

COMMONWEALTH OF KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID SERVICES

IN RE: HOME HEALTH TECHNICAL ADVISORY COUNCIL

ZOOM MEETING

April 19, 2022
11:00 A.M.

All Participants Appeared Via Zoom or Telephonically)

APPEARANCES

Annlyn Purdon
CHAIR

Susan Stewart
Evan Reinhardt
Marlene Reynolds
Teudis Perez
TAC MEMBERS PRESENT

CAPITAL CITY COURT REPORTING
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APPEARANCES
(Continued)

Angie Parker
Judy Theriot
Lee Guice
Pam Smith
Jennifer Dudinskie
Erin Bickers
DEPARTMENT FOR MEDICAID
SERVICES

(Court Reporter's Note: At the request of DMS, all other participants appearing via Zoom or telephonically will not be listed under Appearances.)

AGENDA

- 1) Welcome
- 2) Approval of Previous minutes
- 3) DMS follow-up to TAC recommendations
- 4) MCO Updates (common billing issues, common PA issues, any other Home Health specific issues)
- 5) Update from Commissioner
- 6) Update from DMS Departments with any Home Health topics
- 7) Supply-Only for Pediatric Patients
- 8) TAC Recommendations for Home Health and Supply reimbursement
- 9) Adjourn

1 MS. BICKERS: It's about two
2 after. I just admitted several people from the
3 Waiting Room. Pam Smith said she's having a few
4 issues getting in on the Zoom but she is logging in.

5 So, I'm going to go ahead and
6 start the recording and we can get the meeting going
7 and I will turn it over to you guys.

8 MS. PURDON: Thanks, Erin.
9 We'll get started. We'll start with everybody
10 that's on the TAC can introduce their selves. I'll
11 start.

12 (INTRODUCTIONS)

13 MS. PURDON: Is Teudis on?

14 MR. REINHARDT: I don't see him
15 just yet. So, I think we can go ahead and move
16 forward.

17 MS. PURDON: All right. Do we
18 have a motion to approve the minutes from the
19 February 15th meeting? I believe those were sent
20 out.

21 MS. STEWART: I make a motion.
22 Susan.

23 MR. REINHARDT: I'll second it.

24 MS. PURDON: All in favor? All
25 right.

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It looks like next on the agenda is DMS follow-up to the TAC recommendations from the last meeting.

MS. BICKERS: I have those out to all of the Directors and their respective areas. They're due back. May 9th is when they're due to the MAC and I will let any of the Directors that are on give you any updates they may have for their area in particular.

MS. PURDON: Thank you.

MS. GUICE: This is Lee Guice. The only thing that - and I'm sorry - but the only thing I can remember - sorry I'm saying the only thing I can remember - is the supply-only recommendation.

We are working on that. It's not an easy process but we are working on it.

MR. REINHARDT: Lee, just to clarify. Which part of it? We had two parts - getting the MCOs to publish their limits and, then, also getting them to kind of have a single standard across the board. And, then, the other side of it was moving the supply-only to DME.

MS. GUICE: Right. So, I'm talking about moving the supply-only to DME.

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MR. REINHARDT: Okay. Thank you.

MS. PARKER: This is Angie. Regarding the published limits, there has not been any movement on that yet.

MR. REINHARDT: Thanks, Angie.

MS. PURDON: And I believe the other recommendation was the HCBS is that FMAP funding plan?

MR. REINHARDT: Correct. I think they said Pam was jumping on or going to get on at some point.

MS. SMITH: I'm on now. I'm on my phone. I'm having trouble getting Zoom to work on my computer but I am on.

MR. REINHARDT: Is there any feedback on the HCBS plan to include home health and private duty, Pam?

MS. SMITH: Well, actually, based on the budget bill, there will be some changes to that plan. So, look for information on that coming out in the future. We have had to really kind of pause going forward with anything while we address what was in the budget bill.

So, there's not really any

1 updates on anything right now. The only thing that
2 we are still working on is the rate study.

3 MS. PURDON: If there's nothing
4 else on that, then, are we ready to move on?

5 MR. REINHARDT: Yes.

6 MS. PURDON: It looks like our
7 next item is MCO updates, common billing issues,
8 common PA issues, any other home health specific
9 issues. Anybody want to take that away, Anthem or
10 Humana?

11 MS. OWENS: This is Holly with
12 Anthem Medicaid. We don't have any updates to
13 report at this time. Nothing new.

14 MR. MINGUS: This is Jay Mingus
15 with WellCare. I'm saying we have nothing new to
16 report at this time.

17 MS. LOVINS: This is April
18 Lovins with Humana and we have no current updates as
19 well.

20 MS. RISNER: This is Krystal
21 Risner with Aetna Better Health; and to my
22 knowledge, we don't have any issues or anything at
23 this time.

24 MS. PURDON: Susan, was this
25 yours? Did you have specific items that you wanted

1 is this person responding or not responding? So,
2 it's more about a collaborative effort towards what
3 the patient's needs are rather than just setting
4 arbitrary limits. Does that make sense?

5 MR. REINHARDT: I think so. I
6 mean, do you have specific examples where we can
7 kind of - do you have anything prepared on your side
8 that we can use as kind of a template to guide us?

9 DR. JAMES: Just kind of the
10 discussion that you were taking beforehand. We
11 could prepare something, but the concept is that as
12 we are starting to look towards the reviews as they
13 come in, and recognizing under HIPAA that it's the
14 minimum amount of necessary information to be used
15 to make these determinations that a person is making
16 progress, to be able to come up with something - and
17 I can give you an example of a form that we have
18 been considering and is on our website, and it may
19 be something that collaboratively we can work
20 together for reporting that shows progress for a
21 patient who is having home health services.

22 And if there is somebody that
23 I can send that to or send or form that's on our
24 website right now to Angie Parker or somebody else,
25 we're happy to do that and get some conversation

1 going.

2 MS. PURDON: Can they go ahead
3 and send that to you, Evan?

4 MR. REINHARDT: Yes, that would
5 be great.

6 MS. PURDON: And you can get it
7 out to the committee.

8 MR. REINHARDT: I'll put my
9 email in the Chat and we can disseminate this out to
10 members and get the conversation going on our end,
11 and we'd be happy to facilitate even a working group
12 to figure out some ways to have some best practices
13 for a collaboration.

14 DR. JAMES: Great. Thank you.

15 MS. PARKER: And, Dr. James, if
16 you wouldn't mind including me on that email. This
17 is Angie Parker.

18 DR. JAMES: I see your name
19 there, Angie.

20 MS. PURDON: Thank you and
21 we'll get started on that.

22 MR. REINHARDT: We appreciate
23 the suggestion and look forward to working with you
24 on that.

25 MS. PURDON: All right. Then,

1 we've agreed to move on to the next item. The next
2 item is an update from the Commissioner.

3 MS. BICKERS: I believe the
4 Commissioner is currently on a plane on her way to a
5 conference in Texas. One of the Directors, if I
6 misspoke, please let me know, but I don't think she
7 is going to be able to attend today.

8 MS. GUICE: I was getting ready
9 to speak up. The Commissioner is traveling today
10 and is not available. I don't know that we have any
11 specific updates today.

12 We're in a space where we're
13 working on a lot of things but none of them are
14 going to happen in the next couple of days. So,
15 that's what I can tell you about any updates.

16 Does anybody else have
17 anything to say? I don't mean to hog.

18 MS. PURDON: All right. We'll
19 move on to Number 6 of the agenda - update from DMS
20 Departments with any home health topics.

21 MS. GUICE: I think I gave the
22 only update I have earlier. So, thank you.

23 MS. PURDON: Anybody else
24 before we move on?

25 The next item is supply-only

1 for pediatric patients which I believe the
2 Department had reached out to Evan about that and
3 I'll let him talk about it.

4 MR. REINHARDT: So, we received
5 a question about supply-only cases for pediatric
6 patients and where that really stood with respect to
7 KHC members and how home health agencies were
8 handling that.

9 I sent a response to Angie and
10 her counterpart for the TAC just to have a
11 discussion not only on the pediatric side but
12 supply-only more generally.

13 The consensus is that it seems
14 like agencies are struggling with the financial end
15 of the commitment to do supply services. Often
16 there isn't significant margin in that service to
17 begin with.

18 And the amount of
19 administrative time it takes to ensure that the
20 supplies get from one place to another, the correct
21 supplies have been ordered, the patient and their
22 family are getting the supplies that they want, all
23 of that taken into consideration really puts the
24 service in a situation where it is not a profitable
25 service to provide from the agency's perspective.

1 otherwise I think that's where things stood but that
2 kind of leads us into our recommendation.

3 Angie, I don't know if you
4 have anything else on that.

5 MS. PARKER: I just want to
6 confirm that this is for our EPSDT Special Services'
7 pediatric patients. We had been having a lot of
8 challenges in locating certain providers for certain
9 services, most often wipes and those types of
10 things.

11 So, we had reached out to Evan
12 to see what your organization's thoughts were on
13 this to see if they could also help us with locating
14 and providing these types of special services to
15 this population, the EPSDT population. So, any
16 assistance would be helpful.

17 MR. REINHARDT: And I think the
18 group, the number of home health agencies that do
19 provide EPSDT Special Services, it's even a smaller
20 group of folks out there and it seems to be somewhat
21 concentrated in the Public Health Departments as
22 well.

23 I know that was sort of a core
24 service for several of them; and as they continue to
25 sort of consolidate and look to exit the business,

1 that will continue to be an issue that heightens as
2 we move forward.

3 So, we'll definitely keep an
4 eye on it but I think that's our feedback for now.
5 Annlyn, Susan, Marlene, I don't know if you have
6 anything else in addition on top of that.

7 MS. PURDON: Actually, Angie,
8 you had said wipes. I don't believe that that's
9 even on our fee schedule.

10 MS. PARKER: EPSDT Special
11 Services such as those type of things, they
12 sometimes could be covered outside the fee schedule.

13 If it's determined to be
14 medically necessary for this particular situation,
15 that's where that comes into play and that's why
16 we're having challenges in locating providers to
17 provide certain things.

18 MS. SMITH: And, Angie, EPSDT
19 is not a program. It's a benefit. So, I just
20 wanted to make that clarification.

21 COURT REPORTER: Pam, this is
22 the court reporter. You're cutting out.

23 MR. REINHARDT: It sounded like
24 she was saying that EPSDT Special Services is not a
25 specific program, that it's a benefit that is

1 provided to those particular consumers.

2 MS. PARKER: That is correct.
3 If I said program, she's right. It's a benefit.

4 MR. PEREZ: Right. Home health
5 does offer EPSDT Special Services and we offer
6 supply-only to our EPSDT Special Services patients.

7 The challenge is
8 reimbursement, getting paid for those services. We
9 find that we provide the services that are to be
10 medically needed. We get a PA for it but, then, we
11 are having a hard time getting paid for those.

12 MS. PARKER: Leeana Trainer is
13 the Branch Manager, if you're not familiar with her,
14 and I can put her contact information in the Chat.
15 But if you're having challenges with that, you can
16 contact her.

17 I do know that Carewise, aka
18 Gainwell does the payment of the claims and you get
19 the authorization through them, but we also on our
20 end help facilitate that.

21 So, we can certainly assist if
22 you have particular claims right now that you need
23 our assistance with, and I'll put her contact
24 information in the Chat.

25 DR. THERIOT: So, is that why

1 it's not profitable to be supply-only or is the
2 reimbursement making it not profitable?

3 MR. REINHARDT: It's both. So,
4 the reimbursement is low and I don't think it has
5 been adjusted for a significant amount of time, and
6 there are all sorts of administrative obstacles to
7 just getting the supplies when they need them and
8 having them be the correct supplies and, then,
9 you've got to try to get paid on top of that.

10 So, I think that's what Teudis
11 is pointing out, that in addition to making sure
12 everything is good and the supplies get there and
13 we're all squared away, then, you have to go down
14 and chase payment.

15 And by the time you've
16 included all of that staff time and what it takes to
17 go from ordering supplies to getting paid, you're
18 just in a situation where you're in the red pretty
19 quick.

20 MS. STEWART: This is Susan. I
21 would just add that we used to have a large supply-
22 only population and it has dwindled due to
23 reimbursement and the administrative burden to try
24 to administer.

25 But even in the home health

1 world today, the increased cost of supplies is
2 outrageous. The middle margin we might have had
3 four years ago is completely eroded now because of
4 the supply chain issues due to not being able to get
5 supplies, and then it becomes a quality issue after
6 that and a patient satisfaction issue.

7 MS. PURDON: I was going to say
8 that under traditional Medicaid and the old way of
9 doing it, it probably wasn't as hard because you get
10 cost-reimbursed on it.

11 But, then, after we started
12 with the MCOs and they have a fee schedule, then
13 you've got to look at making sure you're not losing
14 money and, then, somebody calls in and they want the
15 diaper they were getting under traditional Medicaid
16 but I can't provide that one to them because I would
17 lose money on it and it goes around and around and
18 around. Especially with getting a fee schedule
19 payment through the MCOs, that has made it hard.

20 MS. STEWART: And I would say
21 it also ties back to our TAC recommendation
22 regarding supply limits. You don't know what the
23 limit is. So, it's a guessing game. And, then, it
24 subsequently gets denied and it still leaves an
25 administrative overhead to try to bill and collect

1 for what you're due.

2 So, I think that you might get
3 providers back in the game when we have those
4 billing requirements, maybe.

5 MS. GUICE: What billing
6 requirements exactly are you talking about, Susan?

7 MS. STEWART: Like one MCO, the
8 billing requirements might be fifty. And if they
9 come in boxes of thirty and they need two boxes,
10 then, you're----

11 MS. GUICE: I see.

12 MS. STEWART; And, then, one
13 MCO might be billable at a thirty quantity and
14 another one might be billable at fifty, but we don't
15 know what that magical number is. So, if you go in
16 and your claim is over that, it's automatically
17 denied for excessive supplies.

18 From our seat, it's a game we
19 play with an MCO to try to figure out what the magic
20 number is.

21 MR. REINHARDT: All right.
22 That's the talking points on Number 7 and we're
23 ready for Number 8 then.

24 MS. PURDON: All right. TAC
25 recommendations for home health and supply

1 reimbursement. Do you want to talk about that one,
2 Evan?

3 MR. REINHARDT: Sure. I think
4 our conclusion and our discussion is that given
5 where things are in terms of reimbursement both for
6 supply services and home health more generally, that
7 we would make a recommendation that both be
8 increased significantly to address the past lack of
9 increases as well as the current needs of the
10 industry.

11 So, I think specifically we'd
12 like to see increases somewhere in the neighborhood
13 of 50% down the road.

14 MS. GUICE: Did you say fifty,
15 5-0?

16 MR. REINHARDT: That's correct.

17 MS. GUICE: Okay. Thank you.

18 MR. REINHARDT: Any other
19 discussion on that, Susan, Annlyn, Marlene?

20 MS. STEWART: No.

21 MS. PURDON: I don't think I
22 had anything else to add other than what you've
23 already said. I mean, it has been a long time since
24 we've had an increase and we all know that the cost
25 has not went down.

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So, it would be super helpful for us to continue to provide services to Medicaid patients.

So, with that, that is the last item on the agenda unless there's anything else anybody wants to say.

COURT REPORTER: If that's a motion, you will need a second and a vote.

MS. PURDON: Are we making a motion?

MR. REINHARDT: I'll make it a formal motion to increase reimbursement for home health and supply services by 50%.

MR. PEREZ: I'll second that.

MS. PURDON: All in favor? It looks like it's unanimous.

Anything else?

MR. REINHARDT: Nothing on my end.

MS. PURDON: I want to thank everybody for being here today.

MEETING ADJOURNED

HOME HEALTH TECHNICAL ADVISORY COMMITTEE
Frankfort, Kentucky
April 19, 2022 – 11:00 a.m. EST

TAC members in attendance via Zoom or telephonically: Annlyn Purdon, Susan Stewart, Evan Reinhardt, Marlene Reynolds and Teudis Perez.

Medicaid staff in attendance via Zoom or telephonically: Angie Parker, Judy Theriot, Lee Guice, Pam Smith, Jennifer Dudinskie and Erin Bickers.

Managed Care Organizations (MCO) in attendance: At the request of DMS, all MCO participants appearing via Zoom or telephonically will not be listed under Appearances.

Others in attendance: At the request of DMS, all other participants appearing via Zoom or telephonically will not be listed under Appearances.

Welcome and Introductions: The meeting was called to order by Ms. Purdon and the TAC members introduced themselves. A quorum was present.

Approval of Previous Minutes: The meeting minutes of February 15, 2022 were approved.

DMS follow-up to TAC recommendations: Ms. Bickers noted that the TAC recommendations have been distributed to the respective DMS Directors and the responses are due to the MAC on May 9th. Ms. Guice stated that DMS is working on the recommendation to move the supply-only to DME. Ms. Parker noted that there has been no movement yet regarding the published limits. Ms. Smith stated that based on the budget bill there will be some changes to the HCBS plan that includes home health and private duty and that information on this will be coming out in the near future.

MCO Updates (common billing issues, common PA issues, any other Home Health-specific issues): There were no MCO updates given. Dr. Tom James with Passport stated that one item this MCO would like to work with the TAC on is a common way of reporting progress towards goal and having a collaborative effort towards what the patient's needs are rather than just setting arbitrary limits. Dr. James will provide Mr. Reinhardt a form that the MCO is considering that shows the patient's progress as they are having home health services. Ms. Parker asked that the form be sent to her as well. Mr. Reinhardt stated that he could facilitate a working group to figure out ways to have some best practices for collaboration.

Update from Commissioner: Commissioner Lee was unable to attend the meeting.

Update from DMS Departments with any Home Health topics: There were no other DMS updates.

Supply-Only for Pediatric Patients: Mr. Reinhardt stated that the Association had received a question about supply-only cases for pediatric patients and where that stood with respect to KHC members and how home health agencies were handling this. He sent a response to Ms. Parker asking for a discussion not only on the pediatric side but supply only in more general terms. Mr. Reinhardt noted that the consensus is that agencies are struggling with the financial end of the commitment to do supply services and he spoke about the administrative burdens involved. Ms. Stewart added that the increased cost of supplies is outrageous and this ties back to the TAC's recommendation regarding supply limits and the guessing game with the MCOs on who provides what supplies and how many.

Ms. Parker confirmed that this is for EPSDT Special Services' pediatric patients, and DMS has had challenges in locating providers for certain services, i.e., wipes, etc. Mr. Reinhardt noted that it is even a smaller group of agencies that provide these EPSDT Special Services and it is more concentrated in the Public Health Departments, and Mr. Perez stated that the challenge is getting reimbursed for these services. Ms. Parker noted that Leeana Trainer, Branch Manager for EPSDT Special Services, can be contacted if anyone is having challenges with this.

TAC Recommendations for Home Health and Supply reimbursement: A motion was made, seconded and approved that given where things are in terms of reimbursement both for supply services and home health more generally, it was recommended to the MAC that both be increased significantly to address the past lack of increases as well as the current needs of the industry and to recommend increases in the neighborhood of 50%.

Adjourn: The meeting was adjourned.

(Minutes were taped and transcribed by Terri Pelosi, court reporter, this 2nd day of June, 2022.)