DEPARTMENT OF MEDICAID SERVICES
CHILDREN'S HEALTH TECHNICAL ADVISORY COMMITTEE

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2:00 p.m.

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A P P E A R A N C E S

TAC Members:

Donna Grigsby, Chair.
Courtney Smith, Vice Chair
Alicia Whatley
Natalie Crawford
Amanda Ashley
Cheri Dimar

DR. GRIGSBY: I know Dr. Smith is going to have to leave us a few minutes early, but I feel like she was going to join us.

MS. BICKERS: And Natalie emailed me just a little bit ago asking me to resend her the link, and she is logging in so now, and so is Dr. Smith.

DR. GRIGSBY: Will four put us at quorum?

MS. BICKERS: Yes, ma'am.

I believe I also saw Amanda log in.

It is just now 2 o'clock and we are still clearing the waiting room, so if you would like, we will give it just a second.

Here comes Alicia, so I believe all of your members are present today.

DR. GRIGSBY: Okay. Excellent. We will let you clear the waiting room. Just let me know when it is clear and we will get started.

MS. BICKERS: Okay Donna, it looks like the waiting room is now clear

so I will turn it over to you.

DR. GRIGSBY: Thank you.

Welcome to everyone and welcome to the members of the TAC, as well as the representatives of the MCOs. If you could, if you are a representative of the MCOs or of Medicaid, if you could just give us your name and affiliation in the chat, I would appreciate it.

It does appear that we have a quorum for today's meeting, so the first order of business would be for us to approve the minutes from both the October meeting and the January meeting as well.

If I could have a motion to approve the minutes from the October meeting.

MS. DIMAR: I move to approve the minutes of the October 29th, 2024 meeting.

DR. GRIGSBY: Can I have a second, please?

DR. SMITH: I will second.

DR. GRIGSBY: Okay. All in favor say, "aye."

TAC MEMBERS: Aye.

DR. GRIGSBY: Any opposed or any corrections?

(No response.)

Okay. Wonderful. I do want to thank all of the members who are here today. I want to thank you for taking time out of your busy schedules to be here today. So thank you for that.

And then we need to approve the minutes from the January 8th, 2025, meeting. Do I have a motion?

MS. DIMAR: I move to approve the minutes from the January 8th, 2025, meeting.

DR. GRIGSBY: All right. And do I have a second?

DR. SMITH: I second.

DR. GRIGSBY: Thank you. All in favor, "aye."

TAC MEMBERS: Aye.

DR. GRIGSBY: Any opposed or corrections? All right. Thank you. The minutes from the last two meetings are now approved.

We will move on to old business. We are going to have a follow up on Medicaid services for incarcerated youth. Is someone here to help us with that?

MS. BICKERS: Give me one second, Donna. I apologize. I am trying to scroll and admit people from the waiting room. I'm not seeing anyone. Let me give them a quick nudge if you want to move on next to the next one if Dr. Caudill is on.

DR. GRIGSBY: Is Dr. Caudill on or someone from the Dental Association? I know that we were going to try to have a follow-up.

For those of you who were not at the previous meetings, there were concerns about significant delays in the ability for OR time or emergency care for oral health emergencies.

At one time there was a delay of several months for these children to be able to get in to the OR for these procedures and we were going to have a follow up from someone -- hopefully

Dr. Caudill. But I don't know that I see Dr. Caudill on here.

Or if any -- or if anyone -- a representative of the Dental Association is here who could maybe give us some follow up on that.

(No response.)

Okay. That will be something that we will move forward to the next meeting.

DR. RICH: Really quick. This is Dr. Rich with United Healthcare.

I don't have any necessary follow up because I wasn't aware of the original question that you are asking Dr. Caudill.

I am the Dental Director with United and, you know, there is an access issue for kids across the state and it doesn't matter if it is Medicaid or not. So just for perspective, we all know that there are challenges in getting kids in to the OR. I will say that the multiple practices across the state are looking into alternative ways to treat kids that I

think are going to help us out in this arena a great deal.

I have seen that pediatric offices collaborate with pediatric anesthesia services, or create their own entity to do that and there are four or five of those, again so they can do the OR cases in the pediatric offices. And I think that brings in great access and it also is more conducive to dental care.

We are starting -- there are new opportunities coming up, but still, as per OR time, there are still some significant challenges to compete for dentistry to compete for OR time in a lot of our larger institutions and pediatric OR time so it is specific.

But as far as if it is related to emergency care and if you are interested in ED visits, that is kind of a different scenario.

If you want to pose a question, I really wasn't sure, exactly, what data you were looking for, so sorry, I just jumped in and started spouting stuff, but

I am happy to provide you with additional information at the next meeting or at any time, if that can be of some help to you.

DR. GRIGSBY: Yes. I appreciate that. And I do feel like this is an issue that we have been aware of for some time and our interest is just -- is there something -- I am sure that the Dental TAC is addressing this and trying to come up with solutions, but is there something that we could either, by making a recommendation to the MAC, or making a recommendation from this committee to see if there are other options for solutions to help this issue be better addressed.

So it sounds like you guys have already started working on that, and thank you for letting us know that.

DR. RICH: And I will be happy to pass that request for information on to the Dental Association as well, and see if Dr. Robinson was on or not, but I will ask them that too, so they get to have that opportunity.

DR. GRIGSBY: Thank you for

that.

DR. RICH: Thank you.

DR. GRIGSBY: Any other questions or comments about that? And thank you for joining in and giving us the update that you did.

MS. BICKERS: Donna, Angela Sparrow has logged in and she will be able to give you an update on incarcerated youth. She is logging in, so if you want to give her just a moment to log in and we can address that topic.

DR. GRIGSBY: Any other comments on the OR delays or difficulty with access? Okay.

We will give Angela just a minute to get logged in so we can get an update on Medicaid services for incarcerated youth.

MS. SPARROW: Good afternoon. Can you all hear me okay?

DR. GRIGSBY: Yes.

MS. SPARROW: I can provide a quick update, if that's all right. Can you all hear me okay?

Thanks. Again, Angela Sparrow, one of the Technical Project Specialists within the Department of Medicaid Services working primarily on the 1115 demonstration initiative.

To provide, again, an update on some of the incarcerated or justice-involved initiatives within the department, we are continuing to move forward towards implementation of the re-entry 1115 demonstration.

Again, that demonstration does include the adults in our state prisons and our youth and youth development centers.

We are still targeting a 10/1/2025 implementation date. We are kicking off -- there are a lot of workgroups that are going on, again, around developing the case management service that each of those individuals would be eligible for in the pre-release time period, and, again, to be provided and overseen by managed-care organizations and then collaborate with our justice

partners for developing that plan for that individual identifying those needs that they would need upon release.

So again, making sure that we have that plan developed before that individual's release so that we can carry that out once they are released.

So we will work, again, around that and lots of work, again, in identifying system changes. So, again, where we are integrating more with our healthcare system and our correctional justice system, we can imagine that that is a big change, not just for our policies, but for our systems to allow for that.

So for some of those data exchanges and identifying eligible individuals, how we are identifying them in that appropriate pre-release time period for us to be able to reimburse for those services. So again, working through some systemic changes there.

Gearing up for readiness assessments in the summer. Each of the

correctional facilities that participate in the demonstration are required to go through readiness assessment, so ensuring that we have the policies in place to support implementation of those system changes, all of those things are required to demonstrate to CMS that we are ready to go and implement.

Again, we continue to move forward with that and, again, still targeting that 10/1 go-live date.

With that being said, we are also incorporating and continue to work with CMS around the CAA, the Consolidations Appropriations Act, and that mandatory section that went into effect January 1st.

And that is, again, for a more targeted set of population, those eligible juveniles that are defined as under 21 years of age, or in our former foster care category up to 26.

So again, that is more targeted to those screening and diagnostic services 30 days prior to release and that targeted

case management service.

So again, trying to work through aligning and working and progressing and aligning that initiative with the re-entry 1115 roll out, because we are going to have some populations that overlap and then there is going to be some population differences there between those authorities and the CAA, again, is also including our local jails.

So we are continuing to outreach with our jails. We are pleased with the feedback that we received thus far from the jails that have responded, but connecting with them one-on-one really to understand how they may currently align with the CAA requirements and what are those needs to be able to come on board to support providing those services, which most, again, are in some form or fashion providing services, but how can we support reimbursement for those, and, again, kind of get them up to the Medicaid criteria to bill for those services.

So looking to onboard a first

cohort of jails and target a first cohort through the summer, and then hopefully get them on board with that 10/1 implementation. And then a second cohort, kind of in the remaining jails, if you will, later this year and even into the first of 2026, but as you can imagine, with the volume of jails across the state, again, this would be a significant change for them, and we continue to work through what those models look like, and how we can support them.

I know I threw a lot at you in a little bit of time, so I will pause and see if you have any questions.

DR. GRIGSBY: Does anyone have any questions?

My question is do you see anything with the changes at the federal level affecting this project at all?

MS. SPARROW: At this time, Donna, again, we haven't had any indication otherwise, or any feedback, that would, again, say that their would be any impacts with us moving forward, so

right now we continue in that direction, but we still have open communication and channels with CMS, so those are all good things.

DR. GRIGSBY: Good. Thank you.

MS. SPARROW: You're welcome.

DR. GRIGSBY: Any other questions by the TAC members or any of our MCO partners?

Okay. I think the bulk of our meeting is going to be learning about adolescent preventive care incentives from the MCOs, and we are going to shake things up a little bit today and not go in alphabetical order.

So Erin, I am going to let you take over and just request information from the MCOs in the order in which you are going to do.

MS. BICKERS: Yay. I thought it would be a little fun to shake it up a little bit, and give some of those middle MCOs the opportunity to go first. So we are going to start with Passport.

DR. BEAL: Hi, Erin. It is

Jessica Beal from Passport. Am I enabled to share screen? Do you know?

MS. BICKERS: Yes, ma'am, you should be a cohost.

DR. BEAL: Thank you, ma'am.

Can you all see my screen?

MS. BICKERS: Yes.

DR. BEAL: I am assuming you can still see my screen as I continue to play with toggle.

MS. BICKERS: Yes, we can.

DR. BEAL: Thank you, ma'am.

As I said, I am Dr. Jessica Beal with Passport by Molina. We are going to go over the request for adolescent preventive care today.

You guys asked for some data around well-child checks and immunizations, so we will tackle that first, and then I got some simple slides specifically on those value-added benefits or rewards or incentives as you requested.

So the first thing you guys asked for was a data around well-care visits. We appreciated that you

understood that we don't have full run out for 2024 data and allowed us to present on 2023 HEDIS, which is complete measure sets for you so you can see something with guaranteed accuracy that we wouldn't be able to report quite yet on 2024.

We did our best to break it out in the ages that you all requested for you. You can see the totals here on the bottom left, but I also like to break it out so you can see how we look at things. We always look at our data set for equity issues by region, race, ethnicity, gender, et cetera. So I thought that might be helpful for you guys to have access to.

I am not going to read this to you, but I will tell you see the same things you do as providers. We see great engagement for well-child visits in those early years of life, and then it slowly peters off the older our kiddos get, and then we actively work to tackle keeping those kids engaged, especially when it is visits that aren't related to immunization, because we do tend to see a

tick up when kiddos don't need immunization for school reasons, and then a drop off the very next year.

We see similar rates with our adults as well, in that they decline once we see kiddos become theoretically more autonomous. We send letters and reminders as they age out of EPSDT that specifically say, "Don't forget to stay engaged in primary care visits," and we do these things because we know that that transition time is so important.

Any questions about adolescent well visits?

Donna, are you okay if we just move through the slides? Okay. I will do that.

So adolescent immunizations, we have these broken out for you by the three that are required during this time period for IMA.

So you can see IMA Combo I and Combo II here. We always have this drop with Combo II. HPV is what holds us down. HPV is pretty low. We do not like this

gap. HPV immunizations for Medicaid kiddos are significantly below the state average as a whole.

This is something that Passport has been actively working on for the last three years, I believe, trying to move the needle on increasing HPV vaccinations, specifically.

I also had a call out, because even though it is not a HEDIS measure for you, because you may wonder about that later adolescent meningococcal booster, because we don't have HEDIS data, that was kind of an unusual data pull for us.

We simply looked at 16-year-olds to see what percent had gotten that booster in 2023, and it was right around 30 percent, just so you guys are aware.

Again, breaking out the HEDIS measure for you and looking at our regional data set, and by race, ethnicity, not a big surprise here.

I would like to remind the group that Passport is really, really heavy and dominant in what is region III.

About 78 percent of our membership for this denominator is in region III, was in region III, so that is a really big chunk of our adolescent membership is in that region. We focus a lot of efforts on that region, but we are always looking to see where we may have some other challenges, even though our population is lower in other regions.

I will say that year after year we do find that morality seems to be somewhat of an independent variable in immunizations, even when accounting for the poverty that we would expect to see with our Medicaid members.

So we do work hard to try to give our members some incentives around this, and you will see on the subsequent side, our providers. This is a break out of just our healthy rewards for the adolescent population that you all called out. We have many other healthy rewards, but I want to make sure that you can see just those kiddos.

Because of that slide that we

see in adolescents with well-child visits, in 2025, we decided we would increase the healthy reward for our 13- to 21-year-olds hoping that might drive more of our members into care, or at least make them feel rewarded for the care that they are getting.

So while last year that reward was the same as our 3- to 12-year-old members at $25, we decided to increase that this year, and we will be looking to see if there's any impact from that once we get through the year since we consider that sort of a new incentive.

There is also our annual well-child visits for our younger kids, so those 12-year-old squeezed into that, so I put that on here for you.

Yearly chlamydia screening is also something that we provide a reward to for our members.

And then the annual dental exam, which I know that you all talked about dental issues earlier, but we, of course, want all of our members, children and

adults, to have healthy teeth and gums, so that is a $50 gift card credit for anyone who gets their annual exam. We encourage our kiddos to get two annual exams a year, but we only incentivize the first one of the year.

For HPV, as I said, this is something that we been working on for a very, very long time. Passport believes firmly in approaching HPV from an on-time at nine mindset, so we provide a lot of information to our providers, and we are working with our members starting at the age of nine on that HPV vaccination, so we offer a $50 gift card credit for each of the doses, so a hundred dollars max for our kiddos 9 through 12 who receive and complete their HPV immunizations.

And then, of course, all of the MCOs are requested that we work on getting health risk assessments completed for our members, that applies to every one of our members. That information is really helpful and helps us see what our members might want and need from us, because it

gives us information that we may not always have at our fingertips, and we do respond to our members based on the HRAs that they send in, and that is a $25 gift card credit.

For our providers. For providers that are in our value-based contract, we have two HEDIS measures that we incentivize on, specifically for this adolescent population. The first is those well visits, and the second is the adolescent immunizations.

Again, we have been focused on Combo II because we know that HPV is really where our kiddos in the Commonwealth are lagging behind, and we are focused on trying to boost that up.

As a result in 2025, we have sort of added an incentive for HPV, and all providers are eligible for this incentive, and that is an additional reimbursement for each HPV dose administered between the ages of 9 and 12 for the patients that they serve.

So folks in our value-based can

kind of double their dollars there, but all of our providers can take part in this incentive.

And that is all I have. Does anyone have any questions for Passport?

DR. GRIGSBY: I guess my one question would be: How do you let your members know that those incentives are there?

DR. BEAL: Multiple methods. We make sure that it is provided in our member newsletter; we have it all on our website.

As the named EPSDT coordinator for the health plan, I actually reach out to several of our providers at the beginning of every year and make sure they have the attestations and that I answer all of their questions about what rewards we have, specifically, in that pediatric space.

And then, of course, we have our community engagement team that goes out in to the community and advises our members and our care managers advise our members

when they speak with them as well, as does member services when members come in and ask questions.

So we try to make sure that we can kind of plug and play in a lot of spaces and then, of course, the member portal has the information as well.

DR. GRIGSBY: Okay. Thank you.

DR. BEAL: You're welcome.

MS. BICKERS: Aetna, you are up.

Amanda, you are on mute if you are speaking.

MS. MARCUM: Can you hear me now?

MS. BICKERS: Yes, ma'am.

MS. MARCUM: I am so sorry. Oh my goodness. My microphone is broken so I assumed on this it would also be broken, so I was on my phone. So I apologize.

MS. BICKERS: No worries.

MS. MARCUM: I was just talking away. I am going to try this again and I am going to see if I can get my screen to share appropriately.

Can you see my PowerPoint?

MS. BICKERS: Yes, ma'am.

MS. MARCUM: Awesome. Well, we will go ahead. Can you still see it?

MS. BICKERS: Yes.

MS. MARCUM: Awesome.

So I am not Megan Johnson. She is actually not feeling well today and under the weather and has asked me to present for Aetna today.

My name is Amanda Marcum. I am a nurse in the quality department with Aetna so I will be presenting our slides today.

Again, as Jessica stated, thank you for letting us share '23 rates since HEDIS measurements year 2024 is actually just getting ready to be pencils down, and of course, we won't get those rates until later in the year, so we are able to share our 2023 rates to give our final rates for that year.

We are going to start off with our weight assessment and counseling. We broke it out by age and by each individual part of the WCC measures. As you can see,

we have our 3- to 11-year-olds and we've got our 12- to 17-year-olds, and then we have our total.

So we are showing that for BMI, our counseling for nutrition, and then counseling for physical activity.

As you can see, our rates for BMI are great. Those doctors are getting on the claims and getting those codes down for the BMIs.

Our nutrition and physical activity is a little on the lower than the BMI. I feel like that is probably -- what I have found in my time with quality is more of a coding issue in making sure that they are getting those codes on claims and getting them sent in. Again, not super low, but doing well, and could be doing better like the BMIs.

We will move on to our W30, which is the well-child visits in the first 30 months of life. And we have broken those out, of course, as the HEDIS measure does, by age.

The first 15 months and then the

15 to 30 months of life. You can see our rates for 2023 are 61.93 for the first 15 months, and 69.37 percent for 15 to 30 months.

And then we have our WCV. This is our kiddos who are 3 to 21 that we are wanting them to get in and be seen by a practitioner during the measurement year.

Our rates, as you can see on here, just like Jessica said, the same as Passport, as the kids get older, they tend to not see the need and want to always go to the doctor for their follow-up.

I think, sometimes, when they don't have parents pushing them along, they don't always go. I know that personally with my own, but you can see the young ones, the 3- to 11-year-olds they are at 55 percent, and then it drops from 3 to 17, and then it drops a little more, those 18- to 21-year-olds.

Then we have our total of 47.23 percent.

And then we have our IMA injections, so we are looking at our

kiddos and we are wanting them to get their injections before their 13th birthday, and again, it is that HPV vaccine that really seems to drive the numbers down.

I think sometimes we see they are either not getting it, or sometimes getting the first one and then not completing the series and getting the second one.

Meningococcal and TDAP are doing good at 80 and 83 percent, and then, like I said, that HPV drops it down to 28 percent.

So as a Combo 10, we are at 26, but at a Combo I, leaving out that HPV, we are at a 79. So like I said, that is a hard one to get for that age, and like I said, a lot of times they will get the first one and then you just can't get them back in there to get the second one.

And then for the CIS Combo 10, and Combo III, you can see our numbers here looking pretty good across the board until you get down to that flu vaccine.

Again, as we all know, because it is talked about on a lot of calls and a lot of meetings across the state, that is a low number for all MCOs and plans. Just all lot of trouble getting buy-in from parents, I think, that it is needed and the importance of it. So that right there is at 25 percent, and like I said, you can see the rest of them are in the 70s and 80s for the most part. So Combo 10, because of the influenza, it drops down to 19.

We do, as the other one mentioned, and I'm sure that most of them do, we do a lot of calling and sending out text messages and case managers working with the parents and the guardians about the importance of it. We do education with our providers, we do education as far as who is compliant and who isn't compliant, who needs what vaccines and sending them out.

As far as, these members are turning two this year, they still need these vaccines before the end of the year,

to try to get the buy-in from the providers and also talk to the parents.

As far as incentives and outcomes, what we offer, for the annual well visit, we offer a $25 incentive gift card for completing that.

For completing six well-child visits before the 15 months, they get a $50 gift card, and then a $50 gift card for participation in after-school activities. They can get a $50 gift card if they complete their well-child visit in the last 12 months, a $50 gift card to help pay for 4H, Boys and Girls Club of America, Boy Scouts, Girl Scouts, those types of things, to help with after-school activities and give the kids something to do for activities and health and well-being. So that is another opportunity that they have.

We offer $25 for completion of the HPV vaccine series if they have it before their 13th birthday. They'll get both of those vaccines. They get a $25 gift card, $25 for completion of the two

infant flu shots are another one that we are offering to our members, $25 for completing the metabolic screening if they are prescribed an antipsychotic medication, and then we also offer a $15 a month, monthly stipend for over-the-counter benefits, so our members can get online and order or call and get things like Tylenol and Band-Aids and thermometers and things like that that they may need, and not have to go to Walmart and spend their own money on.

That is kind of what we are doing, and we do offer all of ours online, as far as the members can go online and view all of them.

Our case managers ensure that our members know which ones they are eligible for. When members call into member services, our member services discuss with member, or the parent or guardian, what opportunities they have for extra incentives as well as discussing with them what open care gaps they have and what is still needed for the year, for

the child or the member, so that is some of the ways that we reach out and touch our members, letting them know what is needed and what is available.

And then year-over-year, just showing where we are looking up from 2020 to 2024 with well-child visit outcomes, you can see down the through there, all of our WCV, W30, WCC, on down.

Definitely, year-over-year we are trending up with WCV being -- you know, BMI definitely being the highest trend up, and all of them looking really good. So you can kind of see that year-over-year for the last few years.

And then, we've got, again, just kind of pointing out, as we all know, it is state-wide as far as compliance of the Combo III and Combo 10, so just kind of showing what the national average and then what Aetna's combo looks like and, again, it is trending down, but, again, that is across the state.

Same here with Kentucky MCO and Medicaid as a whole.

And that is all that we have for you. Does anyone have any questions? Anything I can answer or elaborate on?

DR. GRIGSBY: I do see a hand up, if you would like to ask your question.

MS. ROEHRIG: Yes, hi. Thank you. This is Rachel Roehrig with DMS. Some of those slides kind of popped a question in my mind. I was hoping that you could clarify.

It said on there for the value-added benefits that are offered like gift cards and things like that, a lot of these things before they are eligible, they will have to be verified as having completed a checkup visit or completed an immunization, and that got me thinking there, if the provider is really on top of it and said, "Hey, we just got this immunization for your child, make sure you call your MCO," how long would it be before you all can see that visit to validate that they should be eligible? Should they wait a certain amount of time,

Could they call directly after? Just curious about that.

MS. MARCUM: It is kind of based on provider because it is going to be when the provider submits their claim. So as soon as the provider submits the claim and it comes through to us -- I know a lot of time when the member calls, if they call member services and say, "Hey, I went to the doctor today and I got my well-child visit," the member services will pull claims to see if we have a claim for that visit or not, and if we do, then we can go ahead and get that gift card going to them, and if not, then we do have to wait on the claims to come in from the provider.

So it's just kind of how quickly the provider submit their claims.

MS. ROEHRIG: So at that point, would member services direct them to call back in a week? Call back in two weeks? What would that look like?

MS. MARCUM: Honestly, I am not sure where they are directed after that.

I can definitely find out for you. I know that any time I speak to -- I don't speak to them -- but when I get emails from member services saying this member called, I will let the care manager know, if we have a care manager.

I will let them know, say, "This member called and they are wanting this," and just to let them know to reach back out to the member, and we are waiting for the claim to come through.

But as far as time line, I am not sure, but we can definitely find out what the member services timeline is and let you know.

MS. ROEHRIG: Thank you. This is not picking on WellCare at all, this is a note for all of them, just something to keep in mind that we have noticed that could help members if they have some type of direction on when to call back, or something like that. That way don't just give up and don't call.

MS. MARCUM: Agree 100 percent. And I can find out what we do as far as

when that goes and what the timeline is.

MS. ROEHRIG: Thank you so much.

MS. MARCUM: Thank you.

Any other questions? Thank you all so much.

DR. GRIGSBY: Thank you.

MS. BICKERS: United? Dr. Cantor, you should already be a cohost.

Grace, I saw you come on camera. Do you need to be a cohost?

MS. NELSON: Yes, if possible. Thank you.

MS. BICKERS: Sure. You are very welcome.

DR. CANTOR: Thank you, Erin, for having us.

MS. BICKERS: You are very welcome.

DR. CANTOR: I'm Dr. Cantor, the CMO with United Healthcare. Grace is going to help us with presenting the information here. So I will turn it over to our EPSDT Coordinator. Thank you.

MS. NELSON: Am I available to

share? I am trying, but it is not going.

MS. BICKERS: Yes, ma'am.

MS. NELSON: Can you see the presentation?

MS. BICKERS: Yes.

MS. NELSON: Okay. Dr. Cantor, would you like to do the opening remarks?

DR. CANTOR: You are welcome to take it from here. We are good.

MS. NELSON: Thank you. I was focusing on getting the presentation pulled up, so I wasn't sure.

So thank you. I am Grace Nelson, I am the EPSDT Coordinator.

The four measures that we focused on were well-child visits, immunizations for adolescents, Combo I and Combo II and weight assessment and counseling for nutrition, and physical activity for children and adolescents.

Again, we went with the measurement year rates 2023. Listed here on the screen, you can see a measurement year rate for each of the previously mentioned measures. Our rates are

trending up in 2024 compared to our 2023 rates, and we are working to continue our rates through member and provider incentives and programming.

Here on the screen is some of the information on the member and provider incentives and programming used to drive our rates up.

We have a $25 member reward card that is accessed through member services. We have reminder mailers, text, emails, and live-agent calling to assist with appointment scheduling. We provide education at community events and health fairs.

We have our CPPCPI or provider incentive program, which is a per gap in care payment. We value-based care programs that align quality gap targets.

And lastly, here is a screenshot of the communication we have developed in 2024 to promote IMA Combo II focusing on HPV.

Thank you all for your time and if you have any questions, Dr. Cantor and

I will try to answer those for you.

DR. GRIGSBY: Does anyone have any questions? Thank you all.

DR. CANTOR: Thank you.

MS. NELSON: Thank you.

MS. BICKERS: WellCare, your turn. Stuart, you should be a cohost.

MR. OWEN: Thank you, Erin.

Good afternoon, everyone. Let me share really quick and just hold my breath because my incompetence comes through in technical incompetence. Can you all see my presentation?

MS. BICKERS: We can.

MR. OWEN: We don't have anybody with quality available on the call today so we will go through the slide.

The first slide, we've got the immunization data, the well-child and well-care visits. You can see HEDIS measurement '21, '22, '23. Fortunately, things improved and the most recent, I know the 2024 data will not be finalized until mid-June, but year over year from the prior year, we are green on

everything, which is really hopeful and positive.

I think during the pandemic, everything suffered in related to immunizations and well-care visits in 2021, but things improved last year so that is very positive.

I know immunizations, in general, have been a challenge, because a lot of misinformation, I guess, came out of COVID, so it has been a huge challenge for all of the MCOs, and we have done a lot of efforts and initiatives, and I know that all of the MCOs have done as well to try to figure out what is the solution here.

A lot of it is critical to messaging, I think, in particular with younger female moms, we have seen. So there are new things that have emerged, new barriers since COVID that make it more challenging, but we are all trying to figure out what are the solutions to that?

The next slide, I will walk you through our incentives and what we are

trying to do. So first, this is just, generally, what we do with My Health Pays, and this includes, you can see the wellness exam, dental cleaning, annual screenings, childhood immunizations, and then we get into a little bit more detail.

For adolescent immunizations, 12 to 13, can see the different ones here. Meningococcal, between the 11th and 13th birthday, HPV, between 9th and 13th. You get points or you can choose products, but you get to the end are like, what are the points, you will get to the end to see what you can obtain with the points.

So 1- to 17-year-old metabolic monitoring for 1 to 17, taking antipsychotic meds and completing the glucose and cholesterol testing, and that is actually something that we have been really concerned about, is the kids on the antipsychotic meds, but there is no evidence that the monitoring is going on. That is like a very huge concern. I am not a clinician, but in talking to our staff, that is a very huge concern that

they have, like a low percent of prevalence of that actually occurring. It's like the children are getting the antipsychotics, but, you know, where is the evidence that you are actually monitoring it? Anyway, that is eligible for 250 points.

Three to 20-year-olds, that is when you get the dental cleaning that will qualify you for a $75 Nike gift card or 750 points.

This is kind of a repeat. This is a grid of what we were talking about before. Same thing. Three to 17, what qualifies you and the information.

I believe that we can -- and I am not certain, but I think to the earlier question, I believe that there is a form that they can submit not just a claim, but I am not positive about this. I think that if we can get some kind of attestation essentially, that that can be used to validate -- I am not positive -- but I believe that that would be another way -- not just the claim -- I mean, I

think it is primarily claims based, but I think that is an option.

And so again, the 12- to 13-year-olds, which are the different immunizations that we were talking about before. And then we have the adult, specific dental sealant, 6 to 14, 100 points; tobacco cessation as well, we threw that in there. Twelve and above, so if you complete that, also that qualifies.

At the end, we do have -- one of the things that we have is an online brochure, a lot of items that people can get, but these are the categories that people can get, that you can choose and actually obtain based on how many points you earned.

That is it.

DR. GRIGSBY: Okay. Thank you. Any questions?

DR. THERIOT: Hi. This is Dr. Theriot. Not really a question, just more of a thought.

Stuart, you brought up the metabolic monitoring, I wonder as a

primary care pediatrician, people would have bring us orders on a prescription pad from the psychiatrist asking us to do the labs, and we didn't because we are not a commercial lab and we would have to go to a commercial lab to get that done.

We wouldn't do somebody else's orders, but the other thing is if the psychiatrist is ordering those labs, they will follow those labs and they will increase the dose and decrease the dose and change the med, which is something than the primary care pediatrician is not going to do if they have lab results, because they have no control over that medicine and the psychiatrist is doing at.

So I wonder if there are orders for the labs, for the metabolic monitoring, that aren't getting done because they are bringing it to the wrong place.

When I asked patients, they said the psychiatrist told them to go to their primary care physician. So I don't know if that is maybe an educational thing to

the psychiatrist, to say, "Bring it to a commercial lab and not the pediatrician," but I don't know, that is just a thought.

What are your thoughts, Dr. Grigsby? Do you see the same thing?

DR. GRIGSBY: I don't, and I don't know if that is because our psychiatrists are following those. The psychiatrists outside of the UK system, I guess, may be using different labs, and I would think the ones within the UK system would be using our lab for those, but I don't know. It is not an issue that we encounter very frequently, to my knowledge, in my practice.

DR. THERIOT: Just a thought.

DR. GRIGSBY: I can certainly reach out to one of my colleagues who is a triple board person, just to say, "What do you guys do with these labs? Where do you send these labs and who are following these labs?" Because I can't recall having this encounter with a patient, so maybe they are going through a different system, or they are going through on their

own, but that is good question.

Any other questions or comments?

DR. TEICHMAN: I have one. This is Jeb Teichman from Passport.

We have also had a problem meeting that HEDIS measure. It is kind of a circuitous argument. We hear the psychiatrists don't want to order the labs, because they don't know what to do with the results. The pediatricians say the same thing that Dr. Theriot has said. They are not prescribing so they are not responsible.

We've actually reached -- I think I had better luck reaching out to the pediatrician or the PCP just to ask them to order the lab and draw the blood and send them somewhere to get to the results and coordinate with the psychiatrist.

DR. THERIOT: Maybe that is what we have to do.

DR. TEICHMAN: When you collect the med list, and when you are doing that, when you are seeing the member and you

don't see the test in your chart, there is no harm to duplicating it just to get that done. We will meet the HEDIS measure. And we will find -- I'm sure you, as well is I, have many children on antipsychotics that I wasn't prescribing. I even had to put a couple on metformin when I was seeing patients, because you know who's got a problem when you are seeing them.

DR. THERIOT: True.

DR. GRIGSBY: Okay. Any other comments or questions? Thank you. Thank you for bringing those issues up.

MS. BICKERS: And that leaves Humana.

MS. MITCHELL: Hello. Let me share my screen. You all can hear me right? Can you hear me?

MS. BICKERS: Yes.

MS. MITCHELL: Great. Okay. Hi. My name is Paulette Mitchell. I am a Senior Quality Improvement Professional here at Humana Healthy Horizons here in Kentucky, and I am going to go over similar to what everyone else has went

over. I am going to talk about the HEDIS measures to this age group we really concentrated on, the 12- to 17-year-olds, and our individual Humana measure metrics for 2022 and 2023, and then I am going to show you some of the coverage for this age group and the value-added benefits and resources for this age group.

For our HEDIS measures, we concentrated, because of the age roup that we are looking at, we concentrated on the WCV, the WCC, which has sub measures of the BMI, the counseling for nutrition, and the physical activity, and the IMA, both IMA one and two. And the definitions are here. The WCB is assesses members 3 to 21 who have a well-child visit that year, and WCC, it assesses children between 3 and 17 who have an outpatient visit with the PCP or OB/GYN and the BMI or in the counseling for nutrition and the counseling for physical activity are collected at that visit. And IMA looks at the meningococcal, TDAP, and HPV series by their 13th birthday.

For 2022 and 2023, you can see for the 12- to 17-year-olds, we did perform better year-over-year, and like someone mentioned before, BMI is really high, and the counseling for nutrition and the counseling for physical activity, even though we did perform better year-over-year, they are not quite as high as the BMI, and I do not believe that is not because these conversations are not being had, it is just not coming in as a claim, so it is more of a data gap than an actual care gap.

For the IMA for the 13-year-olds, IMA Combo 1 and the TDAP and the meningococcal, that one is always higher. And then the HPV series is added on to that Combo I. That one is usually lower, and like everyone else, trying to figure out the magic to get those HPV -- both HPV series -- in before they are 13. I don't think any of us have quite figured that out yet.

For coverage, these are some coverage that I pulled out for 12- to

18-year-olds. We cover the annual visit, immunization, preventive care, emergency care, the sports physical, and the behavioral health services.

Those are the highlights of what we cover for this age group. If anyone wants any more information, then that is in our member handbook for every single thing that we cover.

Our healthy rewards program is our Go 365. These are some of the highlights for this age group when you do the healthy action and you get a gift certificate for this reward amount.

For your annual visit, you're HPV vaccine, that is both vaccines, the flu vaccine and that is all ages, and I have added this up and it is over $200.

When talking to members -- and I have talked to members -- this is a really great thing to call someone and start out the conversation with, "You can get $200 and they even multiply if you have several children."

So that is a really good benefit

and it is a really good conversation starter.

For more of our online, we have Kids Health and it is an online-type of library. It has advice and tips and articles for parents and for children as well. There are games, there are videos that are age-appropriate as well.

So those are more topics and questions that I have seen, questions as far as, how to help my child sleep longer, and things like that. Tips and things like that.

Our weight management, weight management is up here with the incentives, our weight management, is highlighted all of the time because it is one-on-one support for kids 12 and up, and the thing that I really like about this is it meets kids where they are, so it doesn't just say, "Hey, go do this, this, and this," it is really a conversation with a coach and it is six sessions with a coach, and you progress based on your needs and what you want to do, and this is really highlighted

and this one has a lot of success.

Any questions?

DR. GRIGSBY: Thank you. Any questions? Comments?

All right. Thank you to all of the MCOs for all of these presentations. I feel like we all realize that we have a lot of work to do around immunizations for adolescents and, you know, I agree with what I think Stuart said.

We have seen such a huge backlash after COVID about immunizations and we continue to struggle with kind of how to overcome the misinformation that is out there. So thank you all for all of your hard work and your attempts to try to get patients in for care and for providing those resources.

Any other comments or questions before we move on?

Okay. The meeting schedule again, just a reminder, our next meeting will be July the 2nd and our October meeting will be October 1st. Those are both Wednesdays.

We will move to any new business. Does anyone have any new business?

Okay. Again, under general discussion, any future topic suggestions, anyone on the TACs, do you all have any discussions or questions that we need to have addressed in our upcoming meetings?

MS. BICKERS: Donna, I am not a TAC member -- this is Erin -- but I do have in my notes when we sent out the original HEDIS request -- and I do want to thank the MCOs for reaching out to me because I'm not a subject expert, and I did not realize that the 2024 would not be ready, but when I asked you to clarify the year, you mentioned -- maybe in the July meeting -- that we would request a presentation for 2024 in October.

So I don't know if you wanted to make note of that under a continuous mention in July so in October the MCOs would be ready.

DR. GRIGSBY: We can add that when we work on the agenda for next time,

we can certainly do that. Thank you.

MS. PARKER: I just want to add -- this is Angie Parker with Medicaid. It may not even be ready by October. It depends on when the meeting is in October. 2024 HEDIS measures, we are currently in the HEDIS period of getting data and obtaining data and getting it analyzed, so it takes a little bit.

DR. GRIGSBY: Okay.

Is October a realistic -- the 1st of October -- is that realistic at all?

MS. PARKER: I think it might be pushing it.

DR. GRIGSBY: Okay.

MS. PARKER: So maybe the December meeting.

DR. GRIGSBY: Or January. We will have a meeting in January of 2026.

MS. BICKERS: Thank you, Angie.

DR. GRIGSBY: Thank you.

MS. PARKER: You're welcome.

DR. GRIGSBY: Any other topics for discussion?

MS. WHATLEY: Hey, Donna. This is Alicia with KYA. I am not sure when this might make sense for this group to maybe requested data on. It certainly would not be in July, but just looking forward, I think I heard at a recent update call from DMS that they are just now kind of getting to the restarting renewals for children's Medicaid coverage, from the unwinding from COVID suspensions, so I am just curious, now that they are getting into that child space of coverage, if we wanted to have that on our agenda in the future, to maybe see how that is going, check in on if there have been coverage gaps, or loss of coverage, and get a picture of that at some point.

DR. GRIGSBY: I think that is an excellent suggestion. From the folks from DMS, he when do you think it is realistic that we can see the impact of that change, if there is an impact?

MS. BICKERS: Do we have anyone from eligibility on?

Alicia, they may be able to give

a brief update in July, but might not have more information until October. I can reach out and maybe get a better time frame for you guys, if that works.

DR. GRIGSBY: Yes, please. Thank you.

Any other questions, comments? Any other future topic suggestions?

Okay. I guess my question to the group is: If we are not going to have data from the things that we are interested in, is there a need for a meeting in July? I don't want to cancel meetings when we only have meetings quarterly, but right now we have no items up for discussion. How does everyone feel about that?

I don't want to have a meeting where we are trying to discuss things if there is nothing to discuss. I want to be respectful of everyone's time. I don't want to cancel meetings if there are important things that we need to discuss, but I am hearing that those things that we are most interested in, we might not have

data available to us by July.

So, I guess, Erin, my question is: If we reach out to our folks about when it is realistic, and we see that maybe there should be an update in July based on eligibility and gaps in coverage, that maybe that is something important for us to address.

If it is not realistic that we are going to have that information, should we postpone or cancel that next meeting or just discuss it in October?

MS. BICKERS: My recommendation would be -- and, of course, it is solely up to the TAC members, I will reach out for clarification on the reporting month, which would be best and what we can do is reach out to you, maybe towards the beginning of June, mid-June and see if the TAC members have any other items that may have come up since this meeting that they would like to address under new business, and if we don't have an update on the continuous coverage for children until October, then maybe make the decision to

cancel July at the beginning of June, mid-June, because there may be some items that pop up between now and then that you might want to discuss or put on our radar.

DR. GRIGSBY: I think that sounds reasonable. If we could all just keep the meeting on our calendars, so if we do have to meet we will still all have that availability, and if we see at the 1st of June that we are not going to have information or something hasn't come up -- I know that we have to be cautious about discussing meeting stuff outside of the meeting -- but I believe we are allowed to do that via email to a certain degree.

MS. BICKERS: Yes, ma'am. If there are emails now that you don't have agenda items, or you are discussing agenda items, that falls within the purview of being okay.

DR. GRIGSBY: Okay. So perhaps if we can have an email exchange the first part of June, just to see if there are any other issues that we need to discuss or, at least, put on the agenda.

So we will keep the July 2nd meeting for now, with the understanding that if there are -- if the data will not be ready by the time -- then that meeting may be canceled.

Does that sound okay to everyone?

Okay. All right. Again, we always talk about MAC meeting representation, and there are several of us that have commitments consistently on Thursdays.

When is the next MAC?

MS. BICKERS: It is May 22nd.

DR. GRIGSBY: I don't know if there is anyone who is available for that May 22nd meeting.

MS. BICKERS: Donna, if no one is available, you could type up a quick, brief TAC report that we could submit to Dr. Schuster, and she can notify the MAC that you guys have had a meeting, whether or not you have recommendations or things to discuss. There are some TACs that do that when they don't have someone who can

be there.

DR. GRIGSBY: Okay. Do any of the TAC members feel like there is anything that we have seen that would necessitate us making a recommendation to the MAC?

DR. RICH: I don't, necessarily. I keep nodding and shaking my head assuming that you can see me, but I don't.

DR. GRIGSBY: Okay.

MS. DIMAR: I don't either. It seems like the things we are concerned about, they are working on.

DR. GRIGSBY: Okay. All right. Any other members of the TAC that have anything to add?

For now, our next meeting will be July the 2nd, but if that meeting -- if we see that the agenda is slim or there aren't items that we can meaningfully discuss in July, then we will let everyone know the first part of June via email.

We will have a discussion about any other agenda items and then if we decide that there really isn't a

compelling reason or a reasonable discussion that we need to have in July, then we will let everybody know of the cancellation of that meeting. Does that sound reasonable?

MS. DIMAR: Yes.

DR. GRIGSBY: Do I hear a motion to adjourn?

MS. DIMAR: I move that we adjourn the meeting.

DR. GRIGSBY: And a second?

DR. RICH: I second.

DR. GRIGSBY: All in favor.

TAC MEMBERS: Yeah.

DR. GRIGSBY: Thank you all for your time. We are now getting back 46 minutes of a gift of time so thank you all for your participation, thank you to our MCOs for your presentations and to those of you who gave us update, much appreciated.

Hopefully we will see you guys in July, but if not, we will see you guys in October.

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C E R T I F I C A T E

I, STEFANIE SWEET, Certified Verbatim Reporter and Registered CART Provider - Master, hereby certify that the foregoing record represents the original record of the 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 6th day of May, 2025.

/s/ Stefanie L. Sweet

Stefanie L. Sweet, CVR, RCP-M