

CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID
EMERGENCY MEDICAL SERVICES
TECHNICAL ADVISORY COMMITTEE MEETING

Via Videoconference
July 22, 2024
Commencing at 2:02 p.m.

Shana W. Spencer, RPR, CRR
Court Reporter

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APPEARANCES

BOARD MEMBERS:

Keith Smith - Chair
Linda Basham
Dana Evans
Troy Walker
Joshua Brand (not present)
Jacob Carroll (not present)
Steve Eubank

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P R O C E E D I N G S

MS. BICKERS: Your waiting room is cleared.

CHAIRMAN SMITH: Okay. Very good. Well, welcome, everybody, to our July EMS TAC meeting. Let's go ahead and get the roll call, and we'll go from there.

Erin, would you mind running that for us, please?

MS. BICKERS: Sorry about that. I was trying to admit more people.

CHAIRMAN SMITH: Oh, you're fine.

MS. BICKERS: I have Joshua. Or, Josh, do you go by --

(No response.)

MS. BICKERS: No?
Keith?

CHAIRMAN SMITH: Present.

MS. BICKERS: Linda?

MS. BASHAM: Present.

MS. BICKERS: Dana?

MS. EVANS: Present.

MS. BICKERS: Troy?

MR. WALKER: Present.

MS. BICKERS: Steven?

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MR. EUBANK: Present.

CHAIRMAN SMITH: Very good. It looks like we've got quorum.

MS. BICKERS: I got four out of -- I think you need one more. Hold on. Sorry. I can't read and talk at the same time. My apology -- or count and talk and read.

CHAIRMAN SMITH: You're fine. I think we have five of us on here. We've got Troy, myself, Steve, Linda, and Dana.

MS. BICKERS: Okay. Dana. Oh, I missed Dana on my checkoff. Sorry about that. You do have a quorum.

CHAIRMAN SMITH: It's all good. It's all good. Very good. Glad to hear that.

Next thing on the agenda, let's go ahead and move to approve the minutes from the April meeting. The minutes were sent out. I know it's been a while since we had our meeting, but the minutes were sent out back in April. Hopefully, everybody has had a chance to take a look at the minutes.

MR. WALKER: Motion to approve.

CHAIRMAN SMITH: Very good. Thank

1 you, Troy. We have a motion. Do we have a
2 second?

3 MS. BASHAM: I'll second.

4 MS. EVANS: Second.

5 CHAIRMAN SMITH: Thank you, Linda.
6 Got a second by Linda.

7 Any discussion on the minutes?

8 (No response.)

9 CHAIRMAN SMITH: Hearing no
10 discussion, we'll move for the vote. All
11 those in favor of approving the minutes,
12 please signify by saying aye.

13 (Aye.)

14 CHAIRMAN SMITH: Any opposed?

15 (No response.)

16 CHAIRMAN SMITH: Any abstentions?

17 MS. BICKERS: Can I please have our
18 voting members on camera, please?

19 CHAIRMAN SMITH: There we go. Do
20 we need to do the vote again, or are we good?

21 MS. BICKERS: If you don't mind,
22 that would be great. Sorry.

23 CHAIRMAN SMITH: No worries. No
24 worries. All those in favor, signify by
25 saying aye.

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(Aye.)

CHAIRMAN SMITH: Any opposed?

(No response.)

CHAIRMAN SMITH: Any abstentions?

(No response.)

CHAIRMAN SMITH: Vote carries.

Thank you, everybody.

All right. Going into old business. We had started talking about, during our last meeting, the issue we had regarding Medicaid reimbursement for EMS services. We had a presentation by Mr. Paul Phillips with GMR. It was a very good presentation.

He brought forward a lot of information that, I think, we all have dealt with at some point in our careers and have struggled with regarding the reimbursement factor, especially the T2005, which we'll discuss a little more under new business.

But at that time, we had agreed that we would have a -- try to have a subcommittee or a subgroup meeting with some of the MCOs to decide or look at what could be done in order to potentially increase the Medicaid factor, especially for nonemergency transports that

1 we're doing.

2 It was noted that, under the GEMT
3 program, that services were doing better than
4 where they were before the GEMT program, but
5 it's still not great reimbursement. But at
6 least it's still better than what we're
7 getting on the nonemergency side.

8 I received an email from the
9 commissioner -- it's probably been about a
10 month ago -- that she would like to just have
11 a quick talk about it because she wanted to
12 get some points that she wasn't sure about,
13 and she and I had the opportunity to talk
14 last week for a period of time.

15 And it was a very good discussion with
16 the commissioner. I think there were some
17 points about our reimbursement schedule that
18 she was not aware was actually going on in
19 Kentucky. She seemed to be very concerned,
20 legitimately concerned about the issues we're
21 having.

22 Basically, I briefed to her the issues
23 that we have because of -- or partially
24 because of the low reimbursement rate with
25 the EMS services that are and have been

1 struggling over the past few years. And it
2 was -- it was obvious that we need to do
3 something here.

4 In fact, last year -- and I'll just run
5 through these real quick because this was
6 information that we didn't readily have
7 available in April, but I have been able to
8 get it since. And that is last year, we had
9 one private EMS service -- actually, let me
10 back up, three private EMS services that
11 closed the doors. Those counties had to go
12 back to the drawing board and find other
13 means for being able to get EMS coverage in
14 their community.

15 There are currently two counties that
16 are in talks about merging into one
17 department because they simply cannot survive
18 as two separate. There are two more services
19 in southeastern Kentucky that are considering
20 closing their doors because of financial
21 reasons.

22 We have some services that are refusing
23 to do any Medicaid transports because the
24 reimbursement rate is so low that they simply
25 cannot afford to do the transports, or

1 they'll go out of business.

2 There have been other counties that have
3 had to drop their ALS coverage. In fact, one
4 of the votes that we just recently did at
5 KBEMS, which, quite honestly, brought none of
6 us any good feeling whatsoever, was we had to
7 lower the threshold for what equates to an
8 ALS service in Kentucky, to where we had to
9 start allowing advanced EMTs being the
10 highest level of advanced life support
11 coverage for a county in order to stay
12 licensed in Kentucky.

13 That was a very difficult vote to have
14 to take. However, if we didn't take those
15 actions, we would have multiple counties in
16 Kentucky that would have to surrender their
17 licenses to operate, and that's simply not an
18 alternative that we can stomach as well.

19 One of the other factors that we have
20 that is a contributing factor to the
21 financial issues is the fact of the closest
22 appropriate facility rule that basically
23 states that Medicaid is only going to
24 reimburse a service for transporting to the
25 closest appropriate facility.

1 In theory, that sounds great. But when
2 you're picking up a patient that is a patient
3 of a hospital system, they've got a receiving
4 physician that is in another hospital a good
5 distance away from the closest appropriate.
6 The payment for that reimbursement stops at
7 the mileage of the closest appropriate
8 instead of going all the way to where the
9 transport is being made, which means, at that
10 point, the EMS service is doing the transport
11 for free. And we simply can't afford that
12 any longer.

13 So all these were factors that I had
14 relayed to the commissioner about why we were
15 asking for a review of the Medicaid
16 reimbursement and why we really wanted to
17 bring up the discussion of the T2005 a little
18 bit more.

19 With that, I know I just said an awful
20 lot. I'll be quiet for a moment, open it for
21 the TAC members. Is there any of the MCOs
22 that -- if you all have any questions about
23 the information I just presented, please feel
24 free to let me know.

25 (No response.)

1 CHAIRMAN SMITH: All right.

2 Awesome.

3 So from the old business standpoint,
4 that's where we were at. Commissioner Lee
5 did indicate that she is going to try to
6 attend our TAC meetings as she can.
7 Obviously, she's a very busy person having
8 all that she has. She did commit to try to
9 make this meeting, and she could, just as
10 Erin said. She is still going to attempt to
11 get on the call.

12 A couple of the things that we had
13 actually talked about during the call as
14 possibilities -- and this is where I would
15 really like to get the input from the TAC
16 members, the EMS TAC members -- is the
17 thought of knowing that we just ended a
18 reimbursement session of -- a financial
19 session of the legislature, that it's going
20 to be very hard to go back and get any
21 additional funds for the next year and a half
22 because of the biennium budget in Kentucky.

23 Is there any chance, or do you think
24 there is any palpable desire to try to
25 incorporate nonemergency transport

1 reimbursement into the GEMT program so long
2 as the Federal Government would agree to
3 such? So from the perspective of EMS
4 services, do you think that is something that
5 the providers would go along with?

6 Do you think that that may create a
7 bigger financial burden because of the
8 amounts that each service has to contribute
9 back to the fund in order for it to pay?
10 What's the thoughts of the group on that?

11 MR. EUBANK: We would be open to
12 that.

13 CHAIRMAN SMITH: Okay.

14 MS. BASHAM: Keith?

15 CHAIRMAN SMITH: Yes, ma'am.

16 MS. BASHAM: In doing these recent
17 reconciliation reports I discussed with
18 Bradford at Myers and Stauffer, the fact
19 that -- they're asking on that report for the
20 number of nonemergency runs, but yet they are
21 not counting nonemergency runs under the 5600
22 number.

23 They're only counting nonemergency runs
24 under the 55 number. There shouldn't be --
25 well, there should be very few under the 55

1 number since that's the emergency number.

2 How do they correlate that?

3 CHAIRMAN SMITH: That's a fantastic
4 question. I'm going to be honest with you.
5 I am -- I have been disconnect from the GEMT
6 program.

7 Troy, do you know more about the program
8 where you could comment on that?

9 MR. WALKER: Not enough to comment
10 on that question. I'd have to check into
11 that, Linda.

12 CHAIRMAN SMITH: I think it is
13 certainly something that we need to get an
14 answer on because if this could end up being
15 an avenue for us to be able to get a higher
16 reimbursement now while we wait for another
17 year and a half for the legislature to have a
18 funding session, something is better than
19 nothing. And I think this might be a good
20 move for us.

21 Any thoughts on that?

22 MS. BASHAM: Secondly, I've asked
23 for a phone call to be able to reconcile how
24 we are to -- I mean, hardly any of our
25 providers matched 100 percent to what they --

1 what their estimate payment was based on to
2 what we actually got paid on. And I have
3 asked for a meeting with him, a phone call,
4 and I have yet to get that.

5 So since I only had, like, maybe two
6 providers that were only off a couple of
7 calls, I'm still in limbo waiting.

8 MR. WILSON: Hey, Linda, this is
9 Jacob Wilson with Medicaid. If you could
10 give me that information, we can get that
11 meeting set up for you.

12 MS. BASHAM: Okay. Thank you.

13 MR. WILSON: Yeah. If you could
14 send me your question and everything, we'll
15 get that meeting set up pretty quick; okay?

16 MS. BASHAM: Okay.

17 MR. WILSON: My email is -- I'll
18 put it in the chat.

19 MS. BASHAM: Okay. Thank you.

20 MR. WILSON: All right. Thank you.

21 CHAIRMAN SMITH: All right. Very
22 good.

23 All right. Any other comments about the
24 GEMT or the Medicaid reimbursement to this
25 point?

1 MR. OWEN: Hey, Keith, this is
2 Stuart Owen with WellCare. Just --

3 CHAIRMAN SMITH: Yes, sir.

4 MR. OWEN: So you're talking about
5 the supplemental payment program; right? The
6 TACs, the provider TACs to get the higher
7 reimbursement; right? And I know -- just a
8 thought. For the -- the limit is higher
9 through managed care. You're able to get
10 more money, basically, if you do it through
11 managed care, and nonemergency is
12 fee-for-service. So I think the limit for
13 that is the Medicare payment ceiling or
14 whatever.

15 So it would not be as much money. I
16 mean, that's just a thought. You know, it
17 would not be as much money because you can
18 have a higher payment floor if you do it
19 through managed care. And that's, like, part
20 of the federal regulation, so that's just a
21 thought.

22 CHAIRMAN SMITH: Okay. Thank you,
23 Stuart.

24 I'll be honest with you all. When it
25 comes time to the billing portion of this and

1 all the rules and regulations, that's where
2 I'm going to lean heavily on Linda and Dana
3 to advise us because that's one area that I
4 am a complete idiot about, to be frank. That
5 being said --

6 MR. OWEN: Federal rules are not
7 easy -- federal rules are not easy to
8 understand.

9 CHAIRMAN SMITH: They're not. And
10 I'll tell you, I had a -- I've had a
11 discussion with a provider who just recently
12 got licensed in Kentucky that came from
13 Indiana. And they were able to get their
14 Medicare reimbursement rate four times what
15 the Medicare-allowable rate was because of
16 what the EMS providers were basically
17 charging to the MCOs. And the MCOs wanted to
18 lower that as much as they could, so they
19 were able to get that lowered.

20 I think four times as much as what
21 Medicare allows would probably cause a lot of
22 strokes and heart attacks. But I do think
23 that this shows that it can definitely be
24 increased a lot more than where we're sitting
25 right now.

1 Stuart, from what you just mentioned
2 there about the differences and your
3 knowledge of the cost-sharing program we
4 currently have, can you think of any
5 disadvantages that we would have of trying to
6 go down that road as a band-aid fix for now?

7 MR. OWEN: No. I mean, you can
8 still get -- like, with managed care, for
9 example, we have the same thing with the
10 hospitals. And we pay -- it's basically
11 commercial. Like, it's a percent of the
12 commercial rate for the given service, which
13 is a much higher payment ceiling than
14 Medicare.

15 So it -- but if it is nonemergency
16 transport only, it would be fee-for-service.
17 So it would still be higher. I mean, the
18 payment ceiling becomes Medicare, which is
19 still higher. You know, so it would still be
20 more than now. I mean, it would still be
21 supplemental money. It just wouldn't be as
22 high as the ceiling for, you know, what's
23 currently in place.

24 But, I mean, I think -- you know, of
25 course, the feds have to approve everything.

1 I know -- yeah. And so if it's through
2 managed care, I know there always has to be a
3 quality metric, at least some quality metric
4 tied to it, you know, for that federal -- for
5 this -- basically, this arrangement where you
6 pay a tax and get money back.

7 It always has to be -- it's considered a
8 state-directed payment. Like, literally, the
9 State is saying this is how much you pay, so
10 there always has to be some kind of quality
11 metric tied to it, you know, for the feds to
12 approve it. And, you know, why are you doing
13 this? What's the reason for it? So that's
14 the consideration.

15 I don't know if that would be the case
16 for fee-for-service, though. I'm not sure if
17 that would be a requirement or not.

18 CHAIRMAN SMITH: Okay.

19 MR. WALKER: I just know a few
20 years ago, we was the 49th lowest
21 reimbursed -- Kentucky was. Kentucky's
22 Medicaid was the 49th lowest reimbursement in
23 the United States. That's just something
24 that really drives that home and makes it
25 sink in how low we are compared to others

1 so...

2 CHAIRMAN SMITH: Yeah. We -- one
3 of the last things we did at the April
4 meeting is we came up with a workgroup. I
5 believe Jacob Carroll was going to be one of
6 the folks to help lead that.

7 I wasn't -- honestly, I couldn't
8 remember who all was appointed to that, the
9 group that agreed to do that. I believe we
10 had several of the MCOs that were also
11 identified. I'd pull up the minutes and look
12 at it myself, but I can't pull it up on my
13 computer right now.

14 If it's possible for that group to still
15 get together before we have our next TAC
16 meeting and look at alternatives and also at
17 what we need to look at as far as if we could
18 use the GEMT program. Because, again, that's
19 one thing that the commissioner did suggest
20 that we look at using until we could get
21 something done regulatorily through the
22 legislature. I think that would be handy to
23 move forward on.

24 So I'll take a look at the minutes here
25 after we get done with the meeting and find

1 out who all it is and send an email out to
2 the group and see if we can get the ball
3 rolling again. I know Jacob had some health
4 issues and had to have surgery.

5 Yes, Linda. Go ahead.

6 MS. BASHAM: If we increase the
7 nonemergency from the GEMT money, would that
8 lower the reimbursement on any of the other
9 trips, other --

10 CHAIRMAN SMITH: That's what I'm
11 not sure. I don't know if they would require
12 services to provide more of a stipend back
13 into the program to allow for that increase
14 or if that would decrease the emergency runs.

15 And, obviously, we don't want to do
16 something that's going to basically, you
17 know, cut off our nose to spite our face if
18 we're not careful here. So I think that's
19 where we would need to find out from the
20 accounting group that manages the program
21 what are our different options so that it has
22 the least negative effect, hopefully no
23 negative effect.

24 But I think we need to identify any
25 risks that we currently have to the current

1 program and also list what our benefits are
2 of doing that based off of the information
3 they're able to provide us.

4 And perhaps that's something that
5 Mr. Wilson and you might be able to talk
6 about when you get the meeting set up with
7 the accountant group, if you don't mind.

8 MR. WILSON: Yeah. We can do that.

9 CHAIRMAN SMITH: Fantastic. Thank
10 you, sir.

11 All righty. Jumping over to new
12 business. And that was the suggestion, to
13 delete the T2005 due to mismatch of the
14 services provided. I did a little digging on
15 this because there's always been the question
16 about wheelchair vans, not so much wheelchair
17 vans but stretcher vans that come into our
18 hospitals and move staff -- or, I'm sorry,
19 patients.

20 The question that always comes up is:
21 Are they allowed to use stretcher vans in
22 Kentucky to do this? And the question -- or
23 the answer that I've been able to find so far
24 in the Kentucky regulations is no, they
25 shouldn't be doing that. The fact is,

1 though, if we didn't have them doing it right
2 now, we would probably not have very good
3 luck getting our hospitals cleared out.

4 With that being said, looking at
5 907 KAR 1:060, which is the ambulance
6 transportation KAR through the cabinet, and
7 also 603 KAR 7:080, which is the human
8 service transportation delivery. Ambulance
9 stretcher transportation under 080 is defined
10 as "means an ambulance service used for
11 transporting sick or injured people who are
12 also bedridden." Under the definition of
13 ambulance transportation in 060, it says
14 "means ground or air transportation provided
15 at advanced life support or basic life
16 support level by a carrier licensed by the
17 Kentucky Board of Emergency Medical
18 Services."

19 In looking at both of these regulations
20 and going back and looking at all of the
21 internal documents that I could find online
22 through Department of Medicaid Services or
23 Cabinet For Health Services, there is nothing
24 that talks about stretcher vans being used in
25 Kentucky. There are comments to stretcher

1 vans in other states, but there's nothing
2 about them being able to be used in Kentucky.

3 And, again, I don't want to cut off my
4 nose to spite my face because we know that we
5 rely on these folks to help get our patients
6 out of the hospitals. But where I'm going
7 with this is they are getting reimbursed at
8 the 2005 rate by using simply a minivan that
9 they have thrown a stretcher bolted to the
10 floor of the vehicle with absolutely no
11 safety checks to get patients moved.

12 Whereas, we're operating 300,000-dollar
13 ambulances that have stretcher systems that
14 cost \$70,000 that has to withstand a 10G
15 impact. So the equipment we use is far more
16 expensive to operate than the stretcher vans
17 do. And the fact that we're being expected
18 to only get a T2005 reimbursement, which is
19 the \$55 and, I believe, \$2 a loaded mile, is
20 absolutely unconscionable.

21 So given the fact that we have the
22 regulations stating what they do and the fact
23 that stretcher vans technically should not
24 even exist in Kentucky, I think, drives the
25 point home even further that we have got to

1 do something as immediate as we can to try to
2 get the reimbursement rate where it's at.

3 And if the State, in fact, wants to
4 continue using stretcher vans, then I think
5 the regulations need to be adjusted to allot
6 for that and hold them accountable to some of
7 the same standards that ambulance providers
8 are held to, which drives up our expenses
9 that much more.

10 Obviously, COVID didn't help us any with
11 the costs of the equipment, supplies,
12 vehicles, and so forth. But when we're
13 having to spend \$300,000 on a vehicle,
14 whereas, a company that's a transportation
15 broker can go pay 60,000 for a minivan and
16 get paid the same reimbursement rate that we
17 have to accept from an ambulance service,
18 it's kind of a kick in the face, quite
19 honestly.

20 Troy, I believe that, you know, you and
21 I had an email about that. Is there anything
22 else you'd like to add onto that that I may
23 have missed?

24 MR. WALKER: No. I think you
25 covered it well, Keith. The point that, you

1 know, they're not really legal in the state
2 of Kentucky. And here we are wanting to talk
3 about raising our reimbursement for ambulance
4 to transport, and all along, we're using a
5 code that's, you know, less. I think it's a
6 good start to get that back to where it needs
7 to be and just get rid of the T2005. But you
8 covered that well, so I don't have that much
9 more to add.

10 CHAIRMAN SMITH: Okay. Thank you.
11 All right.

12 MR. WALKER: I did get a text back
13 about adding the nonemergency to the GEMT.
14 And the response was, you can't do it
15 because -- the current CMS rules in place,
16 you can't add the nonemergencies to that
17 program so...

18 CHAIRMAN SMITH: Okay.

19 MR. WALKER: It would be some
20 changes you'd have to do, I guess, is what
21 I'm saying.

22 CHAIRMAN SMITH: All right. As I
23 was speaking there, we did get a chat that
24 came in from Ms. Evans from AMB. She would
25 like to be involved with the meeting with

1 Myers and Stauffer.

2 Mr. Wilson, if you wouldn't mind making
3 a note of that as well. Also, Mr. Wilson,
4 based off of what -- the answer Troy just got
5 back on this, where -- and, Troy, if you
6 don't mind going back and repeating again.
7 What did they say we would have to do?

8 MR. WALKER: There would have to be
9 rules changed in the CMS rules to allow
10 nonemergency into that program.

11 CHAIRMAN SMITH: Okay. So that
12 would obviously -- if it's CMS, then that
13 would have to be done by the Federal
14 Government, then.

15 Does anybody on the Medicaid side have
16 any suggestions on what we could do to
17 potentially get this in front of Medicare as
18 far as what our situation is in Kentucky, to
19 see if we could get this added to it, or are
20 we basically out of luck?

21 MR. WILSON: Hey, Keith, this is
22 Jacob Wilson again. I'm not as familiar with
23 this program, but let me get some more
24 information. And we can get back with you on
25 that.

1 CHAIRMAN SMITH: Okay. I think
2 what we may be doing is just making your list
3 for the discussion --

4 MR. WILSON: A little longer, yeah.

5 CHAIRMAN SMITH: -- y'all are going
6 to be having with the -- yeah, the
7 accountants a little bit longer.

8 MR. WILSON: Yeah.

9 CHAIRMAN SMITH: Yeah. Okay.
10 All right. Any other comments from the TAC
11 members regarding T2005 or the old business
12 having to do with the Medicare -- Medicaid
13 reimbursement?

14 MR. WALKER: Hey, Keith, I think
15 one point -- and, Linda or Dana, either one.
16 The T2005, is it used by all MACs, or is it
17 just a couple of them using that code?

18 MS. EVANS: For Medicaid? Are you
19 talking about Medicaid?

20 MR. WALKER: Yes.

21 MS. EVANS: As far as I'm aware,
22 it's just Kentucky. I don't have any other
23 states using it.

24 MS. BASHAM: But it is all of the
25 MACs here in Kentucky.

1 MR. WALKER: I think, but the
2 different -- what the difference is, is it
3 all of them or just a couple of them?

4 MS. BASHAM: It's all of them in
5 Kentucky.

6 MR. WALKER: Okay. All right.
7 Thank you.

8 CHAIRMAN SMITH: Well, it looks
9 like we've certainly got our work cut out for
10 us, the work on this. But I feel strong that
11 we could get it done because we were able to
12 get the PCS situation straightened out and
13 working at the advantage of the EMS providers
14 to where they can get reimbursed for that.
15 So I feel like we can probably get this
16 worked out, too. It's just going to take
17 some more work to get it done so...

18 All right. Thank you all very much for
19 your comments. Is there any comments in
20 general, a general discussion that any
21 members of the TAC or any of the MCO folks
22 online would like to discuss?

23 (No response.)

24 CHAIRMAN SMITH: All right. Erin,
25 would you mind scrolling the agenda up just a

1 little bit, so I can see where we're at
2 beyond general discussion? Okay. Very good.

3 All right. Is there any recommendations
4 that the TAC would like to make at the next
5 MAC meeting?

6 (No response.)

7 CHAIRMAN SMITH: All right.
8 Hearing none, I'll take that as no.

9 The next MAC meeting, I believe, is
10 actually this coming Thursday if anyone is
11 interested in attending that particular
12 session online. And if we have nothing else,
13 then our next meeting is October 28th.

14 But, again, I would like to encourage
15 the workgroup that agreed to work on the
16 Medicaid reimbursement -- and we will -- I'll
17 check the minutes after we sign off to look
18 and see who all agreed to it and send emails
19 out. I would like for the group to try to
20 get together, if possible, between now and
21 the next meeting to see what can be worked on
22 at both a local level and potentially a
23 federal level, if need be. And then we can
24 take what you all come up with and marry that
25 up with what Mr. Wilson, Linda, and Dana are

1 able to potentially get worked out with the
2 accountants.

3 All right. I believe next would be a
4 call for adjournment. So is there any motion
5 for a call for adjournment?

6 MR. WALKER: Make a motion.

7 CHAIRMAN SMITH: I've got a motion
8 by Mr. Walker. Do we have a second?

9 MS. BASHAM: I'll second it.

10 CHAIRMAN SMITH: All right. Second
11 by Ms. Basham.

12 All those in favor, please signify by
13 saying aye. And you've got to have your
14 cameras on, folks. Sorry.

15 (Aye.)

16 CHAIRMAN SMITH: Any opposed?

17 (No response.)

18 CHAIRMAN SMITH: Any abstentions?

19 (No response.)

20 CHAIRMAN SMITH: Very good. We are
21 adjourned until October 28th. Thank you,
22 everybody.

23 MS. BICKERS: Thank you. Have a
24 great day.

25 (Meeting concluded at 2:34 p.m.)

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C E R T I F I C A T E

I, SHANA SPENCER, Certified
Realtime 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 23rd day of July, 2024.

/s/ Shana W. Spencer

Shana Spencer, RPR, CRR