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

Via Videoconference
June 11, 2024
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

1 P R O C E E D I N G S

2 CHAIR PURDON: We'll get started.
3 I wanted to thank everybody for being here.
4 To start with introductions, I'm Annlyn
5 Purdon with the Hayswood Home Health.

6 MR. REINHARDT: I'm Evan Reinhardt
7 with the Kentucky Home Care Association.

8 MR. PEREZ: Teudis Perez, Green
9 River District Health Department.

10 CHAIR PURDON: Okay. Is there a
11 motion to approve the minutes of the April
12 9th meeting?

13 MR. REINHARDT: So move.

14 MR. PEREZ: Second.

15 MS. BICKERS: Can we have all
16 voting members on camera really quick,
17 please?

18 CHAIR PURDON: Teudis, are you able
19 to get your camera?

20 MR. PEREZ: Yeah. Let me see if I
21 can do that. One second.

22 CHAIR PURDON: Okay.

23 MR. PEREZ: I should be on now.

24 CHAIR PURDON: Yep. Thanks.
25 All right. And I agree with it, so the

1 minutes are approved.

2 And I apologize. This is my first day
3 back from vacation, and I am so
4 discombobulated. I just barely got the top
5 of my desk cleaned off to put my laptop down
6 to do this meeting.

7 So, Evan, if you don't care, will you --

8 MR. REINHARDT: Yeah, sure.

9 CHAIR PURDON: Because I haven't
10 looked over this this morning.

11 MR. REINHARDT: Just jumping in, I
12 think there's an EVA -- EVV update on, you
13 know, the time for the hard edits to go into
14 place. So I don't know if anybody from DMS
15 is able to speak to that.

16 MS. BICKERS: It looks like Pam is
17 joining as we speak.

18 MR. REINHARDT: Okay.

19 MS. BICKERS: And all of our
20 members, I do believe, are on now, for the
21 record.

22 MR. REINHARDT: All right.

23 CHAIR PURDON: Thank you.

24 MR. REINHARDT: We'll give Pam just
25 a minute to join here.

1 MS. SMITH: I'm here. I'm sorry.
2 I was having trouble getting in. My computer
3 has been giving me trouble all day so...

4 MR. REINHARDT: No worries. So
5 we're just looking for an EVV update. Pam, I
6 don't know if you or one of your team can
7 touch on the latest on the hard edits going
8 into place and all that kind of stuff.

9 MS. SMITH: We will not -- we made
10 the decision not to turn the hard edit on
11 until PCS is transitioned. So we're going to
12 continue doing the monitoring that we're
13 doing. We're working on the report cards
14 that are going to formally go out to
15 providers. We've been reaching out to
16 individual providers any -- if we've noticed,
17 you know, anything we needed to discuss with
18 them.

19 But I will say, honestly, we've been
20 very, very pleased with the adoption and the
21 use of EVV in home health. We -- it has went
22 very well. So like I said, we have addressed
23 specifically with certain providers if --
24 that we noticed that there was technical
25 assistance needed, and we're working on a

1 formal report card process that will continue
2 even after we put on the hard edit; right?
3 We'll still look at things and still, you
4 know, have those conversations. But we will
5 not be turning on that hard edit until the --
6 until PCS has transitioned over.

7 MR. REINHARDT: And you don't know
8 exact -- I mean, any guesstimate on how long
9 that will be, Pam?

10 MS. SMITH: Fall of this year.

11 MR. REINHARDT: Oh, the full year.
12 Okay. So at least until 1/1 of next year?

13 MS. SMITH: No. Fall, f-a-l-l.

14 MR. REINHARDT: Fall. Sorry.
15 Gotcha.

16 MS. SMITH: Yeah, sorry. The fall
17 of this year so probably, like, October.

18 MR. REINHARDT: Perfect.

19 Any questions from the group for Pam on
20 EVV?

21 CHAIR PURDON: No, I do not.

22 MS. SMITH: I will say applause to
23 everybody. It is -- it has went very well.
24 We've been very, very pleased with the
25 adoption percentages in what we've seen so

1 far. It has looked very good, so congrats to
2 you all.

3 CHAIR PURDON: Which we never used
4 it in TELUS --

5 MR. REINHARDT: Can you all hear me
6 now? It looks like --

7 CHAIR PURDON: But Therap's great
8 or has been for us so far.

9 MR. REINHARDT: Can you hear me
10 now, Annlyn?

11 CHAIR PURDON: Yeah.

12 MR. REINHARDT: Is that better?

13 CHAIR PURDON: Yes.

14 MR. REINHARDT: Okay.

15 MS. FALCONBERRY: Good morning.
16 This is Marlene. I logged off and came back
17 on, and I can actually hear now. Thank you.

18 MR. REINHARDT: Yeah. It just
19 dropped out for me, so apologies about that.

20 So type of bill, I think we got a little
21 bit of information, but I'm not sure if we
22 got every MCE -- or MCO to respond to that
23 specific inquiry.

24 So, Annlyn, do you remember where we
25 kind of finished up on that?

1 CHAIR PURDON: Actually, did any of
2 them send anything in? I haven't received
3 it.

4 MS. BICKERS: Yes. I sent you guys
5 an email with all six MCOs' information.
6 Pardon me one second, and I'll let you know.
7 I sent it on 5/29, and I can resend that to
8 the group just to make sure. I know
9 sometimes emails get very --

10 CHAIR PURDON: I do -- okay. Let's
11 see.

12 MR. REINHARDT: Yeah. I think it's
13 in response -- there's a -- it's all a chain
14 of emails to that last TAC meeting question
15 starting on the 21st.

16 MS. BICKERS: I just re-sent it, so
17 it should be towards the top of your email
18 soon.

19 MR. REINHARDT: Okay.

20 CHAIR PURDON: I do see that one.
21 It says it has an attachment, but I don't
22 have --

23 MR. REINHARDT: So we'll take a
24 look at that and see if there's any follow-up
25 for -- as far as type of bill.

1 Any other specific issues that, Annlyn,
2 I think you were having with TOB?

3 CHAIR PURDON: No. Just once I get
4 that, and I can look over it. And then I see
5 Medicaid -- actually, I think it was dated
6 for March, their new manual. But I think it
7 must have been posted later than that because
8 I had picked up a new one before that, but
9 anyway. Okay. I'll just look over the email
10 and --

11 MR. REINHARDT: Okay.

12 CHAIR PURDON: Once I get that.
13 Thank you.

14 MR. REINHARDT: And it's the same
15 question we have for the updates on the
16 supply fee schedule. I think some folks are
17 kind of in limbo out there in terms of where
18 things stand, so I don't know if there's an
19 update from DMS on that.

20 MS. SMITH: So we're doing a review
21 right now of the whole fee schedule, looking
22 at the limits and potentially removing
23 authorization based on certain limits or kind
24 of updating that and also aligning, where we
25 can, any costs so that we -- so that that's

1 in alignment with any -- with changes with
2 DME. But as far as I'm aware, there were
3 only two things that had not been added,
4 which was the new drain and those extra large
5 briefs.

6 But otherwise, you know, the fee
7 schedule, we're not -- I do not believe we --
8 I know we're not taking anything off of the
9 fee schedule. I'm not aware of anything else
10 that we're adding unless you all have sent
11 me something, a request to add something else
12 that I have missed.

13 But we are in the process of doing a
14 comprehensive review of that as well as
15 looking at the prior authorization
16 requirements of supplies to try to make that
17 less burdensome.

18 MR. REINHARDT: Yeah. Those two
19 additions were the only ones that we had on
20 our side, so we were just waiting for -- do
21 you have any idea -- any expectations for
22 when that would be finished, Pam?

23 MS. SMITH: Hopefully soon. But we
24 can -- I can go on -- if it's -- if those two
25 missing are preventing -- are preventing, you

1 know, services from being done for supplies,
2 I can try to go ahead and get those added.
3 And then, you know, hopefully, by the end of
4 this month, we'll have the review of the fee
5 schedule done.

6 MR. REINHARDT: That would be
7 great. And then I think that was our issue,
8 was just making sure those two things are on
9 there and then, you know, everything else
10 will be awesome to have as an addition. But
11 getting those two things, I think, is the
12 short order.

13 MS. SMITH: And they are in the
14 system as covered, so they may not -- so even
15 though they're not showing up on the fee
16 schedule, if they are provided, they are in
17 the system as covered. It's just that the
18 fee schedule itself has not been updated yet,
19 the one that's online so...

20 MS. STEWART: I have a question.
21 The changes to the -- you said the prior auth
22 process, does that mean for the MCOs as well?

23 MS. SMITH: I cannot speak for the
24 MCO, so it would just be for fee-for-service.

25 MS. STEWART: Okay.

1 CHAIR PURDON: And I can say, here
2 recently, we've turned down two Medicaid with
3 the -- I still call them PleurX drains but
4 whatever that kind of drain is because it's
5 still not on the fee schedule.

6 MS. SMITH: So it is covered with
7 that specific code. I know that Evan -- and
8 I don't have it right here in front of me,
9 and I can -- I can find it. But I can send
10 that to Erin and have that come -- and have
11 that go out.

12 But it is -- the pricing I know that we
13 had talked about and the specific code and
14 then we will get that updated as soon as
15 we -- as soon as we can get that updated
16 online.

17 CHAIR PURDON: Also, we can go
18 ahead and request an auth for it?

19 MS. SMITH: Yeah. Yes.

20 CHAIR PURDON: It's just not
21 online.

22 MS. SMITH: And it's in the -- it's
23 just not online. Right.

24 CHAIR PURDON: Oh.

25 MS. SMITH: The pricing and

1 everything is in the system. It's just --

2 CHAIR PURDON: Okay.

3 MS. SMITH: -- the fee schedule
4 itself has not been updated.

5 CHAIR PURDON: Okay. So I'm
6 assuming -- I mean, are we still paid like we
7 are, well, through traditional Medicaid for
8 all other supplies --

9 MS. SMITH: Yeah. It's the same,
10 yeah.

11 CHAIR PURDON: -- are a percentage?

12 MS. SMITH: It's the -- yes.

13 CHAIR PURDON: Okay.

14 MS. SMITH: Yeah.

15 CHAIR PURDON: Okay. I didn't
16 realize that, so that's good to know.

17 MS. STEWART: Okay. Let me re-ask
18 my question again. Does that mean that the
19 MCOs will or will not cover PleurX drains?
20 Or, again, is this just traditional?

21 MS. SMITH: So I am speaking for
22 traditional. I believe they do follow our --
23 and I'll let some of the MCOs -- as far as
24 the items that we cover, that they do cover
25 at a minimum those items so...

1 But I will follow up the MCO team and --

2 MS. STEWART: You hit my point,
3 Pam, is they're supposed to follow your --
4 what you all do, so supposed to is the
5 operative word.

6 MS. SMITH: I haven't seen who -- I
7 don't know if somebody from our MCO team is
8 on. I haven't seen -- I haven't looked
9 through who is online right now so...

10 But I will get with -- I'll get with
11 that team. And to be fair to the MCOs, this
12 may have been a failure of communication, and
13 that code may not have -- when we added it,
14 the coverage, it may not have gotten
15 communicated to them, so we'll make sure that
16 happens.

17 I'll talk to our in-house -- our team
18 in-house and make sure that that gets
19 communicated out to them the appropriate way
20 because that may not have happened.

21 MR. REINHARDT: Yeah. And if we
22 have it in writing from you all, that always
23 helps, too, so getting that through to Erin,
24 that'll be great.

25 Anything else from the group on the

1 supply schedule?

2 MS. STEWART: This isn't old
3 business, Evan, but I do have a question
4 related to the waiver. And I don't know if
5 that would be new business or where to ask my
6 question.

7 MR. REINHARDT: Fire away. Go
8 ahead.

9 MS. STEWART: So, you know, I did a
10 very -- just a glance at the waiver fee
11 schedule, and I saw that the biggest change,
12 from what I could take with the eye, is a
13 case management increase. So I just want to
14 verify. There is no increase in
15 reimbursement for attendant care and -- for
16 attendant care and some of the other
17 predominant services. Am I correct in that?

18 MS. SMITH: It depended on if the
19 rate was -- so the rates were funded at 70
20 percent of what the rate study determined.
21 So if the rate was already with the -- with
22 the 20 percent increase that was given, or
23 the 10 and 10 that was given in state fiscal
24 year '23 and '24, if that rate was higher
25 than what that 70 percent was, it would --

1 the rate stayed the same as what it is today.
2 If it was lower than that, it was raised to
3 the -- what the 70 percent of the rate study
4 amount was. So there were some rates that
5 changed.

6 And, also, of course, the providers that
7 had already signed an attestation or
8 during -- at the time that that was
9 available, signed the attestation to pass
10 through 85 percent of the 50 percent
11 increase, some of those rates. But that is
12 provider specific, so that won't be on
13 that -- you won't see that on the fee
14 schedule.

15 But there were -- all of them, depending
16 on what the -- where the rate was today
17 compared to 70 percent of the benchmark is
18 what -- is where the rate amounts were. And
19 I don't have that up and -- I don't have that
20 up in front of me right now to tell you
21 exactly which ones changed. But there were
22 some other services that did change in
23 addition to case management, but HCB case
24 management in particular had a significant
25 bump.

1 MS. STEWART: Yeah. I picked up on
2 that one. And then we also got a letter
3 from -- asking for our policies and
4 procedures relative to the waiver program.

5 MS. SMITH: Yes.

6 MS. STEWART: How do we know what
7 that -- you know, we sent them up. What's
8 the process now?

9 MS. SMITH: That should have -- so
10 the letter didn't outline exactly what -- so
11 what we're doing -- let me just back up.
12 I'll start back --

13 MS. STEWART: Okay.

14 MS. SMITH: If we are -- so in
15 addition -- we are making all of the waiver
16 providers be certified waiver providers. So
17 while some still have to have -- you may have
18 to have a license or, in the case of some of
19 the adult day, a CON -- like, if you're a
20 home health agency, you have to have a
21 license.

22 But in addition to that, we are making
23 all of the waiver providers be consistent, so
24 all of the waiver providers will go through a
25 certification process. So part of that

1 includes review of policies and procedures
2 and then it's essentially -- we're going to
3 do -- we'll do everybody one -- you know, one
4 time. And then at each quality review,
5 that's part of what we review.

6 But I can have -- and I think Gina may
7 be -- I think I might have saw Gina from DAIL
8 on. But if there's questions about the
9 process or what you need to send, if you
10 reach out to DAIL, they can -- they can help
11 you through that.

12 Because they'll be -- as the operating
13 agency of HCB, they'll be the ones that are
14 reviewing that. And I thought I saw her, but
15 now I do not see her so...

16 MS. STEWART: Well, we submitted
17 everything, Pam. I just don't know -- I
18 mean, what happens next? So you have it --

19 MS. SMITH: So they will review
20 that and then they will -- you'll get a
21 letter that basically says either -- you
22 know, you're certified. Or if there's
23 questions or, you know, there's things that
24 need -- that don't match the waiver, then
25 you'll get -- you'll get communication back.

1 So you'll either get communication that
2 we need more information, or we need changes.
3 Or you'll get a letter that says you're
4 certified. And that'll just align with your
5 regular -- you know, your dates that you see
6 in partner portal and all of that. It'll be
7 up to two years.

8 MS. STEWART: Okay. And how long
9 should we expect to receive some type of
10 communication?

11 MS. ONEY: It's about 45 days.

12 MS. STEWART: 45 days. Okay.
13 Well, we've not exhausted that yet. I just
14 wanted to be sure I didn't -- we don't miss
15 something.

16 MS. ONEY: If you have any
17 questions, feel free to reach out to me;
18 okay?

19 MS. STEWART: Okay. What was your
20 name? I'm working on one monitor today
21 instead of two.

22 MS. SMITH: That was Gina Oney with
23 DAIL.

24 MS. ONEY: Yes.

25 MS. STEWART: Okay. All right.

1 Thank you.

2 MS. SMITH: We hope once we -- we
3 realize it'll be new for, in particular, our
4 home health agencies that -- but we hope that
5 once we get through this process the first
6 time, then it'll kind of be -- it'll be
7 normal, and it'll be, you know, part of just
8 the normal reviews that we have.

9 But it's an effort for everybody kind of
10 to be -- everybody will be consistent in, you
11 know, how we approach everything. And, you
12 know, it'll -- it just, we think, will lead
13 to higher quality and hopefully less
14 questions amongst the different -- amongst
15 the providers.

16 MS. ONEY: And, Pam, real quickly,
17 the biggest thing that I'm seeing is when I
18 review the employee files, there is no
19 central registry check for child abuse and
20 neglect. But it appears that the home health
21 agencies only had to do a caregiver
22 misconduct. So working with -- I'm working
23 with several home health agencies right now
24 to get those central registry child abuse and
25 neglect check done through KARES.

1 So that's just one of the things that
2 I'm seeing kind of consistently across the
3 board. And when I researched it, it looked
4 like it was because of the home health
5 licensure reg, it doesn't require that. It
6 requires the caregiver misconduct. But for
7 the waiver, you have to have that CAN. So
8 that's just -- instead of a (inaudible)
9 check, check abuse and neglect, we call it a
10 CAN. So that's just one of the things I'm
11 seeing.

12 The policies and procedures overall look
13 pretty good. There are just a few specific
14 things that -- to the waiver that we've asked
15 for a little bit more information or worked
16 with the agencies to try to fine-tune it to
17 make it more waiver specific on.

18 But if you have any questions, please
19 reach out; okay?

20 MS. STEWART: Okay. Thank you.

21 MR. REINHARDT: Gina, I'll send you
22 an email. If you have a list of whatever
23 those common issues are, we'd love to be able
24 to send that out to our membership.

25 MS. ONEY: You can just send me an

1 email. That would be great. And I'll follow
2 up; okay?

3 MR. REINHARDT: Will do. Thank
4 you.

5 MS. STEWART: Evan, could we put on
6 our next agenda just an update -- you know,
7 waiver is not something we do a lot of. We
8 just do case management and very little at
9 that. But I'd love to know, you know, kind
10 of since we've been out of the waiver
11 program, you know, how the program is doing.
12 Is it -- you know, is there still a wait
13 list? You know, where are we? Is there
14 still a black hole in waiver, you know?

15 MR. REINHARDT: Well, there's still
16 a wait list and, you know, I think there are
17 some efforts underway to re-evaluate how that
18 list is managed currently. So, I mean, I
19 think it's maybe -- the timing is right for
20 us to have a discussion on that.

21 MS. STEWART: Okay. Thank you.

22 CHAIR PURDON: Just -- which we
23 don't do waivers, so I don't have a dog in
24 this fight. But I did notice, as Susan did,
25 that the attendant care and the personal care

1 didn't raise, and there's this push to pay
2 aides more. So I find it odd that the rate
3 study didn't show that, or it showed us what
4 people pay aides now and not an increase that
5 is needed.

6 MS. SMITH: Well, it was -- it was
7 an increase. I mean, it was an increase, but
8 I will say the rate study was based on
9 feedback from agencies on what they are
10 paying and what they are -- and what they --
11 you know, their actual cost as well as it was
12 based on -- in some cases where, like, the
13 national standards like Bureau of Labor
14 Statistics or some of those were higher, we
15 always took into consideration the higher
16 amount when we did -- when we looked at the
17 rate study.

18 So we didn't want to undercut the -- you
19 know, any agencies that potentially were
20 paying less. Because of, you know, just the
21 environment right now, we would give the
22 benefit of using the higher of the two,
23 whichever it was, whether it was, like,
24 Bureau of Labor Statistics, that information,
25 or it was what the survey showed from the

1 agencies.

2 MS. STEWART: Thanks, Pam. I
3 always appreciate your willingness to help
4 us.

5 MS. SMITH: I try. I'm trying. I
6 just -- I wish we could find workers. I
7 don't know where all the workers have went,
8 and I think that's for almost every single
9 industry that's hiring people. But yet I
10 heard something yesterday where there was
11 somebody that's daughter was applying
12 everywhere for work and was having trouble
13 even getting an interview.

14 So I will -- I will admit the whole
15 situation kind of perplexes me. You know, we
16 have -- we can't find people to hire. But
17 yet when you have people that are willing to
18 work and want to be hired, they can't seem to
19 get interviews.

20 So I don't -- I think it's a very
21 perplexing problem, just overall, just -- not
22 even just the healthcare industry. Just
23 overall in general, I think it's an
24 interesting dilemma so...

25 MS. STEWART: I mean, from our

1 seat, I mean, you can't find aides. You
2 can't find nurses. You can't find PTs. You
3 can't find a whole lot of anything so...

4 MS. SMITH: It's really -- and I
5 can understand that, you know, from
6 interviewing even the positions that we --
7 that we have. But I thought that was
8 interesting when I heard from -- you know,
9 that here you have somebody -- and hers
10 wasn't necessarily in health care but, you
11 know, it's kind of an industry-wide thing.

12 You have where people are -- you know,
13 they're saying they can't find workers and
14 then you hear people trying to get
15 interviews, and they can't get interviews. I
16 just think it's a very perplexing problem
17 so...

18 MS. STEWART: They can make more
19 money staying home.

20 CHAIR PURDON: Why can't I figure
21 that out?

22 MS. STEWART: We started working,
23 Annlyn, so we've got to keep on going.

24 MS. FALCONBERRY: Or we need to
25 travel -- right? -- to make the big bucks

1 outside of Kentucky.

2 MR. REINHARDT: All right.

3 Anything else for new business?

4 CHAIR PURDON: If, back on old
5 business, we could jump back to the type of
6 bill. So now that I've looked at the
7 email -- which Passport, I don't do that one.
8 So all the rest of them -- I understand
9 Humana's and Aetna's and United's.

10 But Anthem, they've just put that they
11 do 32x and 34x. So the problem is, is what
12 the "x" is. Is it a 1 or the -- because the
13 old Medicaid, prior to the new billing
14 manual, everything was a 32.1, and that's
15 what some of them used to go with and, like,
16 that's actually what we bill Anthem with now.
17 But I don't know if I need to update the 32.3
18 if it's a continued bill, 32.4 if it's a
19 discharge claim. So if they could expand on
20 theirs, I think I got everybody else's.

21 MS. BICKERS: Is anyone from Anthem
22 on that could speak to that? If not, I can
23 follow up with them.

24 MS. KRAMER: Hey --

25 MS. OWENS: This is Holly with

1 Anthem.

2 MS. KRAMER: Oh. Hey, Holly. I'll
3 let Holly explain.

4 MS. OWENS: Hi. Well, Holly
5 doesn't know the answer, so Holly is going to
6 have to ask because I'm not sure what the "x"
7 means. But I can find out.

8 Jennifer, do you know?

9 MS. KRAMER: It's typically a
10 placeholder for another number, like, for the
11 1 or 2 or 3 for consecutive billing. We
12 would follow standard billing guidelines and
13 per what the State requires so -- but --

14 CHAIR PURDON: Well, like, when I
15 started with Anthem, I tried doing the 32.1,
16 32.2, 3- -- and I couldn't get anything paid.
17 And I kept getting the, well, we can't tell
18 you how to bill. And, finally, one person
19 emailed me and said, "Please just make them
20 all 32-1. They'll go through."

21 But now that Medicaid is updated, I
22 don't know if we're updating, and I want
23 to -- because it will process with 32.1. It
24 just -- but then on audits, somebody comes
25 back five years from now and goes, well, that

1 really should have been a 32.3 because it was
2 a continued bill or a 32.4 because it was a
3 discharge. So that's just what I'm trying to
4 avoid.

5 MS. KRAMER: I gotcha.

6 CHAIR PURDON: And I can't find an
7 actual billing manual that -- because all it
8 says is, like, 32x.

9 MS. KRAMER: I'm going to put my
10 email address in the chat for everyone. If
11 you want to shoot me an email --

12 CHAIR PURDON: Sure.

13 MS. KRAMER: -- with information,
14 I'll follow up, and I will with the State as
15 well. Or if you want to follow up with me
16 from the State, I'll look into that. And
17 Holly and I will work on getting you and
18 everybody on the call an update for billing.

19 CHAIR PURDON: Okay. Thank you.

20 That was all I had, Evan. Thanks.

21 MR. REINHARDT: All right. We did
22 have a question in the chat. And I don't
23 know, Gina, if you can answer this, to speak
24 to the training and qualifications for waiver
25 assessors.

1 MS. SMITH: So, actually, we manage
2 this, so I'll take that from Gina.

3 MR. REINHARDT: Okay.

4 MS. SMITH: Medicaid manages them,
5 so I am not -- since that was not on the
6 agenda, not prepared really to fully address
7 that.

8 MR. REINHARDT: Okay.

9 MS. SMITH: I mean, they are
10 specifically trained. But we can -- if you
11 want to put that on the agenda, we can
12 address it at the next meeting.

13 MR. REINHARDT: Okay. We will put
14 in to do that.

15 All right. Anything else for new
16 business?

17 (No response.)

18 MR. REINHARDT: If not, we'll head
19 to general discussion. Updates from the
20 MCOs, then DMS, and/or Commissioner Lee. So
21 we'll start with the MCOs.

22 Anthem, since you all are top of mind
23 here, you all want to go ahead?

24 MS. OWENS: It's Holly again. I
25 don't have any updates or any common billing

1 issues to report.

2 MR. REINHARDT: All right. We'll
3 let each of the MCOs chime in here.

4 MS. PAGE: Yeah. Hi. This is
5 Anna Page from Passport. I, too, do not have
6 any issues or billing issues to update.

7 MR. OWEN: Hi, Evan. This is
8 Stuart with WellCare. The same thing. We
9 did the roundtable huddle, auth, billing.
10 And nothing -- nobody had any issues that
11 they're aware of. Nothing to report.

12 MR. ELLIS: This is Herb with
13 Humana. There was no real main issues as
14 well. I mean, we saw some of the common
15 denials, but they weren't necessarily issues.
16 They were just the inset we saw from some of
17 the billing errors.

18 The only other issue I noticed was the
19 Q5001 being billed, and I was just wondering
20 if providers are seeing any kind of a payment
21 issue when they were billing with that code
22 on their home health.

23 MR. REINHARDT: We haven't been
24 made aware of one at the association.

25 CHAIR PURDON: We don't bill that

1 on a Medicaid claim so...

2 MR. ELLIS: I'm sorry. What's
3 that?

4 CHAIR PURDON: Like, that is a
5 Medicare code, so I've never billed that on a
6 Medicaid claim.

7 MR. ELLIS: So I will say that at
8 least Humana and two other MCOs have seen
9 Q5001 being billed on Medicaid home health
10 claims.

11 CHAIR PURDON: I wonder if it's
12 just a system issue with that agency because,
13 yeah, that's just the place of service. That
14 means that the service was done at the home.

15 MR. ELLIS: Right. So you're
16 saying that that shouldn't be on the Medicaid
17 claims, then?

18 CHAIR PURDON: We've never billed
19 it on a Medicaid claim. Like I said, there's
20 usually -- like, for Medicare, there's only
21 one cent attached to it just as a
22 placeholder. So, like I said, I don't know
23 if that would cause an issue for it to go
24 through. I don't know if anybody else that's
25 on actually does billing. So all I can tell

1 you is we don't bill it on our claims, so
2 I've not had an issue with it.

3 MR. ELLIS: Okay. All right. I'll
4 tell you what we'll probably do. If it's
5 okay, we can follow up with some of those
6 specific providers who are doing that and
7 make sure that they -- they were not perhaps
8 unintentionally billing Medicaid, thinking it
9 was Medicare, with that code.

10 CHAIR PURDON: Or they could be
11 like me and sometimes set it up on the wrong
12 payer. I do that every now and again.

13 MR. ELLIS: I mean, if
14 Medicaid (sic) is your biggest business;
15 right? And then, all of a sudden, here come
16 Medicaid and just follow the same process
17 so...

18 CHAIR PURDON: Yeah.

19 MR. ELLIS: But that's all. Thank
20 you for that information.

21 CHAIR PURDON: Thanks.

22 MR. REINHARDT: Anybody from
23 United?

24 MS. LEWIS: Yeah. Hi. This is
25 Suzanne Lewis. I'm from United, and I'm

1 trying to -- I was gathering my update for
2 you. We've got, it looks like, about three
3 providers who may be having trouble with the
4 EVV validation. So it looks like some of
5 them are showing up with their facility --
6 one has some claims that are flagged for no
7 match. One has three -- I think we had three
8 claims kick out for no -- flagged for no
9 match. And I'm waiting for an email to drop
10 in my inbox with more specifics.

11 But, basically, we're working with them
12 on those -- those issues right now. So --
13 and I apologize. I'm covering for someone
14 that's out of the office on PT0. So I'm
15 getting secondhand information on this as we
16 speak. And I'm not the expert, so I
17 apologize. But yeah, we are -- we are
18 finding some issues with this.

19 I'm looking at a note here real quick.
20 Okay. So anyway, just -- we've found some of
21 those issues. Anyway, we're -- that --

22 MR. REINHARDT: Just any feedback
23 we can send to our members, please pass it
24 along. We're happy to, you know, try to
25 update the group and make sure everybody is

1 up to speed on what they should be doing as
2 far as processing those claims and making
3 sure their validation is up to date.

4 MS. LEWIS: Yeah. I think what --
5 again, from my information that I'm getting,
6 it looks like that this was kind of -- came
7 through DMS, so we've been working issues.
8 It wasn't an internal issue here at UHC. It
9 was we've been working through DMS, so I
10 don't want to report anything that was just
11 specific to us.

12 MR. REINHARDT: Sure.

13 MS. LEWIS: It looks like that
14 we've been kind of working it out, you know,
15 as -- through the implementation and -- so,
16 again, not specific just to us or an internal
17 issue, just wanted to make sure that I gave
18 you guys a report.

19 CHAIR PURDON: UHC, you're not
20 requiring that to actually pay the claims.
21 Is that just an update on kind of what needs
22 to be fixed, or is it required now for claims
23 to pay?

24 MS. LEWIS: That's a great
25 question, and I am probably not the right

1 person to answer that. So --

2 CHAIR PURDON: I don't do UHC, so I
3 was just curious. I didn't know if you all
4 were -- that all the MCOs were following
5 along with the state or if there was a
6 different date for each MCO.

7 MS. LEWIS: I -- you know, I don't
8 know the answer to that. I'm sorry. I can
9 get one for you.

10 Does anybody else -- I thought, like, it
11 was pushed -- that EVV was pushed back but --

12 MR. ELLIS: Sorry. You're talking
13 about the hard denials, EVV hard denials with
14 the MCOs?

15 CHAIR PURDON: Yes.

16 MR. ELLIS: Yeah. That's been
17 pushed.

18 MS. LEWIS: Okay. Thank you. I
19 didn't want to say the wrong thing, but I
20 thought that had been pushed out. Yeah.

21 CHAIR PURDON: Okay. Thank you.

22 MR. ELLIS: Yeah. We're just doing
23 soft denials. I think it was scheduled to
24 turn the end of June, but those were --
25 that's why, when the State had mentioned in

1 the very beginning -- or KDMS had said that's
2 been pushed, that's applicable to the MCOs.

3 MS. LEWIS: Yeah.

4 CHAIR PURDON: Okay.

5 MS. LEWIS: Isn't that out till
6 August now or something?

7 MR. ELLIS: That's the target.

8 MS. LEWIS: Target. Okay. Yeah.
9 Well --

10 MR. ELLIS: Yeah. But they
11 promised to give us 30 days' advance notice
12 before then so...

13 MS. LEWIS: Right. Yeah, right.
14 Okay.

15 CHAIR PURDON: Thank you.

16 MR. ELLIS: Uh-huh. One thing I
17 did notice -- you know, we weren't
18 necessarily looking at, like, the actual EVV
19 data, per se. But one thing we did also
20 see -- and I think -- because we hold a
21 weekly workgroup with all the MCOs together,
22 and EVV is a common topic. And we did see
23 something similar where, like, they would put
24 in a certain revenue code in the Therap -- in
25 the Therap authorization, but they would bill

1 it different, a revenue code. And it's
2 usually very slight. Like, they'll put,
3 like, a 410 in the rev but then they'll bill
4 a 420 or a 430. And the State has been
5 pretty specific, that it's got to be an exact
6 match.

7 MS. SMITH: Yeah. Those are
8 completely different services. So those
9 would be completely different therapies, so
10 that -- that is an important key, is that
11 what the authorization is for matches what
12 the visit --

13 MR. ELLIS: Yeah, yeah. So I just
14 want to make sure, you know, that the home
15 health realized that, you know, even though
16 it's the same member, same provider, same
17 date of service, it's really not the same
18 service as what was authorized.

19 MR. REINHARDT: We'll make notes on
20 all that, appreciate that, and try to get
21 some info out to providers just to make sure
22 they're matching all that information up.

23 MR. ELLIS: Yeah.

24 MR. REINHARDT: Anything else from
25 the MCO side?

1 MR. STUART: This is Aetna. We
2 don't have any updates or any major issues to
3 report but just wanted to let you know.

4 MR. REINHARDT: Thank you.

5 All right. Any other updates from DMS?
6 I think that -- Pam, that's probably your
7 area there.

8 MS. SMITH: I think we have covered
9 the majority of things. We talked about, you
10 know, supplies we're looking at. We've
11 talked about waiver and if there's any -- I
12 think you all were going to put that on the
13 agenda for the next -- there's, of course, a
14 lot moving with waiver right now.

15 The rates, the finalized rates from the
16 rate study came out. The -- they -- we're
17 working on updating the waiver applications
18 themselves, so those will be coming out for
19 public comment probably sometime in July
20 because it'll have to go to CMS.

21 We were given slots in four of the
22 waivers in the budget. So in July will be --
23 most applicable to you all will be -- we'll
24 have more slots for HCB that we will be
25 allocating. And then EVV, of course, and we

1 talked about that so...

2 MR. REINHARDT: All right. Any
3 updates from Commissioner Lee? I assume that
4 kind of summarizes everything, Pam.

5 MS. SMITH: Yes. She is in --
6 actually at a conference this week so -- but
7 yes. That kind of summarizes in general
8 everything that -- all of the updates.

9 MR. REINHARDT: All right. Very
10 good. And I don't think we have any
11 recommendations today.

12 MAC meeting, Susan will be our rep there
13 for the MAC meeting. And our next meeting
14 should be August 13th, I think. 11:00 a.m.
15 August 13th.

16 Anything else from the group?

17 CHAIR PURDON: I don't have
18 anything else.

19 MR. REINHARDT: We had another
20 question in the chat about how many slots are
21 opening and how many folks are currently on
22 the waiting list. Pam, do you have any of
23 that?

24 MS. SMITH: I don't have the -- I
25 don't have the numbers right here in front of

1 me since it wasn't on the agenda. Let me --
2 slots, let me see if I can get something
3 really quick. I can get that faster than I
4 can the wait list numbers. I don't have
5 those right here in front of me, but the
6 slots I do. I can give you -- well, I
7 thought I had something.

8 Let's see. So we were -- for state
9 fiscal year '25, so what begins on 7/1, 250
10 in Michelle P, 125 for SCL, 250 for HCB, and
11 25 for ABI long-term care. And that's for
12 this -- that's for this upcoming fiscal year
13 '25. There were also -- there were more
14 slots -- I think actually the same number for
15 fiscal year '26. So that'll be 7/1 of '25
16 that those would start.

17 And we do already have approval from CMS
18 on those slots. We've got that already done.
19 So beginning July 1, we'll be able to start
20 allocating those slots. We won't dump them
21 all in at one time because then that just
22 creates a different problem. Then you have
23 people -- instead of them being on the wait
24 list, then they're waiting in line to get
25 assessments and to get services started.

1 So we will be, you know, doing those a
2 little bit at a time, and we're working with
3 the sister agencies and talking about that
4 right now and how we're going to allocate
5 those and what the best number is to do at a
6 time.

7 MS. STEWART: Pam, at our next
8 meeting, do you care to bring the total
9 number of slots? I mean, I know we've got
10 250 additional, but what's the total
11 participation?

12 MS. SMITH: What the total count?
13 So you want just the -- you want the --
14 probably you want to know who we -- the total
15 number of funded slots we have, how many
16 people are active, and what our wait list is.
17 Is that what you want?

18 MS. STEWART: That's what I'm
19 interested in. Thank you.

20 MS. SMITH: Yeah. We can do that.
21 Yeah. We can do that. We can do that next
22 time. Absolutely. I just was not -- I
23 apologize -- was -- don't have those numbers
24 in front of me right now to be able to do it.

25 MS. STEWART: Didn't expect you to.

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MR. REINHARDT: All right. Unless
there's anything else, I think we can go
ahead and adjourn.

CHAIR PURDON: Thanks, everybody.
(Meeting concluded at 11:44 a.m.)

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2 C E R T I F I C A T E

3
4 I, SHANA SPENCER, Certified
5 Realtime Reporter and Registered Professional
6 Reporter, do hereby certify that the foregoing
7 typewritten pages are a true and accurate transcript
8 of the proceedings to the best of my ability.
9

10 I further certify that I am not employed
11 by, related to, nor of counsel for any of the parties
12 herein, nor otherwise interested in the outcome of
13 this action.
14

15 Dated this 17th day of June, 2024.
16
17

18 /s/ Shana W. Spencer

19 Shana Spencer, RPR, CRR
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