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HOME HEALTH TECHNICAL ADVISORY COMMITTEE  
CABINET FOR HEALTH & FAMILY SERVICES

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Via Videoconference  
August 18, 2022  
Commencing at 11:00 a.m.

Shana W. Spencer, RPR, CRR  
Court Reporter

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APPEARANCES

BOARD MEMBERS:

Annlyn Purdon, Chair

Susan Stewart

Teudis Perez

Evan Reinhardt

Marlene Falconberry (not present)

Judy Broughton (not present)

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MS. BICKERS: I believe I counted three members that have logged in already. I have Evan, Teudis, and Annlyn. So if I missed anybody, let me know.

(No response.)

MS. BICKERS: It looks like we've -- oh, there's Susan. There we go. Sorry, Susan. I didn't see you log in.

MS. STEWART: That's okay. I'm here now.

MS. BICKERS: I do -- before we start, really quick, I want to give a few friendly reminders to anybody who's new to the TAC meetings. If you are not a committee member, you cannot vote on the minutes or recommendations. We've had some -- some things popping up in some other TAC meetings, so just a friendly reminder.

Also, for the court reporter's sake, when you first start speaking, if you can identify yourself and who you're with. You know, if you are, say, with an MCO, just who you're with, and to please try to speak one at a time so that the court reporter can capture everything for the minutes, for the

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transcript. So I just wanted to throw those couple of friendly reminders out there.

We have cleared the waiting room, so if you're ready to begin, I will turn it over to you.

MS. PURDON: Thank you. Good morning, everybody. We'll start out with the introductions, and I will go ahead and start with, kind of, the introductions. I'm Annlyn Purdon. I'm the executive director for Hayswood Home Health, and I'm also with the Kentucky Home Care Association.

MS. STEWART: Susan Stewart with Appalachian Regional Healthcare and the Kentucky Home Care Association.

MR. PEREZ: Teudis Perez. Green River District home health administrator. I'm with the Kentucky Home Care Association and the Kentucky Public Home Health Alliance.

MR. REINHARDT: Evan Reinhardt, executive director for the Kentucky Home Care Association.

MS. PURDON: I believe that's all of us that are on today, so we do have a quorum because there's four of us. And the

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next item is approval of the minutes.

So it looks like we won't get the actual short minutes anymore. We actually get the whole transcript. So I don't know. Do we want to go off of that and everybody read and approve that, or do we want to do our own minutes from here on out? What's everybody else think?

MS. STEWART: I'm fine with the full thing. That's what we get with the MAC as well.

MS. PURDON: Okay.

MR. PEREZ: Yeah. Me, too. I'm fine with that.

MS. PURDON: Okay. Sounds good. Does anybody want to make a motion to approve the June 21st, 2022, minutes?

MS. STEWART: I will. Susan Stewart. I make a motion.

MR. REINHARDT: Second.

MR. PEREZ: I'll second. Go ahead.

MS. PURDON: So we have Susan and Evan second. All in favor, say aye?

(Aye.)

MS. PURDON: All right. I believe

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we are on to old business. Evan, you want to take over?

MR. REINHARDT: Sure. Just -- we have three items here and really just touching base with DMS to see if there are any updates. You know, home health reimbursement rates were under consideration, the last we had heard. And I think there was some work going on both on the supply reimbursement rates and policy changes there.

And, likewise, for the publication on the supply limits and then standardizing those. So just wanted to have a check-in with DMS and see if there's any updates on any of those items.

MS. BICKERS: Do we have anyone from DMS that can give an update on that?

MS. TRAINER: Hi. This is LeeAna Trainer. I can speak a little bit about it. We are still working on making modifications to both the home health and DME schedules. Right now, that is with our systems team to put those requirements or put those changes in place for us to be able to make those payments and reimburse providers.

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So right now, it's still in the works. We'll probably expect, at its current phase, that it'll probably be another couple of weeks before those are completed. But once they are completed, I do know that I'm working with our policy team, and we expect to send out notification to the providers.

MR. REINHARDT: All right. I don't know if we have any questions from the group or anything further, but it sounds like things are still in progress on DMS' side.

MS. TRAINER: Yes. Everything is still in progress, and if anyone does have any questions, feel free to reach out to me. Again, it's LeeAna Trainer speaking. And if I don't have the answer, I'll certainly find it for you.

MR. REINHARDT: All right. I think we're ready for the next one, then, Annlyn?

MS. PURDON: Yes.

MR. REINHARDT: And this one is just an update on the EVV delay request. I know some states are kind of just submitting, but we had spoken about this last time. So I wanted to see where things stand as far as

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the State submitting its good faith effort  
delay request to CMS.

MS. PURDON: I'm looking to see who  
gave the update on that last time.

MR. REINHARDT: I don't know if it  
was Lee -- was it Lee Guice maybe, or was  
it -- I think her and Pam Smith were the two  
main individuals that we communicated with  
the last meeting.

MS. PURDON: Are either of them on  
the call today? Or I know Lee isn't because  
she retired. I'm sorry. But is Pam Smith  
on?

MS. BICKERS: I'm scrolling, and I  
don't see Pam on. I can let you know that  
Nicole Bradshaw is our new director of  
policy, so I can always send her a follow-up  
with that and ask her to look into that for  
us.

MR. REINHARDT: That would be  
great. We'd appreciate that. Because  
that's -- that's a big one for us, to make  
sure that, you know, we can plan  
appropriately if there is going to be a delay  
or not.

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MS. BICKERS: Pam is logging in currently, as we speak.

MR. REINHARDT: Okay.

MS. BICKERS: Pam is logged in if you want to run that question by her again.

MR. REINHARDT: Morning, Pam. We're just looking for an update on the EVV good faith effort delay request to CMS, if there's been any additional updates on that.

MS. SMITH: For the home health, it is -- we have not submitted it yet. We are still planning to submit it. I'm targeting submitting it in September after I have -- we're still in open procurement, so I can't say a whole lot about that. But I was delaying our submission until I had a little bit more information so -- but it will be submitted by the end of September.

MR. REINHARDT: Okay. All right.

MS. PURDON: Thank you.

MR. REINHARDT: Then we're ready for the general discussion, Annlyn, if you want to --

MS. PURDON: I had a few other items on my agenda. Yeah, the one that she

1 has up. Did we do the supply reimbursement  
2 rates and policy changes?

3 MS. SMITH: So I can't speak on  
4 behalf of the MCOs, but as you all know, I  
5 have just taken -- just taken over home  
6 health and so -- in July as Lee retired. So  
7 I don't really have an update other than to  
8 let you all know I am really looking into  
9 this. And hopefully, by the next meeting,  
10 I'll have more information that I can share.

11 But I'm kind of going back to the start  
12 in some other initiatives that I worked on  
13 actually prior to this role, in particular,  
14 related to supplies. So I'm kind of  
15 recycling some of that, and hopefully I can  
16 have a better update for you all at the next  
17 TAC meeting.

18 MS. PURDON: So -- I'm sorry. This  
19 is Annlyn. Are you speaking to both of the  
20 supply -- the supply reimbursement and supply  
21 only to DME and the limits for the MCOs?

22 MS. SMITH: So I have to -- I'll  
23 have to work with -- and I don't know if  
24 Edith is on. I do not see -- I'm looking  
25 real quick to see. I don't see --

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MS. BICKERS: I don't believe she's on, Pam.

MS. SMITH: I don't see anyone from that division on, but I'll work with that division director and -- because I don't have a -- while we work with the MCOs, since most of what I do is all on the fee-for-service side. But I'll work with the directors on that side to address everything under this, so MCOs and just, in general, the items under this old business bullet here.

MS. PURDON: So is it safe to say that none of the MCOs submitted their supply lists and quantity limits?

MS. SMITH: They have not to me, but that does not mean -- but, again, I'm not over their contracts. So that's not part of -- you know, that's not directly under my purview. So it's not abnormal that I would not have seen that or that they would not have submitted that to me. So they may have. I just -- I don't know.

MS. PURDON: I think in the last meeting, they were supposed to -- or some of them said they'd send it to Erin and maybe to

1 Evan, also. So Evan, you didn't get any?  
2 No.

3 MR. REINHARDT: I know someone  
4 did --

5 MS. BICKERS: And I'll double-check  
6 my records, but I don't recall getting  
7 anything. I try to submit out within a week  
8 of the meeting, but I'll double-check my  
9 records for you, guys, too, just to make sure  
10 I didn't drop the ball there.

11 MR. REINHARDT: And I'll send an  
12 email on this to Angie Parker because I think  
13 she --

14 MS. SMITH: Well, it's not Angie.  
15 So that -- while Angie is still assisting  
16 that division, the MCOs are no longer under  
17 Angie.

18 MR. REINHARDT: Okay.

19 MS. SMITH: So, Erin, if you'll  
20 help me follow up with Edith and Maleah,  
21 please.

22 MS. OWENS: Hi. This is Holly with  
23 Anthem. Our regulatory team sent that out by  
24 the due date that was provided. I'm not sure  
25 who the regulatory team sent that out to, but

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they did send it out to whoever requested that it be sent to. And it was sent by the due date.

MS. SMITH: Thank you, Holly.

MR. KERN: This is Chris Kern with UnitedHealthcare, and we did the same thing.

MS. SMITH: I'm going to throw my email in the chat. If you all don't mind, if you all will have whoever from your teams forwarded that out, if you can just have them forward me a copy of it. That would be -- that would be great, and we'll try to figure out kind of where -- it just sounds like there's been some miscommunication and maybe some just misunderstanding.

So we'll get all of that resolved and get it -- and get us back on track so...

MS. OWENS: All righty. Pam, would you be able to email our regulatory team?

MS. SMITH: Yes. If you can send me who the contact would be, absolutely.

MS. OWENS: Okay. Thank you.

MS. LOVINS: This is April Lovins with Humana Healthy Horizon. I just wanted, for the record, to say that I also was copied

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in on that email, that we had forwarded that requested documentation as well in a timely fashion before it was due. So I just wanted to notate that we did that as well.

MS. SMITH: Thank you, all of our MCO team members that are speaking up. And I apologize. It just looks like there's been just some -- some miscommunications on our side. So we'll remedy that quickly and take care of that and get us all back on -- all on the same page and get us moving forward.

MS. PURDON: All right. Thank you. Okay. I believe now we're ready for the general discussion unless anybody has something else to say.

All right. I believe the first is update from the MCOs, if there's any.

MR. KERN: Good morning. This is Chris Kern with UnitedHealthcare. I'm a new attendee to this meeting. I am the network provider director for UnitedHealthcare.

I do have a short update that I can share with you, if it's okay if I could share my screen.

MS. BICKERS: You should now be a

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co-host.

MR. KERN: Thank you. Can you guys see my screen?

MS. PURDON: Yes.

MR. KERN: Okay. So thank you again for the invitation and the opportunity to come and talk with you guys today. I look forward to many more opportunities to work with you.

I wanted to give a prior authorization update. We have some skilled nursing and home health aide codes that can be administratively approved under standard guidelines up to 10 visits in 30 days with a signed order from the ordering physician.

The list below is not an all-inclusive list. If the request is over the above limits, then request clinical information, and we will pend the case for further review. And we will request that additional information from you.

If the provider requests more than the above, we do review for medical necessity and send it to the medical director for review. As most requests for a large number of

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visits, that's pretty standard for UnitedHealthcare.

The medical directors normally will deny based on medical necessity or based on recommended number of visits in InterQual. Again, if we have any additional information we need, we would reach out to you via email.

I wanted to also -- you know, we're always recruiting providers to Join Our Network, and home health is no different. I did place the UnitedHealthcare Join Our Network link on the Kentucky community and state UnitedHealthcare page. You see Join Our Network is the third option in the drop-downs in the middle of the page.

If anybody has any questions about that, they're certainly welcome to advise us. Or, also, if you have a relationship with your network manager, or also network help is an option when you drop this down. Any of those three would work.

Claim updates. I did ask for a top five denial by home health claim type from 1/1/22 to 6/30/22, and the top five denials for that time frame. The biggest one, by far, is

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member eligibility at 1,062. The next one is pretty much something that almost everybody would see. It's based on your contract, a discounted rate from what your billed amount is.

The third one is primary carriers EOB, and that pretty much relates to if you have a private insurer or Medicare that you bill first, we would need to see that EOB with the claim.

And then another one is billing NPI not enrolled or active. That could be as simple as a network update or if you're an out-of-network provider, just simply getting you into -- under contract.

And then the last denial for that time frame is referring NPI not valid. It could be that there's a transposed NPI, or the NPI is not one that's recognized in our system because the provider may not be a Kentucky Medicaid provider.

So we would just want to kind of work with you. If you have that issue, just double-check the NPI. Double-check that the provider is a Medicaid provider. And if

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there's still some issues, we'll try to work with you to iron that out.

The next item was the quantity limits and supplies. I just wanted to check to make sure it was received. Clearly, as Pam had mentioned, we'll need to send that to her. We did send it out earlier, and I will take care of that post this meeting.

And then just the last item, if there's anything in particular the TAC would like to see from UnitedHealthcare, please let me know. I'd be happy to try to add that to, you know, whatever I present in the time allotted to me.

Are there any questions or feedback that you want to provide before I turn it back over?

MS. STEWART: This is Susan Stewart. I would like to see rejected claims, denial percentages, and -- for, you know, not NPI, not the things you listed here but other reason codes.

MR. KERN: Denial percentages for other -- or other denial reasons.

MS. STEWART: Right. And I would

1 be interested in looking at audit denials,  
2 post-audit.

3 MR. KERN: Post-audit denials.

4 MS. SMITH: Susan, can you work  
5 through maybe Evan or Annlyn to -- just to  
6 make sure we get everything, maybe formalize  
7 the request and just send something in  
8 writing. And I know you all have done this,  
9 but I just want to make sure we get  
10 everything and don't miscommunicate or  
11 anything so that we can -- that way, if we  
12 have maybe one -- after the discussion, if  
13 everybody agrees on everything, then we can  
14 formalize it and everybody agree in writing  
15 that the request includes everything. And  
16 hopefully that way, we'll get you all  
17 everything that you're wanting to see, if  
18 that's agreeable to everybody.

19 MR. KERN: I think that sounds like  
20 a wonderful idea.

21 MS. STEWART: And that's fine with  
22 us. That way, we're -- fine with me as long  
23 as we're consistent across the -- with all  
24 the MCOs.

25 MS. PURDON: Yeah. This is Annlyn.

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It's fine with me, too.

MR. KERN: Well, thank you for your time today. I appreciate that, and I look forward to working with you in the future. Have a nice day.

MS. PURDON: Thank you, Chris. Any other MCOs?

(No response.)

MS. PURDON: Okay. It looks like we'll move on to updates from DMS.

MS. SMITH: Sorry. I couldn't get to my un-mute button. It's a hazard. I've rearranged my desk, and somehow my screens have rearranged each other. And so I couldn't get to my mute button.

So a couple of things with waivers. The Appendix K for the changes we did related to the flood disaster in eastern Kentucky, that was formally approved by CMS. And I believe yesterday afternoon, the guide went out that highlighted those changes.

Those of you that worked within eastern -- western Kentucky -- sorry -- in western Kentucky when we had the tornados, you'll notice a lot of similarities. So it's

1 a lot of the same flexibility. The  
2 ten-percent rate increase for the 1915(c)  
3 waiver. So the HCBS providers that was  
4 included in the approved budget, that -- the  
5 direction was to use the Arca funds for that.

6 And so we modified the spending plan per  
7 that direction. And that is with CMS right  
8 now awaiting final approval. And so we  
9 are -- as soon as we hear back from them,  
10 then there will be more information coming  
11 out about that.

12 Rate study, for any of y'all that have  
13 been participating on those calls or have  
14 been following and watching the webinars, we  
15 have not had a meeting in -- we did not have  
16 a meeting in July and August. Part of that  
17 was just it's that time of the year, vacation  
18 time. It was time to allow us to focus on  
19 the floods.

20 We are looking at the next meeting  
21 starting back again in September, so I didn't  
22 want anybody to be concerned that the rate  
23 study was not continuing. Because that is --  
24 that is going to -- it is a continued focus  
25 and will be happening there.

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Those are the biggest things right now that are going on. As I mentioned, I'm really trying to kind of get my feet wet again with, you know, the home health and private-duty nursing. It's something that I know Susan -- I had done a long time ago, had been involved in a long time ago, stepped away for a little while, then focused mainly on waivers.

But I'm now, you know, trying to get right back into the swing of things. So if there are any concerns or things that I may have missed, please reach out to me. I put my email address in the chat. So reach out to me. Ask the questions. Remind me if I've missed something or -- and we'll, you know, try to make sure that we can kind of get everything back on track and start answering those questions.

And, I guess, on the data requests, too, are you all also wanting to see -- I know, in particular, you're wanting to look at the MCO data. Is that something you also want to look at on the fee-for-service side? Is there any data that you want to see on the

1 fee-for-service side in particular? So  
2 include that in your request if there's  
3 something that you want to see on -- on the  
4 fee-for-service side or if you want the same  
5 data points or if there's something different  
6 that you want to see.

7 MS. PURDON: Thank you, Pam.  
8 All right.

9 MS. BICKERS: And I have a quick  
10 update. I apologize for jumping in. This is  
11 Erin. I have reached out to Angie because  
12 she had to be on another call today.

13 We did receive the MCO's information  
14 from the last meeting, but there were some  
15 concerns on some of the things that were  
16 being asked for. So DMS is currently  
17 reviewing that to make sure nothing is being  
18 sent out that's against CMS policy. So Angie  
19 Parker is reviewing that, and I will have her  
20 get with Pam and provide all that stuff with  
21 Pam as well since that's now her wheelhouse.

22 So we do have that information from the  
23 MCOs, so thank you. But it is under review  
24 currently just to make sure that DMS is --  
25 doesn't get in trouble with CMS.

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MS. PURDON: Great. Thank you.

And do we have updates from Commissioner Lee or her representative?

MS. SMITH: I don't believe she was able to attend, and I do not believe there's any other additional updates, I don't think, that she had passed along for -- for us to give as well so...

MS. PURDON: I believe that brings us to recommendations which I don't think we actually have any formal ones. Did you want us to talk here about what we would like to see from the MCOs or -- and formalize it here or separately and then submit the request?

MS. BICKERS: I believe it would be okay to discuss it now. So that way, they're aware of what you would want from them so that they can have that prepared for the next meeting or by the deadline.

MS. PURDON: Okay. So, Susan, you want to give your list again?

MS. STEWART: I wanted to see a rejected claims percentage. Like, if we get 100 claims, what percentage of them are designated as clean claims or rejected? And

1 if they're rejected, what's the primary  
2 reasons they are rejected? And then I wanted  
3 to see at post-audit, what are the  
4 percentages on denied claims?

5 MS. PURDON: And, actually, I would  
6 like for the MCOs to tell us how they handle  
7 their post-pay audits, especially when they  
8 contract with another agency to do it. Like,  
9 does somebody within their company oversee  
10 those, or who do you complain to when you  
11 don't think the company they hired has done  
12 the audit right? Are there any questions  
13 from the MCOs about those requests?

14 MR. KERN: Could you repeat those  
15 items one more time? I'm just trying to jot  
16 them down. I want to make sure I have a  
17 complete list.

18 MS. PURDON: Rejected claim  
19 percentage.

20 MR. KERN: Okay.

21 MS. PURDON: Post-pay audit denial  
22 percentages.

23 MR. KERN: Okay.

24 MS. STEWART: The top ten reasons  
25 for rejected claims.

1 MS. PURDON: And I was trying to  
2 think of how to condense everything I said.  
3 I guess, if the MCO outsources their audits,  
4 how they handle the company that audits for  
5 them. So I'm trying to think if any of the  
6 Medicaid MCOs outsource their audits. They  
7 might. I get so many audits, I don't know  
8 who they're coming from. All right.

9 MS. OWENS: This is Holly with  
10 Anthem. Will a formal request be coming to  
11 our regulatory folks?

12 MR. REINHARDT: We can -- we can  
13 jot it down on paper and send it over if that  
14 makes it easier.

15 MS. OWENS: It does. That way,  
16 they can coordinate and get it to whoever  
17 needs to answer those for you. That would be  
18 much appreciated. Thank you.

19 MS. PURDON: Thank you. All right.  
20 So we have the MAC meeting representation.  
21 Is that an update, or is it just on here to  
22 say that we have a MAC representative here?

23 MS. BICKERS: Yes. That's just to  
24 let me know. So when they start going  
25 through the different TACs, if someone is not

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going to be there to represent you, I can let them know. So that way, they can -- you know, they're not sitting there in silence.

MS. STEWART: I was not at the last MAC meeting. That was the flood day.

MS. PURDON: Otherwise occupied?

MS. STEWART: I was on vacation. That ended early, too.

MS. PURDON: All right. So as far as you know, will you plan on being at the next MAC meeting?

MS. STEWART: That's the first one I've ever missed, so yeah.

MS. PURDON: I think that was a good reason. All right. I believe our next meeting is October 18th. Sounds good. And is there a motion to adjourn?

MS. STEWART: I make that motion.

MR. REINHARDT: Second.

MS. PURDON: All in favor?

(Aye.)

MS. PURDON: All right. Thank you, everybody. Have a good day.

(Meeting concluded at 11:34 a.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 2nd day of September, 2022.

/s/ Shana W. Spencer

Shana Spencer, RPR, CRR