okay. If you have one from a previous one that --

MS. BICKERS: I don't.

DR. KALHRA: -- you could send to us, that would be great.

MS. BICKERS: There is not a template that I am aware of.

DR. KALHRA: Okay. So even if it is not a template, if another TAC has done something similar, if you could get that over that would be...

MS. BICKERS: They haven't.

DR. KALHRA: Okay.

MS. BICKERS: I'm sorry. I can try to look through some of the records.

DR. KALHRA: Well, I mean, it sounds like it is an expectation for the Chair, and especially this is a voluntary

position, just providing the folks that are taking on that ownership of doing that a little bit more guidance would be helpful.

But if you don't have anything, maybe that is something that we could just create or find a way to work together.

But Dr. Grigsby or Dr. Smith, do you have any additional thoughts?

DR. GRIGSBY: It would be really helpful to get a list of what members we have, what members have not been active, and what members we need -- or what positions we don't have a member for.

Because I feel like these are the three folks I've seen recently, the three of us. And I don't recall -- I mean, Michael was here previously. But I am not sure where he is in the process. I know he was talking about retiring. So...

DR. SMITH: And the woman from the PTA comes. I can't think of her name.

DR. KALHRA: Yeah. Sherrie.

DR. SMITH: Yeah.

DR. KALHRA: She sent me an e-mail saying that she couldn't attend today. Yeah.

DR. GRIGSBY: Yeah.

DR. SMITH: I agree, yeah.

DR. GRIGSBY: But it would be nice to know, are there organizations that just don't have anybody assigned versus are there organizations where the person is just not active or maybe we have an old name and there is someone else that needs to...

MS. BICKERS: The list that I have shows that every one -- that there is no vacant positions. It just seems to be inactive. And, to be honest, I -- most of the other TACs don't seem to have this issue with inactive members.

DR. GRIGSBY: And Mahak, if you want, you know, I'm happy to help you, you know, try to sort -- I mean, I think probably Courtney would be as well. But I am happy to kind of help you look over this and reach out to organizations if there is an organization, you know, if you want some help with that. Because I know you are busy and it is a lot. I mean, if there are ten organizations and we know four of the ten are -- you know, have somebody here, that's 6 of

10 organizations we are going to have to reach out to. So...

DR. KALHRA: Yeah. That would be great. We could certainly connect after this is -- this meeting is over, knowing that we could also plan out our agenda for our November.

DR. GRIGSBY: Sure.

DR. KALHRA: So we could just go ahead and hash that out.

Because on the DMS' website, on the chat -- or I should say the TAC's website they have the organizations and who is listed. So we could at least go from that list.

DR. GRIGSBY: Okay.

DR. KALHRA: All right. So the only recommendation that I see, moving us forward, is the fact that we would like DMS to send some sort of letter out to providers around the sports physical and well child checkup clarification and just letting folks know if there is a child there, please provide a well child checkup. It is just a couple of steps more.

And, so, certainly that will be our recommendation. We don't have a quorum, so we can't formally make that announcement. But it sounds like we do have a commitment from DMS to send something out. So we will be holding you all to that.

Our next meeting is November 9th. There is really nothing to report to the MAC since we don't have any recommendations that we could present to them.

So with that being said, I'm just going to go ahead and say that we adjourn this meeting. And then if the TAC members could stay on we could just hash out the next month or next quarter.

MS. BICKERS: I am not going to be able to stay this time. I do have another meeting I was attended for if this ended early, so I do apologize.

DR. KALHRA: Erin, can you make me co-host or host or do we need to join another meeting?

MS. BICKERS: You might have to -- once I log off I don't know if it will still allow the Zoom link to keep going, to be

honest. I am not sure about that.

DR. SMITH: We can jump in my Zoom room or your's, whatever is easier.

DR. KALHRA: Yeah. I will just send an e-mail out for us three.

DR. SMITH: All right.

DR. GRIGSBY: Thanks. See you in a minute.

(Proceedings concluded at 1:07 p.m.)

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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 Children's 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 16th day of September, 2022.

/s/ Lisa Colston

Lisa Colston, FCRR, RPR