

DEPARTMENT OF MEDICAID SERVICES  
HOSPITAL TECHNICAL ADVISORY COMMITTEE

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Via Videoconference  
April 26, 2022  
Commencing at 1:02 p.m.

Shana W. Spencer, RPR, CRR  
Court Reporter

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APPEARANCES

BOARD MEMBERS:

- Russ Ranallo, Chair
- Elaine Younce
- Stephen Oglesby
- Theresa Fite
- Danny Harris (not present)

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MR. RANALLO: Well, welcome everybody. This is Russ Ranallo, the vice president of finance at Owensboro Health and welcome to the April meeting of the hospital -- hospital TAC.

We've got -- Erin Bickers is our new liaison. Would you introduce yourself, Erin?

MS. BICKERS: Sorry about that. I turned everything off. I am Erin Bickers. I am going to be your new Sharley. I did drop my email address in the chat. So if you need anything, please always feel free to reach out to me, and I will help the best I can. And I look forward to working with everyone. Thank you.

MR. RANALLO: So we've got Elaine Younce, Steve Oglesby, Theresa Fite, myself, the TAC members present. So we have a quorum. I'm looking to see if Danny has joined us. It doesn't look like it.

So we'll go ahead and get started. The minutes -- the minutes from the last meeting were attached to the agenda. If anybody had a chance to review those, any questions?

(No response.)

1 MR. RANALLO: I have a motion to  
2 approve the minutes.  
3 MR. OGLESBY: Motion.  
4 MR. RANALLO: Second?  
5 MS. YOUNCE: Second.  
6 MS. FITE: Second.  
7 MR. RANALLO: Okay. The minutes  
8 are approved. Old business. So who do we  
9 have on the phone from DMS?  
10 MS. TRAINER: Hi. This is LeeAna  
11 Trainer with DMS.  
12 MR. BECHTEL: Steve Bechtel with  
13 DMS.  
14 MR. RANALLO: Hi, Steve.  
15 MR. BECHTEL: Hey.  
16 WESLEY PENN: Hello.  
17 MS. GUICE: Lee Guice -- I'm sorry.  
18 Lee Guice with DMS.  
19 MR. RANALLO: How are you?  
20 WESLEY PENN: This is Wesley Penn  
21 with DMS.  
22 MS. DUDINSKIE: Jennifer Dudinskie  
23 with DMS.  
24 MR. RANALLO: Okay. I wanted to  
25 make sure we had that in the minutes.

1 All right. So I don't think this agenda is  
2 going to take us terribly long. I think the  
3 old business, the HRIP, I think this is just  
4 a follow-up to -- I know all the hospitals  
5 are in the process of collecting their ACR  
6 data and first admission by the end of this  
7 week so that we can work on the print for the  
8 next calendar year, the preprint. Any --  
9 anything else? The quarter three, is that  
10 still on track for June-ish?

11 MR. BECHTEL: That's on track. We  
12 plan on processing those payments sometime  
13 around either the end of May or the first  
14 part of June.

15 MR. RANALLO: Okay. Okay. And  
16 those would be the first ones that have the  
17 quality withhold; right, if I understand that  
18 right, I believe?

19 MR. BECHTEL: I believe so. I'll  
20 have to get back with you on that one.

21 MR. RANALLO: Because that will be  
22 the first one of this calendar year; right,  
23 with the January through March ones; right?

24 MR. BECHTEL: It's the January  
25 through March period, yes.

1 MR. RANALLO: I think that's right.  
2 Okay. Anything else that we need to know on  
3 that, Steve? Anything that you guys need  
4 from us?

5 MR. BECHTEL: No. We're just --  
6 we're working with KHA, with Carl and folks.  
7 Like you said earlier, trying to -- if you  
8 can get us your ACR data as quickly as  
9 possible. Because we would like to get the  
10 preprint submitted as quickly as possible.

11 Because the last time, it took CMS a  
12 little longer than anticipated to grant the  
13 approval. So we want to -- we don't want to  
14 wait till the last minute. We want to try to  
15 get that submitted as soon as we can get it  
16 submitted so that there's not kind of a break  
17 in service, so to speak.

18 MR. RANALLO: Okay. We'll do that.  
19 I would encourage everybody to get those --  
20 look at your own data and make sure that  
21 you've reviewed it, the KHA reviews, for the  
22 hospitals that are on here. It's -- make  
23 sure you look at it from a reasonableness  
24 standpoint and make sure that it's been  
25 analyzed, and it's right.

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The -- any other questions on that from the TAC members?

MR. OGLESBY: Did -- Steve, did you see the MedPAC article, or did anyone else see that regarding just their desire -- MedPAC's desire for more transparency on the Medicare -- or on the managed care direct payment programs such as the HRIP? Did anybody else see that?

MR. BECHTEL: I -- are you saying MedPAC or MACPAC?

MR. OGLESBY: MedPAC -- or MACPAC. I'm sorry.

MR. BECHTEL: Okay. I did see one similar, too. The one I saw was from MACPAC, and I'm still reviewing that. I just received that last week.

MR. RANALLO: Okay.

MR. OGLESBY: And my general question just today was: Did that -- should that raise any concern, or do we -- do we think the way we've got our program structured, that it still looks good for next year, or is this --

MR. BECHTEL: I mean, I --

1 MR. OGLESBY: Really any takeaway.

2 MR. BECHTEL: You know, that's kind  
3 of -- that's really up to CMS really, and  
4 it's hard to -- hard to say which way CMS may  
5 lean. But I don't foresee us having issues,  
6 but I don't want to say we won't because  
7 anything can happen. But I have not reviewed  
8 the entire document yet to give you a  
9 definitive answer, so to speak, on the full  
10 review. But the first few pages hasn't  
11 alarmed me just yet.

12 MR. OGLESBY: Okay.

13 MR. BECHTEL: But I reserve the  
14 right to take that back. And if I do,  
15 I'll -- I will share it with Carl and --  
16 Herde and KHA and Howell and them, and  
17 we'll -- we'll be discussing it with you all  
18 through them or on the next TAC. You know,  
19 if I need to talk with y'all before the TAC,  
20 I kind of go through Carl and them to get to  
21 you guys.

22 MR. OGLESBY: Sure. Thanks, Steve.

23 MR. RANALLO: All right. Anything  
24 else? Steve, I appreciate it. Thank you so  
25 much.



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MR. BECHTEL: If I may ask, Carl, if Carl is on the phone. Carl, did you have that MACPAC report? You want me to send it to you?

MR. HERDE: Yes. We have it. And yeah, I agree with your assessment of it. There's nothing in there at this point in time that would raise any concern, from what we seen. I think it may be -- maybe CMS does something else, you know, with the overall programs, you know, from that perspective. But there's nothing in there, that we've seen at least, that would raise any concern, so I would concur with your assessment thus far.

MR. BECHTEL: Thank you.

MR. HERDE: Yep.

MR. OGLESBY: Okay. Thanks, guys.

MR. RANALLO: Okay. Thank you.

All right. The item we had with that serious mental illness task force recommendation from the last meeting, I don't know if there's any follow-up on that.

MS. BICKERS: Russ, was that from the December meeting? Was that your last meeting?

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MR. RANALLO: Yeah, it was. The December meeting was our last meeting, and it was -- there was -- the severe mental illness task force made a recommendation of the LRC, and it was for DMS to look at covering the cost of the long-acting antipsychotic medication.

MS. BICKERS: Okay.

MR. RANALLO: And, you know, we -- there was concern about it, if it's done in a hospital setting, that the per diem or the payment wouldn't be adequate for that expensive drug.

MS. BICKERS: Okay. Do you mind following up with me via email after the meeting? And I will follow up with the staff that may have been out -- sent out to in December?

MR. RANALLO: Yep. I can -- I can absolutely do that. I'll send you the write-up that I had. No problem at all.

MS. BICKERS: Thank you, sir.

MR. RANALLO: All right. Thank you. Who was that? I'm sorry.

MS. BICKERS: It was me, Erin. I'm

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sorry.

MR. RANALLO: All right, Erin.  
Okay. All right. Gotcha. I'll learn your  
voice.

All right. New business. Erin, I think  
I sent this -- the summary of what I was  
looking for here. So we talked about this --  
and it was probably before the pandemic -- a  
little bit about the IPR0, wanting to see if  
there was any kind of metric report on the  
number of cases that were taken to the IPR0  
by, you know, each plan or, you know, offer  
of denials by each plan and then what the --  
the IPR0, you know, whether they upheld the  
denial or overturned the denial and then, you  
know, how many cases went to the ALJ. And,  
you know, I know there's a lot of cases  
pending with the ALJ but what the results  
were with the ALJ.

I think we continue to see -- I keep  
getting cases where -- either sent to me or  
from my own shop, where they don't -- the  
IPRO decisions really don't make sense. An  
example of one is where a patient got retro  
Medicaid for three months back, and the FCO

1 denied it for lack of prior auth. And then  
2 it went to the IPRO, and the IPRO upheld the  
3 denial because we didn't have a prior auth.  
4 And we couldn't because they didn't have  
5 Medicaid at the time of service.

6 And so it kind of just jogged my memory  
7 on this topic of wanting to see, you know,  
8 really what -- if we have any metrics on  
9 whether or not -- you know, what kind of --  
10 what kind of results we're seeing at the IPRO  
11 level because it costs money for everybody  
12 all the way around, and I just --

13 MS. BICKERS: So I believe LeeAna  
14 Trainer has joined us today to help answer  
15 some of those questions. LeeAna, are you on?

16 MS. TRAINER: Yes, I am.

17 MS. BICKERS: Thank you.

18 MS. TRAINER: Yes. Hi, everyone.  
19 I did get that information later last week,  
20 the request for those elements. I'm  
21 currently working on it and will be with my  
22 staff. Some of the requests we do have  
23 readily available, but there's some others  
24 that we don't. And we're talking about  
25 thousands of cases.

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So we're going to work together with -- or I'm going to work together with my team over the next week or two to work on getting all of the data elements that you had requested. It'll include the number of cases that were sent to IPRO, the number of cases that were denied by DMS, whether or not it went to hearing, and what those decisions were.

We did want to point out, though, one of the requests had specifically asked for if there was a disproportionate rate across the MCOs. And it's not going to be consistent because of the member counts. Of course, WellCare, Anthem have larger populations than the other MCOs. So we -- just in general, we get a lot more requests from those versus, you know, say, Passport by Molina or Humana.

So what we can do in that regard is we can provide a percentage rate on what's approved versus denied, if that would be okay for what you're looking for. And then all of the other requests that you had wanted, we'll be able to get that. We just need some more time on our end.

1 MR. RANALLO: That would be great.  
2 I appreciate it, LeeAna. Thank you so much.

3 MS. TRAINER: Yep. Absolutely.

4 MS. BICKERS: And, LeeAna, if you  
5 want -- when all of that is finished, if you  
6 want to send it to me, I can always send it  
7 out to the TAC members, so you don't have to  
8 work on trying to get a list. I've got a  
9 group of them all sent together.

10 MS. TRAINER: Gotcha. Thank you.  
11 Will do.

12 MS. BICKERS: Thank you.

13 MR. RANALLO: Any questions from  
14 the TAC members or additional information on  
15 that?

16 MR. OGLESBY: None here.

17 MR. RANALLO: Okay.

18 MS. TRAINER: And I'll add -- this  
19 is LeeAna again. If there are any questions  
20 or any additional data elements that you  
21 would like, shoot me an email. I'll be happy  
22 to try to provide them or come up with some  
23 kind of compromise with it with the data.  
24 But just let me know if you need anything  
25 else with us.

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MR. RANALLO: Okay. Thank you.

The next item, the anesthesia changes. So there was a reg that had changes from last fall on some of the payable modifiers on the CRNAs and the supervised services, and we had a question from one of the hospitals about whether or not this was put into the system yet and effective and the date that it was going to go. Is it going to go back to the effective date of the reg back in October or not?

MS. GUICE: And this is Lee Guice with Medicaid and --

MR. RANALLO: Hi, Lee.

MS. GUICE: Good afternoon, everyone. I have looked up the -- our change requests. The effective date is the same as the regulation effective date, which is October the 20th, 2021. The production --

MR. RANALLO: That's --

MS. GUICE: Excuse me. The production effective date was June the 1st, 2021; is that right? No.

MR. RANALLO: No, it can't be.

MS. GUICE: No. That's not right.

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Hold on a second.

MR. RANALLO: This June maybe, '22?

MS. GUICE: Yeah. It says 2021, but I'm pretty sure that it is -- I need to look to the next page. Hold on one second. Sorry about that. Right. It was April the 7th, is the actual final status date. So the first production date was -- it looks like April the 7th, but it did go all the way back.

MR. RANALLO: Okay. So, then, the MCOs know this so that they can -- if they have claims to reprocess; correct?

MS. GUICE: I'm going to assume that the MCOs were notified, but I don't have that piece of knowledge.

MR. RANALLO: Okay.

MS. GUICE: I'm not personally aware of that.

MR. RANALLO: Okay.

MS. GUICE: That is our process, though --

MR. RANALLO: Okay.

MS. GUICE: -- when there's some policy change.



1 MR. RANALLO: All right. Well,  
2 we'll make sure that the hospital system is  
3 aware of it, and if they have any concerns or  
4 things that come up, we'll direct them back.

5 MS. GUICE: Sure. Just let us know  
6 if someone is having a problem with it.

7 MR. RANALLO: Okay. I appreciate  
8 that. Thank you.

9 MS. GUICE: No problem. Thank you.

10 MR. RANALLO: All right. Any  
11 questions there?

12 (No response.)

13 MR. RANALLO: All right. I don't  
14 have anything else on the agenda. Are there  
15 any other items from the TAC members that you  
16 want to talk about?

17 MS. FITE: No.

18 MR. OGLESBY: No, I don't.

19 MR. RANALLO: No. I'm seeing no  
20 from Theresa and no from Elaine.

21 MS. FITE: No.

22 MR. RANALLO: Okay. All right.  
23 Our next meeting is scheduled for June 28th.  
24 I appreciate everybody's time, and everybody  
25 have -- everybody have a good week.

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MS. YOUNCE: Thank you, Russ.

MS. BICKERS: Have a good  
afternoon, everyone.

(Meeting concluded at 1:19 p.m.)

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C E R T I F I C A T E

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

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

Dated this 28th day of April, 2022.

/s/ Shana W. Spencer  
Shana Spencer, RPR, CRR