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

Via Videoconference
February 9, 2026
Commencing at 11 a.m.

Tiffany Felts, CVR
Certified Verbatim Reporter

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APPEARANCES

BOARD MEMBERS :

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

1 MS. BICKERS: Good morning, everyone.
2 This is Erin Bickers with the Department of
3 Medicaid. It is 10:58, so we're still
4 clearing the waiting room, and we'll give it
5 a few minutes before we get started.
6 Barbara is out today, so you're stuck with
7 me.

8 MS. PURDON: We could always be stuck
9 with you. You can't get rid of us.

10 MS. BICKERS: You guys can't get rid
11 of me it seems like.

12 MS. PURDON: We're destined to be
13 together, what can we say.

14 MS. BICKERS: I'm for it.

15 MS. PURDON: Though Barbara's been
16 very good to work with so far.

17 I was looking through, I don't see --

18 MS. BICKERS: I don't see Evan or
19 Teudis yet, so -- they usually start in last
20 moment.

21 MS. PURDON: Yeah, I don't see
22 Marlene either.

23 MS. BICKERS: Oh, I thought I saw her
24 come in.

25 MS. PURDON: Oh, there she is, I see

1 her now. Don't listen to me, I logged in
2 twice.

3 MS. BICKERS: It's officially
4 11 o'clock and we just cleared the waiting
5 room. Do you want to give it a moment
6 longer to see if our other two members hop
7 on?

8 (Ms. Purdon speaks while muted).

9 MS. STEWART: We'll give them one
10 more minute, Erin.

11 MS. BICKERS: Absolutely. Oh, here
12 comes Evan. His ears were burning.

13 (Ms. Purdon speaks while muted).

14 MS. PURDON: All right. Evan's in,
15 so Teudis is the only one we're missing.

16 MS. BICKERS: You have four to five,
17 you do have a quorum. Again, good morning,
18 this is Erin Bickers with the Department of
19 Medicaid. And you do have a quorum; your
20 waiting room is clear.

21 I would -- if you don't mind, I'd
22 like to take a moment and introduce Danni.
23 Danni is going to be taking over all of the
24 TACs and MACs and BACs and is joining us
25 today. So I did want to let you know you're

1 going to start seeing her name come across
2 your email. Barbara and I are working very
3 hard to make sure the only difference you
4 notice is the name and the face, and
5 everything else should run as it always
6 does.

7 MS. PURDON: Awesome.

8 MS. DAVIS: Nice to meet you all, and
9 I look forward to working with you.

10 MS. PURDON: Nice to meet you as
11 well. Thanks for taking us on.

12 MS. DAVIS: Absolutely.

13 MS. PURDON: All right, are we ready
14 to start?

15 MS. BICKERS: Yes, ma'am, ready when
16 you are.

17 MS. PURDON: All righty. Well, thank
18 you everybody for being here. We'll start
19 off with the introductions. I'm Annlyn
20 Purdon with Hayswood Home Health.

21 MS. STEWART: Susan Stewart,
22 Appalachian Regional Healthcare.

23 MS. REYNOLDS: Janet Marlene
24 Reynolds, LHC Group.

25 MR. REINHARDT: And --

1 MS. PURDON: Great, and we've
2 already --

3 MR. REINHARDT: Evan Reinhardt with
4 the Kentucky Home Care Association.

5 MS. PURDON: Oh, sorry, Evan, I'm
6 jumping ahead.

7 MR. REINHARDT: No worries.

8 MS. PURDON: All righty, so we've
9 already established a quorum. Do we have a
10 motion to approve the minutes of the
11 December 9th, '25, meeting?

12 MR. REINHARDT: I'll move to approve.

13 MS. STEWART: I'll second. Susan
14 Stewart.

15 MS. PURDON: All in favor, "aye"?

16 (Aye).

17 MS. PURDON: All right, that passes.

18 Evan, if you want to, I'll let you do
19 the old business, and I believe both of the
20 items on the new business is mine, and I'll
21 do those.

22 MR. REINHARDT: Yeah, I think really
23 two things on old business, and we're
24 squaring away our data request, so we'll
25 make sure that it's formalized. And didn't

1 know if there's any further update on our
2 supplies quantities discussion. I know the
3 MCOs were supposed to kind of take it back
4 on their side and talk with DMS but didn't
5 know if there's any recent developments
6 there.

7 (No response)

8 MR. REINHARDT: Sounds like no
9 updates here. We did have one change that
10 -- it looks like the change to the fee
11 schedule with the adult undergarments is
12 going to take place here in the short run,
13 so we'll be on the lookout for that. But
14 we'll formalize the data request, and then
15 also follow up on the supplies quantity.

16 MS. PRESLEY: Evan, I --

17 MS. BICKERS: And I wanted to apol --
18 -- oh, go ahead, Laura, my apologies. You
19 go first.

20 MS. PRESLEY: No, you're fine.

21 So Evan, we have updated the fee
22 schedule and those should be going up to the
23 MCOs hopefully rather quickly, so hopefully
24 you will see those changes in quantities and
25 those new items added to the MCOs and to the

1 fee-for-service soon.

2 MR. REINHARDT: Awesome. Thanks,
3 Laura.

4 MS. PRESLEY: Welcome.

5 MS. BICKERS: And I was going to
6 speak on the data request. So I do
7 apologize about some conflicting
8 information. So sometimes we do -- if the
9 data request is very detailed, we do prefer
10 that followed up in writing, especially if
11 there's certain things like particular
12 codes. I'm not a coder. You guys would
13 know a lot faster what -- like, for example,
14 what codes you would like to pull in your
15 data. I did go back and review the last
16 meeting, and I didn't quite have enough
17 information to go ahead and submit that, so
18 I do have an email out, I think, Evan --

19 MR. REINHARDT: Yep.

20 MS. BICKERS: -- to you. I'm not
21 sure if the whole TAC is on there, but if
22 you could answer a few of those questions
23 that I have for you guys, like if there's
24 particular codes, the time frames, how you
25 want it broken out, you know, things of that

1 nature, and then I'm happy to get that
2 submitted for you guys.

3 MR. REINHARDT: Perfect. Yeah, we'll
4 be back in touch with those details here
5 shortly.

6 MS. BICKERS: Okay, thank you.
7 Sometimes they're very, "Oh we want to see,
8 you know, this, you know, for a year," and
9 so sometimes those are a little bit easier
10 to pull versus something that might get a
11 little bit more detailed with codes. So --
12 but we're happy to get that taken out -- or
13 taken out -- taken care of for you and get
14 it knocked out.

15 MR. REINHARDT: Sure, thank you.

16 All right, over to new business. I
17 think both of those --

18 MS. PURDON: Yep.

19 MR. REINHARDT: -- are on your side,
20 Annlyn.

21 MS. PURDON: So the first one was the
22 18-condition code and MAP 34s and so bear
23 with me because this is going to be a little
24 bit of a rant.

25 So I got from Aetna a request for a

1 take-back for like a year's worth of
2 services on a patient, and they said it was
3 because she had other insurance. And we're
4 back to the 18-condition code where they
5 have Medicare, but Medicare won't pay for
6 pre-fills and aide-only services. So -- and
7 the amazing thing is Aetna had approved all
8 of this, and so it's just -- it becomes so
9 frustrating to continue to have to appeal
10 stuff. And I feel like I'm appealing to get
11 back \$2. We are working on 2002 rates, and
12 to make us fight and fight and keep fighting
13 for this stuff is ridiculous. And this is
14 just one of many things.

15 I feel like every time I turn around,
16 I get something from a Medicaid -- well,
17 really, from all insurances -- that I have
18 to re-appeal, and they've paid it, now
19 they're taking it back. So I wrote the
20 appeal and lo and behold the money's taken
21 back anyway. So then, they have now taken
22 care of it. I got with my rep, and it
23 turned out they said it was because we had
24 never turned in a MAP 34, but a MAP 34 was
25 never requested. And we're not talking

1 about a special document; we make those up
2 ourselves. It's just a form that Medicaid
3 has and we just sign it saying we know they
4 have Medicare and Medicare will not pay for
5 these items.

6 So I'm just -- I'm here to say it's
7 so frustrating to continue to do this. I
8 don't know what other people on the call
9 has, or if they appeal their claims, but
10 it's just becoming a lot, and I feel like it
11 just gets harder all the time.

12 And going kind of into the next one,
13 the EVV, it's just another thing. We appeal
14 and go back and forth and back and forth on,
15 and it's tiring, it really is. So that's my
16 rant. So it's been taking care of. It
17 wasn't when I put it on the request to be on
18 this meeting, but it is. It is just so
19 frustrating, and --

20 MS. STEWART: Well, Annlyn, I think
21 you bring up a great point. I mean, we're
22 -- the state's worried about how to get more
23 people on in-home care, and one of the
24 reasons other providers don't provide that
25 care is because of the burdens placed upon

1 providers, either on the front end or on the
2 back end, when the care is provided.

3 MS. PURDON: Yeah. And like I said,
4 this is one -- I feel like we go through the
5 18-condition code every few years. I've got
6 one with WellCare now, we haven't been paid
7 for this patient for over a year. It
8 started out with the 18-condition code, and
9 now we're into an EVV problem. So it's just
10 like you fight and fight for this little bit
11 of money when it's a loss before we ever go
12 out and see the patient. And to continue to
13 do this is -- I don't know, it almost
14 doesn't make sense, other than we've talked
15 about it in our agency and we're nonprofit,
16 and we feel like we're here to take care of
17 people, and we're just going to continue to
18 try. But it -- and I don't know what
19 percentage of agencies don't do Medicaid or
20 have a limit on the number of Medicaid they
21 do, but I feel like we just do everything.
22 If it comes in and we're in network with
23 them or we can work it out, we see people,
24 and we still do a few very little absolute
25 charity that we just know up front that

1 we're never going to get paid, and we go
2 ahead and do that as well. But it's just
3 getting harder and harder all the time.

4 MR. REINHARDT: Well, I think that's
5 an excellent point. Both of these tie
6 together. I mean, the MCOs point the finger
7 at, you know, the -- at --

8 MS. PURDON: Therap.

9 MR. REINHARDT: Therap, the -- you
10 know, the EVV provider, and then they point
11 back at the MCOs. I mean, it just -- you
12 just go around in circles on both of these
13 things.

14 MS. PURDON: And on that specific EVV
15 that I put on there, we -- I know they said
16 they were going to have some of their -- or
17 was going to try to have some of their EVV
18 people on today and they wanted examples.
19 So I'm working -- actually, it was WellCare,
20 my provider rep, that brought it up, and she
21 said -- which the provider rep's in the
22 middle of her claims people and the
23 providers, and she said she has several
24 groups that they're denied for EVV, so the
25 group says, "Well, in Therap, it's

1 approved." When she goes to the claims
2 people, they say there's a mismatch and that
3 they need to go back to Therap to get it
4 fixed, and so it's a back-and-forth. She
5 needed to get permission from her supervisor
6 to be able to give examples, and the
7 supervisor said that the agencies would have
8 to send in the examples. So I have a few I
9 want to work on getting those sent in and
10 she's going to talk to her other groups
11 about it, but -- and we will hopefully today
12 find out exactly who you want those sent to,
13 and we can hopefully get this started.

14 MS. LOWERY: Annlyn, this is April
15 Lowery. If you could ensure that I'm
16 included on those --

17 MS. PURDON: Okay.

18 MS. LOWERY: -- we will work to do a
19 specific agency one-on-one outreach from the
20 technical side, and then also work with the
21 MCO.

22 MS. PURDON: Okay.

23 MS. LOWERY: Thank you.

24 MS. PURDON: So you want me just to
25 send the examples directly to you?

1 MS. LOWERY: Yeah --

2 MS. PURDON: Is there anybody else I
3 need to include, or?

4 MS. LOWERY: If you want to send them
5 directly to me, or if you want to work with
6 the individual you've been working with and
7 CC me, it is whatever --

8 MS. PURDON: Oh, yeah, okay. Yeah,
9 I'll deal with my rep and with you, and then
10 I told her to get with her other groups.
11 And I know Laura's been working on one of
12 mine with Aetna forever. I mean, it just --
13 it just -- it's endless, it goes on and on.

14 I don't know if Susan and them, if
15 they're able to get stuff fixed or if they
16 still have some really old, outstanding EVV
17 issues.

18 MS. STEWART: We're working through
19 them, but it's a burden for nothing -- not a
20 whole lot of reimbursement. I mean, and I
21 know that, you know, your Medicaid EVV is a
22 CMS mandate, you know, but to even be able
23 to be a provider, the burden cost associated
24 with that is about \$50,000 annually for us
25 to even be a Medicaid provider to meet the

1 EVV requirements. So then, you know, couple
2 that with low reimbursement that hasn't been
3 changed since I've been in healthcare, so, I
4 mean, it's no wonder providers don't want to
5 provide Medicaid.

6 MS. PURDON: I was looking, it looks
7 like my oldest EVV that I've been working on
8 is February and March of 2025. I mean,
9 consistently we've been working on that
10 issue.

11 MS. STEWART: We've got some back
12 that far, too, Annlyn.

13 MS. PURDON: Yeah. So yeah, I'll get
14 them all to April, and hopefully we can get
15 them worked out, but I don't know, it has
16 just become such a burden, it's -- to work
17 through all these different problems for the
18 amount of reimbursement that we get.

19 And I don't know, Evan, do you know
20 any numbers of, like, agencies that don't do
21 Medicaid or limit? I used to know a lot
22 that didn't, but I don't seem --

23 MR. REINHARDT: Yeah.

24 MS. PURDON: -- to have as much
25 direct communication with other agencies as

1 I used to because, well, one, there are
2 fewer agencies, they're not there anymore
3 for me to talk to.

4 MR. REINHARDT: Right. And most who
5 were, you know, doing very little have
6 closed. But the last time we did kind of a
7 survey inventory, I mean, everybody's
8 Medicaid was on the downswing, and it was
9 definitely the, you know, smaller part of
10 their business just because they can't
11 afford the workforce in order to -- you
12 know, to keep doing it, so they gotta find
13 other ways to subsidize the lack of, you
14 know, Medicaid reimbursement and the
15 administrative burdens. So definitely a
16 concern.

17 MS. STEWART: And, well, I mean,
18 there's a big difference between checking it
19 on your 855 or whatever that you are a
20 licensed provider, Medicaid provider, but
21 actually providing it is a different --

22 MR. REINHARDT: Right. Right.

23 MS. STEWART: -- scenario.

24 MR. REINHARDT: And which kind of
25 patients you take from Medicaid --

1 MS. STEWART: Right.

2 MR. REINHARDT: -- that's another big
3 issue too, so.

4 MS. STEWART: And, you know, those
5 are things that are not captured in the
6 annual Home Health Survey. You know, it's
7 just a headcount per county, so, I mean, you
8 really don't get into the complexity of
9 patients. You know, we look at claims data
10 across our service area, and, you know, it's
11 very telling when you look at acuity of
12 patients who does and doesn't take them.
13 And regardless of the payer.

14 MR. REINHARDT: Right.

15 MS. STEWART: The Medicaid's even
16 worse.

17 MS. PURDON: Great. There's nothing
18 else on that. That was all I had. Okay.

19 MR. REINHARDT: Yep.

20 MS. PURDON: All right, on general
21 discussion, actually, I did have one thing.
22 Is there any more EPSDT meetings that are
23 set up that we can attend? I don't know if
24 we have any. I should've actually requested
25 that to be on there, but I did listen to

1 one, and then after that, they said they
2 were going to have more meetings. And I
3 know there's a 90-day grace period, and then
4 I look up and we're already in February.

5 MR. REINHARDT: Right.

6 MR. SHAW: Hey, this is Justin Shaw
7 with Maternal and Child Health. I don't
8 think we have anything scheduled currently.
9 Let me double check with my EPSDT
10 coordinator, and we will -- if we don't have
11 something scheduled, probably try to get
12 something scheduled, and we'll make sure to
13 include you all.

14 MS. PURDON: Okay. Great.

15 Anything else for general discussion?

16 MR. REINHARDT: Nope.

17 MS. PURDON: Okay.

18 And recommendations, is there
19 anything we have to do today for the data
20 request, or we'll make that later?

21 MR. REINHARDT: Yeah, I'll respond to
22 the email and get the details, and so we're
23 good to go there. Nothing for
24 recommendations.

25 MS. PURDON: Okay.

1 Susan is still our MAC meeting
2 representative.

3 MS. STEWART: Yes, we did meet last
4 week. It's -- I would say we're getting a
5 little bit better organized with the new
6 formats, but overall, it was a good meeting.

7 MR. REINHARDT: Hmm.

8 MS. PURDON: All righty, and our next
9 meeting, I don't know, I hope somebody else
10 knows because I don't have that written
11 down. That will be what? March, April --
12 April something?

13 MS. BICKERS: Thirteenth.

14 MR. REINHARDT: We are set for --
15 yep, April 13th.

16 MS. PURDON: All righty.

17 MS. BICKERS: I'm out of the swing; I
18 couldn't find my mute button. I'm not as
19 quick as I was.

20 MS. PURDON: Well, if nobody else has
21 anything else, then motion to adjourn?

22 MS. STEWART: I'll make that --

23 MR. REINHARDT: I'll move to adjourn.

24 MS. STEWART: Second.

25 MS. PURDON: If nobody objects here

1 in the next second or two, I'll call it
2 adjourned. Thank you everybody for being
3 here.

4 MR. REINHARDT: All right.

5 MS. BICKERS: Have a great day.

6 MR. REINHARDT: Thanks everybody.

7 MS. BICKERS: Thank you.

8 MS. REYNOLDS: Thank you.

9 MS. PURDON: Thanks.

10 (Meeting adjourns at 11:20 a.m.)

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C E R T I F I C A T E

I, TIFFANY FELTS, Certified Verbatim Reporter, 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 16th day of April, 2026.

Tiffany Felts, CVR
Tiffany Felts, CVR