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

\*\*\*\*\*

Via Videoconference  
December 5, 2023  
Commencing at 1:00 p.m.

Shana W. Spencer, RPR, CRR  
Court Reporter

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**APPEARANCES**

**BOARD MEMBERS:**

Russ Ranallo, Chair

Lori Ritchey-Baldwin (not present)

Elaine Younce

Michele Lawless

Chris McClurg



1 themselves, please? Elaine, we'll start with  
2 you.

3 MS. YOUNCE: Hello.

4 CHAIRMAN RANALLO: Michele?

5 MS. LAWLESS: Hello. Michele  
6 Lawless, CFO of Med Center Health. I think  
7 this is my first meeting being back on the  
8 TAC, and I'm happy to be back with you all.

9 CHAIRMAN RANALLO: Great. Chris?

10 MR. MCCLURG: Hi. Good afternoon.  
11 I'm Chris McClurg. I -- like Michele, it's  
12 my first meeting on the TAC, and I'm the CFO  
13 at St. Claire HealthCare in Morehead,  
14 Kentucky.

15 CHAIRMAN RANALLO: Welcome to  
16 everybody.

17 All right. The minutes were attached, I  
18 know, to our meeting invite from the August  
19 22nd meeting. I have a -- are there any  
20 edits or changes to the minutes?

21 (No response.)

22 CHAIRMAN RANALLO: If not, may I  
23 have a motion to approve the minutes?

24 MS. YOUNCE: I'll make a motion to  
25 approve the minutes. This is Elaine.

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CHAIRMAN RANALLO: Is there a second?

MR. MCCLURG: I'll second. This is Chris.

CHAIRMAN RANALLO: Okay. All right. All those in favor?

(Aye.)

CHAIRMAN RANALLO: Any opposed?

(No response.)

CHAIRMAN RANALLO: Okay. Motion passes.

No old business to talk about today.

New business. I think, Elaine, this was one that you brought up on an open enrollment. Were you looking for just a general update on open enrollment and anything that we need to do?

MS. YOUNCE: Yes. Yes. Just to get an idea of where the members were going.

CHAIRMAN RANALLO: Is there anyone --

MS. JUDY-CECIL: Good afternoon.

CHAIRMAN RANALLO: Hello.

MS. JUDY-CECIL: This is Veronica Judy-Cecil with Kentucky Medicaid, Senior

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Deputy Commissioner. How are you all? It's good to see you.

CHAIRMAN RANALLO: Doing good. How are you?

MS. JUDY-CECIL: I don't usually get to attend the Hospital TAC meeting, so it's good to be on.

Just as an update, we did decide to waive Medicaid open enrollment this year due to the Public Health Emergency unwinding. Lots of states took up that flexibility, to not have to perform an actual open enrollment through a specific time period, which is generally November and December.

We -- instead, for 2024, we're allowing members to change Managed Care Organizations at any time throughout the year. And a notice is going to members. It goes out in the next week. I apologize. I don't have the date fresh in my mind. But it should be going out in the next week to all current members to make them aware of the fact that during 2024, there's a rolling open enrollment for MCO changes. So they can change their Managed Care Organization at any

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time.

We've made some, I think, really great improvements to the process for open enrollment. So now a member can make that request -- after this month, can make that request through the -- their sign-in on Kynect.

So they can go in and actually make that request that way. They can do it by calling in on our member services; where, previously, after open enrollment, a member would have to go through an MCO to make that request. So we're kind of taking that barrier away as we move into 2024.

So we won't be reporting, like we normally do, about how many members have switched MCOs as part of open enrollment. We're going to be monitoring it to see if anything changes. We normally have, I don't know, around 9,000 -- anywhere from 7 to 9,000 members per year that will change their MCO during open enrollment. But we're going to monitor it.

CHAIRMAN RANALLO: That's great.  
Thank you. I appreciate it. I learned

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something today.

MS. JUDY-CECIL: Absolutely. Yeah. And then for any new -- I should mention for any new member that comes in, they'll also get a letter to let them know they can change their MCO at any time. So we're covering both current and new members with that information.

And then just a plug for Qualified Health Plan open enrollment. That's currently going on. So right now, folks can enroll in a Qualified Health Plan or make changes to their Qualified Health Plan right now through January 16th, I think is the date. Keep me honest, David.

MR. VERRY: Yes.

MS. JUDY-CECIL: Okay.

MR. VERRY: And if I can also add, the flexibility for people to enroll in a QHP if they've lost Medicaid will continue, of course, all year long. So if anyone ever comes to any situation and says, I just lost my Medicaid or I didn't know I lost it, it must have been months ago, there still are options.



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CHAIRMAN RANALLO: Thank you.

That's a -- that's good information to have.

MR. VERRY: And we've removed the barrier as well there for verification. They simply have to attest that they have lost Medicaid sometime during the unwinding period, and that will open up the SEP for them to enroll in a QHP (inaudible). So it's very easy on the member.

CHAIRMAN RANALLO: Awesome.

That -- okay. That's great. That's great. We'll make sure we get that to our folks.

Any other questions?

MS. YOUNCE: Thank you, Veronica.

MS. JUDY-CECIL: You're welcome.

CHAIRMAN RANALLO: Yeah. Thank you, Veronica. Very, very informative.

All right. Any update, recent changes on the PHE unwinding, Public Health Emergency unwinding?

MS. JUDY-CECIL: Yes. Let me just do a really quick -- I know your time is precious but want to share just a couple of updates with you all. One is we do have some new flexibilities that we recently put into

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place. These are the four kind of primary ones that are fairly new, and we'll be sending this to the members -- TAC members, so you all can go back and look at it.

But just at a high level, what we did decide to do is redistribute a large number of December renewals. And the reason for that is we want to give our sister agency, the Department For Community Based Services, an opportunity to kind of catch up on the backlog of both renewals and applications.

So we are redistributing a large number of December renewals. However, there will still be December renewals if a December Medicaid renewal is tied to another program like SNAP or TANF.

We've decided to keep that in December so that the caseworker is only touching that case once because then they can renew for -- they can do the redetermination process for all the programs. So you will still see some approvals and possibly terminations in December.

We're also going to allow passive renewal for the majority of the cases in

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December before we redistribute. What that means is if we can go out and ping the federal hub and the trusted data sources and verify somebody's eligibility, we'll allow them to go ahead and get approved for termination.

But if it's somebody that might drop to an active renewal, which means that they might have to respond to a request for information or a renewal packet, we're going to push that renewal on into the unwinding period so that that person will remain covered, but it reduces the workload for DCBS.

We also are going to allow transfers. So if somebody is determined ineligible and they verify their income as over eligibility, we'll allow that to go ahead and transfer over to a Qualified Health Plan, for choosing a QHP plan.

A couple of other things. We are extending now all renewals if the individual has not responded to a notice for information. So if we send that RFI, that request for information, or a renewal packet

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and they've not responded by the end of their renewal month, we're going to grant them an additional 30 days to respond. They'll maintain coverage during that period of time to give them that extra time just to hopefully complete what we need to verify.

We will also conduct additional outreach during that time. We are regularly pulling lists of people who haven't responded during their renewal period and now this additional extended period and going through and calling them and trying to reach them by email or find other ways to reach the individual to encourage them to respond.

The exception to the one month is long-term care and 1915C waiver members. They actually have additional time. We've been granting them up to two months, and now we received approval to grant them one more additional month.

So now a long-term care or a 1915C waiver member could actually be extended for up to three months to submit that request for information or that renewal packet. Just those are more complex in determining, so we

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wanted to give enough time to make sure all of the documentation and information is able to be gathered. Also providing a lot of outreach during that time for those members.

And then the other one just really want to highlight is we received approval to suspend child renewals. So starting with October, what that means is if a child is up for renewal, we are going to go ahead and automatically extend them for 12 months. And so they'll -- they will receive full coverage during that 12-month period, and they get continuous coverage.

So the only reasons that we will be able to terminate that coverage during that 12-month period is if the child turns 19, moves out of state, somebody on behalf of the child, a guardian or a parent, requests they be disenrolled from Medicaid. Those are the only reasons during that 12-month period that a child could be terminated.

And we really feel like this promotes continuity of coverage, to try to reduce the kids that we already have evidence to show drop off but come back on. We have a high

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approval rate for children because it has a higher federal poverty level limit.

So it just made sense to further reduce the workload during the unwinding period to maintain that coverage for children. So that might be something different hospitals are seeing in redetermination dates if they come across somebody because those dates may be moving as a result of some of these flexibilities.

For 19 -- a lot of people ask us about 1915C home and community-based waiver flexibilities, and we are -- have extended those past November 11th by filing the -- all six waivers' amendments. They are pending with CMS, but the waivers remain in effect until those waivers get approved. And we'll continue to let everyone know when that happens.

So a natural decline, which we anticipated in enrollment. So this is through October. We're just getting in our November numbers from the November renewals. But, you know, the decline we anticipated, so it is kind of going as we expected.

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This is just a snapshot of the CMS monthly reports that we post. So if you're really interested in understanding what's happening each month with the renewals, we post by the 8th of the month the previous month's renewal information.

So you can go out there -- it's called the CMS Monthly Report, and you can go back and look from May until -- we'll be filing November's in a couple of days -- what -- you know, what the month looks like for those renewals.

A large extended population based on the fact that we have those flexibilities where we're extending folks to try to get them to respond.

CHAIRMAN RANALLO: On that, is there anything that the hospitals -- I guess, for the members that haven't responded to outreach, is there a way for the hospitals to get the information on members that are attributed to them or to their clinic that we could --

MS. JUDY-CECIL: Yeah. I think -- yeah. Russ, I appreciate that. I think the

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Managed Care Organizations have been trying to work with providers in reaching the member where they are, and that includes a lot of primary care providers, you know, if they are on their -- oh, I'm blanking on the word -- panel.

But, certainly, you know, I think that it's -- we've been encouraging MCOs to work with the different providers to do that, so something we'll reenforce. And, you know, if a provider is willing to be that proactive, which we just greatly appreciate, yeah, I think encouraging them to reach out to the MCOs and offer, you know, that -- to do that on their behalf would be fantastic.

CHAIRMAN RANALLO: Okay.

MS. JUDY-CECIL: And I know they're sending, like I said, I think, a report if somebody is up for renewal or hasn't responded.

CHAIRMAN RANALLO: Okay.

All right. We may be getting it. I just might not be aware of that level of detail.

MS. JUDY-CECIL: Okay. Sure.

CHAIRMAN RANALLO: Okay.



1 MS. JUDY-CECIL: Reinstatements is  
2 the other thing that's going on, and we  
3 encourage -- so if you have somebody come in  
4 and they've just been terminated or have been  
5 terminated within 90 days and it's because  
6 they didn't respond, they can still respond  
7 to that request. And we can reinstate --  
8 we'll reinstate them, if eligible,  
9 automatically back to their termination date.

10 So this is another area where we're just  
11 trying to encourage providers, if they have  
12 somebody come in and they just terminated,  
13 maybe to help them understand that there's  
14 something they can do to make sure there's no  
15 gap in coverage.

16 And we're tracking these numbers. And,  
17 you know, as you can see, at least we're  
18 getting some folks in. Once they've been  
19 terminated, they're coming back in, and  
20 that's good to see.

21 So I mentioned Qualified Health Plan.  
22 As we see Medicaid go down, we want to see  
23 Qualified Health Plan go up because a lot of  
24 the members being terminated are no longer  
25 eligible due to income. So we're just making

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sure and trying to connect them to going out and choosing a Qualified Health Plan and take advantage of any premium tax credits they might be eligible for or other financial assistance. Because there are -- there is a lot available to help make that premium more affordable and the cost sharing more affordable.

So just encouraging folks that have been actually determined ineligible to go out and choose that plan, so there's no gap in their coverage as well. And there's -- I mentioned the open enrollment is going on right now.

Just, also, a reminder that out on our unwinding website, we have a lot of fliers specific for providers as people come in. We have a reinstatement one. So if you have somebody come in that just got terminated and you're trying to figure out how to help them navigate reinstatement, you could hand them that flier because it will walk through what that person can do.

We just did a new one on navigating identity proofing for creating a Kynect account. A lot of folks -- you know, we're

1 encouraging them to go create that Kynect  
2 account because it's the easiest way to  
3 upload information and get information for  
4 your redetermination or renewal and to help  
5 process that. And a lot of folks sometimes  
6 have a challenge with identity proofing for  
7 that. So we've created a really easy flier  
8 to help people navigate that.

9 But there's a whole bunch of other  
10 things on there, Qualified Health Plan, how  
11 to choose one. You know, that if providers  
12 are willing, you know, we certainly would  
13 appreciate having them available to folks as  
14 they come in.

15 And then just a reminder. We do have  
16 ongoing stakeholder meetings the third  
17 Thursday at 11:00 a.m. If you can't attend,  
18 because you guys are busy during the day, we  
19 have it available. We report it and post it,  
20 and so you can watch it at any time. Maybe  
21 you need some help getting to sleep. You can  
22 pull that up and watch it. But it's where we  
23 provide the most current information on  
24 what's going on with the renewals and if  
25 something new has happened.

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And then Facebook, Twitter, and Instagram, we really try to keep folks updated through one of those social media. You don't have to do all three. Just like or follow us on one of them to get the most current information.

So that is what I have for the unwinding update. Happy to take questions.

CHAIRMAN RANALLO: That was awesome. Thank you, Veronica.

Any questions from the TAC members?

(No response.)

CHAIRMAN RANALLO: Nope. Okay. Thank you so much for the update. I appreciate it.

MS. JUDY-CECIL: You're welcome. Good to see everyone.

CHAIRMAN RANALLO: All right. Next item is sepsis follow-up. So I think two meetings ago, we had the determination on the Sepsis 2 versus Sepsis 3, that Sepsis 3 would be adopted January of 2025. And I know there were several questions that I had, and others had, about how things would work from a coding and billing perspective and then how

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things dovetailed into the reg on payments.

And I know that there were some answers that we were told were available. But I wanted to start to -- to see if we can start to schedule either a subgroup and have follow-up meetings, or do we want to schedule time at each one of the TACs over the next calendar year to address some of the sepsis questions and issues to be ready for the 2025 date?

(No response.)

CHAIRMAN RANALLO: Anybody from Medicaid side want to take a stab at that?

DR. THERIOT: Hi. This is Dr. Theriot. I think that would be whatever the TAC really wants to do to look into the different issues.

CHAIRMAN RANALLO: I mean, my preference is we have a subgroup and have at least monthly meetings so that we can keep on a regular cadence and update the TAC. And so the question is: Who would I -- who would I work with on the Cabinet side to schedule those and get those -- and get that meeting cadence established?

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MS. JUDY-CECIL: Russ, we'll have Jennifer Swingle from healthcare policy take care of that, and I'll have her reach out to you.

CHAIRMAN RANALLO: Okay.

MS. JUDY-CECIL: And then definitely, Dr. Theriot, I think, you know, you could be part of that and some other folks.

CHAIRMAN RANALLO: Okay.

MS. JUDY-CECIL: I think it's a great idea. Thanks, Russ, for recommending it.

CHAIRMAN RANALLO: Yeah. Thank you.

I think there's a lot -- I mean, I've got just a lot of questions on my own, and I know probably other TAC members do, too, on the logistics and the operational pieces of this.

And so I'll let them -- but -- okay. If you could have Jennifer, yeah, reach out to me, that would be great. And we'll try to get those scheduled, so we have a monthly and then an update with the TAC.

1                   Okay. The HRIP. So the quality for the  
2                   2022 notices came out this month. And I know  
3                   I could probably get it from KHA, but I  
4                   wanted to have in the TAC minutes just a  
5                   high-level overview about how well the -- I  
6                   mean, what kind of the results were from the  
7                   quality outcomes. And, you know, how many --  
8                   how many hospitals participated, didn't  
9                   participate, and what the kind of overall  
10                  overview of the results were.

11                  We don't have to do that today. We can  
12                  do it at the next meeting if we need to do  
13                  that. Because I know the agenda went out  
14                  kind of towards the end of -- near the  
15                  meeting. But I'd just like to -- I'd just  
16                  like to have an over -- kind of a high-level  
17                  overview of what the results were and how  
18                  well we did.

19                  MS. JUDY-CECIL: Yeah. Russ, if  
20                  it's okay -- because we do have the data but  
21                  kind of synthesizing it and reviewing it. So  
22                  if it's okay, we'd love to be able to, at the  
23                  next meeting, maybe even have a couple of  
24                  slides to show and share information. And I  
25                  know -- because Angie --

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CHAIRMAN RANALLO: That would be great.

MS. JUDY-CECIL: Yeah. Angie Parker couldn't be on today. She's attending a conference. So it would be helpful if maybe she can be available to do that.

CHAIRMAN RANALLO: Yeah. That would be great. That would be great.

MS. JUDY-CECIL: Okay.

CHAIRMAN RANALLO: We're chasing a lot of things and some very worthwhile things, and so I'd like to -- I'd like to see how we did overall as an industry.

MS. JUDY-CECIL: Sounds good.

CHAIRMAN RANALLO: All right. Thank you. We'll put that on for the next meeting.

And then any other items from the TAC members?

MS. LAWLESS: None from me.

CHAIRMAN RANALLO: Okay. Hearing none. No recommendations today. At the MAC meeting, I will -- I will be at the MAC meeting to represent in January.

Our next meeting is a Zoom meeting. So



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we've got meetings scheduled for the next calendar year. I think they're all calendared. Our next one is February 27th of 2024.

And barring any other items, I wish everybody a Merry Christmas. And any motion to adjourn?

MS. LAWLESS: Motion.

MR. MCCLURG: Second.

CHAIRMAN RANALLO: All right.

Thank you. We stand adjourned. Everybody, have a great holiday. Thank you.

(Meeting concluded at 1:24 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 7th day of December, 2023.

/s/ Shana W. Spencer

Shana Spencer, RPR, CRR