

DEPARTMENT OF MEDICAID SERVICES  
HOME HEALTH TECHNICAL ADVISORY COMMITTEE

\*\*\*\*\*

February 11, 2025  
11:00 a.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:**

Annlynn Purdon, Chair (not present)  
Evan Reinhardt  
Susan Stewart  
Marlene Falconberry (not present)  
Teudis Perez

1 MS. SHEETS: Good morning. This  
2 is Kelli with the Department of Medicaid  
3 Services.

4 Welcome to the Home Health TAC  
5 this morning.

6 Currently, I only see Susan and  
7 Evan on. If I have missed anyone, please  
8 speak up.

9 Okay. I have eleven o'clock,  
10 but we will give it a couple of minutes in  
11 hopes that a couple more TAC members join.

12 MS. STEWART: Our chair is  
13 probably in the line of the storm. I am  
14 not sure about the other two.

15 MR. REINHARDT: Yeah, Annlynn  
16 definitely said she would possibly not be  
17 making it. So not sure about Teudis and  
18 Marlene, but we will give them a couple  
19 moments here.

20 MS. SHEETS: Sounds good. Thank  
21 you.

22 MR. REINHARDT: You're welcome.

23 MS. SHEETS: Okay. I am still  
24 showing just Susan and Evan, but if you  
25 want to go ahead and get started -- we do

1 not have a quorum, but in the interest of  
2 time, if you want to go ahead and get  
3 started, that's fine, and I can let you  
4 know if any other TAC members join if that  
5 is okay with you.

6 MR. REINHARDT: Sounds good.

7 So we will jump straight down to  
8 old business and two topics for  
9 consideration there.

10 First up is supplies limits,  
11 which I think has been something where we  
12 have worked on on the agenda for a few  
13 years and we are just trying to narrow in  
14 on a bit of an answer and guidance for  
15 folks to know what the limits are in terms  
16 of billing supplies. I think Erin has had  
17 that on the radar here since the last  
18 meeting.

19 MS. SHEETS: Hi Evan, it is  
20 Kelli again. I have received a couple of  
21 reports -- one from Passport, one from  
22 WellCare. I can include those in the  
23 follow-up email that I will send out after  
24 today's meeting, but if there is anyone  
25 else on the MCO list that would like to

1 address, that would be great.

2 MR. ELLIS: You should have  
3 received something from Humana as well,  
4 but we actually don't have any specific  
5 plans. We abide by what the state has so  
6 maybe that is why you didn't have  
7 something specific for Humana.

8 MS. SHEETS: Yes.

9 MS. STEWART: Kelli, this is  
10 Susan. My question is in the report that  
11 you have received. Is it all-inclusive or  
12 does it have gaping holes?

13 MS. SHEETS: I will send that  
14 out and let you decide. I can send that  
15 out right now if you would like.

16 MS. STEWART: We have gotten  
17 data before, but it is a spreadsheet with  
18 gaping holes. So we would like to have  
19 the information.

20 MS. PURDON: My assumption is  
21 that it might be what you have gotten  
22 before, the same format, but I will let  
23 you decide that.

24 MS. STEWART: Okay. Thank you.

25 MR. REINHARDT: Thanks, Kelli.

1 MS. LEWIS: This is Suzanne with  
2 United.

3 I don't think I sent anything  
4 in, and I am happy to if you need that,  
5 but similar to Humana, we follow what  
6 guidance the state has set and CMS rules  
7 so there is not a specific list of  
8 supplies or codes or supply limits. If  
9 there were examples of something that  
10 wasn't getting paid, we would love to have  
11 those examples sent to us so we can  
12 research it.

13 If anybody has any issues with  
14 that, that would be helpful to us to  
15 research what is not getting paid. I  
16 think if there are claims issues, just  
17 talking through sometimes with my claims  
18 team, sometimes supplies can be added to  
19 multiple lines for the same item and  
20 sometimes those can be kicked out as it  
21 looks like it might be a duplicate, so I  
22 don't know if that is something that home  
23 health providers are experiencing, but  
24 again, without an example or a specific  
25 thing to go back and look and investigate

1 to see, it is kind of hard to know the  
2 answer. But we are happy to do that and  
3 we are happy to help if there is something  
4 that you all are seeing.

5 Like this particular code and if  
6 it's billed a certain way and it gets  
7 kicked out every time if we do X. Those  
8 are the kinds of things that can help us  
9 go back and investigate what our system  
10 might be doing.

11 MS. STEWART: I can maybe  
12 provide some clarity on that. It is not  
13 about a prior auth to get supplies. It is  
14 about getting the billing quantities.  
15 What are the billing quantities?

16 If Passport's billing quantities  
17 for four by fours is one box of 40, we  
18 don't know that. And yours might be 50,  
19 so we don't know what the billing  
20 quantities are, so if we bill it as over  
21 the billing allowance then we get the  
22 denial, but we don't know what that issue  
23 is.

24 MS. LEWIS: Okay. And like I  
25 said, we don't have a specific list of

1 codes or quantities to that degree, so if  
2 you are saying that, again, if you have a  
3 code where you are seeing that happen  
4 consistently, it would be helpful for us  
5 to have that.

6 MR. ELLIS: Yes.

7 MS. STEWART: My counter to is  
8 that you probably do. It's in your  
9 billing manual and it's in your billing  
10 edits. We would just like to know what  
11 those are.

12 MR. ELLIS: Yeah. Unless it is  
13 tricking against the states billing  
14 guidelines. The state has limitations  
15 then -- at least for Humana -- we  
16 implement what the state has and we abide  
17 by what the state has.

18 And then the state has -- there  
19 might also be some that are published by  
20 CMS where the state also abides by CMS's  
21 standards, but again, at least for Humana,  
22 we do not have MCO specific limitations on  
23 supplies beyond what the state and CMS has  
24 published.

25 MS. LEWIS: Yes. Same for



1 United.

2 MR. REINHARDT: So Kelli, if  
3 that is the case, is there someone that we  
4 can talk to in DMS to confirm?

5 MS. SHEETS: Yes. I can take  
6 that back.

7 MR. ELLIS: You all publish it.  
8 It is in the fee schedule. As the supply  
9 limits a lot of times in the fee  
10 schedules.

11 MS. STEWART: Can you give me  
12 your definition of a supply limit?

13 MR. ELLIS: From the fee  
14 schedule I think I saw an example that  
15 said 50 boxes. Like it has a code and it  
16 says 50 boxes, or something like that.

17 Or, I think I saw something  
18 where it says sterile gloves 99 or  
19 something like that. I would have to go  
20 back and look at the state's fee schedule,  
21 but there were specific units that are  
22 noted in there.

23 MS. STEWART: My question to  
24 that would be supply limits and billing  
25 quantities might be two different things,

1 but we can go down this rabbit hole --

2 MR. ELLIS: Again, similar to  
3 UHC -- and I think that this is probably  
4 true for all of the MCOs -- if you are  
5 actually seeing an issue with the claim,  
6 like a claim example that is causing this  
7 issue, by all means, I don't think any of  
8 the MCOs would disagree that we would like  
9 to research those examples for you all.

10 MR. REINHARDT: I don't know if  
11 the most recent fee schedule I can find on  
12 the website talks about limitations, but  
13 those are all for incontinence products  
14 and adult briefs or diapers. So I don't  
15 see any other limits as far as that goes.

16 MR. ELLIS: Does that also  
17 account for -- some of the things that you  
18 bill are also applied to the DMA fee  
19 schedule by chance?

20 MR. REINHARDT: Not that we are  
21 aware. We can cross reference, but there  
22 are only a handful of items on the fee  
23 schedule that have limits and that is like  
24 Betadine wipes, a catheter, urethral  
25 clamp, and a couple of other things. None

1 of the other things, like the four by  
2 fours, none of that is listed in terms of  
3 having a limit on the monthly or annual  
4 basis.

5 MR. ELLIS: Okay. So if you are  
6 seeing a claim as if there was a limit,  
7 then we would recommend that you send that  
8 to us as an example so that we can  
9 research those.

10 MR. REINHARDT: Yes, we will do  
11 that, happy to.

12 MR. ELLIS: Okay. Great.

13 MR. REINHARDT: Any other MCOs  
14 on the supply limits discussion?

15 Hearing none --

16 MR. OWEN: Good morning. This  
17 is Stuart Owen with WellCare.

18 We sent the list, and an issue  
19 in the past -- we have talked about this  
20 before is some -- because we have limits  
21 and some of the CMS limits are proprietary  
22 so we point that out on our list.

23 They're part of the medically  
24 unlikely edit MUE and they actually cannot  
25 publish it. And the rationale is you can

1 bill whatever is needed based on the plan  
2 of care for the member, and if it is  
3 published then coincidentally that is what  
4 will be billed. But we know that some of  
5 those are CMS proprietary, so we don't  
6 publish those because it is forbidden to  
7 publish them.

8 MR. REINHARDT: Do you know if  
9 like, four by fours fall into that  
10 category, Stuart?

11 MR. OWEN: No, I'm sorry. I  
12 don't.

13 MR. ELLIS: Four by fours, can  
14 you elaborate?

15 MR. REINHARDT: Susan, what's  
16 that? It's just a bandage, right?

17 MS. STEWART: It is four by four  
18 gauze.

19 MR. ELLIS: Got it. Thank you.

20 All right. We will jump down to  
21 the next item. This data for home health  
22 aide utilization, we put that request into  
23 DMS and it is still in progress. Erin and  
24 I were just exchanging some emails on that  
25 today. That is something that we are

1 definitely interested in just for  
2 discussion purposes here today.

3 We have seen the erosion and  
4 almost underutilization of home health  
5 aides within the home health benefit  
6 across Kentucky, so we are interested to  
7 see what that data looks like over the  
8 last -- our range of 15 to 20 years, just  
9 to see that utilization trend to see where  
10 things stand currently.

11 So that request has been put  
12 into DMS and should be forthcoming here  
13 soon.

14 We will jump down to new  
15 business. PleurX drains being covered was  
16 listed as in progress in the last  
17 discussion that we had.

18 So Kelli, I don't know if you  
19 have any update on that from the DMS side.

20 MS. SHEETS: April, are you on?  
21 Are you able to discuss?

22 MS. LOWERY: Yes, Kelli and  
23 Evan.

24 So we are continuing to look at  
25 adding that code. We did find it on the

1 BME fee schedule, and we are long-term  
2 services and supports is working to get  
3 that added and republished.

4 MR. REINHARDT: Do you have any  
5 idea, April, what the delivery date will  
6 be on that?

7 MS. LOWERY: I do not, but  
8 Kelli, if you help me take an action item,  
9 or Erin, we will follow up.

10 MS. SHEETS: We will.

11 MR. REINHARDT: We will get some  
12 additional follow up on that. Down to  
13 item B. Some providers are experiencing  
14 issues of billing and getting paid for  
15 claims.

16 I think we have a WellCare  
17 example here related to condition code on  
18 the claim. There was some separate  
19 dialogue on this. I don't know if we  
20 reached resolution, but I wanted to have  
21 it on the agenda just for flagging it for  
22 discussion purposes here today.

23 MR. OWEN: Evan, I know we have  
24 been working with, I think, a couple of  
25 different providers and I'm trying to pull

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up the summary.

I think Christina Rose and Aaron Allen are on -- and I don't want to put you all on the spot, but I know that we have specific examples that they've been researching them and I think it gets a little bit convoluted as far as what it really is, the condition code 12, or if there was another issue. I am trying to pull up the summary.

I don't know if Christina or Aaron want to add anything, but it is like a couple specific providers we have been working with, right?

MS. ALLEN: Stuart, this is Aaron. Yes, there are a few providers that we are working with. I am not certain -- we are not clear yet if it has to do with the admission code 12 or the admission date being listed on the UB. Our operation's team and Libby Caudill are still working on that, but we are actively working on this issue.

MR. OWEN: Yeah, the admission date -- that's what -- I forgot about

1           that.

2                       So it could be that, but the  
3           actual condition code that is the issue.  
4           Reporting the admission date on the claim  
5           that could be the root of the problem.

6                       MS. ALLEN:   And then also, an  
7           admission diagnosis.   I forgot what block  
8           that was in on the UB, but it is still  
9           kind of not clear what the issue is.   We  
10          are still working on it.

11                      MR. REINHARDT:   All right.  
12          Thanks for the update.   If you need any  
13          help from our end, please let us know, but  
14          appreciate you all working with the  
15          providers on that issue.

16                      MS. STEWART:   Evan, I have a  
17          question for Stuart.   I want to go back to  
18          the supply question.

19                      Stuart, you said that the MUEs  
20          were proprietary by CMS, so does that mean  
21          that every -- that you all should be  
22          standard on what your MUE is or can  
23          everyone of you all have a varying MUE?

24                      MR. OWEN:   So we use CMS and DMS  
25          so I think that we are probably uniform,



1 but the ones that are proprietary, we  
2 don't include those on the list.

3 I would think that we are all  
4 uniform on that.

5 MS. STEWART: And I think that  
6 is where our problem is, Stuart, they are  
7 not uniform, and maybe our question needs  
8 to go to CMS.

9 MR. OWEN: And we even did  
10 this -- and I remember doing this before,  
11 we actually -- which is kind of like good  
12 luck and who at CMS, and we did and we  
13 ultimately we got an email, which was like  
14 four years ago from someone at CMS that  
15 confirmed yes, it is proprietary.

16 But I don't think everybody has  
17 to use CMS limits, we do and then we do  
18 include it in the ones that are  
19 proprietary and we don't publish those.

20 MS. STEWART: Because we happen  
21 to know that your limits are different  
22 than somebody else's limits and what  
23 happens is you bill a claim and you will  
24 have 40 four by fours, and it will get  
25 denied, and then you work backwards, okay,

1           like 35, and that one gets paid and the  
2           number is somewhere between 35 and 40, so  
3           did you miss out on billing five four by  
4           fours or what?

5                     And we know that your MUEs are  
6           different than somebody else's MUEs. I  
7           think that if CMS is the one dictating  
8           that, then maybe we need to take that in a  
9           different direction, Evan.

10                    MR. REINHARDT: Yeah.

11                    MS. STEWART: Because that is  
12           not standard.

13                    MR. ELLIS: By the way, I did  
14           post in the chat some of the gauze codes  
15           that are on the MUE CMS site. Of course,  
16           it does say proprietary, like Stuart said,  
17           but at least it gives you the visibility  
18           of some of the codes that would trigger --  
19           we would expect to trigger.

20                    MS. STEWART: Well, maybe Elon  
21           Musk will fix this too.

22                    MR. ELLIS: All right. I am  
23           going on mute now.

24                    MR. OWEN: Yeah. Me too.

25                    MR. REINHARDT: All right.

1 Well, thank you for the discussion on  
2 that. We definitely want to track down  
3 the nature of the issue here.

4 So I can try some channels  
5 through the national group, Susan, to  
6 reach out to CMS and see if we can get  
7 some clarification from their side.

8 MS. STEWART: And Evan, I have  
9 another new business that I didn't get to  
10 you, because it came up yesterday.

11 And just to put it out there, we  
12 are getting denials for EVV visits that  
13 were prior to January the 1st, and I  
14 wanted to know if anybody else was  
15 experiencing that.

16 MR. ELLIS: Is that date of  
17 service prior to 1/1/25?

18 MS. STEWART: Yes.

19 MR. ELLIS: That shouldn't be  
20 happening for Humana. If it is, I would  
21 like to see examples.

22 MS. STEWART: Okay.

23 MR. OWEN: Yeah, I was going to  
24 say -- and I will put my email in the  
25 chat -- but if you have examples with

1 WellCare, because we always need examples  
2 so that the staff can research. I am not  
3 aware of it, but if you have examples, we  
4 will definitely research it.

5 MS. STEWART: Okay. That was  
6 all I wanted to add Evan.

7 MR. REINHARDT: And if you have  
8 any examples for UHC, Suzanne put her  
9 email in the chat.

10 MS. STEWART: Okay.

11 MR. REINHARDT: Item C, we are  
12 ready for that, the switch from Anthem to  
13 UHC.

14 We have an example, we'll run  
15 through here. It looks like some of the  
16 patients that providers are out-of-network  
17 for them so.

18 MS. LEWIS: This is Suzanne from  
19 United.

20 I had a question about this one.  
21 I was really curious. Are the providers  
22 not familiar with continuity of care  
23 process, like when a patient switches from  
24 one MCO to another, that there like  
25 continuity of care? Is anyone familiar

1 with that?

2 MR. REINHARDT: I am not sure if  
3 they are unfamiliar with that or what the  
4 issue is, this is the detail that we had  
5 passed along for --

6 MS. LEWIS: Okay. And we don't  
7 know who was concerned about the switch,  
8 which provider?

9 MR. REINHARDT: I think this one  
10 came from Marlene, if I am not mistaken.  
11 So she is with LHC group.

12 MS. LEWIS: Okay. I am not  
13 familiar with that group.

14 In essence, any one who is  
15 switching from Anthem to the new MCO -- it  
16 is United and Humana, we are taking on the  
17 membership from Anthem -- we do have a  
18 continuity of care plan and that is to  
19 assist our members coming in to continue  
20 receiving the care that they need with  
21 their providers, while we work on trying  
22 to get those providers in our network if  
23 they are not already, and just making sure  
24 that the members have the services that  
25 they need.

1 I think that without being able  
2 to ask the questions directly or be able  
3 to have the exact example, I was a little  
4 bit surprised by this, to be honest. If  
5 the provider is calling all of the members  
6 from Anthem, and then telling them to  
7 switch, that is concerning to me. Without  
8 contacting United and saying, hey, we have  
9 a group of members and they are all Anthem  
10 and, you know, calling us to kind of work  
11 through that, I think that is the most  
12 concerning part that I had when I read  
13 this.

14 We want to partner with the home  
15 health agencies. We want to make sure  
16 that our members get what they need, and  
17 we want to be able to have the opportunity  
18 to do that.

19 I would just say that if you can  
20 give us the name and contact information  
21 of whoever sent this in, we would love to  
22 reach out to them and see how we can  
23 partner to make sure that the United  
24 Healthcare members can get the services  
25 that they need and we can work with that

1 particular provider to see if we can get  
2 them in network. So I think we would like  
3 that opportunity.

4 And then I have our director  
5 from network on the call with me, Noel  
6 Harilson, is on.

7 Noel, do you want to add  
8 anything?

9 MR. HARILSON: No. I think you  
10 summed it up nicely, Suzanne.

11 I think the biggest concern for  
12 was this last part that they are asking  
13 members to contact and make them switch if  
14 they want to continue receiving supplies  
15 from this provider. We have every desire  
16 to work with this provider, but we hadn't  
17 heard anything until this popped up on  
18 this agenda, so we have been trying to  
19 work to find out who the provider is so  
20 that we can do some outreach, so I don't  
21 know if anybody on the TAC who knows who  
22 it is can share that.

23 I will put my email in to the  
24 chat so you can have mine as well to send  
25 over who the provider is or the contact we

1           can reach out to to find that out, if you  
2           want to send that via email to Suzanne or  
3           I.

4                   MR. ELLIS: And for Humana, the  
5           same thing that Suzanne has stated, we  
6           absolutely abide by the existing  
7           authorizations that should be on file for  
8           these members receiving this care, and  
9           then we also work to get the providers in  
10          the network, but if they don't choose to  
11          do that then we will work with the member  
12          to migrate to a participating provider in  
13          the long term.

14                   MR. REINHARDT: Suzanne, I teed  
15          up an email, so I will send one to Marlene  
16          and copy you and hopefully you can all  
17          connect. I think that we had sent one  
18          previously trying to connect with another  
19          member on the team so hopefully you all  
20          can all get together.

21                   MS. LEWIS: Wonderful. Thank  
22          you.

23                   MR. REINHARDT: You're welcome.

24                   All right. Anything else on  
25          that item? If not we will move down to



1           number six, just general discussion and  
2           updates from the MCOs.

3                   Suzanne, since you are already  
4           teed up and going from United, any updates  
5           there?

6                   MS. LEWIS: I don't have any  
7           updates right now.

8                   Noel, do you have anything?

9                   MR. HARILSON: No. This is my  
10          first Home Health TAC. I am familiar with  
11          the TAC system, but fairly new with United  
12          so I just wanted to introduce myself. I  
13          am the Provider Network Director here for  
14          United Healthcare.

15                   We will be on these going  
16          forward as well. I will defer to Suzanne  
17          for most of the time, but always want to  
18          be here to provide assistance and any  
19          input that I can. Unfortunately, today, I  
20          don't have anything, but an introduction.

21                   MS. LEWIS: Thank you, Noel.

22                   MR. ELLIS: I was just going to  
23          say that we haven't noticed anything that  
24          is out of the norm from the prior  
25          discussion that we had in December. EVV

1           seems to be going fairly quietly for us so  
2           like I said we haven't really seen any  
3           issues. If there is anything in  
4           particular for Humana, by all means we are  
5           interested in seeing that and I did share  
6           our email in the chat.

7                     MR. REINHARDT: Perfect. Thank  
8           you.

9                     Go ahead, Stuart.

10                    MR. OWEN: I will just jump in  
11           again. Same thing. Same report about  
12           EVV. It seems to be going well. I know  
13           it was extremely painful, all of the  
14           condensed timeline, which is mandated by  
15           CMS and everything, but it seems to have  
16           actually launched pretty well.

17                    Our auth approval rates are  
18           pretty high -- 99 percent or something  
19           like that -- so other than what we talked  
20           about earlier with a couple of providers  
21           with the admission date or something like  
22           that, I'm not aware of any issues or  
23           anything. Nothing related to home health  
24           that is new.

25                    MR. REINHARDT: Thank you.

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Passport?

MR. PEREZ: Good morning. This is Anna Page, the Director for Utilization Management. I am taking the place of Teresa Slattery, my manager who usually attends. She is off.

But no issues noted with home health or the providers at this point. None to report.

MR. REINHARDT: Thank you.  
Aetna?

MS. RISNER: This is Krystal with Aetna Better Health. I wasn't sure who was on with our health plan, but at this time we don't have any issues to report and no concerns that have presented with any kind of claims data pool or anything like that, but I will drop my email in the chat for anyone to reach out if you have issues that you do need to address.

MR. REINHARDT: Thank you,  
Krystal.

MS. SHEETS: Evan, this is Kelli. I want to let you know that Teudis

1           did join, so you do have a quorum at this  
2           point.

3                   MR. REINHARDT: Thank you. I  
4           take it we need to go back and approve the  
5           minutes?

6                   MS. STEWART: I will make that  
7           motion, Evan.

8                   MR. REINHARDT: Okay. Susan  
9           moves to approve the minutes.

10                   Teudis, can I have a second?

11                   MR. PEREZ: Second.

12                   MR. REINHARDT: Thank you. All  
13           those in favor say, "aye."

14                   TAC MEMBERS: Aye.

15                   MR. REINHARDT: Any opposed?

16                   All right. So that takes care  
17           of the minutes, and we are down to updates  
18           from DMS and/or Commissioner Lee.

19                   MS. SHEETS: Commissioner Lee  
20           was not able to join.

21                   Is there anyone from DMS who has  
22           any updates that they need to provide?

23                   Hearing none, I will turn it  
24           back over to you, Evan.

25                   MR. REINHARDT: Thank you.

1                   On to recommendations. We don't  
2                   have any recommendations for today's  
3                   purposes. I think that we will on the  
4                   next meeting just on the basis of  
5                   discussion about both supplies and home  
6                   health utilization, so be on the lookout  
7                   for those in the next meeting.

8                   MAC meeting representation, we  
9                   still have Susan in that role.

10                  Our next meeting will be April  
11                  8th, 2025.

12                  Unless anybody has anything  
13                  else, for the good of the order, we will  
14                  go ahead and adjourn for today.

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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 19th day of February, 2025.

/s/ Stefanie L. Sweet

Stefanie L. Sweet, CVR, RCP-M