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

Via Videoconference
October 27, 2025
Commencing at 2 p.m.

Tiffany Felts, CVR
Certified Verbatim Reporter

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APPEARANCES

BOARD MEMBERS:

Joshua Brand
Keith Smith TAC, Chair
Linda Basham
Dana Evans (not present)
Troy Walker
Paul Phillips

1 MS. WASH: Hello. This is Barbara
2 Wash from the Department of Medicaid
3 Services. It is 1:58, and I am still
4 clearing the waiting room. Keith, I see you
5 here.

6 MR. SMITH: Yes, ma'am.

7 MS. WASH: Okay. Do you want me
8 to -- I'll let you know when it's 2 o'clock.

9 MR. SMITH: Yeah, thank you. Also, I
10 am calling in remotely, so --

11 MS. WASH: Okay.

12 MR. SMITH: -- it's going to be hard
13 for me to see the agenda. So I may need you
14 to call off what the agenda points are so I
15 can actually see it.

16 MS. WASH: I will do that, Keith.

17 MR. SMITH: Thank you.

18 MS. WASH: Mm-hmm.

19 So Keith, it's 2 o'clock. You do
20 have quorum. You have Linda, who is here,
21 Troy Walker, and Paul Phillips. I don't see
22 Joshua or Dana.

23 MR. SMITH: Okay. Joshua is --

24 MR. BRAND: I'm here.

25 MR. SMITH: -- or Jacob --

1 MS. WASH: Oh, I see him. I see him.

2 MR. SMITH: Okay. Okay, good. We'll
3 talk about Jacob's spot here in just a
4 moment, but since we have quorum, we will go
5 ahead and get started.

6 First off, thank you, everybody, for
7 jumping on today's call. I appreciate it.
8 I do apologize, I am calling in remotely
9 from Pensacola, so I cannot actually see the
10 agenda on my phone because of it being such
11 a small screen, so we'll need some prompts
12 as to what our next items are, but we don't
13 have a whole lot to go over.

14 One thing that we do need to do right
15 off the bat is approve minutes from our last
16 meeting. Members of the TAC were sent the
17 meeting minutes several months ago. Hoping
18 everyone had a chance to read and review.
19 If the members feel compelled, we need to
20 get a motion to accept the minutes, please.

21 MR. WALKER: Motion to approve.

22 MR. SMITH: I have a motion by
23 Mr. Walker. Do we have a second?

24 MR. BRAND: I'll make a second.

25 MR. SMITH: All right, we got a

1 second from Mr. Brand. Any discussion?

2 (no response)

3 MR. SMITH: With no discussion, we'll
4 call for the vote. All those in favor,
5 please signify by saying "aye."

6 (Aye).

7 MR. SMITH: Any opposed?

8 (no response)

9 MR. SMITH: Any abstentions?

10 (no response)

11 MR. SMITH: And then it's passed as
12 written. Thank you very much.

13 Okay, Ms. Wash, what is the next item
14 on the agenda for me, please?

15 MS. WASH: So old business, there is
16 none.

17 MR. SMITH: Correct.

18 MS. WASH: For new business, A would
19 be, "Did any changes occur with the GEMT
20 requiring services to produce and submit
21 annual reports?"

22 MR. SMITH: Okay, thank you very
23 much. And the --

24 (Mr. Smith speaking on mute)

25 MR. DEARINGER: If you want to unmute

1 real quick. For some reason --

2 MS. WASH: Keith, you're on -- you're
3 on mute.

4 MR. SMITH: Okay.

5 MS. WASH: Okay, you're okay now.
6 You're fine now.

7 MR. SMITH: Okay, okay, very good.

8 MS. WASH: Okay.

9 MR. SMITH: Okay, thank you. The
10 reason this was brought up, I had a
11 discussion -- a brief discussion with
12 Ms. Passion, and we wanted to clarify that
13 with all of the changes that have come about
14 with the addition of the new program for
15 reimbursing for EMS, along with MOAB -- not
16 knowing what MOAB is up to right now,
17 obviously, the session hasn't started. Has
18 there been any changes for the need for EMS
19 billing agencies or the accounting firm to
20 send the reports out to the EMS services?

21 And Linda, if you want to speak up
22 and talk about that and what your question
23 was, we might ask for somebody from Medicaid
24 to be able to clarify your point.

25 MS. BASHAM: Well, I know that last

1 year I heard that there was some discussion
2 about adding the GEMT funds to -- which kind
3 of rolls into Part B -- into the fee
4 schedule. So I didn't know -- since that
5 starts midyear, I didn't know -- or in the
6 beginning of the year, the fee schedule
7 normally would make the changes. I didn't
8 know if that would have anything to do with
9 us continuing with the annual reports, if
10 they were still needed or not needed, or
11 just how Medicaid would be handling all of
12 that.

13 MR. SMITH: Mm-hmm. Thank you,
14 Linda. Is there anybody within Medicaid
15 Services that can opine on that?

16 MR. BECHTEL: This is Steve Bechtel,
17 the chief financial officer. I'll just say
18 this is -- I'm not sure I'm following your
19 question, but as far as the directed payment
20 that was approved through House Bill 152,
21 submission of a annual cost report is 1 of
22 the 3 criteria to be eligible for the
23 payment. So you would definitely have to
24 still submit an annual cost report if you
25 intend to be -- because it's a voluntary

1 program, it's not that you have to be in it.
2 So that would be the only way that we'd be
3 able to figure out the cost that you have.
4 So we have to have that in order to
5 calculate the true cost of the business to
6 do that was CMS.

7 As far as Item B, since you kind of
8 merged the two together there, the second
9 one, I'm not aware of any discussions as of
10 right now. There may have been some just
11 maybe talks, but nothing has come across my
12 desk about putting GEMT into a Medicaid fee
13 schedule.

14 (Ms. Basham speaking on mute)

15 MR. DEARINGER: You're muted, Linda.

16 MS. BASHAM: Okay, well, it was just
17 a discussion that I heard that was ongoing,
18 so it probably didn't meet the level that
19 we're needing to get it done.

20 MR. BECHTEL: Okay. And Keith, to
21 answer your question on MOAB, I'm not sure
22 what the MOAB is doing.

23 MR. SMITH: Mm-hmm.

24 MR. BECHTEL: You know, they're
25 hitting on every aspect of Medicaid across

1 the board. Right now, they're looking at
2 NEMT, which is not GEMT. It's different.
3 It's the same service, but it's either
4 performed by nonemergency versus
5 governmental emergency, you know, so it's
6 different, I guess, facilities, but it's
7 ownership of the facilities or how they're
8 ran versus the services themselves. But I
9 think the NEMT that they're talking about is
10 decapitated NEMT process for, you know, just
11 transports to and from the doctors' offices
12 and to their medical appointments, not
13 necessarily a stretcher ambulance type of --
14 what I call stretcher ambulance, but it's
15 that type of -- I don't think they're
16 talking about that type of transportation in
17 the MOAB.

18 Now, the MOAB is simply looking at
19 everything and trying to make
20 recommendations to the legislature on
21 changes they would like to see to the
22 program, to the Medicaid program as a whole.
23 Transportation is just one part of that, so.

24 MR. SMITH: Mm-hmm. Thank you for
25 clarifying that, Steve, because one of the

1 concerns -- and I've spoken with a few folks
2 on the EMS side about this -- is my
3 understanding is there are some of the
4 legislators that, to your point, are upset
5 that there is a fairly large appropriation
6 that is made for NEMT transportation each
7 year, and apparently, about 1 percent of
8 that is actually getting used, from what I
9 understand.

10 MR. BECHTEL: Well, I would probably
11 disagree with the 1 percent. I've done the
12 numbers; it's a little closer to four on
13 utilization.

14 MR. SMITH: Uh-huh.

15 MR. BECHTEL: We have like
16 1.4 million people that we pay a capitated
17 payment on, and only about 60,000 people are
18 utilizing the services, but that's about
19 4 percent --

20 MR. SMITH: Mm-hmm.

21 MR. BECHTEL: -- if you look at it on
22 the utilization side. However, the cost has
23 increased, and I don't have to tell you all
24 this, gas has gone up, the cost of
25 maintenance of maintaining the vehicles and

1 maintaining the safeness of those vehicles,
2 and going through the certifications of
3 those vehicles, all of that cost has
4 increased --

5 MR. SMITH: Mm-hmm.

6 MR. BECHTEL: -- and it has driven up
7 those capitated payments to operate the
8 program.

9 But what we have to do, and I don't
10 think -- I've tried to explain this to the
11 legislature, but I'm not -- obviously, I'm
12 not having much success in trying to explain
13 it, but you look at the over --

14 (Mr. Bechtel speaking on mute)

15 MR. DEARINGER: Steve, you went on
16 mute.

17 MR. BECHTEL: I don't know why we
18 keep being put on mute because I didn't
19 touch a button. But anyway, I don't know
20 what he heard, but -- what all I said that
21 you did get to hear, but I think that what
22 you have to do is you take the total cost to
23 run the program, to operate the program, and
24 you divide it by the utilization, right?
25 The total --

1 MR. SMITH: Mm-hmm.

2 MR. BECHTEL: -- we had 3.3 million
3 trips in 2025 for 60,000 people. So it
4 comes close to about 59 to 60 trips per
5 person that we are -- that utilizes it.
6 They're utilizing about 59 to 60 trips --

7 MR. SMITH: Mm-hmm.

8 MR. BECHTEL: -- but that's 4 to 5
9 trips a month, right?

10 MR. SMITH: Mm-hmm.

11 MR. BECHTEL: So we spent -- of the
12 175 that we paid in capitated payments,
13 about 145 of that was in the cost, overall
14 cost --

15 MR. SMITH: Mm-hmm.

16 MR. BECHTEL: -- of running it.

17 The other piece is they have overhead
18 they have to pay for, they have all the
19 maintenance I tried to talk to you about
20 just a minute ago, I don't know if you heard
21 that --

22 MR. SMITH: Mm-hmm.

23 MR. BECHTEL: -- gas. They have all
24 those overhead costs that they have to also
25 cover --

1 MR. SMITH: Mm-hmm.

2 MR. BECHTEL: -- in the remaining
3 amount of that money.

4 The other thing is, you know, it's
5 different in each region, right? Different
6 scenarios, different situation in each
7 region. You may have -- in the urban area,
8 they may only have to go like 3, 4, 5 miles
9 --

10 MR. SMITH: Mm-hmm.

11 MR. BECHTEL: -- but in a rural area,
12 they may have to drive 35 to 50 miles for a
13 trip.

14 MR. SMITH: Mm-hmm.

15 MR. BECHTEL: So that trip becomes
16 very expensive. So I don't know if I agree
17 with only 1 percent is utilized in the
18 program --

19 MR. SMITH: Mm-hmm.

20 MR. BECHTEL: -- because I believe we
21 can illustrate otherwise.

22 MR. SMITH: Okay. Well, thank you
23 for the clarification on that. I think I
24 can speak pretty handedly that we understand
25 what it's like with those additional costs,

1 to your point, because of the reimbursement
2 factor that we have for nonemergency
3 transports that is not part of the
4 reimbursement programs that we have for EMS,
5 and the number of transports we're being
6 asked to do continually go up. You know,
7 being a hospital-based service myself,
8 there's an awful lot of those trips that,
9 you know, our general cost to operate per
10 run is about 490, \$500 per trip, and we're
11 not even getting within any range of meeting
12 any type of reimbursement that actually is
13 reimbursement, let alone anything on top of
14 that. So I can understand that there are --
15 they're having their issues as well.

16 MR. BECHTEL: Yeah, now, I can tell
17 you this, too, Keith, is that, you know, we
18 have the two direct -- well, the one
19 directed payment that we've had for a while
20 --

21 MR. SMITH: Mm-hmm.

22 MR. BECHTEL: -- that all providers,
23 all ambulance providers can have access to,
24 and that's the Provider Assessment Program,
25 called APAP.

1 MR. SMITH: Right.

2 MR. BECHTEL: And then we had the new
3 one that was part of House Bill 152 that
4 we've submitted to CMS, but CMS is on
5 shutdown right now, I guess, so we're
6 waiting to hear on that --

7 MR. SMITH: Mm-hmm.

8 MR. BECHTEL: -- just so we can get
9 that, but that's for governmental --

10 MR. SMITH: Right.

11 MR. BECHTEL: -- GEMT. That's for
12 those local -- local government-owned and
13 ran programs. And others, there's other
14 approval criteria for that, too.

15 But, you know, we understand that
16 you're not getting your full costs, and
17 that's why we did those two -- two directed
18 payments is try to bring that up closer to
19 where it needed to be. Unfortunately, House
20 Bill -- I guess it's House Bill 695, which
21 developed the MOAB, also says I can't, you
22 know, expand, so I don't know, you know,
23 where we go from there. It seems like
24 anytime I have to do a SPA or a reg or any
25 kind of rate adjustment, I've got to go

1 through -- or somebody has to go before the
2 legislature to kind of get their buy-in on
3 it from now on, so.

4 MR. SMITH: Mm-hmm. Sure. Anybody
5 from the TAC have questions regarding what
6 Mr. Bechtel was talking about?

7 MS. BASHAM: I do. This is Linda.

8 MR. BECHTEL: Mm-hmm.

9 MS. BASHAM: Forgive my ignorance,
10 but what kind of provider is receiving these
11 capitated funds? What would -- what would
12 that provider look like that is receiving
13 capitated funds?

14 MR. BECHTEL: They're a broker.
15 Transportation --

16 MS. BASHAM: Okay, so you're --

17 MR. BECHTEL: -- brokers --

18 MS. BASHAM: Okay, so you're talking
19 about --

20 MR. BECHTEL: -- is the NEMT.

21 MS. BASHAM: -- wheelchair service --

22 MR. BECHTEL: Yes, correct.

23 MS. BASHAM: -- basically.

24 MR. BECHTEL: Correct.

25 MS. BASHAM: Okay.

1 MR. BECHTEL: Yeah, not the stretcher
2 ambulance.

3 MS. BASHAM: Okay.

4 MR. BECHTEL: I'm not talking about
5 that. I'm talking about just your normal,
6 you know, that they come and pick them up,
7 take them to their appointments, bring them
8 home, maybe go to the pharmacy, things like
9 that.

10 MS. BASHAM: Oh, okay. Thank you.

11 MR. BECHTEL: Mm-hmm.

12 MR. SMITH: Steve, let me ask you
13 another question about that because -- and
14 this is a bit personal because it's my
15 service that's doing it. We have started
16 getting wheelchair vans and we're not
17 charging anybody to take the patients home.
18 We just need to get the patients out of our
19 hospitals. The process that we would have
20 to go through in order to be eligible for
21 reimbursement would have to cause us to
22 align with a brokerage whereas the only
23 patients that we really need to transport
24 are those that are actually leaving our
25 facilities so we can get them home or get

1 them to follow-on care. There was a
2 last-minute amendment made, and forgive me
3 for not knowing the bill number, during the
4 last session that basically said hospitals
5 are not eligible for reimbursement. Is that
6 still -- is that really the case that as a
7 hospital-based service, I would not be able
8 to -- even if I went through a brokerage, I
9 would not be able to file for a
10 reimbursement simply because I am owned by a
11 hospital service?

12 MR. BECHTEL: Keith, I'm not aware --
13 I'm not familiar with the legislation that
14 you -- that you're speaking of.

15 MR. SMITH: Okay.

16 MR. BECHTEL: So if you can get that
17 and get it to us, we'll be glad to look into
18 it.

19 MR. SMITH: Okay.

20 MR. BECHTEL: But I don't know. Now,
21 as far as the NEMT, we don't -- they're
22 enrolled with us, but they've contracted
23 with the Kentucky Transportation Cabinet to
24 do the services.

25 MR. SMITH: Mm-hmm.

1 MR. BECHTEL: So we just pay Kentucky
2 Transportation Cabinet, and then they pay
3 out to the individual brokers. So that may
4 be a discussion you may need to have with
5 them --

6 MR. SMITH: Yeah.

7 MR. BECHTEL: -- as well, but as far
8 as the legislation, if you can get me that
9 --

10 MR. SMITH: Mm-hmm.

11 MR. BECHTEL: -- we'll be glad, here
12 at the department, to take it back and look
13 at it for you.

14 MR. SMITH: Okay, I'd greatly
15 appreciate it.

16 MR. BRAND: I don't know if it only
17 captured your not-for-profit, and that's
18 going to be to hang up. But I think you'd
19 want to do it in two parts. You want to
20 look at that legislation, but you also
21 probably want to see the application process
22 that the Kentucky Transportation Cabinet's
23 requiring on what's their criteria for who
24 they're going to onboard as a vendor.

25 MR. BECHTEL: Right.

1 MR. SMITH: Right, and that was
2 part -- thank you, Joshua, for bringing that
3 up because that was part of the hangup, too,
4 is at -- the last time I looked into that,
5 we had -- we were going to have to agree to
6 take -- let's say if somebody wanted to go
7 to the beauty salon, we would have to agree
8 to take them to the beauty salon if they
9 were an actual client, and that's just not
10 the type of work that we're wanting to get
11 into. We want to be able to take people out
12 of our facilities to clear out the
13 facilities.

14 So to Steve's point, I'm going to
15 definitely get in touch with the Cabinet
16 about what are the different ways to
17 qualify. Does anybody have a point of
18 contact within Department of Transportation
19 who is the most appropriate person to talk
20 with there?

21 MR. BECHTEL: I would start with
22 Jeremy Thompson.

23 MR. SMITH: Okay.

24 MR. BECHTEL: And if he can't guide
25 you, he'll guide you to the right direction,

1 but he's over the transportation -- the NEMT
2 program with the Transportation Cabinet.

3 MR. SMITH: Okay.

4 MR. WALKER: Hey, Keith, I think that
5 was Senate Bill 27, which was part of the
6 Parkinson's Research Bill. That was part of
7 an email we had sent last year.

8 MR. SMITH: Yes. Yes, thank you,
9 Troy. Yes, that is the one that we need to
10 ask Representative Bratcher to see if he can
11 amend, because at the last moment of the
12 session, they tied it into the EMS
13 regulations and not the DOT regulations,
14 which was a technicality we had to work out.
15 That was one of the things that we worked
16 with Commissioner Lee on, along with, I
17 believe, a couple of others earlier this
18 year to make sure that the language that was
19 used in SB 27 was not going to cause any
20 effect on our EMS providers because of the
21 legal site that they put in the bill, which
22 was inappropriate.

23 So thank you, Troy, for bringing that
24 up. I could not remember what the number of
25 that bill was.

1 MR. BECHTEL: Yeah, my only other
2 comment or concern would be, you know, we
3 pay a capitated payment to the broker, and
4 each broker has their own region, right? So
5 if the member lives within their region,
6 they get a capitated per member per month
7 capitated payment. If you're -- if we're
8 paying them a capitated payment to deliver
9 those services that you're mentioning,
10 Keith, and then we're turning around and
11 paying you all for moving that person out of
12 your facility -- regardless if it's coming
13 out of your facility, I'm -- I've already
14 paid for a --

15 MR. SMITH: Mm-hmm.

16 MR. BECHTEL: -- per capitated
17 payment to have that service rendered. And
18 so it would be a situation where we could
19 have duplicated payment there, so we want to
20 make sure that we address that as well just
21 to be a, you know, good steward of taxpayer
22 dollars, so.

23 MR. BRAND: Well, Steve, would it be
24 a possibility of getting a list of the
25 registered vendors per area per service

1 area, so that way Keith could follow up and
2 say, "Hey, this is who should be doing these
3 transports versus us anyway if they're
4 already getting paid for it."

5 MR. BECHTEL: Yep, I would think so.
6 I would think Jeremy Thompson should be able
7 to provide you all that information. And he
8 could probably even give you their
9 subcontractors who align those trips, who
10 schedule those trips for those brokers. So
11 he should be able to give you that
12 information, yes.

13 MR. SMITH: Mm-hmm. Okay, we do
14 currently use, I believe, three different
15 vendors that come to our facilities to take
16 these patients. It just, unfortunately,
17 sometimes the time frame doesn't align with
18 when the patient's being discharged --

19 MR. BECHTEL: Mm-hmm.

20 MR. SMITH: -- which slows down
21 throughput, which I won't get into all
22 the -- the math that goes into that.

23 MR. BECHTEL: Oh, I totally
24 understand.

25 MR. SMITH: Yeah.

1 MR. BECHTEL: I understand totally.
2 Trust me, I do.

3 MR. SMITH: Yeah.

4 MR. BECHTEL: And, you know, being a
5 CFO, you know, a lot of times we get lost in
6 the numbers and decimal points and things,
7 but we have to also remember these are
8 people.

9 MR. SMITH: Mm-hmm.

10 MR. BECHTEL: These are people's
11 lives that we're talking about. And so what
12 may be -- what I was mentioning was the
13 double -- or the duplicative in payments,
14 and the only reason I brought that up is,
15 you know, we're watched like a watchdog, you
16 know? We're watched over --

17 MR. SMITH: Mm-hmm.

18 MR. BECHTEL: -- making sure that
19 we're being most efficient as we can with
20 the tax dollars. And so we just want to
21 make sure we're doing that, but ultimately,
22 our goal is to make sure to get those
23 services rendered --

24 MR. SMITH: Sure.

25 MR. BECHTEL: -- and then we can

1 figure out the payments later.

2 But that was just something I thought
3 you may want to bring up to --

4 MR. SMITH: Mm-hmm.

5 MR. BECHTEL: -- who was it? Senator
6 Bratcher you said, I think?

7 MR. SMITH: Yeah, Representative
8 Bratcher.

9 MR. BECHTEL: Representative
10 Bratcher, okay.

11 MR. SMITH: Yeah. Yeah --

12 MR. BECHTEL: On a Senate bill?

13 MR. SMITH: -- I met with him early
14 -- well, it was something that he was
15 working on. I had an opportunity to meet
16 with him last April after this took place.
17 It originated at his level, and then in the
18 last minutes of the session, it got moved
19 over to the Senate, and there was a lot of
20 things that took place that a lot of people
21 can't really explain. It just -- other than
22 last-minute time frame within the session,
23 things can get a little crazy, is basically
24 what I was told. And they quoted basically
25 311A instead of the appropriate DOT

1 regulation that was supposed to be quoted.
2 So we just need to get a cleanup of that so
3 that it takes away any talk about EMS not
4 potentially being able to get reimbursed for
5 doing Medicaid transports.

6 MR. BECHTEL: Okay. Yeah, that's one
7 of the biggest things we hear, and it's not
8 just transporting them out, it's, like,
9 transporting them to another facility --

10 MR. SMITH: Right.

11 MR. BECHTEL: -- you know, to a
12 nursing facility or back, vice versa. You
13 know, there's been some issues that's been
14 brought up to us by all providers. So yeah,
15 we do want to -- do want to try to figure
16 that piece out.

17 MR. SMITH: Sure. Sure. Very good,
18 thank you.

19 MR. BECHTEL: All right.

20 MR. SMITH: All right, anybody else
21 on the TAC have questions regarding the
22 reimbursement that needs to be presented to
23 DMS this month?

24 (no response)

25 MR. SMITH: Okay, very good.

1 Barbara, what's our next point on the
2 agenda?

3 MS. WASH: So the next one -- we did
4 do B, "Is there a discussion of simply
5 adding GEMT dollars to the Medicaid fee
6 schedule?" So we did go over that one.

7 MR. SMITH: Correct.

8 MS. WASH: Discussion regarding
9 changes to TAC, MAC, and BAC. Well, TAC is
10 moving right along. I have proposed dates
11 for your TAC, and I will send those out to
12 you after today's meeting.

13 We did have our BAC meeting, first
14 one on 10/13. We have 31 BAC members, and
15 all dates for the 2026 year have been set.
16 We have a new chair, vice chair, and
17 secretary.

18 We will have our first MAC meeting on
19 November 3rd, and that will be at the CHR
20 building in Frankfurt. So that's the update
21 that I have on TAC, MAC, and BAC.

22 MR. SMITH: Okay. Can you explain
23 briefly, with the changes that took place
24 previously, any time that the TAC met,
25 either myself or Mr. Walker would report out

1 to the MAC what we had talked about, if we
2 had any recommendations. The BAC is
3 something new. I don't -- personally, I'm
4 not familiar with what the BAC is and what
5 -- does the BAC coordinate with the MAC who
6 obviously coordinates with the TAC?

7 MS. WASH: So any recommendations
8 that you would have would go through MAC.
9 So if you had any recommendations -- I think
10 I had sent out some reminders. And again,
11 I'm so brand-new, I'm still trying to find
12 my way through this. BAC is Beneficiary
13 Advisory Committee. So it's more caretakers
14 and advocates for those with different --
15 different areas. So that would -- and there
16 are 31 members, but MAC is, I believe, where
17 you're going to present your
18 recommendations, and our first meeting is
19 going to be on November 3rd.

20 MR. SMITH: Okay, so at the end of
21 the day, the MAC is still going to be the
22 next level up for us to report to, and none
23 of that will change with the introduction of
24 the BAC?

25 MS. WASH: No, nothing will change.

1 That is correct.

2 MR. SMITH: Okay. Very good.

3 MS. WASH: Okay?

4 MR. SMITH: All right.

5 MS. WASH: So the next one is
6 replacement member for the Fire Chief's
7 Association TAC representative, letter sent
8 to Chief Kyle last Tuesday.

9 MR. SMITH: Yeah, thank you for
10 reminding me of that. Two things here,
11 first off, I should've let everybody know
12 this at the beginning of the meeting, but we
13 do have one of our new members attending
14 this meeting. Mr. Paul Phillips was
15 appointed by the Kentucky Ambulance
16 Providers Association to take the place of
17 Mr. Eubank, who recently retired.

18 So Paul, welcome to the EMS Medicaid
19 TAC. Paul is an executive with GMR AMR.
20 Paul has been around EMS for a very long
21 time, worked for the Kentucky Board of EMS
22 for a good length of time. He is very
23 familiar with EMS reimbursement, and is very
24 active in the talks with legislators, with
25 leaders within EMS about the status of

1 reimbursement for EMS. So Paul, welcome to
2 the group. Please feel welcome at any time
3 to ask questions of anyone, and welcome.
4 Would you like to say a few words to
5 everybody?

6 MR. PHILLIPS: No, I mean, you said
7 it better than I could, actually, so thank
8 you, and I look forward to working with you
9 all.

10 MR. SMITH: Fantastic. Thank you,
11 Paul.

12 And we did find out that Mr. Jacob
13 Carroll has recently left Jeffersontown Fire
14 and EMS. I did reach out to Chief Kyle, who
15 is the chief of Paducah Fire Department, to
16 ask for a representative to represent their
17 group. I have not heard back from Chief
18 Kyle yet. Troy, if -- I don't know if you
19 have contact with Chief Kyle. Do you have
20 any connection with him or with anybody at
21 Paducah to where you could potentially prod
22 him to respond?

23 MR. WALKER: I don't, but I can find
24 some and I can take care of it.

25 MR. SMITH: Okay, yeah, that would be

1 fantastic, if you don't mind doing that.
2 I'd like for us to get back up to
3 100 percent on our membership as quickly as
4 we can, that would be fantastic.

5 All right, and then, Ms. Wash, you
6 said that you had just recently sent out or
7 are going to be sending out the dates for
8 next year's meeting. I'm assuming that's
9 not anything that we have to vote on to
10 approve, that those will just be a standard
11 date that will be set by the Cabinet; is
12 that correct?

13 MS. WASH: Yes. Yes, I just
14 basically sent -- I have some proposed dates
15 for you all, and if they all work for your
16 schedule, then you can all get back to me
17 and let me know.

18 MR. SMITH: Okay.

19 MS. WASH: Okay?

20 MR. SMITH: Very good.

21 MS. WASH: They'll go out after
22 today's meeting.

23 MR. SMITH: Okay.

24 MS. WASH: All righty.

25 MR. SMITH: All right, very good. I

1 believe the --

2 MS. WASH: The last --

3 MR. SMITH: Go ahead.

4 MS. WASH: Yeah, the last one is
5 general discussion and recommendations.

6 MR. SMITH: Yep, thank you. Does
7 anybody on the TAC have any questions,
8 comments, anything that we need to look as a
9 recommendation to forward to the MAC?

10 MS. BASHAM: I have one question I
11 forgot to ask earlier on B.

12 MR. SMITH: Sure.

13 MS. BASHAM: What date do you want
14 the -- do you expect that the accounting
15 firm will want those reports done by, Steve?
16 The GEMT reports.

17 MR. BECHTEL: Normally we try to get
18 it -- you know, we just did the '26 one, and
19 we're trying to get ahead of the game on the
20 '27, so I would think that probably in the
21 first quarter of 20 -- well, that might not
22 be enough time. Maybe May, end of May. I
23 believe that was the time frame we used last
24 year was May.

25 MS. BASHAM: May of '26?

1 MR. BECHTEL: Yes, ma'am.

2 MS. BASHAM: Okay, thank you.

3 MR. BECHTEL: And that's just me off
4 the top of my head, I'll have to talk to the
5 accounting firm --

6 MS. BASHAM: Okay.

7 MR. BECHTEL: -- but I would think
8 because we have to allow your year-end to
9 end, right? And then allow some time for
10 some claims to roll through and all that,
11 and then -- but I was thinking May would
12 probably be the best -- be a good time.

13 MS. BASHAM: Okay, thank you.

14 MR. BECHTEL: Mm-hmm.

15 MR. SMITH: All right. Anyone else?

16 (no response)

17 MR. SMITH: All right. Next item,
18 please.

19 MS. WASH: So the last would be the
20 next meeting in January, and I'll be sending
21 that over to you later today. And that's
22 all.

23 MR. SMITH: Okay, very good. So on
24 those meeting dates, if everyone on the TAC
25 is good with them, I'll reach out to

1 everybody to find out if there's any issues,
2 then we can send it out to the entire group
3 so that our commercial folks that are
4 participating in the TAC will have those
5 dates available as well.

6 All right. And with that, I believe
7 the next item would be adjournment; is that
8 correct?

9 MS. WASH: It's adjourn, yes.

10 MR. SMITH: All right.

11 MS. WASH: And also wanted to let
12 everybody know Steve had put Jeremy
13 Thompson's email in the sidebar in the chat.

14 MR. SMITH: Okay, thank you, I
15 appreciate that.

16 MS. WASH: Mm-hmm, yes.

17 MR. SMITH: All right, with no
18 further business for the TAC, is there a
19 motion for adjournment?

20 MS. BASHAM: I make a motion we
21 adjourn.

22 MR. PHILLIPS: Second.

23 MR. WALKER: I'll second it.

24 MR. SMITH: All right, thank you,
25 Ms. Basham. We have a second by

1 Mr. Phillips. All those in favor, please
2 signify by saying "aye."

3 (Aye).

4 MR. SMITH: Opposed?

5 (no response)

6 MR. SMITH: Abstentions?

7 (no response)

8 MR. SMITH: Very good. Thank you all
9 very much. I appreciate your time today.

10 MR. BRAND: Thank you.

11 MS. WASH: Have a good day.

12 MR. SMITH: You, too.

13 (Meeting adjourns at 2:34 p.m.)

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C E R T I F I C A T E

I, TIFFANY FELTS, Certified Verbatim Reporter, 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 3rd day of November, 2025.

Tiffany Felts, CVR
Tiffany Felts, CVR