

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

Via Videoconference
October 14, 2025
Commencing at 10 a.m.

Tiffany Felts, CVR
Certified Verbatim Reporter

APPEARANCES

BOARD MEMBERS:

Annlyn Purdon, TAC Chair
Susan Stewart
Janet Marlene Reynolds (not present)
Teudis Perez (not present)
Evan Reinhardt

1 MS. WASH: Hi, this is Barbara Wash
2 with the Department of Medicaid Services.
3 It is 10:59 and I'm still clearing the
4 waiting room.

5 MS. PURDON: Hi, Barbara, can you
6 hear me?

7 MS. WASH: Yes, I can.

8 MS. PURDON: Look at this new
9 computer, I'm back in action.

10 MS. WASH: That's wonderful.

11 MS. PURDON: We'll see how long it
12 works before I break it.

13 MS. WASH: All right, we're going to
14 give it a few minutes because I'm still
15 clearing the waiting room.

16 MS. PURDON: Thank you.

17 MS. WASH: Mm-hmm.

18 So it's 11 a.m., Annlyn, and it's
19 just you and Evan that are on at the moment.
20 Should I still give it another minute or so?

21 MS. PURDON: Have you heard from
22 anybody, Evan?

23 MR. REINHARDT: Just from Marlene
24 that she might not make it, and I think
25 Teudis might have a conflict. So the only

1 other person we'd be looking for is Susan,
2 but I have not heard from her.

3 MS. PURDON: Okay.

4 MS. WASH: Oh, Susan's in the waiting
5 room.

6 MR. REINHARDT: Oh, perfect.

7 MS. WASH: She'll just be in in a
8 minute, yep.

9 MR. REINHARDT: There we go.

10 MS. WASH: Yes.

11 MS. PURDON: And that gives us a
12 quorum, doesn't it, with three?

13 MR. REINHARDT: Yep.

14 MS. WASH: Three, mm-hmm. Okay,
15 Susan is on. There we go.

16 MS. PURDON: All righty, are we ready
17 to start?

18 MS. WASH: Yes, we are.

19 MS. PURDON: All right.

20 MR. REINHARDT: Ready to go.

21 MS. PURDON: Good morning. We'll
22 start with introductions. I'm Annlyn Purdon
23 with Hayswood Home Health.

24 MS. STEWART: Susan Stewart,
25 Appalachian Regional Healthcare.

1 MR. REINHARDT: And I'm Evan
2 Reinhardt with the Kentucky Home Care
3 Association.

4 MS. PURDON: All right, and we've
5 already established a quorum. Do we have a
6 motion to approve the previous minutes?

7 MS. STEWART: I'll make that motion.
8 Susan Stewart.

9 MR. REINHARDT: I'll second it.

10 MS. PURDON: And I'll say "aye" since
11 I'm the only other one, so that's passed.

12 And Evan, if you want to do the old
13 business, and I believe the new business is
14 mine.

15 MR. REINHARDT: Yep. Really, we're
16 just doing a touch base, I mean, I think
17 there was supposed to be some discussion on
18 the MCE side on the supplies limits
19 conversation, so didn't know. I think Herb
20 from one of the MCEs was going to take a
21 look and kind of have a conversation at
22 their next meeting, so just wanted to
23 follow-up on all of that, and see how that
24 went.

25 MS. KITCHEN: (Audio cutting in and

1 out) I'm the branch manager --

2 MS. WASH: Kelly? Yeah.

3 MS. KITCHEN: -- for physical health.

4 The question about the supply quantity
5 limits, is that for home health or for MSEA?

6 MR. REINHARDT: It's --

7 MS. PURDON: Home health.

8 MR. REINHARDT: Yeah, it's for home
9 health.

10 MS. KITCHEN: Home health.

11 MR. REINHARDT: Yep.

12 MS. PURDON: I don't see Herb on.

13 MR. ELLIS: Herb's on.

14 MR. REINHARDT: Oh.

15 MS. PURDON: Oh, he is? Okay.

16 MS. PURDON: I was running through
17 all the people, and I was like, "I don't see
18 him."

19 MR. ELLIS: Did you all have a
20 question or just wanted to know there's
21 somebody from Humana in -- on here?

22 MR. REINHARDT: No, we were looking
23 to follow up. I think, Herb, you had said
24 you were going to as the MCEs got together
25 at one of their, like, Friday meetings, you

1 were going to have a chat about the supplies
2 limits --

3 MR. ELLIS: Yes.

4 MR. REINHARDT: -- and so just wanted
5 to follow up on that.

6 MR. ELLIS: Yes, we did. We did have
7 a discussion with all of the MCOs. None of
8 them had an issue with it, they just -- but
9 they did struggle with finding examples.

10 MR. REINHARDT: Okay.

11 MR. ELLIS: I don't know if that was
12 shared with the various MCOs, but they --
13 all of them actually said that they -- they
14 were struggling to find examples where this
15 was happening today, so they had asked that
16 you all work with your contacts at the
17 different MCOs to share those examples, and
18 then if you do that, then I can pull it back
19 into the group. In fact, after this call,
20 I'll just send out an email to the rest of
21 the MCOs saying that the Home Health TAC
22 will have examples sent to the different
23 MCOs as -- for us to then review and discuss
24 in our next weekly meeting as an all MCO.

25 MS. STEWART: But I think that's --

1 that's not the answer to the question.

2 MR. ELLIS: We said that -- we said
3 we were willing to do this, but the MCOs
4 were saying they didn't have examples of
5 where they were denying it for all of it.

6 MS. STEWART: Right. Correct. I
7 understand that that's the answer, but my --
8 but that's not our ask. Our ask is can we
9 get a list of all of the supply limits per
10 item. That's our ask. So --

11 MR. ELLIS: Hm, hold on.

12 MS. STEWART: Am I right, Evan?

13 MR. ELLIS: No.

14 MR. REINHARDT: Yeah.

15 MR. ELLIS: That wasn't the ask --
16 the ask was whether or not we were willing
17 to pay up to the limit.

18 MR. REINHARDT: So that's the kind of
19 the chicken or the egg, Herb, is, you know,
20 we need to know what the limit is to kind of
21 figure out how not to get a denial.

22 MR. ELLIS: Yeah, I think -- I
23 remember that discussion. I remember them
24 talking about how that the edit -- the
25 vendor edits doing that was proprietary, and

1 so that's when we said, "well" -- somebody
2 else said, "Well, why can't you just pay up
3 to the limits?" And then that's when I
4 said, "Well, I'll take that back with MCOs."

5 MS. STEWART: But I think that's --
6 our question is --

7 MS. PURDON: What is the limit?

8 MS. STEWART: What is -- it's not --
9 I don't know that it is proprietary, isn't
10 that our question, Evan?

11 MR. REINHARDT: Yep.

12 MS. STEWART: We've got an answer
13 that it's not, maybe for DME, but not home
14 health.

15 MR. ELLIS: All right. I mean, I
16 remember that call. And I remember the
17 other MCOs on this call mentioning that the
18 vendor edits doing this was proprietary.
19 Who else do we have on this call from the
20 other MCOs? I'm -- I'm pretty sure that's
21 what was communicated last time.

22 MS. KITCHEN: So what we need to get
23 from the MCOs is what their limitations are
24 for all of the home health supplies. And
25 provide that to the TAC, so when billing,

1 they know what their limitation is. So all
2 of the MCOs need to provide that data to the
3 Home Health TAC.

4 MS. BICKERS: Hey, this is Erin with
5 the department. Sorry, I'm a little late
6 joining. Is Chelsea on with the MCO group
7 because this was something she was working
8 on? For a little background, this is
9 something the TAC has been discussing for
10 almost the entire time that I have -- had
11 ran -- I don't run anymore -- had ran the
12 TAC, so is someone from the MCO group on
13 because they're supposed to be working on
14 this?

15 MS. WASH: I don't see Chelsea on
16 here, Erin.

17 MS. BICKERS: Okay. Okay. Barb, can
18 you put that on the follow-up email for DMS,
19 please, so that we can try to get this
20 situated for the TAC, please?

21 MS. WASH: Okay.

22 MS. BICKERS: Sorry, I didn't mean to
23 butt in, guys, I just had a little bit of
24 background there, so.

25 MR. ELLIS: Yeah, thanks, Erin. I --

1 yeah, please, I'm not being difficult. I'm

2 --

3 MS. BICKERS: No, no, it's --

4 MR. ELLIS: Yeah.

5 MS. BICKERS: It's been a very
6 lengthy, ongoing discussion, so we just --

7 MR. ELLIS: Yeah, I was more of -- I
8 was trying to address something that was
9 happening with the caveat of the other MCOs
10 as well as Humana saying, "You know, these
11 are vendors doing this, and they're not
12 sharing the logic necessarily that's
13 supporting their edits." And so I was like,
14 "Well, what can we do to help you all in the
15 interim," which was being able to pay up to
16 whatever the limits are, and then that's
17 what I was following back on.

18 MS. BICKERS: Okay.

19 MR. ELLIS: And that's why I was
20 trying to be as open and visible as
21 possible.

22 MS. BICKERS: No, appreciate it, so.
23 Again, sorry to butt in, guys.

24 MS. PURDON: Thank you.

25 MR. REINHARDT: No, thanks, Erin.

1 MS. PURDON: And thanks, Herb. I
2 wonder, like, when they're saying that they
3 would pay up to the limits or want examples
4 where it wasn't paid up to the limits, are
5 they talking about the published limits by
6 Kentucky Medicaid? I mean, at least that
7 would be an answer that they're supposed to
8 pay whatever Kentucky Medicaid would.

9 MR. ELLIS: Yeah, that -- so my gut
10 feeling, I think I shared this last time, is
11 that these are probably tied to NCCI edits.
12 And I know we've talked about running around
13 about whether or not they do or do not apply
14 to home health, that's neither here nor
15 there, but the thought was that when the
16 vendor edit's triggered, it says, "you
17 billed too many," that's fine, but don't
18 deny the entire claim. Paid up to what is
19 considered not too many, and then what's too
20 many is what would then have been denied.
21 That was my take away from our last
22 discussion that I brought back with the MCOs
23 that they said they were aligned with the
24 possibility of doing that, but they just
25 needed examples of where it was all of them

1 were being denied saying too many so that
2 they can go back and look at the -- the
3 logic with the vendor to see what can they
4 do if they wanted to pay up to whatever that
5 limit is.

6 MS. PURDON: Okay.

7 MS. KITCHEN: And also -- also the
8 MCOs are required to pay the same as
9 fee-for-service. They can do more, but they
10 have to pay the same limitation amount, the
11 same units. So if fee-for-service has a
12 limitation of five units, the MCOs also have
13 to meet that limitation.

14 MR. ELLIS: And so are we saying that
15 there's situations where we're not abiding
16 by the published unit limitations from KDMS?

17 MS. PURDON: I can say, for me, in
18 the past, I know that's true. And I've --
19 actually, I'm working with the biller this
20 week because I have a relatively new one.
21 My old biller was really good, she had
22 played the Whac-A-Mole game, and she knew
23 what different ones to pay, and then she
24 would go back and rebill just for that
25 amount. And probably to tell you the truth,

1 what's probably getting written off will
2 amaze me when I sit down to work on it, but
3 I'll actually look since I'm working with
4 her this week and see if I can find some
5 examples.

6 MR. ELLIS: So I will say for Humana,
7 and this is probably true for all the other
8 MCOs, if there is actual published unit
9 expectations from KDMS and the MCOs are not
10 abiding by that, share those examples. If
11 you've already shared those examples, maybe
12 -- and it was a few months ago, maybe it
13 might behoove us to resend those to our
14 reps. I will say, for Humana, I'd
15 definitely be interested in -- like, in
16 those examples to see why that would be
17 happening because we would have an
18 expectation that we're covering at least the
19 minimum of what KDMS would cover.

20 MS. PURDON: I'll work on some
21 examples this week. I don't know if Susan
22 has any.

23 MR. ELLIS: Okay.

24 MR. REINHARDT: I'm going to send an
25 email out to the membership right now, too,

1 to try to gather some up.

2 MR. ELLIS: Perfect, thank you. We
3 want a good -- we want to be really good
4 partners with you all, so it's -- you know,
5 I get the frustration, and we'd be
6 interested in looking at those examples.

7 MS. PURDON: Thank you.

8 MR. REINHARDT: Yeah, thank you.
9 We'll get them to you as soon as we have
10 them.

11 MR. ELLIS: Yeah.

12 MS. PURDON: Is that all we had on
13 that, Evan?

14 MR. REINHARDT: Yep, nothing else I
15 can think of, so we're ready for our new
16 business issue then.

17 MS. PURDON: So Evan, I'm not sure
18 who all you sent that question out to. I'm
19 finding an issue. I know years ago,
20 Medicaid published that if you're billing
21 incontinence supplies that you had to have
22 certain codes, like being the top three
23 codes for that patient to get those supplies
24 paid or get the supplies paid for that
25 patient. So what I'm running into now is I

1 have several patients that have both home
2 health services and incontinence supplies,
3 and in the past, we've always billed that
4 together because we've put the supplies on
5 the care plan instead of on a MAP-248 with
6 different codes. And now I've got some
7 denying saying that their diagnoses doesn't
8 support the incontinence supplies. So when
9 I talked to the coders because I'm not a
10 coder at all, they said that, you know, they
11 had to code that for the services they were
12 receiving. And the incontinence supply
13 codes were on down; it might be No. 10 on
14 the codes. So I didn't know if -- what the
15 rule on that was exactly because they have
16 to code it per what the home health is. So
17 should I be billing the supplies separate?

18 MS. KITCHEN: Actually, any of the
19 incontinence diagnosis codes should be
20 allowed on any number -- step-down number
21 within the diagnosis listing as long as it
22 is a diagnosis of incontinence.

23 MS. PURDON: Okay.

24 MS. KITCHEN: It shouldn't matter if
25 it's the top 3 or if it's No. 10. If -- the

1 diagnosis just has to be on the claim.

2 MS. PURDON: So I think Aetna, they
3 sent me -- when I asked them about how come
4 they didn't pay it, and they said that they
5 only had certain diagnosis codes, and it had
6 to be in the top. But anyway, I'll get with
7 my Aetna rep to double check that because --

8 MR. ELLIS: I think you meant it had
9 to be in the primary location, right?

10 MS. PURDON: Right.

11 MR. ELLIS: It's probably -- so like
12 the primary reason for the treatment is
13 incontinence, then you would have an
14 incontinence supply, and I think that makes
15 sense.

16 MS. PURDON: Yeah, but my problem is
17 is they're also getting home health
18 services, so if we're seeing them --

19 MR. ELLIS: Oh.

20 MS. PURDON: -- for wound care, the
21 coder said she has to code that claim -- or
22 that care plan with the wound care first, so
23 she always gets the incontinence diagnoses
24 on there, but it might be further down.

25 MR. ELLIS: Hm, I see, okay.

1 MS. PURDON: Yeah. So I don't know,
2 it may be once I get with Aetna, it might be
3 that's what I need to do is just bill the
4 incontinence supplies separately. But in
5 the past, I mean, I've been here 24 years,
6 and we've always billed -- if they were
7 getting services, we billed it on the same
8 claim.

9 MR. ELLIS: So when you do that with
10 your Aetna, maybe you want to share the two
11 scenarios where, you know, it is a standard
12 home health, and what -- if you were to
13 change your primary to incontinence, what
14 would happen? And then when it's the --
15 when it's the standard home health and you
16 leave it with your standard home health
17 diagnosis as your primary, but also have
18 incontinence, then what would happen?

19 MS. PURDON: Yeah.

20 MR. ELLIS: Because if you are to
21 switch it, what you want to do is make sure
22 it doesn't then start denying the other
23 claims that you did not want to be denied.

24 MS. PURDON: Yeah, and even the
25 primary -- actually, I thought the primary

1 diagnosis would cover it because -- but the
2 code list they sent had a generic code for
3 that diagnosis and we have a more specific
4 code, but I'm like, it's all still the same
5 thing, but anyway.

6 MR. ELLIS: Yeah. Well, yeah, just
7 make sure your primary, obviously, is not
8 one of your secondaries, right? It can't be
9 a -- right? It has to be considered a
10 primary diagnosis per the NCCI guidelines,
11 right? Or -- and not a subsidiary of a
12 primary diagnosis code.

13 MS. PURDON: Oh, yeah, you got too
14 far into coding for me.

15 MR. ELLIS: Oh, I'm sorry about that.

16 MS. PURDON: Yeah --

17 MR. ELLIS: Yeah, you'll get another
18 edit.

19 MS. PURDON: -- like, it's number 1,
20 2, 3, 4, 5, 6.

21 MR. ELLIS: Yeah, because you will --
22 you know, you'll get another edit if you try
23 to submit a secondary diagnosis as your
24 primary because it's always -- it's
25 something that's a subset of the primary,

1 right? So complications of a flu, that's
2 not your primary diagnosis, right? It's the
3 flu.

4 MS. PURDON: Oh, yeah, but this one
5 had -- I never say the word right -- is
6 cerebral palsy. I don't ever say that
7 right, but they have the more generic code
8 and we have a very specific type, so I still
9 thought it qualified, but they sent me a
10 list that, you know, starting in 2000 and
11 something, you had to have a primary
12 diagnosis of one of these to get it covered.
13 And I thought you had --

14 MR. ELLIS: I see.

15 MS. PURDON: -- to -- and then when I
16 talked to the coders, they were like, we're
17 coding for the home health, and --

18 MR. ELLIS: I see.

19 MS. PURDON: And that's what it's
20 supposed to be, so --

21 MR. ELLIS: Yeah, okay.

22 MS. PURDON: -- all right. And then
23 I just thought, well, maybe -- I do remember
24 years ago that all came out that there had
25 to be certain codes on the claim.

1 MR. ELLIS: Yes.

2 MS. PURDON: And then I really didn't
3 worry about it because I was like, you know,
4 they should be coded for that, and I've
5 actually never had one deny --

6 MR. ELLIS: Oh.

7 MS. PURDON: -- for it until now, so
8 okay.

9 MR. ELLIS: Yeah, I think CMS has
10 gotten a lot more stringent on accurate
11 billing guidelines, you know, especially
12 with the Affordable Care Act, so, you know,
13 it's progressively gotten more and more
14 complex on the expectations for those
15 billings. And one of them is tied to what's
16 expected for a primary diagnosis code. And
17 remember, everything we send to the state
18 ends up going to CMS --

19 MS. PURDON: Yeah.

20 MR. ELLIS: -- so we're trying not to
21 cause problems between the state and CMS
22 either.

23 MS. PURDON: Okay, thank you.

24 MR. ELLIS: Mm-hmm.

25 MS. PURDON: I think that's all I

1 had.

2 MR. REINHARDT: Okay, ready to go to
3 our general discussion then? Any updates
4 from the MCOs?

5 MR. ELLIS: I guess Humana will
6 continue, and then I'll shut up because I've
7 been talking a lot. No, I mean, I think
8 from a home health, we've made lots of
9 updates to try to fix stuff that we've had.
10 I can honestly say I'm not aware of any
11 ongoing or systemic issues tied to our home
12 health. EVV has been going pretty well. I
13 know we've seen some issues with providers
14 tied to Therap. But outside of that -- and
15 one other thing, I'm not sure if that's part
16 of this TAC, is hospice. Is hospice part of
17 this group?

18 (TAC members shake heads "no")

19 MR. ELLIS: Okay, well then, we're
20 good. Then, yeah, nothing else for Humana.

21 MS. PURDON: Thank you.

22 MR. REINHARDT: Thanks, Herb.

23 MS. PAGE: Hi, this is Anna Page with
24 Passport, and I do not have any updates
25 unless you have any questions.

1 MR. REINHARDT: Thanks, Anna.

2 MS. PAGE: You're welcome.

3 MS. ALLEN: This is Aaron Allen with
4 WellCare. We don't have any updates.

5 MR. REINHARDT: Okay.

6 ASHLEY: Hi, there, this is -- sorry.
7 This is Ashley from Aetna Better Health.
8 Just to, I guess, respond back on those
9 specific diagnoses codes real quick for
10 incontinence supplies, I do have that list
11 if you do need it again. And I'm reading it
12 now, it does say it needs to be listed in
13 the primary position. So that was, I think,
14 an update from 2023, so there hasn't been
15 any new changes, so it might have just been
16 the diagnosis on your most recent ones was
17 not one that's on this list.

18 MS. PURDON: Yeah.

19 ASHLEY: But if you do need that
20 again, I can get that over to you.

21 MS. PURDON: Yeah, they sent it, and
22 I thought it --

23 ASHLEY: Okay.

24 MS. PURDON: -- like, it -- I thought
25 it covered it, and then Medicaid just said

1 that -- or somebody said it just had to be a
2 diagnosis, it didn't have to be a primary,
3 so.

4 ASHLEY: Oh, I gotcha.

5 MS. PURDON: Yeah, but --

6 ASHLEY: I can follow up with our
7 team on that. I know the network notice
8 that went out, it does say primary position,
9 but we can always get clarification.

10 MS. PURDON: Yeah, because it's
11 really a conflict because the coder said
12 that they can't code it just for the
13 incontinence supplies --

14 ASHLEY: Mm-hmm.

15 MS. PURDON: -- but you understand
16 they've got to code it for the services
17 we're providing also, so I don't know. The
18 answer might be is I just need to bill it on
19 a separate --

20 ASHLEY: On a separate one.

21 MS. PURDON: -- claim. Yeah.

22 ASHLEY: Yeah.

23 MS. PURDON: But I'll get with my
24 rep.

25 ASHLEY: Okay. Otherwise, I am not

1 aware of any recent PA issues or billing.
2 Things seem to be okay for Aetna. Thank
3 you.

4 MS. PURDON: Thank you.

5 ASHLEY: Mm-hmm.

6 MR. REINHARDT: I think we just have
7 United. Anybody from United?

8 MS. LEWIS: Yes. Hi, it's Suzanne.
9 I was kind of waiting for everybody. Hello,
10 everybody. I don't have any updates. I am
11 curious about any examples you guys can give
12 us, though, of the home health limits
13 issues. If there is anything that you can
14 give us to go back and research, that would
15 be really helpful. But I'm not aware of any
16 issues at this time, so really, no updates
17 other than that.

18 MS. PURDON: Thank you.

19 MR. REINHARDT: All right, down to
20 updates from DMS and Commissioner Lee.

21 MS. STEWART: Evan, I've got a
22 question. I don't know if it's appropriate
23 here or not, but on our next agenda, can we
24 have something from DMS related to EVV? You
25 know, what's -- what they're seeing as far

1 as denials, or, you know, I'm -- it's not --
2 I'm not ready to present anything yet, I'm
3 just curious how it's going, what they're
4 seeing across the state from a denial
5 standpoint.

6 MR. ELLIS: Did you say EVV or EED?

7 MS. STEWART: EVV.

8 MR. ELLIS: Oh.

9 MS. STEWART: Electronic Visit
10 Verification.

11 MR. ELLIS: Okay. Okay.

12 MS. PURDON: Actually, Susan, are you
13 swimming in denials? I feel like I am.
14 That's why one of the reasons I'm going to
15 sit with the biller this week.

16 MS. STEWART: I don't -- I don't know
17 if I am or not. I probably need to follow
18 up, but I would be interested to see what
19 the DMS side sees from a EVV -- a year's
20 worth of data almost now. You know, is
21 it -- is it working, is it not working? I
22 mean, we still get a lot of no-service
23 stuff, and it's labor-intensive to try to
24 get everything in place to get paid, so I'm
25 just curious what the stance of DMS is.

1 MS. PURDON: Are you talking about,
2 like, an EVV, when they log in, the GPS
3 doesn't pick up the -- yeah, the little
4 pointers, they're in the exact right place,
5 but it'll say it can't tell where they're
6 at?

7 MS. STEWART: Right.

8 MS. PURDON: Yeah, I get a ton of
9 that.

10 MS. BICKERS: Susan, this is Erin.
11 We can make sure -- I don't think April
12 Lowery was able to be with us today because
13 of a conflict and she oversees that, but if
14 the TAC would like in the December meeting
15 under new business, you could always ask --

16 MS. STEWART: Okay.

17 MS. BICKERS: -- for, like, a data
18 report to be presented. You guys typically
19 meet, what February? Even months? So that
20 could be something that you can make the
21 request in December to be presented at the
22 next year's meeting if you'd like.

23 MS. STEWART: Okay, thank you. Evan,
24 help me remember.

25 MR. REINHARDT: Yeah, will do.

1 MS. BICKERS: Barb, can you add that
2 just as a reminder on the DMS follow-up for
3 me, please?

4 MS. WASH: Yes, I will.

5 MS. BICKERS: Thank you so much.

6 MS. WASH: Mm-hmm.

7 MR. REINHARDT: All right. Any other
8 updates from DMS or Commissioner Lee?

9 (no response)

10 MR. REINHARDT: So we'll add the EVV
11 information on denials and the other issues
12 as a follow-up, and then I think we're down
13 to recommendations, which none for today,
14 but maybe some next time around. And Susan
15 will be our MAC rep. So the next meeting
16 coming up December 9th.

17 Unless anybody has anything else for
18 the good of the order, I'll turn it back
19 over to Annlyn for adjournment.

20 MS. PURDON: All right.

21 MR. REINHARDT: Okay.

22 MS. PURDON: Don't guess there's
23 anything else. I'll make a motion to
24 adjourn.

25 MS. STEWART: I'll second.

1 MS. PURDON: Do you agree, Evan?

2 MR. REINHARDT: Aye. Yes.

3 MS. PURDON: We are all in agreement.

4 Thank you, everyone.

5 MS. PURDON: Thanks, everybody,
6 appreciate it.

7 MS. PURDON: Have a good one.

8 MS. WASH: Have a good day.

9 MS. BICKERS: Have a great day.

10 (Meeting adjourns at 10:26 a.m.)

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C E R T I F I C A T E

I, TIFFANY FELTS, Certified Verbatim Reporter, herby 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 22nd day of October, 2025.


Tiffany Felts, CVR

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