

DEPARTMENT OF MEDICAID SERVICES
HOME HEALTH TECHNICAL ADVISORY COMMITTEE

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

June 21, 2022
11:01 - 11:29 a.m.

Lisa Colston, FCRR, RPR
Federal Certified Realtime Reporter

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

A P P E A R A N C E S

TAC Committee Members:

Annlyn Purdon, Chair
Teudis Perez
Evan Reinhardt
Susan Stewart

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

MS. PURDON: We will go ahead and get started. I wanted to thank everybody for being here today. And we will let the TAC committee introduce themselves. I will go ahead and start.

My name is Annlyn Purdon. I'm with Hayswood Home Health and with the Home Health Association.

MR. REINHARDT: I'm Evan Reinhardt. I'm the Executive Director for the Kentucky Home Care Association.

MR. PEREZ: Teudis Perez from Green River District Home Health, the Kentucky Home Health Association as well.

MS. SULFRIDGE: My name is Otha Sulfridge. I'm with Horizon Home Health. And this is, actually, my first meeting.

MS. PURDON: Welcome.

MS. BICKERS: Are you new to the Board?

MS. SULFRIDGE: Yes.

MS. BICKERS: Oh. I'm going to drop my e-mail in the chat, if you don't mind to just send me an e-mail so I will have contact information for you. I would greatly

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

appreciate it. I apologize, I did not know we had a new member.

MS. SULFRIDGE: Okay. Thank you.

MS. BICKERS: You are welcome.

MS. PURDON: So do we have a quorum today with the four of us, Evan?

MR. REINHARDT: Yeah, with the three. I think we are still expecting Susan, but we have three of the five.

MS. PURDON: Okay.

MS. STEWART: I'm here.

MR. REINHARDT: There we go. We have got all four.

MS. PURDON: All righty. So next, the minutes were e-mailed out, if everybody got them and had a chance to look over them. Is there a motion to approve the minutes of the April 19th meeting?

MR. REINHARDT: I will make a motion to approve the minutes as presented.

MS. STEWART: I will second.

MS. PURDON: All in favor?

(Aye)

MS. PURDON: All righty. On to Old Business. Evan, I will let you take

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

over, if you don't mind.

MR. REINHARDT: Sure.

All right. Just touching first on home health reimbursement rates. I know DMS said that our recommendation was under consideration. So we just wanted to follow-up and see if there was any additional information at this point and if there is anything you need from the industry or what further conversations we can have to move that idea forward.

(No response)

MR. REINHARDT: All right.

Hearing no response, we will keep that on the Old Business. But definitely a top priority for us, so we hope we can have some further dialogue on that with DMS as we move along here in 2022.

The second topic. So similar. You know, we had -- we are under the understanding that publishing the supply reimbursement rates and making them standardized as well as adding supply-only to DME was also under consideration. So I wanted to touch on that and see if there is

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

any additional feedback at this time.

MS. GUICE: This is Lee Guice. I can tell you on the supply-only policy change, we are still working through all of the steps, lining up all of the things that have to be changed. So it is still in progress.

MR. REINHARDT: Thanks, Lee. As always, let us know if you need anything from our end.

MS. GUICE: I did want to take a minute to add, this will be my last TAC meeting. I'm retiring in August. So that, let's see, is Old Business because it is about retirement. Thank you all very much.

MR. REINHARDT: Well, congratulations, Lee. And we will miss your expertise and your presence on the TAC meeting for sure.

All right. On to C under Old Business. So the home and community-based spending plan, adding home health and private duty, that was a recommendation a way's back, I think the beginning of the year. So we just wanted to

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

see if -- I know things were at sort of a pause given the budget situation internally for the Administration, but just wanted to see if there has been any further discussion at this point.

Pam Smith, you might have been the point of contact on this.

MS. SMITH: Yes, Evan. So we are in the process of modifying the spending plan. But it is to add the 10 percent rate increase that was included in the approved budget. And, so, that will exhaust all of the funds. So there will not be an option for adding home health and private duty nursing into that, because the budget was very specific. It actually only covered five of the six waivers, and Model 2 was left out of that as well.

But that 10 percent increase exhausts all of the ARPA projected funds, so we will not be able to modify it to add home health and private duty nursing.

MR. REINHARDT: So all of those funds are going to waiver services; is that correct?

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

MS. SMITH: It is the 10 percent that we were directed by -- in the budget that was approved. It is the 10 percent increase that we were directed to apply to five of the six waivers. That 10 percent exhausts all of those, exhausts those funds.

It still has to go to CMS for final approval. But initial indications with -- from conversations with CMS is that it will be approved.

MR. REINHARDT: All right. Thank you for that, that information there. I think we will take that back and have some discussions. But we will probably have some feedback for you on that particular element.

And then the final topic, publication on supplies limits for MCOs and standardizing the supply quantity limits. Just checking to see if there is an update on that as well.

MS. PARKER: There is not a true update on that, Evan, other than in looking at what the request has been the expectation would be for the MCOs to work with the home health agencies to ensure that they had this

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

information. I know that that has been a challenge and probably the expectation, that DMS requires that. But what I would recommend, that this be something that the MCOs take back that are on this call, the six MCOs that we have, and how to best supply that information to the home health agencies so that you are not surprised or you are able to correctly bill for those services.

MR. REINHARDT: And I think that's an acceptable full resolution on our end, Angie. We are just looking for the information, right, as long as we have it. You know, we would like it to be standardized and we would like it to be required, just so they follow through on it. But if they will get us that information, you know, I think that solves at least most of the issue.

MS. PARKER: It is kind of challenging to standardize it among six because of how different processes that they may have align. But I can certainly recommend that the MCOs work with the home health agencies in what the supply limits are. Now, I will -- and they will probably

1 come back and say, "Well, it is not
2 100 percent this." And I can understand
3 that, because it may not. Because each
4 situation is different depending on what the
5 type of supply is. It may be need more, may
6 need less, depending. And they may be
7 different. But that's where I would like to
8 take this at this point and see what we can
9 do on that side of things.

10 MR. REINHARDT: Yeah. I think from
11 our perspective, I mean everybody jump in if
12 you disagree, but, you know, if there is a
13 rational for the limits that they have,
14 you know, that's something we are not
15 necessarily going to be opposed to right out
16 of the gate. It is just everything's behind
17 a curtain right now and we can't get a sense
18 of exactly what the limits are and, you know,
19 how to bill correctly. So that would be --
20 it would be great if we could just get some
21 more transparency.

22 MR. PEREZ: Right. And that is
23 what it is. If we know what the limits are,
24 then we know how to properly place those
25 orders. But right now it is we place an

1 order and then we get a denial because we
2 were over the limit and we didn't know what
3 that limit was. So at least if we know what
4 it is before we tell our patients of how many
5 they could bill, whatever items it is.
6 Because if we know we can work with our
7 patients and, you know, inform them of those
8 limits as well.

9 MS. PURDON: So we have been down
10 this road before. I know he may not have
11 said that their information is proprietary
12 and they are not going to give it to us. And
13 I had a conversation with Wellcare, and I was
14 told that if they told us what the limits
15 were then that would just give us an
16 opportunity to defraud them because we would
17 give the max. And so I was like, "So we just
18 get to hit a moving target or?" You know,
19 I was like, I think that ends up well for
20 them, that if their limit is 10 and we have
21 given 20 it is like oh, well, you know.
22 So...

23 MR. PEREZ: Yeah. And the home
24 health agency, that is not our goal. That is
25 not what we do. You know, we have to serve

1 the patients. And like I say, it is just
2 going to be an educational thing. Once we
3 find out what the limits are for each MCO we
4 can inform the patient, say, "Hey, this is
5 how much you can get for the insurance that
6 you have." So it is not about doing anything
7 but serving those patients; that is our goal.

8 MS. PURDON: I don't know about
9 anybody else, but I don't make any money on
10 supplies. So like giving out more than I am
11 not going to make my money back on, even at
12 the rates they give me, is not my goal at
13 all.

14 MS. STEWART: It is not our goal,
15 either. So I guess, you know, in summary, is
16 it a safe assumption that by the next TAC
17 meeting or 30 days from now we should have an
18 all-inclusive list of all the supplies from
19 every MCO? Angie, is that a fair where we
20 are?

21 MR. REINHARDT: Is that possible?

22 MR. PEREZ: That would be great.

23 MS. PURDON: You are muted, Angie.

24 MS. PARKER: Sorry. I'm having a
25 roof put on my house, so I am hoping you

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

don't hear that too much. If you see me do this (indicating), it is because it feels like the ceiling is coming down.

But, anyway, the expectation would be within the next 30 days the MCOs do reach out and figure out the best way to supply this information. And I will be following up with them as well.

MS. STEWART: And I would say, Angie, we reserve the right to come back at the next TAC meeting to come back and show the variances. Because I know exactly what we are going to get, is bare minimal. And at that point we will probably need your intervention.

MS. PARKER: Well, I mean, not knowing, you know, what -- from some of your statements that it is proprietary information and whatnot, and I'm assuming that that is part of the issue, that they don't want to potentially share that and compare or whatever, but there should be some type of semblance of which they can give you high level this is what this is typically. But, again, I will -- and looking at, from

1 Humana's, they are asking for examples of
2 claims that have been denied for quantity
3 limits. So that may be a good way to start
4 for all of the MCOs and to kind of get that
5 information.

6 And I think for now, yes, obviously
7 as a TAC you can bring these issues back up.
8 And, but, hopefully we are -- can come to
9 some semblance of acceptance on how to best
10 get the information that you need.

11 MS. SMITH: And I would -- my
12 counter to that would be, you know, when we
13 first brought this up years ago, we did send
14 denials and we still didn't get an answer.
15 I mean, we have had to run around for about
16 five years now. So, you know, let's start
17 with give us what you have got and we will
18 compare it and see if it is what we need.

19 ANTHEM REP: Hello. This is
20 Kathleen. Can you hear me?

21 MR. REINHARDT: Yes.

22 ANTHEM REP: I'm representing from
23 Anthem. And I did want to let you know that
24 we did submit a supply list on the last
25 request. We did submit that. And we will be

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

happy to submit it again, if need be.

MS. STEWART: And I don't remember your list and I don't remember which one that gave us very vague information. But a list of covered supplies without the quantities is just a list of supplies. You know, we're interested in both.

ANTHEM REP: Uh-huh. Yes. And the Anthem list did have both. It had code, description, and quantity. And we will be happy to supply that again.

MS. BICKERS: If you can send that to me, I will be happy to send that to the TAC as a whole. I will drop my e-mail in the chat.

MR. REINHARDT: Thanks, Erin. And I put my e-mail in there, too, if you want to send that my way. And, Angie, I appreciate your help here. And I think just, you know, you can tell there is a bit of frustration on our part, just because we feel like this is a pretty straightforward request.

So, you know, I think we would like to get this buttoned up and like to avoid, you know, having to go the legislative route

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

or, you know, do something like that if we can. So...

And we would like to try to wrap it up, you know, in the next 30 days and then see where we are from there.

ANTHEM REP: And this is Kathleen again, Anthem. Would you submit that request through the Regulatory. I think it would need to go through there, and then we will send it back.

MS. PARKER: I can do that. It will also probably be discussed in our operations meeting. But, yes. Thank you.

ANTHEM REP: All right. Thank you so much.

MS. PURDON: I believe that sums up Old Business. Evan, would you like to do the New Business, too?

MR. REINHARDT: So on the New Business side, we wanted to make sure we had any and all necessary points of contact for an agency transition. You know, we have had one agency here start the acquisition process here in the last couple of months, and they have just been trying to ensure

1 there is no gap in care for patients, both,
2 you know, home health waiver, EPSDT special
3 services. So I just wanted to make sure we
4 have any and all necessary points of contact
5 for a situation like that. So I don't know
6 if DMS has a point person or if there are
7 several people we need to reach out to. But
8 I wanted to raise that as a topic of
9 discussion and see if we can get some points
10 of contact there.

11 MS. SMITH: I can give you, for
12 waiver it is going to be the branch manager,
13 which is Laura Presley. So I will put her
14 e-mail in the chat.

15 MS. BICKERS: Evan, this is Erin.
16 You are also all welcome to always e-mail me
17 if you have questions and I can get those out
18 to the appropriate staff.

19 MR. REINHARDT: Thank you.

20 MS. BICKERS: If I don't have a
21 contact, I will find it out and then we will
22 learn together.

23 MR. REINHARDT: Perfect.

24 MS. PURDON: I didn't hear who --
25 was that you, Erin?

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

MR. REINHARDT: Yes.

MS. PURDON: Okay.

MS. GUICE: I would think that provider enrollment would be your main contact.

MS. SMITH: That is a good point, Lee, especially for any --

MS. GUICE: At least for DMS.

MS. SMITH: Yes. For any questions related to the change-over of the numbers or the acquiring of the new number, Laura for waiver you would want to contact. And this I think would be true of any of the other programs, contact about, you know, ensuring that freedom of choice and that all of that documentation is in order. But if it is related to the actual getting the provider number certifications, then it would be provider enrollment would be your main contact.

MR. REINHARDT: All right.

Thank you for that.

MS. PURDON: All righty. I guess that brings us to number six, our general discussion. There's updates from MCOs.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

MS. BICKERS: Do we have any of the MCOs on the line that would like to give an update at this time?

ANTHEM REP: This is Kathleen with Anthem. I don't have any updates at this time.

MR. MINGUS: This is Jay with Wellcare. I don't have any updates at this time, either.

MS. LOVINS: This is April Lovins with Humana. No current updates here.

MS. PAGE: Good morning. This is Anna Page with Passport. We do not have any updates as well.

MS. BICKERS: Do we have an Aetna or United rep?

(No response)

MS. PURDON: Okay. We will move on to any updates from DMS.

MS. SMITH: So I can give an update on EVV. And then Commissioner Lee was unable to be here, so I have an update from her that Lee may jump in on and be able to help me with.

But EVV is currently in open

1 procurement. So there is not a lot of
2 updates I can share, other than CMS is
3 allowing for states to apply for good faith
4 exemption to push the mandatory -- it was
5 January 1, 2023 that we had to be compliant
6 for home health services. But we will be
7 applying for that good faith exemption to
8 give us a year additional, similar to what we
9 did for the personal care services. But it
10 remains an open procurement. So any
11 questions about that would need to go to
12 Jennifer Taylor. And I can put her e-mail
13 address in the chat.

14 The other update was the basic
15 health plan that we -- it was planned for a
16 January 1, 2023 date. It has been pushed
17 out. And, Lee, I don't know if you have some
18 additional information to add to that, about
19 any other dates or...

20 MS. GUICE: Yeah. The only thing I
21 could add on that is that it has been pushed
22 out to at least 1/1/2024, as far as
23 implementation goes.

24 MS. SMITH: So, sadly, Lee won't be
25 here to see it through. Because she has done

1 a tremendous amount of work on that. So we
2 will have to share that with her in her
3 retirement. We will still have to, because
4 she has really worked -- been working hard on
5 that. So...

6 MS. GUICE: Thank you, Pam. And I
7 will look for it on Facebook.

8 MS. PURDON: I'm sorry. I didn't
9 hear. I think we skipped from EVV, that the
10 state would be applying for the --

11 MS. SMITH: The good faith
12 exemption, uh-huh.

13 MS. PURDON: For 2024. And then
14 what has been pushed off until 2024? I think
15 that -- or was that -- are we still talking
16 about EVV?

17 MS. SMITH: No. It is the basic
18 health plan.

19 MS. PURDON: Oh. Basic health
20 plan. Sorry.

21 MS. SMITH: They kind of -- they
22 both end up having the same dates, or the
23 same anticipated dates.

24 MS. PURDON: Okay.

25 MS. SMITH: And I also will share.

1 Lee, you reminded me when you said Facebook.
2 We have new -- so Medicaid has new Facebook,
3 Twitter, and Instagram sites that have just
4 come up. So I will share those as well in
5 the chat, that our new -- and I cannot think
6 of her. Angie or Lee, if you can help me.
7 Her title just completely just left my brain.
8 But we have recently started those.
9 So look for information to be shared on those
10 sites. That way you can get Medicaid
11 specific. Sometimes it gets lost in the
12 larger CHFS site. But these are specific to
13 Medicaid. So....
14 MS. PARKER: Beth Fisher with
15 Communications.
16 MS. SMITH: Thank you. Thank you,
17 Angie. I couldn't -- her title was like just
18 completely leaving my brain. So...
19 MS. PARKER: That's alright.
20 MS. PURDON: Okay. And that moves
21 us to supply-only for pediatric patients.
22 MR. REINHARDT: So we were kind of
23 keeping this, this is somewhat Old Business,
24 but just keeping this on the agenda to see if
25 there are any updates on the Medicaid side of

1 things, you know, is a topic that was raised.
2 And I just wanted to make sure we are staying
3 on top of it.

4 MS. GUICE: Can you give me a
5 little background on how this would be
6 different than the supply-only, moving
7 supply-only to DME?

8 MR. REINHARDT: So this was a
9 specific question, just in terms of access.
10 I think it was actually Angie and one of her
11 colleagues had mentioned that pediatric
12 patients in particular were having some
13 trouble accessing supplies. So, you know, we
14 had kind of given our feedback and that is
15 what led to the discussion on the supply
16 reimbursement change and adding supply-only
17 to DME. But we left this on the agenda to
18 make sure that, you know, there is --
19 if there is anything we can do from an
20 association standpoint or just, you know,
21 alerting providers to make sure that they are
22 -- what they are doing to try to help with
23 the access issue for pediatric patients.

24 MS. GUICE: Okay. Thanks, Evan.

25 MR. REINHARDT: You're welcome.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

MS. PURDON: I think we did determine from the agencies we spoke to that do supply-only that all of them do pediatric --

MR. REINHARDT: Yeah.

MS. PURDON: -- as well. Great.

MR. REINHARDT: Yep.

MS. PURDON: Nothing on that.

And...

MR. REINHARDT: Hearing none so far.

MS. PURDON: Move on to recommendations.

MR. REINHARDT: And I don't think we have any.

MS. PURDON: I was getting ready to say, I don't think we have any at this point, do we?

MR. REINHARDT: No.

MS. PURDON: Okay.

MR. REINHARDT: Not for this meeting.

MS. PURDON: Okay. MAC meeting representation.

MR. REINHARDT: I think that was on

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

there from the, you know, original recommended agenda. So, you know, our representative is Susan. I think we are just -- we want to confirm that her position as an appointed MAC representative is confirmed and, you know, she will be our representative for the next cycle.

MS. PURDON: All righty.

MS. BICKERS: I think we put that on the template agenda to just confirm whether or not you will have a representative at each MAC. Because then that way when they go through, you know, recommendations or updates I can say, "Oh, they are not going to have a representative here this meeting." So I think that is just more for my knowledge to know whether or not to be looking for one of you guys are not.

MR. REINHARDT: Yep. Susan will definitely be there. And I will be there to just discuss, you know, the outcome of the meeting. And no recommendations, obviously, this time.

MS. BICKERS: Perfect. Thank you, guys.

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

MR. REINHARDT: Uh-huh.

MS. PURDON: Thank you.

All right. So our next meeting is set for August 16th. If there is nothing else...

MR. REINHARDT: We will probably need to reschedule that, Annlyn, just because that is during the KHCA annual conference.

MS. PURDON: Oh, okay.

MR. REINHARDT: So we can -- I will touch base with Erin off-line and try to find a date where we can all make it to reschedule.

MS. PURDON: Reschedule.

All right. Well, if there is nothing else. Lee, congratulations on your retirement.

MS. GUICE: Thank you.

MS. PURDON: I hope you have plenty of time to spend with family and friends, do all the fun stuff.

MS. GUICE: Some of this has been fun. It has been a pleasure working with all of you. Thank you very much.

(Thank you, Lee)

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

MR. REINHARDT: All right.

MS. PURDON: All right. Do we need a motion to adjourn or no?

MS. STEWART: I will make that.

MR. REINHARDT: I will second the motion to adjourn.

MS. PURDON: All in favor?

(Aye)

MS. PURDON: All right. Thank you, everybody.

(Meeting concluded at 11:29 a.m.)

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

* * * * *

C E R T I F I C A T E

I, LISA COLSTON, Federal Certified Realtime Reporter and Registered Professional Reporter, hereby certify that the foregoing record represents the original record of the Home Health 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 21st day of June, 2022.

 /s/ Lisa Colston

Lisa Colston, FCRR, RPR