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DEPARTMENT OF MEDICAID SERVICES  
EMERGENCY MEDICAL SERVICES  
TECHNICAL ADVISORY COMMITTEE

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Monday, November 4, 2024  
2:00 p.m.

Stefanie Sweet, CVR, RCP-M  
Certified Verbatim Reporter

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A P P E A R A N C E S

**TAC Members:**

Keith Smith, Chair  
Joshua Brand  
Linda Basham  
Dana Evans  
Troy Walker  
Steven Eubanks  
Jacob Carroll

1 MS. BICKERS: Good afternoon.  
2 This is Erin with the Department of  
3 Medicaid. It is not quite 2 o'clock and  
4 we are still clearing the waiting room.  
5 We will give a just a few moments before  
6 we get started.  
7 It is now 2 o'clock. I see  
8 Keith, Linda and Troy logged in. Did I  
9 miss any other TAC members?  
10 I'm sorry, Keith?  
11 MR. SMITH: That wasn't me. No  
12 worries. I did just get a message from  
13 Jacob Carroll. He's got an emergency he  
14 is tending to it will not be able to be on  
15 the call.  
16 MS. BICKERS: All right. If  
17 you'd like. We can give it just a moment  
18 longer to see if anybody else joins us or  
19 if you'd like we can get started. I'll  
20 leave that up to you.  
21 MR. SMITH: Do we have enough  
22 now to have a quorum or do we need one  
23 more.  
24 MS. BICKERS: We do not have a  
25 quorum as of right now.

1 MR. SMITH: All right. Let's  
2 give it another minute or two. I am  
3 unable to see everybody that is on the  
4 call.

5 Troy, do you know if Dana has  
6 been able to jump on from AMB?

7 MR. WALKER: I haven't heard  
8 from her, but I am texting her right now.

9 MR. SMITH: Okay, thank you.

10 MS. BICKERS: I think she is  
11 joining now, Keith.

12 MR. SMITH: All right. Once she  
13 gets on that should give us a quorum, I  
14 believe.

15 MS. BICKERS: I think AMB  
16 Meeting is her. I think she logs in  
17 sometimes that way.

18 MR. WALKER: That's her. That  
19 is her.

20 MS. BICKERS: I would give her  
21 just a second to get logged in so she can  
22 hear us. It looks like she is connecting  
23 now.

24 MR. SMITH: Very good.

25 MS. BASHAM: Sorry y'all. My

1 Zoom decided to update right when I was  
2 trying to get on.

3 MR. SMITH: It's all good. It  
4 happens a lot. Teams isn't much better  
5 either.

6 MS. BICKERS: I had the same  
7 issue, Dana, and then some of my buttons  
8 moved after the update.

9 You do have a quorum now, Keith,  
10 and your waiting room is clear.

11 MR. SMITH: All right. Since  
12 we've got everybody online, we have  
13 established quorum.

14 The first thing that we need to  
15 do is approve the minutes from the July  
16 meeting. I know it has been some time  
17 since we had a meeting, but the minutes  
18 came out back in July. Hopefully  
19 everybody has had a chance to review  
20 those.

21 Can I entertain a motion to  
22 approve the minutes from the July meeting?

23 MR. WALKER: Motion to approve.

24 MR. SMITH: Okay. Do we have a  
25 second?

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MS. EVANS: Second.

MR. SMITH: Okay we have a motion and a second. I believe we need to have everybody on screen who is voting.

Steve and Linda, if you can pop on your cameras for the vote.

All right. All those in favor please signify by saying, "aye."

TAC MEMBERS: Aye.

MR. SMITH: Any opposed? Any abstentions? Okay. Motion passes, minutes are approved.

Going into old business. One of the things that we wanted to check, and when I say "we," I mean the EMS TAC. We know the process that we all went through last year to get the process change from the pre-authorizations over to the PCR submission was a huge ask and a big lift for all of our MCOs, so I wanted to reach out to all of our MCOs to see if you all have had any issues with EMS providers.

Is there anything that is not currently working to the point where we need to look at tweaking the system or

1                   whatever the case is?

2                   If you are an MCO and you would  
3                   like to bring up about the PCR  
4                   submissions, please feel free to speak up  
5                   and let us know so we can take it back to  
6                   our counterparts in the EMS world.

7                   All right. Not hearing anyone,  
8                   I'm assuming then that things are going  
9                   well.

10                  With that in mind, I wanted to  
11                  also do a quick update on the current  
12                  status of payments. Do we have any issues  
13                  from our billing companies or EMS TAC  
14                  members with payment or reimbursement  
15                  payments since we switched to the PCR  
16                  system?

17                  MS. EVANS: We have had a few  
18                  issues. It started off, I believe it was  
19                  with Aetna, that didn't accept electronic  
20                  attachments. We have been able to work  
21                  through most of those, but I will say we  
22                  have had just a few bumps and things go  
23                  on, but I believe we have had -- at this  
24                  point, we don't currently have any issues.  
25                  I think everything has been straightened

1 out and those claims are being accepted  
2 with electronic submissions now.

3 MR. SMITH: Very good. Glad to  
4 hear that. We did have an issue earlier  
5 on at the beginning of this process with  
6 an activation date issue, but the folks at  
7 DMS were able to work with the MCOs that  
8 this pertained to and we were able to get  
9 that straightened out.

10 It is good to see a change this  
11 profound has gone off as well as it has  
12 considering the number of people and the  
13 positive outcomes that this PCR form has  
14 allowed our providers to have.

15 So thank you to everybody for as  
16 smooth of a transition that we can ask for  
17 and going through the PCR process.

18 MS. BASHAM: Keith, we have been  
19 having a little bit of a problem with  
20 WellCare saying prior authorizations are  
21 required and having to refile the claim  
22 with the PCS form.

23 Once we do that, they are paying  
24 it, but they are not paying it initially,  
25 and that is just WellCare.



1 MR. SMITH: Okay. Is that -- go  
2 ahead.

3 MR. OWEN: Hi, Linda. This is  
4 Stuart with WellCare. I will put my email  
5 in the chat and if you can send me  
6 examples that would be great.

7 MS. BASHAM: Okay. Thank you,  
8 Stuart.

9 MR. SMITH: Very good. Thank  
10 you for bringing that up, Linda.

11 Thank you, Stuart, for making  
12 yourself available for Linda.

13 Honestly, this is one of the  
14 great things about having these TAC  
15 meetings is able to get our EMS providers  
16 and billing companies having open, honest,  
17 communications with the MCOs so we can  
18 take care of this for our EMS providers.  
19 So thank you very much.

20 Okay. Jumping over to new  
21 business. One of the things that we  
22 talked about during the last meeting was  
23 the issue we are having with the low  
24 reimbursement rate, especially for the  
25 nonemergency transport side of Medicaid.

1 Neither side, quite honestly, both  
2 emergency or nonemergency pays great, but  
3 the nonemergency side being a \$55  
4 reimbursement with a \$2 per mile loaded  
5 mile fee, it is just unsustainable.

6 We have been working towards  
7 coming up with something different,  
8 working on some non-funding here for some  
9 legislature.

10 We understand that DMS did have  
11 25 million in expansion funds that was  
12 given for this year that we could  
13 potentially qualify for.

14 A study would need to be done to  
15 determine what a fair compensable rate  
16 would be and, actually, this is where I  
17 would like to open it up, and to anyone at  
18 DMS to talk about, what this study would  
19 need to look like and what data we would  
20 need to collect in order to help expedite  
21 a review, so we can look at potentially  
22 increasing the Medicaid rate for our EMS  
23 providers.

24 Do we have anybody from the  
25 comptroller's office or anybody at DMS

1                   that can answer that?

2                   MS. RICHARDSON: Hi, this is Amy  
3                   Richardson. I am the Director of  
4                   Management here at Medicaid.

5                   So there is language in the  
6                   biennial budget for fiscal year '25 and  
7                   '26 where a study will be completed and  
8                   Medicaid reimbursement rates will be  
9                   increased based on the study.

10                  So the department is not  
11                  responsible for completing that study and  
12                  we have not been asked to provide any  
13                  information related to that study.

14                  It is my understanding that LRC  
15                  has hired a couple of individuals that are  
16                  going to be conducting the study, you  
17                  know, for provider reimbursement rates,  
18                  and they are going to determine how the  
19                  money in the budget should be distributed  
20                  out amongst all of the providers.

21                  MR. SMITH: Okay. Do we know --  
22                  obviously you said LRC is hiring, so you  
23                  probably won't know who that is until they  
24                  get hired.

25                  Do we know any more details

1           about this as to if they are going to  
2           reach out to the individual groups that  
3           get reimbursed by Medicaid to see  
4           basically what exists now, the  
5           ramifications, or what we would like to  
6           see, or do we know anything about the  
7           process at all?

8                       MS. RICHARDSON: I can say that  
9           I have not heard. I am not sure if some  
10          of the cabinet folks that are in OLRA, the  
11          legislative area of CHFS have heard any  
12          information about how this is going to get  
13          conducted, but as far as like Medicaid, we  
14          have not heard and we have not provided  
15          any details of how that process is going  
16          to work.

17                      I apologize for not having more  
18          information regarding this, but we are in  
19          the dark as well.

20                      MR. SMITH: No, I understand.  
21          Just with the legislative session coming  
22          up very quickly, it would be nice if LRC,  
23          or whomever, could let us know what needs  
24          to be reviewed so we could potentially be  
25          working in the background to get that

1 information to provide to them to  
2 hopefully help make their decision a  
3 little bit more timely and educated.

4 So that they can see what we are  
5 dealing with on the reimbursement side,  
6 because again, the HBA program helps them  
7 on the emergent transport side for EMS,  
8 but doesn't touch the non-emergent side  
9 and a \$55 reimbursement in today's day and  
10 age doesn't even cover the salary for one  
11 of our providers for an hour.

12 So we are grotesquely losing  
13 revenue on every Medicaid transport that  
14 we conduct in EMS, so it is imperative  
15 that we try to facilitate any way we can  
16 to get this amount up.

17 And with that, one of the  
18 questions again I had, or actually that  
19 the TAC has is, is it possible for us to  
20 request the Medicaid statistics for either  
21 calendar year '23 or FY '24 that shows the  
22 number of emergent transports that have  
23 been billed through Medicaid for that  
24 particular year, along with the number of  
25 non-emergency transports that have been

1 billed through Medicaid?

2 So that we can at least get that  
3 information established and agreed to up  
4 front, so that whoever does this study  
5 that has a little bit of information that  
6 we have ahead of us, so we can start  
7 working with our billing companies to be  
8 able to find out how much the individual  
9 services receive, so that we can hopefully  
10 come up with an honest to God fact-finding  
11 ledger, if you will, of -- this is going  
12 to sound bad -- but just how awful the \$55  
13 is doing to reimburse our couriers.

14 And with that I would like to  
15 open it up to the other TAC members. If  
16 you would like to jump on or clarify  
17 anything I am saying, please feel free to  
18 do so.

19 MS. RICHARDSON: Keith, I can  
20 provide you -- of course, we can release  
21 that information. Of course, it would be  
22 redacted, you know, with the Medicaid  
23 members' PHI, but we can provide, you  
24 know, the overall trips in reimbursement.

25 I can email you how to submit an

1 open records request for that information.

2 MS. BICKERS: Amy, I was going  
3 to say, typically the TAC will make the  
4 data request and I can take care of it  
5 from there.

6 MS. RICHARDSON: Okay. So he  
7 doesn't need to do an open records?

8 MS. BICKERS: No, ma'am.

9 MS. RICHARDSON: Okay, so you  
10 can email Erin Bickers and let her know  
11 exactly what you want to see, and she can  
12 complete that data request for you.

13 Keith, I also know that Mr. Duke  
14 has asked that we start adding you to our  
15 APAP program biweekly meetings.

16 And Jim Duke may have that  
17 information readily available, because I  
18 am sure that we have provided that for him  
19 for the APAP program for the last few  
20 years.

21 But if you want to email Erin,  
22 we are happy to provide the information  
23 that you need.

24 MR. SMITH: All right. Are  
25 there any other TAC members that have

1 additional information that you think we  
2 need to ask for at this time? What are  
3 your all thoughts?

4 MR. WALKER: Not necessarily for  
5 Medicaid. I know last year and the year  
6 before we had, kind of, done a survey for  
7 cost per run from our agencies, which I  
8 think is super important to show what we  
9 spend per month, so I don't know of  
10 anything else from Medicaid's side.

11 MS. RICHARDSON: And another  
12 recommendation I may add is, you can  
13 potentially contact your legislator or and  
14 see if they have any information on how  
15 the 25 million is going to be distributed  
16 amongst Medicaid providers.

17 They may have a contact  
18 information in-house, for someone that you  
19 can reach out to and possibly become  
20 involved in that process.

21 MR. SMITH: Very good. I would  
22 be happy to do that.

23 MS. BASHAM: Keith?

24 MR. SMITH: Yes?

25 MS. BASHAM: One thing to be



1           aware of to be sure, which I am not saying  
2           that they aren't losing because they  
3           absolutely are, the MCOs are paying the  
4           non-emergent runs enhanced fee. It's only  
5           the fee-for-service that is not paying any  
6           of the additional of the non-emergent.

7                     Fee-for-service doesn't pay for  
8           anything additional on non-emergency.  
9           MCOs do make a contribution towards it, if  
10          my understanding is correct.

11                    MR. ELLIS: What does that mean  
12          by the way? If you say they don't pay any  
13          additional on the fee-for-service, can you  
14          clarify that?

15                    MS. BASHAM: On the ambulance  
16          provider enhanced payments that they pay  
17          their assessment to put money in towards,  
18          the MCOs are making additional payments on  
19          the non-emergent runs.

20                    It is only the fee-for-service  
21          runs that are not getting anything extra,  
22          if my understanding is correct.

23                    MR. ELLIS: Okay.

24                    MR. OWEN: This is Stuart with  
25          WellCare.

1 I think that is the federal  
2 arrangement through managed-care. That is  
3 the higher upper payment limit and that is  
4 how CMS approved it.

5 And I think the money is routed  
6 through the MCOs and on to the ambulance  
7 providers. I think that is how it is set  
8 up and approved by CMS.

9 MS. BASHAM: Yes.

10 MR. SMITH: Okay. I am trying  
11 to process all of this in my head here  
12 about how that actually works.

13 Let me back up. I believe we  
14 have a distinction between also  
15 government-operated services and private  
16 services also makes a difference.

17 And I think that is something  
18 that Linda or Dana can talk to a heck of a  
19 lot better than I can about how that  
20 works.

21 MS. BASHAM: Keith, my  
22 understanding of this is that that applies  
23 to the APAP money, not to the enhanced  
24 payments that we are paying assessment on.

25 MR. SMITH: So to be clear, we

1           have the HPA program, which is the  
2           assessment program, and we have the APAP  
3           program.

4                   Are we talking about the  
5           existing APAP or the proposed APAP?

6                   MS. BASHAM: I didn't know we  
7           had an APAP program.

8                   MR. WALKER: The proposed.

9                   MS. RICHARDSON: So the  
10          department currently has an APAP program  
11          where ambulance providers receive a  
12          monthly payment from the MCOs and that is  
13          like -- I hate to say supplemental because  
14          CMS doesn't like us to use that word, but  
15          that is a directed payment from DMS to the  
16          MCOs, and then the MCOs pay that out to  
17          the ambulance providers.

18                   So that is an added on payment  
19          for your runs and in turn, you all -- the  
20          annual providers pay a provider tax.

21                   So I am not sure if the provider  
22          tax is what you are referring to as the  
23          assessment.

24                   MR. SMITH: Yes, that is what I  
25          am referring to.

1 MS. RICHARDSON: Okay, so DMS  
2 calculates based on, you know, historical  
3 utilization and an add-on dollar amount to  
4 each trip, and that money is distributed  
5 from DMS to the MCOs to the providers on a  
6 monthly basis, and then on a monthly  
7 basis, the providers in turn, turn around  
8 and pay a provider tax to the Department  
9 of Revenue.

10 MR. SMITH: Right.

11 MS. RICHARDSON: So that is the  
12 current APAP program.

13 MS. BASHAM: Okay. I don't  
14 think the initials on that are APAP.

15 Are they Keith?

16 MR. SMITH: No.

17 Troy, you may have to correct me  
18 on this because I wasn't too involved with  
19 the HPA process.

20 MR. WALKER: Well, APAP is the  
21 new proposed stuff for the city county  
22 municipal stuff.

23 MS. RICHARDSON: Yes, we are  
24 talking about the same program, but I want  
25 to make sure we have our acronyms right.

1                   APAP is the current program that  
2                   we are administering every single month.  
3                   We have that approved through CMS and we  
4                   have an annual renewal on that. That is  
5                   the APAP program where you all received  
6                   the money and we are paying the provider  
7                   tax on.

8                   What I think you are referring  
9                   to as the new program is called the ASPP  
10                  program. And the ASPP program is  
11                  something that we have worked on, I lose  
12                  track of time, maybe in 2019 or 2020, and  
13                  that was going to be earmarked for the  
14                  providers that are owned by local  
15                  government, so your city government or  
16                  county government.

17                  That program was going to be  
18                  called ASPP, and that program never got up  
19                  and running because of some feedback that  
20                  we received from CMS, which is the  
21                  approval authority that we have to go  
22                  through to get programs like that  
23                  approved.

24                  MR. WALKER: Okay, you are  
25                  right. Okay.

1 MS. RICHARDSON: I just want to  
2 make sure we are all speaking the same  
3 language.

4 MR. SMITH: Thank you for doing  
5 that.

6 MR. WALKER: We'll come back  
7 again and we are fixed to go for round two  
8 for that.

9 MS. RICHARDSON: Yes. We've had  
10 some email traffic between the Medicaid  
11 CFO, Steve Bechtel, and our commissioners  
12 office, and we kind of revisited the  
13 reasons CMS told us no versus what the  
14 providers wanted, and basically the issue  
15 was that it had a lot to do with the  
16 random (indiscernible) time study.

17 So how we were going to allocate  
18 the expenses and things like that. So we  
19 can revisit that, you know, I can't  
20 remember if the Commissioner was going to  
21 get a call scheduled or something like  
22 that.

23 But, yes, ASPP has come back  
24 over the last few months and DMS has  
25 worked on some talking points as to why

1 the program was never moved forward back  
2 in, I think it was 2020.

3 MR. SMITH: Okay. It is  
4 confusing when you have an APAP and an  
5 ASPP. It is getting close to the acronyms  
6 so I can see why that is confusing.

7 MR. WALKER: But for our  
8 discussion of the possible reimbursement,  
9 the study and stuff, it's for the base  
10 Medicare reimbursement rates and it has  
11 nothing to do with those, correct?

12 MR. SMITH: Yes. Base Medicaid  
13 rate, yeah.

14 MR. WALKER: Okay. That's what  
15 we are working on, okay.

16 MR. SMITH: Yes, that's correct.  
17 At least that's what we want to be working  
18 on.

19 MR. WALKER: Correct.

20 MR. SMITH: Okay.

21 So I will go ahead and -- Erin,  
22 do you need me to draft an email to you  
23 requesting the specific information to  
24 make it legal, or do we attach it to the  
25 minutes that we have asked for it?

1 MS. BICKERS: I have your  
2 original email request so unless there is  
3 a specific way that you want the data  
4 broken down, I should be able to.

5 And I did want to verify that  
6 was for calendar year 2023 or fiscal year  
7 2024?

8 MR. SMITH: Yes. Whatever gives  
9 us a full year of data that can be used.

10 MS. BICKERS: I would assume  
11 that would be calendar year 2023, but I  
12 will defer to my data people.

13 MR. SMITH: Knowing that most  
14 people have different budget cycles for  
15 their fiscal year is the only reason that  
16 I want to be able to clarify, one being  
17 the calendar year, or one being the fiscal  
18 year, whichever is the closest to being  
19 complete data.

20 Any other questions from TAC  
21 members or MCOs?

22 All right. Item B, under new  
23 business, we did get the dates for the  
24 2025 TAC meetings. As stated there,  
25 January 27, April 28th, July 28th, and



1           October 27th. If you remember, we agreed  
2           this calendar year that we would go to  
3           quarterly meetings instead of bimonthly  
4           meetings, so just as long as everybody is  
5           still good with that, then those will be  
6           the meeting dates that we will use going  
7           forward.

8                     Item C, this is a quick add on  
9           for today because the email that we  
10          received today was unexpected about an  
11          Anthem Medicaid transition.

12                    Is this anything that anybody at  
13          DMS can talk about as to whether it would  
14          affect Medicaid reimbursements, or is this  
15          still new enough that attorneys are still  
16          trying to figure out how it will be  
17          handled?

18                    And to the folks that may not  
19          know what we are talking about, there was  
20          a message that came out this morning about  
21          Anthem transitioning away from Kentucky  
22          Medicaid, I believe, at the start of '25.  
23          That is the message that came out earlier  
24          so I didn't know whether or not any of the  
25          TAC members may have questions regarding

1           this, or any of the billing companies may  
2           have issues regarding this?

3                     And timing was kind of perfect  
4           in that we found out about it today with  
5           our TAC meeting being today.

6                     MS. RICHARDSON: This is Amy  
7           Richardson again, and I can give a  
8           high-level summary, which is probably in  
9           the notice that you received.

10                    Over the next few months, we are  
11           going to work on transitioning the Anthem  
12           members, so -- I was trying to read the  
13           announcement.

14                    Members will be reassigned to  
15           another managed-care organization. So the  
16           first thing we are going to look at is, is  
17           there any other member in that family who  
18           has another MCO?

19                    Let's say that mom has Anthem,  
20           but the children have WellCare. If there  
21           is already somebody in that household,  
22           they are going to transition to that same  
23           plan that the other members in their  
24           household are.

25                    If there are no other members in

1 the household, they are just going to be  
2 transferred randomly to another MCO.

3 Anthem will be required, you  
4 know, to pay claims and process claims  
5 through December 31st and then the claims  
6 run out period after that.

7 So we expect to have an ongoing  
8 relationship with Anthem for probably the  
9 next couple of years, to be honest, based  
10 on how our cost settlements work and  
11 things of that nature.

12 So I think that any ambulance  
13 provider that transports an Anthem member  
14 between now and December 31st, it is going  
15 to be business as usual, and we are still  
16 going to bill those claims to Anthem.

17 And after January 1st, we are  
18 going to see some movements in our members  
19 and they are just going to be assigned to  
20 different MCOs.

21 MR. SMITH: Okay. Thank you for  
22 that explanation. Just one question that  
23 comes to mind on this, because it  
24 typically happens at the first of the  
25 year. People have gone and changed their

1 insurance companies through open  
2 enrollment.

3 Let's say that we transport a  
4 patient, let's say March or April of next  
5 year, and the patient doesn't have their  
6 new card, and they still give us the  
7 Anthem card, and we file a grant, and it  
8 gets denied, and it comes back and then we  
9 have to go through the process of getting  
10 the correct information for the patient.  
11 Will we run the chance of a timely issue  
12 coming into play where we wouldn't get  
13 reimbursed because the member wasn't able  
14 to give us an updated card on what  
15 insurance they are covered under?

16 MS. RICHARDSON: I don't foresee  
17 that being an issue.

18 Honestly, we have -- it is a one  
19 year timely filing, so as long as you file  
20 the claim within a year of providing that  
21 service, I don't see that being an issue.

22 We are hoping that the members  
23 have a new card in hand by January 31st so  
24 I think those might just be one-off cases  
25 that we have to deal with on an individual

1 basis, but I don't see any reason why you  
2 wouldn't be reimbursed appropriately.

3 MR. SMITH: Okay, great. Thank  
4 you.

5 MS. RICHARDSON: And Erin may  
6 have already shared this information with  
7 you, but we have set up a website related  
8 to the Anthem transition, and it is going  
9 to have, like, provider communications,  
10 member communications, and also our FAQs  
11 are going to be updated as questions come  
12 up.

13 So we can make sure that we get  
14 that web address to you all so you can  
15 stay informed on any of the latest  
16 developments.

17 MR. SMITH: Okay, great. Thank  
18 you.

19 MS. RICHARDSON: Thank you.

20 MR. SMITH: All right. Very  
21 good.

22 Any other questions or comments  
23 from TAC members on any of the new  
24 business we discussed?

25 Hearing none, we will drop down

1 to general discussion.

2 Do we have any topics that need  
3 to be discussed amongst the TAC members or  
4 MCOs regarding EMS?

5 All right. We are flat blowing  
6 through it today. Going down next to the  
7 MAC meeting.

8 Representation. I am  
9 assuming -- I'm sorry the recommendations.  
10 I'm assuming we have no regulations to  
11 make to the MAC regarding what our status  
12 is at this point in time.

13 Is the rest of the TAC good with  
14 that assumption? Just give me a thumbs up  
15 if you want to so we don't have to go  
16 through the voting process.

17 All right. Dropping down to  
18 item number 8, MAC meeting representation.  
19 The MAC meeting that occurred last month  
20 went about three hours or so.

21 I did have the opportunity to  
22 brief the MAC on where we are with the PCR  
23 forms and also the request that we had  
24 coming forward to review our reimbursement  
25 status, especially for the Medicaid

1 non-emergency and emergency transports.

2 The MAC was happy with the information  
3 that we provided.

4 I can tell you that from the MAC  
5 there is a general consensus amongst all  
6 of the Medicaid providers that they would  
7 like their areas to be reviewed as well  
8 for the reimbursement.

9 I got a feeling that Amy and  
10 company are going to be seeing a lot of  
11 information coming across to them from  
12 providers, whether it is with dentistry,  
13 behavioral health, long-term care. It  
14 doesn't matter who it is, everybody is  
15 asking for increases in their Medicaid  
16 reimbursement, so it is probably going to  
17 be a contested front where everybody is  
18 going to want to get a piece of the pie  
19 when it comes available. So just a heads  
20 up on that.

21 All right. Our next meeting  
22 will be January 27th from 2 to 4, and with  
23 that I will open it up one more time.

24 Does anybody from the TAC have  
25 any questions or comments, or do any of

1           the MCOs have any questions or comments?

2                   All right. Let's move to  
3 adjournment. We just need a motion to  
4 adjourn.

5           MR. WALKER: So moved.

6           MR. SMITH: Motion from Troy.  
7 Do I have a second?

8           MS. BASHAM: I'll second.

9           MR. SMITH: Very good. All  
10 those in favor please signify by saying,  
11 "aye."

12           TAC MEMBERS: Aye.

13           MR. SMITH: Any opposed? Any  
14 abstentions? Very good. We stand  
15 adjourned. Thank you very much.

16           MS. BICKERS: Thank you  
17 everybody. Have a great afternoon.

18           MR. SMITH: You too, Erin.

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C E R T I F I C A T E

I, STEFANIE SWEET, Certified  
Verbatim Reporter and Registered CART  
Provider - Master, hereby certify that the  
foregoing record represents the original  
record of the Technical Advisory Committee  
meeting; the record is an accurate and  
complete recording of the proceeding; and  
a transcript of this record has been  
produced and delivered to the Department  
of Medicaid Services.

Dated this 6th day of November,  
2024.

/S/ Stefanie L. Sweet

Stefanie L. Sweet, CVR, RCP-M