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CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID
CONSUMER RIGHTS AND CLIENT NEED
TECHNICAL ADVISORY COMMITTEE MEETING

Via Videoconference
December 6, 2022
Commencing at 1:30 p.m.

Tiffany Felts, CVR
Court Reporter

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APPEARANCES

BOARD MEMBERS:

Emily Beauregard, TAC Chair

Miranda Brown

Arthur Campbell

Christine Jackson

1 MS. BEAUREGARD: Hi, everyone.

2 MS. BICKERS: Hi, Emily.

3 MS. BEAUREGARD: It looks like we
4 have a few minutes to wait for everyone.
5 And then our new member, who was planning to
6 join us from the FRYSCky Association, she is
7 not going to be able to join us, because she
8 is ill and had to be hospitalized, so we are
9 hoping that she recovers well.

10 MS. BICKERS: It looks like the
11 waiting room is clear.

12 MS. BEAUREGARD: Okay. Thanks. So I'm
13 going to see if Melanie has joined us. So,
14 I don't see Melanie on from ARC. We do
15 have four members on, and so I do believe we
16 have a quorum, and hopefully Melanie can
17 join us at some point during the meeting.
18 If you do see her pop into the meeting, if
19 you don't mind telling me, Erin, that would
20 be great.

21 MS. BICKERS: Sure. And you do
22 have a quorum. You've got four out of six,
23 so you should be good, or four out of seven,
24 excuse me There are seven of you guys, now.
25 You still have a quorum with four.

1 MS. BEAUREGARD: Yes. So, we have
2 one --

3 MS. BICKERS: Just so you know.

4 MS. BEAUREGARD: We have only one
5 unfilled seat now, and hopefully we'll fill
6 that soon. That's the Kentucky Association
7 of Community Health Workers, but we do have
8 -- oh, I see that Melanie has joined. Thank
9 you. We do have a new member who is unable
10 to be with us today from the FRYSCKy
11 Association, that's the Family
12 Resource Youth Services Coalition of
13 Kentucky Association, so looking forward to
14 having her join us starting in 2023.

15 And thank you everyone for being
16 flexible with our rescheduling of this
17 meeting. We didn't think people would want
18 to be meeting so close to Christmas.

19 We have a pretty big agenda to cover
20 today, so since we've established a quorum,
21 I'll go next to approval of the minutes from
22 our previous meeting. Those were sent out
23 to everyone. I don't remember exactly how
24 long ago, but I do remember taking a quick
25 look at them. They are pretty extensive

1 because this is more of a transcript, so
2 honestly, a little bit hard to say we can
3 approve of the accuracy of the minutes, but
4 I do think it's based on the recording and a
5 pretty comprehensive transcript of what we
6 discussed, so if I could get a motion to
7 approve.

8 MS. BROWN: I motion.

9 MS. BEAUREGARD: Thanks. Second?

10 MR. CAMPBELL: I motion.

11 MS. BEAUREGARD: Thank you, Arthur.

12 All in favor, say aye.

13 (Aye.)

14 MS. BEAUREGARD: Any opposed?

15 (No response.)

16 MS. BEAUREGARD: All right. Motion
17 carries. Thanks, everyone. And then we
18 will move on to old business. So we have
19 this standing data request. Every meeting,
20 we like to know what the current number of
21 Kentuckians covered under traditional and
22 expanded Medicaid, as well as presumptive
23 eligibility.

24 MS. CECIL: Good afternoon, everyone.

25 This is Veronica Judy Cecil, senior deputy

1 commissioner for Medicaid. I am going to
2 put this in the chat, but I'll run the
3 numbers for you. So keep in mind, this is a
4 snapshot, so it changes every day, but as of
5 December 5th when the data was pulled, we
6 had 1,694,883 members. Of that, 639,162 are
7 expansion -- part of our expansion
8 population. We have 1,534,660 of those are
9 managed-care -- of the total population has
10 been managed-care. We have 28,076 SKY
11 members. And our presumptive eligible
12 enrollment as of December 5th was 990.

13 MS. BEAUREGARD: All right. Thank
14 you. And when those numbers -- well, those
15 will be in the transcript. So that will be
16 good to have that record. I was gonna say,
17 sometimes things get put in the chat that
18 don't end up in the transcript, and I
19 remember that it was information shared
20 during the meeting. I don't know if that
21 can be just added to the transcript, any of
22 the comments made here, especially things
23 like Arthur's statement at the beginning?

24 MS. BICKERS: Emily, I can pull the
25 chat after the meeting is done recording,

1 and I can e-mail that to you guys.

2 MS. BEAUREGARD: That would be
3 perfect. Thank you. The next item on our
4 agenda is the status of the PHE unwinding.

5 MS. CECIL: So as most of you may
6 know, we did not receive the 60 day notice
7 from CMS, which means that we do expect the
8 public health emergency to be extended an
9 additional time of 90 days. It's currently
10 set to expire on January 13th, but that will
11 put us to April, and I apologize, I think
12 it's 12th, but it will be 90 days from
13 January 13th. So we will start a new watch
14 for the 60 day notice 60 days prior to that
15 April date, and we will continue to keep you
16 guys posted on that.

17 What we continue to do with the
18 additional time that's granted to us is
19 continue to review our processes and
20 policies, and just make sure we are ready to
21 go and flip the switch when that happens.
22 We are outreaching to several different
23 stakeholders. Primarily what we're working
24 on right now are provider groups and
25 associations, because what we want to be

1 able to do is have a contact at each one,
2 and as we send out information we can get it
3 to them and they can then share it with the
4 rest of their membership.

5 So again, our biggest thing with the
6 unwinding is communication, communication,
7 communication. We want to make sure that
8 everybody understands what's happening. How
9 they can support a Medicaid member that's
10 going through potential renewal. So we are
11 most focused on making sure that information
12 is easy to understand and that we are not
13 sending people in various directions to be
14 passed around. So that's what we continue
15 to work on.

16 I will say that as I've mentioned
17 before, we do -- what we have been
18 continually doing in the background -- those
19 renewals, we keep continuing to ping the
20 federal hub and our other databases to see
21 how many we can renew. What's called
22 ex-parte, and that means passively, so that
23 nobody has to do anything to have that
24 redetermination made. And we are sitting at
25 about 80 to 85 percent in ex-parte renewals

1 because of the information that's out there
2 and available to us to be able to confirm.

3 So we really are continuing to look
4 at just that population outside of the
5 ex-parte pass and renewal that we will focus
6 on, and make sure that those individuals --
7 we're outreaching in every way possible to
8 those individuals to understand what they
9 need to do.

10 It is -- we do know that folks are
11 going to drop off because they are no longer
12 eligible based on income primarily, so we
13 will continue to monitor that. For those
14 individuals, we have a plan to make sure
15 they understand what their options are,
16 including moving to a qualified health plan
17 on the exchange, and hopefully eligible for
18 premium tax credits. That's the current
19 update. I'm happy to take any questions
20 about that.

21 MS. BEAUREGARD: Thank you. The
22 state has put a lot of effort into
23 developing this plan, and I really
24 appreciate all of the thought that's gone
25 into it because it's going to be a

1 significant number of people, of course, who
2 need to renew, and it's been nice to have
3 the extra time, honestly, to make sure that
4 we've got everything ready to go.

5 I'm wondering if you have decided
6 yet -- so there's a 12-month period that the
7 federal government will allow, just for
8 other folks on the call -- I'm wondering if
9 the state has decided how to, sort of split
10 up the full population covered by Medicaid
11 and the renewals that have to be processed
12 between those months if it will be by
13 population type, like, certain demographics,
14 children or pregnant women, or if you're
15 going to do it by just renewal date?

16 MS. CECIL: We are going to primarily
17 rely on renewal date, but we are going to be
18 sensitive to the fact that we don't want to
19 have one month be larger than another. We
20 do have flexibility on how we allocate the
21 redeterminations across the 12 months.
22 That's something that we continue to review
23 because it changes every month as we
24 continue to extend when somebody might be up
25 for a redetermination.

1 So we are taking into account things
2 like Medicare. Thankfully, we are aware
3 that Medicare understands that some people
4 did not take advantage of signing up for
5 Medicare when they were supposed to, so
6 there will be a special enrollment period,
7 but again, our plan is to try to allocate
8 individuals across the 12 months to have, as
9 best as we can, a caseload that is
10 manageable. And again, not putting
11 everybody in one circumstance in one month.
12 Again, trying to make sure that the months
13 have various renewal cases that are in that
14 month.

15 MS. BEAUREGARD: So probably not by
16 demographic.

17 MS. CECIL: That's correct.

18 MS. BEAUREGARD: Right. Okay, so by
19 renewal date. Flexibility, balance it out
20 across the -- okay.

21 MS. CECIL: Yeah. Unless, there
22 again, is a reason, for example, like the
23 Medicare or open enrollment period that
24 people need to be able to access that could
25 change that, but that's our plan so far.

1 And I didn't -- I failed to mention,
2 we are also working on a website that's
3 going to house all the information related
4 to the unwinding, including data reports,
5 flyers and templates, and just information
6 of what the member letter looks like, so
7 that somebody can pull it down and see what
8 our members are receiving. So we'll launch
9 that website, we're still working on it and
10 don't want to get it out there too soon with
11 the information, but if somebody asks, "What
12 can we do right now?" We just continue to
13 encourage folks to update their information,
14 make sure we have the most current address,
15 most current contact information, like their
16 phone number. If people are willing to
17 receive text messages and e-mails, that's
18 obviously helpful, so that they can go in
19 and make sure that's updated and they've
20 given the okay to send those. So that's
21 where we are right now.

22 MS. BEAUREGARD: That's really
23 helpful. Thank you. You know, I wonder how
24 many people are using Kynect as much now, if
25 they're only enrolled in Medicaid and not in

1 other public assistance programs, if they
2 are, you know, logging into Kynect right
3 now? Maybe even a reminder about how to get
4 into your account if it's been a while, and
5 if you may need to reset your password.
6 Anybody have any questions?

7 (No response.)

8 MS. BEAUREGARD: Thank you for that
9 update. I'm really looking forward to seeing
10 that website when you have it up and going.

11 The next item on our agenda is
12 on-boarding costs for new PDS employees and
13 pay rates. This is an issue that Arthur has
14 brought to our TAC, and Arthur, did you have
15 anything else you wanted to say about that?

16 (No response.)

17 MS. BEAUREGARD: Arthur, I think you
18 are on mute.

19 MR. CAMPBELL: One minute. Can you
20 hear me?

21 MS. BEAUREGARD: Yes.

22 MR. CAMPBELL: I think he's typing
23 something here.

24 MS. BEAUREGARD: Okay.

25 MR. CAMPBELL: Go on talk, and I will

1 write what I want to say.

2 MS. BEAUREGARD: Okay. So we'll move
3 on with the agenda and we can come back to
4 this, Arthur.

5 MR. CAMPBELL/INTERPRETER: Okay.

6 MS. BEAUREGARD: The next item here
7 is the home and community based services
8 rate study workgroup. Any updates there?

9 MS. SMITH: Emily, I'll go ahead and
10 I'll touch on -- because the one above it,
11 the on-boarding costs, kind of, is --

12 MS. BEAUREGARD: Part of that.

13 MS. SMITH: -- probably the right
14 study, so I'll go ahead and give that update
15 and then Arthur can -- we can go back and
16 address Arthur's questions that he has. But
17 right, now where we are last month we had --
18 before Thanksgiving, we had some meetings
19 with some smaller -- we had representatives
20 of some of the individual worker types, like
21 case managers, the adult days to understand
22 some things that were unique about the types
23 of services that they provided and to get
24 some additional feedback. We are very close
25 to having all of the rates -- the proposed

1 rates -- I always underline that because
2 they are -- as much as I would love to say,
3 these are what the rates are going to be,
4 there are still several approval processes
5 that they have to go through, but we are
6 close to having those ready to be shared.
7 So we are preparing those for review with
8 leadership within DMS and the legislature,
9 and then there will be a public comment
10 period, where we do put them out for public
11 comment, as well.

12 What we are targeting to do with the
13 PHE is -- Veronica had mentioned -- is it
14 has gotten extended. With HCD we are under
15 the unique exception that we get a little
16 bit longer to unwind the flexibilities that
17 we had under appendix K. So the goal is to
18 not have a gap between when appendix K ends
19 and when new rates can go into regulation
20 and can go into the waivers, so that there's
21 not really a period where there's that
22 change, but more is coming soon.

23 Hopefully we'll have something to
24 share -- I feel like it'll probably be at
25 the start of the new year just because now

1 as we're getting into holidays and it's
2 harder to catch people, but we will be
3 sharing those rates. And a large part of
4 that, the on-boarding costs for PDS, we
5 asked (indiscernible), they were helping us
6 to look at the rates to model out including
7 that in the financial management rates, so
8 that that would be, instead of either the
9 employee or many times as it is today the
10 participant pain of those on-boarding costs,
11 because that would be much like it is for
12 traditional agency, where those are part of
13 the -- built into the rates, so that when
14 you onboard an employee, you have -- there's
15 reimbursement there for any of those
16 on-boarding costs, like the background
17 checks, etc. for that. I'm really excited
18 by what were seeing so far, and I'm excited
19 to start being able to share more with
20 everybody.

21 I'm not sure that -- I tried to find
22 -- unfortunately, Kelly is out sick today. I
23 couldn't find the final decision if we were
24 going to have a large rate group study
25 meeting this month, or if we were going to

1 have postpone it to January just because of
2 the holidays and trying to get everybody
3 together, but I will send something out --
4 we'll remind everybody so that people can
5 see that and the materials for that. I'm
6 excited. We're very close to the end of
7 having the recommendations and what the
8 impacts look like for the rates for the
9 waiver programs.

10 MS. BEAUREGARD: That's great.

11 Thanks for the update. And I just wanted to
12 clarify, when you said appendix K you were
13 hoping that you'd have more time with the
14 unwinding or more during the unwinding
15 process -- did I misunderstand you?

16 MS. SMITH: We actually have -- so
17 for appendix K, we get six months, whereas
18 some of the other programs it's much
19 shorter. So with us having six months
20 that's to our benefit, so that gives us that
21 time, and with the PHE being extended again
22 that gives us -- we are even closer, so that
23 six months goes even further.

24 MS. BEAUREGARD: And then you'll be
25 able to put pieces of that or all of what

1 you have in appendix K permanently?

2 MS. SMITH: We're hoping that it will
3 match up and that all stars aligning of
4 course, because CMS has time to review,
5 everybody gets their own little piece of the
6 clock of time to review things. However,
7 we've been working with CMS this entire time
8 because they were aware that in addition to,
9 when we unwind things with appendix K there
10 were other things we were wanting to do, so
11 we have been having ongoing conversations
12 with them. So they're expecting the changes
13 that we're going to put into the regs to
14 hopefully facilitate their review process
15 and any questions that they have. So,
16 contingent on everybody's approval and
17 everything working out, we can pull that off
18 that we won't have a break.

19 MS. BEAUREGARD: That's good to know.
20 Would it be all pieces that are currently in
21 appendix K or only parts of appendix K?

22 MS. SMITH: All of the ones that we
23 are planning to -- that we would be planning
24 to extend. So that's some of the
25 flexibilities around staffing -- I don't

1 know. I don't have my list in front of me,
2 Emily. I can get you that. The -- what it
3 is that we were planning to continue.

4 MS. BEAUREGARD: Okay.

5 MS. SMITH: But it would be any of
6 those things that are in appendix K that are
7 targeted to extend into just regular
8 business -- some of the telehealth
9 components.

10 MS. BEAUREGARD: Okay. Yeah, that
11 list would be great. Thank you.

12 MS. SMITH: Okay.

13 MS. BEAUREGARD: Veronica, did you
14 have anything you wanted to add?

15 MS. CECIL: I was just going to --
16 most people are focused on the
17 redeterminations or renewals, but just as a
18 reminder when the PHE does end, there are
19 some flexibilities that we cannot extend
20 past that end date, and a lot of those have
21 to do with some -- not specific to appendix
22 K, but reimbursement for providers that we
23 -- COVID related, just some of the
24 flexibilities that we put into place. We do
25 plan a very extensive campaign around what

1 those are and what are going away. There
2 are just some things we are not allowed to
3 -- we won't be permitted to do beyond the
4 PHE because of the authority given to the
5 health and human services secretary, but I
6 did want to make sure that there is a
7 difference between 12 months of unwinding
8 for redetermination and what actually has to
9 end in terms of flexibilities on the end of
10 the public health emergency.

11 And to Pam's point, what's related to
12 appendix K and the HCBS 1915c waivers will
13 go six months past the PHE end date.

14 MS. BEAUREGARD: Okay. That's good.
15 Thank you for that reminder, and maybe at
16 some point you can tell us more about the
17 specific flexibilities when we get closer to
18 that. And which ones you are planning on
19 extending or making permanent, and which
20 ones are going to go away.

21 Actually, this reminded me, as Pam
22 was talking about the waivers, I wanted to
23 ask if there are waiver participants, HCBS
24 waiver participants, who will need to renew
25 their Medicaid coverage as part of this

1 unwinding, what that looks like, if the
2 process will be any different?

3 MS. CECIL: Yeah, we have to
4 redetermine all Medicaid members.

5 MS. BEAUREGARD: And the practice is
6 the same regardless of what they --?

7 MS. CECIL: Yeah. That's right.

8 MS. BEAUREGARD: All right. Thank
9 you. All right. Any questions about the
10 rate study workgroup?

11 (No response.)

12 MS. BEAUREGARD: The next item we
13 have here is the PACE program rollout.

14 MS. SMITH: I'm really excited
15 because we're up to 49 enrolled individuals.

16 So we had a big push for individuals that
17 became effective as of 12-1. We actually
18 enrolled 19 people that became effective on
19 December 1st, so sorry, Emily, I just kind
20 of jumped the gun because I'm excited. We
21 slowly have ramped up -- we went from
22 enrolling one, to then three, to five, and
23 then to 19, so --.

24 MS. BEAUREGARD: You have 19 people
25 enrolled altogether; is that right?

1 MS. SMITH: We have 29 altogether.

2 MS. BEAUREGARD: Oh, you have 29
3 altogether.

4 MS. SMITH: We enrolled 19 that
5 became effective on the first.

6 MS. BEAUREGARD: Okay, great.

7 MS. SMITH: And the way PACE works,
8 so anybody -- if they apply, or enroll, or
9 are approved in December, then they become
10 effective or enrolled as of the first of the
11 next month, so January 1st. So anybody that
12 we approved after December the first --
13 December the first or after becomes
14 effective in January. So right now though,
15 we have 29 actively enrolled individuals.
16 Still have the same two PACE organizations,
17 which are Bluegrass Care Navigators and
18 Horizon PACE, but we have at least three
19 others that are further in the process with
20 CMS. It's a very extensive application and
21 approval process that these organizations
22 have to go through, but we do have three
23 that are closer. Right now, I just looked
24 at the coverage map, and I will send you,
25 Emily, I've got a sheet to send you after we

1 get done that has some links to the PACE
2 site, but we have right now, I believe all
3 but about five counties in the entire state
4 that an organization has submitted a letter
5 of intent to cover.

6 And so we are working with the
7 Department for Aging and Independent Living,
8 as well, and how we can cover the rest of
9 those counties and how to move the program
10 forward, but I have been able to go to a
11 couple of the different sites now, and I'm
12 really excited and impressed about what it
13 offers. It's a very very neat program.
14 I've got to meet a few of the individuals
15 and they are very happy and really like what
16 is offered. The providers we have right
17 now, really thinking out of the box, and you
18 know, how to make sure that an individual's
19 not on a bus too long for travel, or how
20 they can be very person-centered, so it's a
21 great program and I'm really excited to see
22 it as it grows for Kentucky. But I will
23 send you those links and the infographic
24 sheets on that, too, right after this.

25 MS. BEAUREGARD: Great. Thank you. I

1 think on our last -- oh, Arthur has a
2 question.

3 MR. CAMPBELL: Read that. Excuse me,
4 can you hear me? .

5 MS. BEAUREGARD: Yes.

6 MR. CAMPBELL: Here's what I'm going
7 to say: I didn't have time to prepare for
8 asking the Director Smith some questions
9 about on-boarding costs. I will have them
10 questions ready by next meeting. Thank you.

11 MS. SMITH: Arthur, if you get them
12 done before then and you want to send them
13 to me ahead of time, feel free to e-mail
14 them to me, as well. Okay?

15 MR. CAMPBELL: Okay. Okay, boss.

16 MS. SMITH: No, you're my boss, but
17 thanks, Arthur.

18 MS. BEAUREGARD: Pam, I think on our
19 last call you had mentioned that people have
20 to choose between participating in PACE or a
21 waiver program. Do you know how --?

22 MS. SMITH: Correct. You can't be in
23 both.

24 MS. BEAUREGARD: Of the 29 who have
25 enrolled, are any of those individuals

1 people who moved from a waiver to PACE, or
2 are they individuals who weren't covered by
3 a waiver?

4 MS. SMITH: Off the top of my head,
5 and I can go back and find out across all 29
6 -- I do know there was one that moved in the
7 Horizon group that Horizon was serving her
8 as a waiver service provider, and she chose
9 PACE -- to disenroll from waiver and move
10 into PACE, but some of the others I also
11 know for a fact were not being served at
12 all, so I'll get what the actual split is of
13 those, and I can provide that back at the
14 next meeting.

15 MS. BEAUREGARD: That would be great,
16 thank you. Any other questions about PACE?

17 (No response.)

18 MS. BEAUREGARD: All right. Well,
19 I'm excited to see that program grow. The
20 next item here is the Kentucky Medicaid
21 Quality Strategy plan. Just wondering what
22 the status is, where that is in the process
23 of being implemented.

24 MS. PARKER: It has been submitted to
25 CMS -- middle of November. Basically, we

1 can submit and use, but we will -- because
2 it's been submitted there are some measures
3 that we have to finalize, but basically it's
4 complete and we will be moving forward with
5 it.

6 MS. BEAUREGARD: All right. Are the
7 quality measures that are part of the
8 hospital's -- I always forget --

9 MS. PARKER: Directed payments?

10 MS. BEAUREGARD: Improvement program,
11 yes. Are those part of this quality plan
12 when you talk about quality measures?

13 MS. PARKER: They're directed
14 payments or they're preprint that we submit
15 it does have to relate to the quality
16 strategy. Any directed payment that we
17 have, it has to be associated with the
18 quality strategy. So, yes. In short form,
19 yes. They may have some different, but it
20 does have to connect to the quality
21 strategy.

22 MS. CECIL: And keep in mind, the
23 current -- those current programs and
24 preprints for the programs are based on the
25 current quality strategy. Once we get

1 approval for the new one, any preprints
2 going forward and any programs will align to
3 the new one.

4 MS. BEAUREGARD: Okay. So you won't
5 necessarily have a new preprint once this is
6 approved, but any future preprints would be
7 based on the approved plan.

8 MS. CECIL: That's correct.

9 MS. BEAUREGARD: Okay, gotcha. And
10 can you just describe what a preprint is for
11 other members?

12 MS. CECIL: Yeah, absolutely. A
13 preprint is where CMS allows the state to
14 require a managed care organization to pay a
15 certain rate. To be able to do that, to
16 mandate that, we have to submit the preprint
17 to CMS and they approve it. It has to have
18 quality metrics tied to it. A component of
19 the payment has to tieback to quality, so
20 what we've been trying to do for the ones
21 that we currently have in place is work very
22 closely with providers in developing what
23 those measures are, but ultimately the
24 department makes the decision on what we are
25 going to utilize, and as I stated, it has to

1 tieback to our quality strategy. If you
2 Google CMS preprint, you can find a pretty
3 hopeful website that describes it more in
4 depth. And just as it says, there is a
5 preprint form that all states have to
6 complete for it to be consistent.

7 MS. BEAUREGARD: Thank you. Any
8 questions about the quality strategy?

9 (No response.)

10 MS. BEAUREGARD: All right. We can
11 move on to the Maternal Health Review. Any
12 updates there?

13 MS. CECIL: I don't. And Dr.
14 (indiscernible) wasn't able to be on, but I
15 think she is scheduled to present to the MAC
16 in January an update, and then provide, I
17 think, bi-yearly update -- bi-annual update
18 to the MAC, but there is no new -- nothing
19 new to report at this time.

20 MS. BEAUREGARD: Thank you. And then
21 finally, any next steps for Medicaid
22 reimbursement for certified professional
23 midwives?

24 MS. CECIL: None planned at this
25 time. And this is an agenda item that's a

1 standing agenda item on the MAC agenda, as
2 well.

3 MS. BEAUREGARD: Right. All right.
4 So, any questions before we move on?

5 (No response.)

6 MS. BEAUREGARD: Okay. So we will
7 move on to new business. And the first item
8 here is a data request for how many people
9 are currently receiving 1915c waiver
10 services or are on the waiting list for each
11 waiver.

12 MS. SMITH: Sorry. I had to find my
13 buttons again. So actually, I have the
14 numbers and then I will send you, Emily,
15 I've got just a sheet that has it on there,
16 too, because I realize it's a lot of
17 numbers, but right now, we have no waitlist
18 in four of the waivers. So ABI acute, right
19 now we are serving 279 people. ABI
20 long-term care, 424. Home and community
21 based waiver, we're serving 14,168. And
22 model two, we're serving 24. None of those
23 waivers have waitlists. Michelle P, right
24 now we are serving 9,972. However, we just
25 did another large round of allocations for

1 Michelle P's waiver. They're in the process
2 of about 90 days that it takes for
3 individuals to get an assessment, apply for
4 eligibility, all of those pieces. And SCL,
5 we're currently serving 4,811. The waitlist
6 for Michelle P right now is at 7,834. For
7 SCL, it's at 3,028. None of those
8 individuals on the SCO waitlist are in the
9 emergency category. So when I send this to
10 you, you are also going to see some numbers
11 for reserved, which means these are
12 individuals that are kind of in that waiting
13 period A slot has been assigned to them, but
14 they still have to accept the slot, get a
15 level of care determination, and a lot of
16 them have to apply for Medicaid eligibility
17 or have their Medicaid -- they may be
18 Medicaid eligible, but not in the right type
19 of assistance for waivers. So they may have
20 to do some additional things with
21 eligibility, but when you see these numbers
22 it does tell you the number of individuals
23 that are kind of in that transitional period
24 right now.

25 MS. BEAUREGARD: Thanks. That's

1 helpful. Arthur, do you have a question?

2 MR. CAMPBELL/INTERPRETER: He wants
3 you to send him that information.

4 MS. BEAUREGARD: Absolutely. I'll
5 get it to Emily, and then, Emily, do you
6 mind forwarding it onto Arthur?

7 MS. BICKERS: Pam, if you want to
8 send it to me, I can sent it to the whole
9 TAC.

10 MS. BEAUREGARD: That's what I was
11 just going to suggest, thank you.

12 MS. SMITH: I will do that, thank
13 you, Erin.

14 MS. BEAUREGARD: Erin does a
15 fantastic job of keeping us updated.

16 MS. SMITH: I should have remembered
17 that, 'cause she does do that. So Erin,
18 I'll send you all of that information so
19 that you can forward it out, please. Thank
20 you.

21 MS. BICKERS: You're welcome.

22 MS. BEAUREGARD: Yeah, that's good
23 information to have. Thanks for pulling it
24 together.

25 The next item we have here are the

1 codes and rates for certified CHW
2 reimbursement. I know that that plan has
3 been in process.

4 MS. CECIL: Yeah, we're not quite
5 there, but very close. We're finalizing a
6 few things, but we will post that as we
7 finalize those in the next couple weeks.

8 MS. BEAUREGARD: Okay. And I know
9 that this needs to be submitted by
10 January 1st and there's no real timeline for
11 approval, is there?

12 MS. CECIL: No, unfortunately not.

13 MS. BEAUREGARD: I wasn't sure if it
14 was, kind of a standard 90 days, or --

15 MS. CECIL: It happens in primarily
16 90 day increments, so CMS -- once we file it
17 CMS has 90 days to respond, but they can
18 take it off the clock by sending us
19 questions. It's a process.

20 MS. BEAUREGARD: Like the 1115
21 waivers?

22 MS. CECIL: That is correct. So,
23 yes. So it's really hard to predict. It's
24 been approved in other states and we're
25 mirroring a lot of what other states are

1 doing, and so I have a feeling we shouldn't
2 have too much of a difficulty getting it
3 approved.

4 MS. BEAUREGARD: Okay. I know that
5 Indiana is one of those states. Are there
6 any others that you're looking at most
7 closely?

8 MS. CECIL: Yes. South Dakota was
9 the other state, I think, that actually had
10 language that pretty much mirrored the
11 household 525 language. So that's another
12 state that we've utilized.

13 MS. BEAUREGARD: Thanks. All right.
14 Any questions related to that?

15 (No response.)

16 MS. BEAUREGARD: Okay. The next item
17 here is feedback on the network adequacy
18 one-pager, and we really appreciate the work
19 that you all have done on that, Angie,
20 especially. And I think Miranda had sent in
21 a few requests and those changes had been
22 made. Anything else that people want to
23 discuss related to the one-pager?

24 MR. GHAVAMI: Good afternoon. This
25 is Majid Ghavami from Humana. I just wanted

1 to say that we are in the process of
2 finalizing the one-pager network adequacy
3 slide that shows the key components of our
4 provider network, along with specialty maps
5 for CMHC's, FQHC's, hospitals, OHC's, along
6 with member access summary and membership by
7 region. Looking for any additional
8 feedback.

9 MS. BEAUREGARD: That's really good
10 to know. If you want to send that to us,
11 we'd love to review it and give you any
12 feedback, and perhaps this is something that
13 other MCO's can do, as well.

14 MR. GHAVAMI: Thank you.

15 MS. BEAUREGARD: Yeah. Thank you.
16 Miranda, did you have anything that you
17 wanted to add related to network adequacy.

18 MS. BROWN: I think I had said all of
19 my comments before the previous meeting, so
20 --

21 MS. BEAUREGARD: Okay, great. I
22 think for us just how this is going to be
23 used, whether it's going to be posted
24 online, or, kind of, what format it will be
25 provided to people in, is kind of the only

1 outstanding question that I have?

2 MS. PARKER: I know in your
3 recommendations that you would like this on
4 our website, which we can certainly do. And
5 we can also provide this to the MCO's to
6 ensure that it is visible.

7 MS. BEAUREGARD: That would be great.
8 It could probably be incorporated into each
9 MCO's handbook pretty easily, and I don't
10 know where that is in process for 2023, but
11 just having one consistent document would be
12 helpful.

13 MS. PARKER: It should be addressed
14 in their member handbook, but I can't -- but
15 it may not be written out the way this is.

16 MS. BEAUREGARD: Well, I think it is
17 addressed in every member handbook, but just
18 differently. So just having a consistent
19 document would be helpful. I appreciate you
20 putting it together, and if there's a final
21 version that you can send to us at some
22 point, that would be great.

23 MS. PARKER: I think I did unless
24 you all had any questions on it, because I
25 was able to get it on one page.

1 MS. BEAUREGARD: Okay. Let me see if
2 I can --

3 MS. PARKER: I can resend it. I can
4 certainly resend it.

5 MS. BEAUREGARD: Let me make sure
6 that I didn't miss it.

7 MS. BROWN: I saw that you had sent a
8 one page version on November 3rd.

9 MS. PARKER: Okay. So if there's no
10 change to that, if you all will sign off on
11 that, then I can get it all out and about.

12 MS. BEAUREGARD: Thank you. Yes, I
13 see that, and I guess the only thing that I
14 was wondering is if the formatting was
15 final? If it was going to stay in that
16 version, and it sounds like it probably is.

17 MS. PARKER: Yes.

18 MS. BEAUREGARD: So, then if that's
19 something that we can start sharing now?

20 MS. PARKER: Sure.

21 MS. BEAUREGARD: Okay. We'll go
22 ahead and get that out to folks. Thank you.

23 MS. PARKER: As long as, like I said,
24 as long as you are good with how it is, we
25 are good to put it out there.

1 MS. BEAUREGARD: All right. The next
2 item we have on the agenda is Medicaid open
3 enrollment, and I know that's been in
4 process. Did open enrollment just end
5 earlier this week?

6 MS. PARKER: The second.

7 MS. BEAUREGARD: On the second.
8 That's right. Okay. All of the dates for
9 open enrollment end up confusing me. Do you
10 have numbers on how many people switched
11 MCO's?

12 MS. PARKER: 11,522.

13 MS. BEAUREGARD: All right. And do
14 you have that by MCO by any chance?

15 MS. PARKER: I do, but I don't have
16 it right here in front of me.

17 MS. BEAUREGARD: Oh, that's fine.

18 MS. PARKER: I knew you were going
19 to be asking this number so I wrote that one
20 down. I should have known.

21 MS. BEAUREGARD: That's good to have
22 that number. It's usually around 9 or
23 10,000, I think.

24 MS. PARKER: Yes, it is.

25 MS. BEAUREGARD: And we have more

1 people enrolled in Medicaid this year, so I
2 think that kind of tracks. Any questions or
3 issues related to Medicaid open enrollment
4 that people want to raise?

5 (No response.)

6 MS. BEAUREGARD: All right. I think
7 that probably went pretty smoothly. I
8 didn't hear too many things about that. I
9 think people enrolling in Marketplace
10 coverage are having some trouble, but
11 switching MCO's, I think, has been easier
12 for folks.

13 The next item we have here is the
14 Hospital Rate Improvement Program. So I
15 guess I should have put that up in the
16 agenda with the quality improvement plan,
17 but is there any update you can provide here
18 in terms of the quality metrics and the
19 data?

20 MS. CECIL: So, Emily, I don't think
21 we really understood exactly what the ask is
22 for this. I apologize if you asked for it
23 and we haven't provided it. So what exactly
24 are you looking for?

25 MS. BEAUREGARD: You know, we have in

1 the past -- we know that there are quality
2 measures at the hospitals, just as you were
3 describing with the preprint.

4 MS. CECIL: Yeah.

5 MS. BEAUREGARD: The quality measures
6 are tied to the payment rate, and I think
7 that we have not yet received, you know,
8 what those quality measures are.

9 MS. CECIL: Okay.

10 MS. BEAUREGARD: And just what the
11 performance has been. So just looking for,
12 you know, what data you're collecting.

13 MS. CECIL: Okay.

14 MS. BEAUREGARD: And how that's sort
15 of tracking over time.

16 MS. CECIL: Okay. So we will pull
17 that and have that available. And in terms
18 of tracking the data, so of course the
19 evaluation occurs after the end of the
20 program year, so I think we are just now
21 starting -- and there's a runout period for
22 that. I think we are just now starting to
23 be able to evaluate the first program year
24 for the Hospital Rate Improvement Program,
25 but we can bring back some additional

1 information for the next meeting with a
2 little more detail.

3 MS. BEAUREGARD: Okay. Yeah, that
4 would be good. And it's good to know that
5 the first year is still in process, so once
6 you have that first year data will you make
7 any changes before the next year, or is the
8 preprint for multiple years?

9 MS. CECIL: So, you know, I think
10 what was envisioned with the preprint
11 process did not take into account the fact
12 that you can't really evaluate the program
13 until it's over and you have the data come
14 back. So that there is a little bit of a
15 lag there in terms of how that will affect
16 the next one, but what you do try to look
17 at, is over time. So you have a base year,
18 and then you have the first year of the
19 program, and then the second year of the
20 program. It really will take until you're
21 about halfway through the second, or maybe
22 even three fourths of the way through the
23 second year before we can evaluate to see
24 what change we want to make. So that will
25 more than likely influence the third year of

1 the program. There are some rules with CMS
2 around whether something is multi-year or
3 one year at a time, and we have actually
4 been in communication with CMS about how
5 they are treating the HRIP program in that
6 regard because we originally received a
7 multi-year approval, but for various reasons
8 CMS is asking us to maybe pull it back into
9 a year at a time.

10 But again, I think one of the
11 difficulties is the lag in data and being
12 able to do the analysis on that and see what
13 we can do going forward, so it's just a
14 constant process with that.

15 MS. BEAUREGARD: Yeah. That makes
16 sense. So you have the baseline year, and
17 the year that's finishing now is the first
18 program year?

19 MS. CECIL: So, I apologize, we don't
20 have an expert on here and I don't want to
21 say anything wrong, but I believe the base
22 year might've been 2019, and 2020 was the
23 first year of the HRIP program, but we will
24 get, again, get those and try to have
25 somebody on that's more familiar with the

1 program for the next meeting.

2 MS. BEAUREGARD: Okay. Yeah, that
3 would be great.

4 MS. CECIL: Yeah.

5 MS. BEAUREGARD: Thank you. And I
6 know that hospitals have been working on
7 getting a similar program for outpatient
8 services, where is that in the process?

9 MS. CECIL: Infancy. We will have to
10 have some legislative support with that
11 because we will need some statutory language
12 for us to do some of the components of it,
13 so very much in early conversations.

14 MS. BEAUREGARD: Okay. That's good
15 to know. All right. Any other questions
16 about the Hospital Rate Improvement Program?

17 (No response.)

18 MS. BEAUREGARD: So, the next item we
19 have here is just a general discussion, but
20 specifically, we wanted to know about MCO
21 coverage for doula services. We've heard
22 that some MCO's are working on providing or
23 reimbursing doulas in some manner, but any
24 additional details would be great.

25 MR. ROSA: Hey, Emily. This is David

1 Rosa from Humana Healthy Horizons in
2 Kentucky. We actually submitted a
3 PowerPoint that detailed our program and
4 some contact information, as well. Do you
5 happen to have that?

6 MS. BEAUREGARD: I don't know that I
7 received it.

8 MS. BICKERS: David, can you tell me
9 who you submitted that to?

10 MR. ROSA: I believe our plan
11 administration team would've sent it to Erin
12 Bickers.

13 MS. BICKERS: I'll look. I don't
14 recall receiving that. The only thing I
15 received was from Anthem, but I'll go back
16 through my records to make sure I didn't
17 miss it.

18 MR. ROSA: I'll tell you what, I'll
19 make sure that we have that submitted.
20 Again -- what I could do then is just share
21 my screen in the meantime, if that's okay?

22 MS. BICKERS: Give me just a second
23 and I will make you a cohost and I will stop
24 sharing. You should be able to share your
25 screen now, David.

1 MR. ROSA: Okay. Let's see if we can
2 get this to work, and -- can you confirm
3 that you can see?

4 MS. BEAUREGARD: Yes.

5 MR. ROSA: I'm assuming you're
6 looking at a PowerPoint and not something
7 else on my desktop, so I appreciate it. Let
8 me know if that's a correct assumption.
9 Just as a quick introduction, I'm David
10 Rosa. I'm market development leader,
11 operations leader on the Humana Healthy
12 Horizons side. Our care management team
13 wasn't able to make it, so apologies for
14 that, so you are stuck with me today.

15 What I can tell you here is that
16 beginning January 1st of 2021, we did add
17 doula services as a covered benefit under
18 our value-added services, and we've expanded
19 the program a little bit. Initially, we
20 went live with a total of four visits and a
21 delivery assistance visit. We met with
22 several doulas in the Commonwealth to
23 discuss rates, and the number of visits, and
24 just learn a little bit more about what they
25 do for each engagement that they have with

1 clients outside of the Medicaid arena. So
2 we changed that program to add additional
3 prenatal and postpartum visits, so today --
4 and this will continue into 2023, as well --
5 we offer up to four prenatal visits for
6 delivery assistance and also up to four
7 postpartum care visits. All members are
8 eligible. If you are pregnant, regardless
9 of where you are in that journey, you can
10 engage a doula.

11 And the challenge that we have, and
12 we continue to find, is that since doula
13 providers are not a recognized Medicaid
14 provider for Kentucky, we don't necessarily
15 have a network. So what we have done is we
16 continue to kind of create relationships
17 with doula providers in the state. We meet
18 with them, we explain what our benefits are,
19 and then we walk through how the doulas can
20 get reimbursed for their services.

21 So I've actually included within this
22 PowerPoint, a link back to our provider site
23 that will detail what the doula providers
24 need to do in order to be reimbursed, but
25 where we try to focus now is those members

1 who are in our care management program,
2 called Mom's First, we try to engage the
3 members who are in that program with willing
4 doula providers in their area. That's
5 really where our connection point is.

6 We certainly have a number of things
7 that we are trying and just kind of changing
8 around the program, and trying to understand
9 how to better service the program and engage
10 members, but one of the ways -- let me just
11 move forward on the slide here -- just kind
12 of how to engage in our program. You can
13 contact -- if you are one of our members and
14 you are in our Mom's First Care program, you
15 can contact that care manager directly. If
16 you are not in the program, you can call our
17 enrollee services number, and this is the
18 number for all of our members or even
19 prospective members. They can call that
20 number, learn a little bit more about the
21 doula program and our Mom's First program,
22 frankly. And we will have a Mom's First
23 care manager reach back out to you. There
24 is also an e-mail address there, and a
25 direct number to our Mom's First program, in

1 which you can leave a voicemail and at that
2 point, we will have someone get back to you.

3 Just a quick note on our Mom's First
4 program -- we are changing the branding
5 around it. And so in January it becomes the
6 Humana Beginnings program.

7 Are there any questions? I know it's
8 a high-level information, but again, the
9 link that I provided on the first page of
10 this PowerPoint will send you to our doula
11 provider billing guide. And we will get
12 into -- within that guide there's specifics
13 around how to submit claims with the
14 specific CPT codes, and diagnosis codes,
15 etc.

16 MS. BEAUREGARD: Yeah, this is
17 helpful to have. I know that this has been
18 a benefit for -- is it one or two years now?

19 MR. ROSA: So we started in
20 January 1st of '21, so we are in two years
21 now, and we're going to retain it for 2023,
22 as well.

23 MS. BEAUREGARD: Okay, fantastic.
24 And it's really a great benefit. The one
25 thing that I've heard from doulas is that

1 they've had trouble participating and maybe
2 following what the guidelines are. Has
3 there been any change there to make that
4 easier?

5 MR. ROSA: Yes. So we actually have
6 an internal workgroup where we continually
7 try to refine the process. We look at the
8 materials that we share with our doula
9 providers, as well, and try to identify
10 where we can make things a little bit easier
11 for them in terms of how to understand the
12 processes in which to be reimbursed. I know
13 that our Mom's First program is also going
14 to be performing some trainings in the
15 coming year, where we have doulas come,
16 either on site or virtual, kind of,
17 webinars, where we go through our program
18 and how they would bill us for those
19 particular services.

20 And to be honest, you know, what
21 we're trying to do is we are talking to as
22 many providers in the state and also trying
23 to understand what other states are doing
24 when it comes to doula services. And we are
25 always looking to refine what those

1 processes might be or how that coverage
2 might change.

3 MS. BEAUREGARD: Thank you. Any
4 questions for Humana or do we have any other
5 MCO's who would like to share their plans
6 for doula services?

7 MS. BROWN: This is Miranda. I was
8 just going to ask for Humana, do you have a
9 number of how many doulas are currently
10 providing services for the Humana members.

11 MR. ROSA: Currently, I believe that
12 number is probably -- let's do this -- we do
13 have information around utilization. I know
14 that our Mom's First program is in talks
15 with a lot of different doula providers, so
16 we can provide that information in
17 subsequent follow-up for some of the
18 specifics.

19 What we do find, too, is that we
20 engage with the doula providers, and they
21 may have a -- and we connect them with some
22 of our members. They may, in fact, do some
23 of that work pro bono via grants that they
24 already have, and so they don't ultimately
25 end up reimbursing us. So we are acting as

1 the connecting point, too. So in those
2 cases we don't necessarily have the numbers
3 around utilization, but those that have
4 submitted claims we certainly do.

5 All right. Well, I will stop
6 sharing.

7 MS. BEAUREGARD: Any of that
8 additional information that you can get to
9 us would be fantastic. Thank you.

10 MR. ROSA: Sure.

11 MS. BICKERS: David, I just want to
12 mention, it may that that was provided for a
13 different TAC because I know this has been a
14 hot topic on several TAC meetings, but if I
15 drop my e-mail in the chat can you resend it
16 to me so I don't have to search?

17 MR. ROSA: Oh, absolutely.

18 MS. BICKERS: Thank you.

19 MS. KUNTZ: Stephanie, from Anthem. I
20 was going to present on doulas -- on our
21 support for doulas.

22 MS. BEAUREGARD: Great. Thank you.

23 MS. KUNTZ: I can try to share my
24 screen, last time it did not work. Let's
25 see. Okay. Can you see my screen with the

1 doula? Just want to make sure you're
2 looking at the correct PowerPoint.

3 MS. BEAUREGARD: Yes.

4 MS. KUNTZ: Okay, yeah. So we are
5 with Anthem, and we are addressing our
6 maternal health disparities. So we wanted
7 to have any mom that does not have access to
8 doula care to be able to access doulas.
9 There are a lot of great outcomes, as David
10 alluded to, from other states that are
11 either reimbursing for doulas, or utilizing
12 doulas in other ways, with grants. And so,
13 with all the great outcomes we really wanted
14 to do, kind of, a pilot, if you will, and
15 see what happened with this grant money
16 because it was open to the state, to the
17 community at large, it was not just doulas
18 for Anthem members. So we reached out, we
19 wanted to -- part of our strategic planning
20 in our new Elevate Population Health Model
21 is -- we have a domain that's focused
22 specifically on maternal care. And so our
23 goal was to increase prenatal care, and
24 postpartum care, and then improve birth
25 outcomes, so we felt like the doulas would

1 really help with that. So we donated
2 \$300,000 to support doula services, and we
3 used three organizations: Mama to Mama,
4 which is in Louisville; and then, Kentucky
5 Doulas, and Hope's Embrace, which those are
6 both located in Lexington area, but Hopes
7 Embrace services almost every county in the
8 state, so we felt that they would be able to
9 expand beyond just the Lexington area.

10 So with this grant money they were
11 able to hire 32 doulas, and we really wanted
12 to focus on having diversity, to have doulas
13 that are reflective of the moms in the
14 community and the families in the community.

15 So, that was part of the deal, you know,
16 they had -- we did an action plan in an
17 action doula grant, an agreement with them,
18 so there were specific items: they needed to
19 hire X number of doulas, they needed to have
20 so many births, and they did that with the
21 scholarships, as David said -- mentioned as
22 well, a lot of the mom's can't afford it, so
23 they were able to use the grant money there.

24 But with our 32 doulas, 19 of those
25 doulas were Caucasian, 12 were

1 African-American, one Latino, 17 were rural
2 areas, and 15 were urban areas. There were
3 also two multilingual doulas, one
4 hypno-doula, which kind of uses hypnosis to
5 help with the pain during delivery, and then
6 one that's certified in sign language.

7 And then we had 99 births, and that
8 was in 29 different counties, and then 40 of
9 those births were Caucasian, 57 were
10 African-American, two Latino; 26, rural, and
11 73, urban.

12 And you can see the birth outcomes
13 there. There were excellent birth outcomes.

14 This was all de-identified information, of
15 course, but they would just let me know how
16 many preterm births, C-sections. So out of
17 the 99 births, there were three pre-terms,
18 you know, pretty much, three percent;
19 18 percent, C-sections; only 6 percent, low
20 birth weight; 95 of those moms,
21 breastfeeding; only three postpartum
22 depression; and five NICU stays. Really
23 great outcomes. We were very excited about
24 this.

25 And then in addition to hiring doulas

1 for scholarships, they did a lot of
2 community outreach, so a lot of SUD support,
3 baby showers, awareness events, networking
4 events. One of the doulas created baby
5 boxes that had safe sleep items in it to
6 give the moms. They did supplemental
7 trainings for the doulas to help expand
8 their knowledge base, with cultural
9 humility, know your rights and advocacy,
10 coaching your clients, and doula-ing
11 virtually. So we were very excited about
12 the really good outcomes that these doulas
13 -- three doula organizations were able to
14 provide out in the community.

15 And then I kind of looked at our
16 internal, the slide up here, the gray of the
17 spreadsheet here, is our doula grant, so far
18 this year. And then our medicaid, Kentucky
19 Medicaid, and then all Medicaid states, and
20 then compared to, at least according to the
21 CDC for 2020, what some national rates were.
22 So you can see preterm birth rates,
23 3 percent. Most of these are at least
24 50 percent, kind of improvement if you will,
25 if not more than 50 percent. So only

1 3 percent compared to the 11.65. Then 10.90
2 and 10.09. C-section rate, really good,
3 about 50 percent, cut there at 18 percent.
4 Low birth rate at 6 percent; breastfeeding,
5 95 percent; the postpartum depression,
6 3 percent; and NICU admits, 5 percent. So
7 you can just kinda see how that compares to
8 other standards.

9 And then our doulas provide
10 person-centered care to pregnant and
11 postpartum women. They don't deliver the
12 baby, they are not a midwife, obviously.
13 They're there to provide information,
14 education, and then physical, social, and
15 emotional support, and they really,
16 obviously -- I've learned a lot about doulas
17 over this last year, so as you can kind of
18 see, they're more likely -- women who
19 utilize doulas, they are more likely to
20 attend postnatal visits, experience lower
21 odds of c-section, have lower odds of
22 postpartum depression and anxiety, have
23 lower total medical costs.

24 And so reimbursing for doula services
25 with Medicaid programs is one of the

1 solutions to improving birth outcomes while
2 also being able to address health
3 disparities, getting doulas in the right
4 communities and areas, with kind of looking
5 at our different metrics holes that we have,
6 so we can, kind of, see where our gaps in
7 care are, and then where we maybe need to
8 place doulas or provide more doula support.

9 And then also for 2023, we want to
10 focus -- we're going to give \$32,000 to My
11 Sunshine Birth Services. This is going to
12 be more focused on our rural areas. So My
13 Sunshine Birth Services is in Bowling Green,
14 and they are going to provide additional
15 birth scholarships to rural moms with no
16 access or little access to doula care. And
17 then they will hire doulas and provide the
18 supplemental trainings to both doulas, moms,
19 and families. So we are excited to see what
20 2023 will bring for this rural doula
21 initiative.

22 MS. BEAUREGARD: Thanks, Stephanie.

23 MS. KUNTZ: Any question?

24 MS. BEAUREGARD: Those were some very
25 promising outcomes, so thank you for sharing

1 that data.

2 MS. KUNTZ: Absolutely.

3 MS. BEAUREGARD: I think my only
4 question is, you're obviously in this sort
5 of pilot phase right now, you've got some
6 good data. Do you anticipate soon rolling
7 this out as a value-added benefit?

8 MS. KUNTZ: We are looking at that,
9 we have been working on that. This year,
10 we're actually going to, I think Florida,
11 with Kentucky -- with Medicaid here, Anthem,
12 they worked with the doula network,
13 Elizabeth Simmons, I think is her name, so
14 we actually have a meeting set this Friday
15 to talk with her, to actually see how we can
16 get doulas as a value-added benefit for
17 2023. So we are working on that, kind of
18 hoping that it could be maybe covered by
19 Medicaid. That would be a little easier,
20 but we are looking on that because even this
21 was for the community at large, which was
22 great, but we would like to focus on our
23 members, especially those members that may
24 utilize our high-risk case -- OB case
25 management program. So we are looking into

1 trying to get doulas as a value-added
2 benefit for 2023. Yeah, great question.

3 MS. BEAUREGARD: Appreciate it. Any
4 questions for Stephanie about Anthem's
5 pilots?

6 MS. JACKSON: No. I don't have a
7 question, I just have a comment. Stephanie,
8 thank you for that presentation. It made it
9 really easy to see with all the details and
10 statistics. So I've been hearing people
11 talk about that the whole time, but it helps
12 to see it and it's such a positive program,
13 and I really like how Anthem's really
14 conscientious, as I know the other
15 organizations are, with the diversity and it
16 is exciting to see that you're extending
17 this to the rural areas that really need it,
18 too. Thank you.

19 MS. KUNTZ: Yeah, thank you.

20 MS. BEAUREGARD: Any other MCO's who
21 want to share their plans for doulas?

22 MS. HOBBS: Everyone, can you hear
23 me, okay?

24 MS. BEAUREGARD: Yes. Hi, Ashley.

25 MS. HOBBS: Hi. This is Ashley Hobbs

1 from United. So we are actually starting a
2 value-added service of a doula benefit in
3 1-1-23. We're excited about -- we're
4 working with a vendor to help us get this
5 set up. And some of our other markets
6 within UHC are setting up a similar program,
7 but essentially it's going to be a referral
8 system through our care management team,
9 health provider, or the member can call into
10 our member services number, and then our
11 group will match the numbers with a doula
12 that's in their area who meets their desired
13 criteria. So language spoken, any culture
14 identity, to help provide just more of a
15 team support.

16 What it looks like as of right now,
17 is five visits, four prenatal visits and
18 then labor support. Those can be virtual or
19 in person, whatever the member feels
20 comfortable with. It is a pilot, so we are
21 looking at our larger membership areas for
22 the moment, also based on where our doulas
23 are. We're always -- I don't want to say
24 recruiting, but looking for other
25 organizations who are doing this type of

1 service, if they would want to be involved
2 with United Health Care, but essentially,
3 the vendor that we are working with will
4 help with any of the admin work, help with
5 the reimbursement for the doula, and can
6 provide any information that's needed.

7 MS. BEAUREGARD: Okay.

8 MS. HOBBS: And I also have a slide
9 I can send to Erin to share with the group,
10 too.

11 MS. BEAUREGARD: Thank you. So this
12 will be a pilot in 2023. Do you have
13 particular counties that you can share with
14 us?

15 MS. HOBBS: Yeah. So right now, the
16 two groups that we're working with are
17 Louisville-Lexington area, and then like I
18 said, that's only because those are the ones
19 that we have talked with so far. If there
20 are other doula organizations that you're
21 aware of throughout the Commonwealth, please
22 let us know. We can make outreach to them
23 and get them set up, as well.

24 MS. BEAUREGARD: Yeah, absolutely.
25 We'll connect you. Any questions for Ashley

1 about UHC's pilot?

2 (No response.)

3 MS. BEAUREGARD: Okay. Do we have
4 any other MCO's?

5 MR. OWEN: Stuart Owen, Wellcare. We
6 do not cover it right now, but I will say,
7 we've got a workgroup looking at it.
8 Indiana, we began covering doula services in
9 2021 as a pilot project, and we're rolling
10 it out in Iowa right now, but we do not have
11 it right now for Kentucky, for Wellcare of
12 Kentucky, but we've got a workgroup for --
13 about a couple months ago that's formed to
14 address it. We fully support doula
15 services. We absolutely think the benefits
16 are there, reducing ER, reducing C-section,
17 I think, reducing behavior health
18 admissions, postpartum. We absolutely
19 believe in the benefits of doula services
20 and it would be great. I know it seems like
21 every year there's a bill filed to make it a
22 Medicaid benefit, but it never goes
23 anywhere.

24 MS. BEAUREGARD: Yeah. We're hoping
25 that more progress will be made there, but

1 in the meantime, having it as a value-added
2 service is a good alternative, and, you
3 know, just update us if Wellcare is moving
4 forward.

5 MR. OWEN: Yeah, definitely.

6 MS. BEAUREGARD: Thank you, Stuart.

7 MR. OWEN: Sure.

8 MS. HEUGLIN: Hey, Emily. It's
9 Michele Heuglin with Passport by Molina.
10 We're the same with Wellcare, we do not have
11 that in place right now, but we are in
12 discussions as far as what our options are
13 and to move forward.

14 MS. BEAUREGARD: Thanks, Michele.

15 MS. HEUGLIN: You're welcome.

16 MS. BEAUREGARD: If you have any
17 updates to share at future meetings, just
18 let me know.

19 MS. HEUGLIN: Okay. Thank you.

20 MS. BEAUREGARD: It looks like we've
21 got five of our MCO's. I'm trying to
22 process of elimination, do we have anybody
23 from Aetna who has anything to share?

24 MS. VICKERS: Good afternoon,
25 everyone. I'm Susan Vickers, director of

1 quality for Aetna, and we will definitely
2 get you some information on our doula
3 program. We do have some sponsorships that
4 we've supported on doula programs in the
5 Louisville area, but I'd love to bring back
6 more data and information to you all at the
7 next meeting , or I can send to Erin Bickers
8 for sure. Just wanted to make sure to let
9 you know we are here.

10 MS. BEAUREGARD: Great. Thank you,
11 Susan. Yeah, we can include that on the
12 next agenda, our February meeting.

13 MS. VICKERS: Thank you.

14 MS. BEAUREGARD: Well, we appreciate
15 those updates and any information that you
16 have, if you any materials, anything that
17 can be shared with the community, please
18 send those to Erin to share with our TAC
19 members and we can help to get that
20 information out.

21 So the next item we have on the
22 agenda is our recommendations, and I had a
23 scheduling issue for the last MAC meeting,
24 didn't get the recommendations in on time,
25 so I apologize for that, but these are the

1 recommendations that we discussed at our
2 last meeting, and I copy-pasted from the
3 transcript, which is why Kynect is
4 misspelled, so if anybody was wondering,
5 it's the KY - connector -- Kynect, so I
6 fixed that in my notes, and we can make sure
7 to get everything correct as we are doing
8 the recommendations again. So these are
9 recommendations that were already voted on.
10 The only thing that I might add, or sort of
11 adjust with our second recommendation, that
12 DMS post the network adequacy one-pager on
13 the website and require the MCO's to post
14 the one-pager on their respective websites
15 and include in their member handbooks. So
16 that last piece about member handbooks would
17 be the addition. Are there any other
18 recommendations based on today's meeting
19 that people want to put forward?

20 (No response.)

21 MS. BEAUREGARD: Okay. Well,
22 that's going to make it pretty simple.
23 Anyone have any issue with changing our
24 second recommendation? I can repeat it, and
25 then we can take a vote.

1 (No response.)

2 MS. BEAUREGARD: Okay. So the
3 recommendation would be that DMS --did
4 somebody start to say something? Okay.
5 That DMS post the network advocacy one-pager
6 on the DMS website and require each MCO to
7 post the one-pager on their respective
8 websites and include in their member
9 handbooks. So can I get a motion?

10 MS. JACKSON: Can I make a motion to
11 get that going.

12 MS. BEAUREGARD: Thank you,
13 Christine. And a second?

14 MS. BROWN: I second.

15 MS. BEAUREGARD: All right. All in
16 favor, say aye.

17 (Aye.)

18 MS. BEAUREGARD: All right. Thank
19 you. Motion carries. So these will be the
20 three recommendations that we make to the
21 MAC at the upcoming January meeting.
22 Arthur, did you have anything else that you
23 wanted to add?

24 (No response.)

25 MS. BEAUREGARD: Okay. And as far

1 as our -- so MAC meeting representation --
2 Erin, you can expect me to be there to give
3 the report.

4 MS. BICKERS: That meeting date is
5 January 26.

6 MS. BEAUREGARD: January 26th. Thank
7 you. Actually, I had a blank spot in the
8 next agenda item for the 2023 schedule, so
9 it's January 26th, you said?

10 MS. BICKERS: Yes, ma'am.

11 MS. BEAUREGARD: All right. And will
12 it continue to be -- is that the fourth
13 Thursday?

14 MS. BICKERS: Yes, ma'am. I had to
15 count for a second. And I do not believe
16 last week, or not last week, excuse me,
17 after their last meeting, I did update that
18 webpage with all the new dates. Hopefully
19 it got through publishing and that should be
20 out there.

21 MS. BEAUREGARD: Four Thursdays,
22 unless it falls on Thanksgiving or a
23 holiday. And at 10:00 o'clock, right?

24 MS. BICKERS: Yes, ma'am.

25 MS. BEAUREGARD: And then our TAC

1 meetings for 2023 will be at 1:30 in the
2 afternoons, Eastern time on the dates that
3 you see here: February 21st, April 18th,
4 June 20th, August 15th, October 17th, and
5 December 19th. So we may run into the same
6 issue with our December 19th meeting and
7 decide we want to reschedule that for some
8 time earlier in the month. We can either
9 try to do that now, or just wait and see how
10 people's schedules look later in the year.

11 MS. BICKERS: That would be up to you
12 guys, if you just want to send me an e-mail.

13 It's my birthday, so I'm never opposed to
14 not having meetings.

15 MS. BEAUREGARD: December 19th?

16 MS. BICKERS: Yes, ma'am.

17 MS. BEAUREGARD: Well, we will
18 reschedule it in honor of your birthday and
19 people's holiday schedule, so --

20 MS. BICKERS: I'll send you some
21 alternative dates in December, and you can
22 go ahead and look at that.

23 MS. BEAUREGARD: That sounds great.
24 Any other business before we adjourn? Erin,
25 can you remind me, did we need a motion?

1 MS. BICKERS: I don't think so. Not
2 to adjourn.

3 MS. BEAUREGARD: During my
4 acclamation. Okay. All right. Well, thank
5 you, all. Appreciate it. And if I don't
6 see you before the holidays, happy holidays
7 and hope everyone has a relaxing time off,
8 and we will see you again in February.

9 (Meeting adjourned at 2:49 p.m.)

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CERTIFICATE

I, Tiffany Felts, CVR, Certified Verbatim Reporter and Registered Professional Reporter, do hereby certify that the foregoing typewritten pages are a true and accurate transcript of the proceedings to the best of my ability.

I further certify that I am not employed by, related to, nor of counsel for any of the parties herein, nor otherwise interested in the outcome of this action.

Dated this 13th day of December, 2022.

Tiffany Felts, CVR

Tiffany Felts, CVR