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

****

Via Videoconference
February 28, 2023
Commencing at 1:01 p.m.

Shana W. Spencer, RPR, CRR
Court Reporter

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1 **APPEARANCES**

2

3 **BOARD MEMBERS:**

4 Russ Ranallo, Chair

5 Elaine Younce

6 Lori Ritchey-Baldwin

7 Theresa Fite (not present)

8 Danny Harris

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1 CHAIRMAN RANALLO: Welcome,
2 everybody. We've -- on No. 2, we have
3 established a quorum. We've got Danny
4 Harris, Lori Ritchey -- Lori Ritchey-Baldwin.
5 Lori is a new board appointment filling Steve
6 Oglesby's vacancy, who is retired.
7 Hi, Lori. I know everybody is familiar
8 with you, but do you want to introduce
9 yourself?
10 MS. RITCHEY-BALDWIN: Hi,
11 everybody.
12 CHAIRMAN RANALLO: Do you want to
13 introduce yourself, Lori?
14 MS. RITCHEY-BALDWIN: Oh, yes.
15 Sorry about that. I didn't hear you.
16 Hi, everyone. Lori Ritchey-Baldwin.
17 I'm the CFO for St. Elizabeth Healthcare in
18 northern Kentucky. I've been with the system
19 about 11 years and just really get a lot out
20 of this group and what comes out of it, so
21 I'm excited to be a part of it. I'm taking
22 over for Steve's retirement, so thank you.
23 CHAIRMAN RANALLO: I appreciate
24 you -- you joining us, Lori. Always a -- I
25 think it will be a great --

1 MS. EISNER: Hey, Bud. It's Nina,
2 and I know she said when we vote, we have to
3 be able to show ourselves, and I don't know
4 how to do that from my phone so...
5 MS. SHEETS: I believe we have a
6 quorum not counting you, so you would not
7 have to vote if you can't turn your camera
8 on.
9 MS. EISNER: Okay. Thank you.
10 CHAIRMAN RANALLO: I see Elaine
11 joining us now, so that's --
12 MS. EISNER: So you're good. Okay.
13 CHAIRMAN RANALLO: So we're good.
14 Yep.
15 Okay. Approval of minutes from the old
16 meeting. The minutes were sent out to the
17 members. Any edits or adjustments?
18 (No response.)
19 CHAIRMAN RANALLO: If not, the
20 motion to approve the minutes.
21 MR. HARRIS: So moved.
22 CHAIRMAN RANALLO: Is that Danny?
23 MR. HARRIS: Yes.
24 CHAIRMAN RANALLO: Okay. Second?
25 Do I have a second?

1 MS. YOUNCE: This is Elaine. I'll
2 second.
3 CHAIRMAN RANALLO: Okay. Any
4 opposed?
5 (No response.)
6 CHAIRMAN RANALLO: Okay. Motion
7 passes.
8 Old business. Last meeting, we talked
9 about the Molina emergency department. I'm
10 looking for an update to see if -- last --
11 two months ago, the criteria was not
12 available. Do we know if we have criteria
13 available to review or go through yet?
14 MS. KELLY: Hi. This is Courtney
15 Kelly from Passport by Molina. And I just --
16 I think we'll have to take that back to our
17 leadership team. I believe that the process
18 or the status today is that there are
19 individual conversations going with each
20 individual facility, and I think that's where
21 we're at today.
22 I think they're kind of still building
23 out that plan, so I will take that back to
24 our leadership team to get some solid
25 information out as soon as we have it.

1 CHAIRMAN RANALLO: Okay.
2 MS. EISNER: Hey, Courtney. This
3 is Nina Eisner. That's a global, isn't it,
4 on the call from --
5 CHAIRMAN RANALLO: It is.
6 MS. EISNER: Yeah. Okay. I just
7 wanted to make sure.
8 CHAIRMAN RANALLO: It is, and
9 that's criteria around the ED visit levels
10 and the exceptions to the criteria because
11 they -- at the last meeting, they reported
12 that there would be -- you know, there were
13 multiple exceptions, that they were being
14 worked --
15 MS. EISNER: And just for my
16 information, how long has it been a global on
17 the DMS MCO call? Courtney, do you know?
18 MS. KELLY: Nina, are you speaking
19 of the KHA call?
20 MS. EISNER: Yeah.
21 MS. KELLY: Okay. Yes.
22 CHAIRMAN RANALLO: Or when was
23 the --
24 MS. EISNER: So this issue --
25 CHAIRMAN RANALLO: When was the

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1 policy approved by DMS? How about that as a
2 better question.
3 MS. KELLY: I don't have that date
4 in front of me. I'll have to go back on that
5 to give you the exact date. But it has been
6 on the KHA log for at least two months now
7 because there are just ongoing conversations.
8 So there's definitely additional information
9 that we'll be sure to get out to -- to each
10 of you as soon as we have it.
11 CHAIRMAN RANALLO: So --
12 MS. EISNER: Do you have a target
13 date for completion on this?
14 MS. KELLY: I know that we are very
15 close to completion on finalizing the plan
16 so -- but I don't have an exact ECD on that.
17 CHAIRMAN RANALLO: So clarifying
18 question. Is the policy being applied to
19 anybody?
20 MS. KELLY: At this time, it is
21 not, no.
22 CHAIRMAN RANALLO: All right. If
23 you could let Kelli know when we have an
24 update, she can -- she can respond back or
25 let me know, and I can send it out to the

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1 group about the criteria and when the update
2 may be available so that we can review it.
3 MS. KELLY: Absolutely.
4 CHAIRMAN RANALLO: All right. And
5 the second follow-up on that, we -- the
6 question was asked to DMS about, you know,
7 what will constitute the clean claim and what
8 will be subject to -- for when interest would
9 apply. So if I submit a claim and they ask
10 for a medical record, how long do they get to
11 review it when they're trying to determine is
12 that a clean claim, or is it not a clean
13 claim?
14 MR. DEARINGER: Hi. This is Justin
15 Dearinger with the Department For Medicaid
16 Services. I have -- I believe Jennifer
17 Swingle is on. She is our administrator for
18 the hospitals program. We may need just a
19 little more information on that one, as it
20 seems a little unclear to me. Maybe she's a
21 little more clear on that.
22 CHAIRMAN RANALLO: Okay. So
23 there's a -- so DMS has approved a pre-pay
24 review policy from -- with Molina Passport on
25 the emergency room claims, emergency

1 department claims. And they are still
2 working on the criteria about exceptions, how
3 it will be applied.
4 But my question to DMS was -- at the
5 last meeting was: When I send in a claim for
6 emergency room or an emergency department
7 visit, and essentially, based on -- they're
8 going to ask for medical records based on a
9 level, (inaudible), at least in my view.
10 So if they ask for a -- you know, a
11 medical record based on a level, it's a -- we
12 can have a whole discussion about ED levels
13 and what the level should be and what
14 guidelines aren't there.
15 But in my view, that's a clean claim,
16 and they -- they're on the clock. And if
17 they take 35 or 45 or 90 days to do a medical
18 record review that, in my view, they should
19 be paying and they come back and they pay the
20 claim, deny the claim, reduce the level, it
21 should be -- it should be with interest.
22 And I want a clarification from DMS on
23 my viewpoint. So that's the question.
24 MR. DEARINGER: Okay. Yep. I
25 understand that now much better that you

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1 explained it. Thank you for that. I don't
2 have an answer right this minute, but I can
3 promise you I'll get you one as soon as
4 possible.
5 CHAIRMAN RANALLO: Okay.
6 MR. DEARINGER: Thank you.
7 CHAIRMAN RANALLO: They can't have
8 an open-ended pre-pay review -- right? -- to
9 look at something forever without interest
10 kicking in. It's not -- especially when
11 they're doing a fishing expedition, in my
12 view, so -- it's not reasonable, so that's
13 the question.
14 Anybody else on that from the TAC? Any
15 other comments before we move on?
16 (No response.)
17 CHAIRMAN RANALLO: Okay.
18 Incarceration data, it continues. I know we
19 had an update last meeting, and we continue
20 to get the hospitals, through KHA, reporting
21 issues in the system.
22 We had a few of those sent by one member
23 hospital, and we sent those examples over and
24 something we want to keep on the radar. We
25 know -- we all know it's multiple issues and

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1 noise on the incarceration data.
2 But any feedback or update to the
3 examples that were sent?
4 MS. FITZPATRICK: Hi. This is
5 Leigh Ann Fitzpatrick with the Department For
6 Medicaid Services. And I have put in the
7 chat a process -- if providers are seeing
8 denials or recoupments from MCOs with
9 eligibility and incarceration dates, the
10 process is there.
11 Once -- what happens is when Appriss
12 updates and puts information into the MMIS
13 system, sometimes the dates get switched.
14 And Justin might have a little bit more
15 information about that. But that is the
16 process to do if you have anybody that --
17 your claims need to be fixed or anything like
18 that.
19 CHAIRMAN RANALLO: Okay.
20 Leigh Ann, would you email that to me so that
21 I can -- I can't write that down. Can you --
22 would you mind copying that and emailing that
23 to me, so I can send it on to the group as
24 well?
25 MS. FITZPATRICK: Sure.

1 CHAIRMAN RANALLO: And make sure
2 it's in our minutes.
3 MS. SHEETS: Leigh Ann, if you'll
4 send that to me, I'll put everything in a
5 meeting follow-up email and send it out.
6 That way, we're not --
7 MS. FITZPATRICK: Okay. All right,
8 Kelli. I'll get it out to you. Thank you so
9 much.
10 MS. SHEETS: Thank you, Leigh Ann.
11 CHAIRMAN RANALLO: Thank you, Leigh
12 Ann. Thank you, Kelli.
13 MS. SHEETS: Absolutely.
14 CHAIRMAN RANALLO: Any other
15 comment or feedback from the group, the TAC?
16 (No response.)
17 CHAIRMAN RANALLO: Okay. Our next
18 item, update on the 2023 HRIP status. Is
19 there any news?
20 MR. BECHTEL: Still monitoring
21 the -- we're continuing to monitor the
22 House Bill 75 in the current session as it
23 moves through the legislative process, and
24 we're were still working through the approval
25 process with CMS at this time.

1 CHAIRMAN RANALLO: And we're
2 waiting on CMS to respond; is that correct?
3 MR. BECHTEL: Right. Well, we're
4 waiting -- we're really waiting on the
5 approval giving me the legislative authority,
6 is the main thing right now, is this
7 House Bill 75.
8 I did share with the workgroup that --
9 we have a weekly workgroup, and I did share
10 with KHA that it did pass the House
11 unanimously, but it was an amended version.
12 And in that amended version, they removed all
13 my appropriations.
14 So I can't -- you know, you can give me
15 the legislative -- I have the legislative
16 approval, but I also need the budgetary
17 approval as well to process those payments.
18 CHAIRMAN RANALLO: Okay. And
19 KHA --
20 MR. BECHTEL: But we're working
21 through that process right now so...
22 CHAIRMAN RANALLO: KHA is aware of
23 that; right?
24 MR. BECHTEL: Yes. Yes, sir.
25 CHAIRMAN RANALLO: Okay.

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1 All right. Thank you.
2 New business. The DMS process/timeline
3 on the end of the PHE. I know there's been a
4 lot of information that's gone out there. I
5 know there was a meeting today. I saw the
6 slide deck on that, and it looks, you know,
7 very informative.
8 Any update that you can give the TAC
9 group? Anyone from DMS?
10 MS. SHEETS: Russ, I can barely
11 hear you. Are you addressing A under new
12 business, the unwinding?
13 CHAIRMAN RANALLO: I apologize.
14 Yeah. So the timeline for the end of the
15 Public Health Emergency and Medicaid
16 eligibility determinations.
17 MS. SHEETS: Yeah.
18 CHAIRMAN RANALLO: I said I know
19 there's a lot of information that's gone out.
20 I know there's meetings that have been had.
21 There was one today. I saw the slide deck.
22 It looked like it was very informative.
23 But I just wanted to have this -- is
24 there anything for the TAC or any update,
25 anything that we can notify the hospitals to

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1 be able to help with in that process?
2 UNIDENTIFIED SPEAKER: I think
3 Veronica Judy-Cecil was on, but she just
4 texted me and said she had to step away. So
5 if she gets back before the meeting is over,
6 she can address that. And if not, we'll have
7 to postpone it or send information out at
8 another time. I do apologize.
9 CHAIRMAN RANALLO: Okay.
10 All right.
11 MR. CLARK: Hey, Russ, it's Hal.
12 There is a call on Thursday that KHA is
13 hosting from, I think, noon to 1:00 regarding
14 eligibility for this. So it went out to over
15 500 recipients via email from Claire Arant.
16 So if y'all don't have it, if you would reach
17 out to Claire. There should be some
18 discussion. Carl's, I think, the one that's
19 going to be hosting that, so FYI.
20 CHAIRMAN RANALLO: Is that the one
21 that's on presumptive eligibility?
22 MR. CLARK: Yes.
23 CHAIRMAN RANALLO: Okay. So I got
24 a question last week if we were able to track
25 those individuals that had received

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1 presumptive eligibility, and our answer here
2 was yes.
3 And I guess from the TAC members, are
4 you guys able to track what Medicaid members
5 you know that have presumptive eligibility?
6 Do you know, Elaine? Danny?
7 MS. YOUNCE: Sorry. I couldn't
8 unmute quick enough, Russ. We are working on
9 that, but we have not began the process yet.
10 CHAIRMAN RANALLO: Okay.
11 MR. HARRIS: Same for us, Russ.
12 It's where we are.
13 CHAIRMAN RANALLO: Okay.
14 All right. We --
15 MS. RITCHEY-BALDWIN: And, Russ, we
16 do have that -- we've identified that list of
17 folks.
18 CHAIRMAN RANALLO: Okay. We had,
19 too. We had set them up in a different
20 category in our patient accounting system, so
21 we could identify them pretty easily. I
22 think that's -- I think there is desire from
23 the DMS side to have those lists. That's, I
24 think, what the call is about on Thursday
25 that Claire set up.

1 All right. Next item, update -- so the
2 2020 MCO selection challenge that went
3 through the appeals court. There was a
4 decision, I believe, last September.
5 Is there any update on that? Is the
6 appeal still going on? Did Anthem appeal it?
7 What does -- can somebody update us on the
8 status of that, please?
9 MS. JUDY-CECIL: Hi. Good
10 afternoon. This is Veronica Judy-Cecil,
11 Senior Deputy Commissioner, Medicaid. It's
12 nice to join you all. I don't usually get
13 the opportunity to so...
14 That is still in court, so there is no
15 change in the status as of now. And if -- we
16 have no idea. We can't predict the court
17 system, so we have no idea when that may
18 change. If it does, we certainly will notify
19 all the stakeholders to let you all know what
20 is happening and how that impacts the
21 program.
22 CHAIRMAN RANALLO: So Anthem
23 appealed it -- Anthem appealed it, I guess,
24 to the -- would it be Supreme Court?
25 MS. JUDY-CECIL: Yes. That's my

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1 understanding of what the next step was.
2 CHAIRMAN RANALLO: All right. And
3 then the current contracts run through the
4 end of calendar '24; is that correct?
5 MS. JUDY-CECIL: The base contract
6 runs through December 31st, 2024. There are
7 renewal options on that contract.
8 CHAIRMAN RANALLO: Okay. Questions
9 from the TAC?
10 (No response.)
11 MS. JUDY-CECIL: Russ, do you want
12 me to take this opportunity to talk a little
13 bit about unwinding?
14 CHAIRMAN RANALLO: Yes, please.
15 MS. JUDY-CECIL: Okay. Thank you.
16 And I don't know how much time you
17 really want me to take up because I could --
18 I could take 30 minutes. I could take two
19 hours.
20 But just, I think, at a high level and
21 to note that -- you know, we're happy to come
22 back and provide maybe additional time and a
23 deep dive into it. We're also working with
24 the Kentucky Hospital Association about doing
25 a presentation to all the hospitals so be on

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1 the lookout for that information.
2 But we are in the start of unwinding.
3 I've got a -- if it's okay, I've got a short
4 presentation --
5 CHAIRMAN RANALLO: Sure.
6 MS. JUDY-CECIL: -- that might be
7 easier to sort of walk through. And I'm sure
8 Kelli is quickly trying to make it so I can
9 present my screen.
10 MS. SHEETS: You should be good to
11 go, Veronica.
12 MS. JUDY-CECIL: Thank you.
13 Let me do this. And there we go. So
14 our top three goals are, of course, we don't
15 want administrative terminations. That's
16 critically important to us, is to make sure
17 that someone who is eligible and going
18 through a renewal doesn't terminate or
19 discontinue as a result of some
20 administrative reason.
21 So we -- oh, it popped off, didn't it?
22 Are you all seeing it?
23 MR. DEARINGER: No. Can't see your
24 screen.
25 MS. RITCHEY-BALDWIN: I don't see

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1 it right now.
2 MS. JUDY-CECIL: Okay. Thank you.
3 Try that one more time.
4 CHAIRMAN RANALLO: There it goes.
5 MS. RITCHEY-BALDWIN: There it
6 goes.
7 CHAIRMAN RANALLO: Now we can see
8 it.
9 MS. JUDY-CECIL: My little thing
10 isn't showing like it normally does. So we
11 want to make sure that there is no break in
12 coverage if someone is still
13 Medicaid-eligible, and we're focused on that.
14 Anyone who is no longer eligible --
15 we've been able to determine that -- that
16 they get moved to other coverage. And I'll
17 talk about that in a little bit, in just a
18 few minutes.
19 And then, you know, we do need to comply
20 with CMS. Our federal match is at stake
21 including our enhanced federal match that
22 we've had over the course of the Public
23 Health Emergency, so we do have to be in
24 compliance to make sure that we maintain
25 that.

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1 We have been given notice, and you
2 probably have heard that the end of the
3 Public Health Emergency is approaching, and
4 that will be May 11th. On that date, it
5 means that there are flexibilities that will
6 absolutely end, and we'll talk about that in
7 a minute. We have -- and to the extent that
8 we are able -- have looked through to see
9 what can we extend, what can we make
10 permanent. But we're going through that
11 evaluation.
12 And then I think the biggest change for
13 most folks -- and this was prior to the
14 announcement of the White House about the end
15 of the PHE -- was a law that passed in
16 December that really is the reason why we're
17 restarting the annual renewals.
18 And that legislation did require
19 states -- or at least ended the continuous
20 coverage that states have been utilizing to
21 keep people covered throughout the PHE, that
22 that ends on March 31st, 2023, and that CMS
23 expects states to resume normal operations
24 for eligibility and enrollment.
25 So that bill also is going to phase down

1 our enhanced federal match which means that,
2 you know, it kind of is more important for us
3 to make sure if somebody is ineligible for
4 Medicaid, that we're discontinuing them so
5 that we're no longer carrying that cover- --
6 or that cost for those people who are
7 ineligible.
8 And then there were some other
9 additional requirements put on the states
10 with regard to reporting. So we've been
11 quickly trying to adjust our reporting to be
12 in compliance with that and then there were a
13 couple of other things to come out of that.
14 This is a very high-level timeline of
15 just the renewals. There was reporting that
16 was required on February 15th that included a
17 renewal redistribution plan. That is the
18 plan that Kentucky will implement to
19 distribute the caseload over the 12-month
20 unwinding period.
21 And so we looked closely at our
22 workforce and their capability and capacity
23 and looked to see how can we allocate across
24 the 12 months to consider those impacts,
25 external impacts.

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1 As I mentioned, March 31st, 2023, is the
2 end of continuous coverage. So anyone who
3 comes in after that date, any new enrollments
4 no longer have continuous coverage, and we'll
5 start to unwind.
6 It's important to note that that doesn't
7 mean that people who are currently in
8 Medicaid, their coverage will end. It just
9 means that that's for new enrollees, and it
10 kick-starts the 12-month unwinding process.
11 So until somebody -- their renewal date comes
12 up, they are still continuously covered
13 regardless of a change in circumstance.
14 April 8th is the next date that we'll
15 have reporting to CMS. This will be our
16 baseline report about all our renewals. It's
17 a snapshot of what the State is looking at in
18 terms of the caseload, and it will be the
19 underlining report that we do on a monthly
20 basis to CMS that demonstrates what the data
21 is showing us in terms of who's been renewed,
22 who couldn't be renewed, who was
23 discontinued, who moved over to other
24 coverage.
25 So that'll be a report that we'll be

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1 sending to CMS on a monthly basis, and let me
2 add that we're going to post all of these
3 reports on our website. So once we submit it
4 to -- like, the ones we sent on the 15th we
5 submitted to CMS. We're waiting for CMS'
6 review of that. Once CMS completes their
7 review, if there are no other changes, we'll
8 post those.
9 So then the next date is May. May 31st,
10 2023, is the first end date, renewal end date
11 that will go through renewal. And that means
12 that those folks will receive a notice in
13 early April that they are -- they are up for
14 renewal in May.
15 And just to talk through what that
16 process looks like, we'll send out a notice
17 to folks that have a renewal date in May.
18 They'll get a notice, either text or email or
19 both, letting them know in March that they
20 have a May renewal. So approximately 90 days
21 before their end date, every member will
22 receive some type of notification that their
23 renewal is approaching.
24 We will, on April 1st, try to what's
25 called passively renew or automatically renew

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1 everyone that can be renewed electronically
2 by going out and verifying information. And
3 so our system will try to do that
4 automatically. And if they can't be renewed,
5 then they will be issued a request for
6 information so that they can provide us the
7 necessary information to do that
8 determination.
9 We have other folks that we are -- we
10 are unable to passively renew, and those are
11 primarily folks that have some type of
12 resource test for their eligibility. They'll
13 receive a renewal packet, and they'll have to
14 return that renewal packet to continue.
15 So that's what's going on with the start
16 of renewals for May. So in early April,
17 they'll be told either we were able to renew
18 you -- so they'll get a notice of eligibility
19 saying you're done. Nothing you have to do.
20 There's nothing to return. We were able to
21 verify you. Or you'll get that request for
22 information and renewal packet. And then
23 we'll conduct those -- again, we'll conduct
24 those renewals over a 12-month process.
25 Just really quickly. There has been

1 thought to what we're doing. We've stayed on
2 top of all the guidance. And it's been a
3 challenge, I have to tell you. I mean, just
4 as soon -- just as early as a couple of weeks
5 ago, we received new guidance from CMS.
6 So we're constantly having to take that
7 in, review it against our plan and what we're
8 doing, and make tweaks and changes to it.
9 That's made it a challenge to tell people
10 what we're doing because it is constantly
11 changing based on that guidance.
12 And it's required a lot of time and
13 energy on our system, making sure that, you
14 know, when we go live with renewals, that
15 it's -- it's doing it as accurately as
16 possible so that, you know, we don't see any
17 gaps in coverage.
18 We plan a very extensive communication
19 plan, and I'm going to talk about some of
20 those here in a minute. But we really want
21 everyone to understand what's going on. We
22 know it's going to be an effort across the
23 entire state amongst all stakeholders to
24 support our Medicaid members through this
25 process because we don't want -- you know, we

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1 don't want people to be administratively
2 discontinued as a part of this.
3 This slide is talking about our caseload
4 planning, so we do have a renewal
5 distribution plan. We looked at -- we've got
6 over 900,000 cases, so we do process at the
7 head-of-household level. But, you know, we
8 are renewing 1 point -- over 1.5 million
9 people that are in those 900,000 cases.
10 So we distribute those across the 12
11 months, keeping in mind, for instance, not --
12 not a really large caseload or the highest
13 caseload in the first couple of months of the
14 unwind because we want to make sure our
15 system is processing correctly, and the
16 workforce is able to adapt.
17 So lower caseloads at the very
18 beginning, a lower caseload in December,
19 taking into consideration fewer work days
20 because of the holidays as well as open
21 enrollment that starts. And then our highest
22 caseloads are toward the end of the unwinding
23 period because that will allow us to really
24 forecast what our workforce needs are and be
25 able to ramp up as we need to.

1 There's three populations that we are
2 allocating a little more specially than the
3 rest of the population, and those are --
4 there's about 14,000 people that we have been
5 doing what's called a special circumstance
6 every month since the beginning of the Public
7 Health Emergency.
8 These were individuals that were set to
9 discontinue. We had already determined they
10 were no longer eligible, but due to the
11 continuous coverage requirement, we put them
12 back on. And those folks, because we
13 determined them no longer eligible, they are
14 in that May bucket so that we can focus on
15 them and make sure that if, you know, they do
16 have a change in circumstance, that we're
17 taking that into consideration.
18 The next special population is the
19 Medicare-eligible. So we had a lot of folks
20 turn 65 or older during the Public Health
21 Emergency, but because of continuous
22 coverage, we kept them in Medicaid.
23 These folks may or may not have enrolled
24 in Medicare like they should have. And so we
25 want to make sure this population -- and

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1 there's about 15,000 of them -- that we want
2 them -- and we're going to allocate them May
3 through October because we're going to focus
4 our efforts to help them enroll in Medicare.
5 They also will get a special enrollment
6 period as a result, thanks to the federal law
7 granting them extra time, up to six months to
8 enroll upon Medicaid disenrollment. And
9 that -- they can do that without a penalty.
10 And then the last population is those
11 that we -- our system has determined probably
12 are ineligible because of income, excess
13 income. This is what we call our QHP, or
14 qualified health plan, population.
15 These are the folks we really want to
16 make sure that they understand they can go to
17 the State-based exchange, Kynect, and they
18 can shop for a plan that they can immediately
19 enroll into and hopefully with no gap in
20 their coverage from Medicaid disenrollment to
21 enrollment in the new QHP plan.
22 But we want to make sure they know that
23 that's available to them, and there's going
24 to be a lot of support. The reason we're
25 delaying them until July is because we're

1 doing some things with our system and with
2 our processes that will really support these
3 folks to be able to get access to those
4 plans.
5 There are --
6 CHAIRMAN RANALLO: How many folks
7 are in the QHP, about?
8 MS. JUDY-CECIL: Oh, about 76,000.
9 And that's just -- you know, that's what our
10 system tells us right now. Things can
11 change, you know. Their circumstance -- by
12 the time they have a redetermination, their
13 circumstance could change. But right now,
14 our system is identifying about 67 -- oh,
15 sorry, 76,000 individuals that will have to
16 roll over to QHP.
17 They also might have employer-sponsored
18 plans available to them. So, again, at that
19 point, we'll be working with the individual
20 to try to make them understand what their
21 options -- the options that are available.
22 And that population will have a lot of
23 support from the Managed Care Organizations.
24 They'll be outreaching to this population
25 separately from what we're doing just to make

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1 sure that, you know, we can reach the
2 individual, and they understand what's
3 happening. Great question.
4 So PHE flexibilities are ending, and
5 I've -- we could talk longer about this and
6 happy to maybe come back and do that. But
7 there are some that are going to end that we
8 have no control. We have to end them. It's
9 not something we can extend or make
10 permanent.
11 So, you know, there's a couple of those.
12 One that you should be aware of is that our
13 second presumptive eligibility period is
14 going away. So on May 12th, we'll no longer
15 have that available to individuals to help
16 them make that full application to Medicaid.
17 So we'll go back to one PE period.
18 Provider revalidations restart. A lot
19 of providers have just voluntarily been doing
20 their revalidations anyway, but we'll have to
21 start getting providers into compliance with
22 that revalidation requirement. So you'll
23 hear from us about, you know, your upcoming
24 revalidation and the need for you to take
25 action.

1 We had some providers that temporarily
2 enrolled, and that was permissible under the
3 Public Health Emergency. But they'll have up
4 to six months to enroll permanently if they
5 want to continue to submit claims on services
6 they're providing to our members.
7 The other one I want to talk about is
8 the hospital will be returning to the
9 pre-PHE provider reimbursement. And that
10 includes -- you know, the hospital 20 percent
11 add-on for the DRG for COVID-19 goes away on
12 May 11th. So on May 12th, we'll no longer be
13 able to pay that.
14 The best way to stay informed, we do
15 have a website. If you're not familiar with
16 it, MedicaidUnwinding.ky.gov. That's the
17 place we're really going to keep all of our
18 information. Our reports are going to go up
19 there. You know, it'll -- as we add flyers
20 and other literature, that's a good place to
21 pull that down.
22 We encourage providers -- we're trying
23 to have flyers and other materials available
24 for providers to pull down and maybe post in
25 your offices to keep our members aware of

1 what's going on. We certainly would
2 appreciate that.
3 Social media. If you don't follow us on
4 social media -- at least Facebook, Twitter,
5 or Instagram, on one of them -- I do
6 recommend that you sign up because we -- that
7 is going to be the fastest way for us to
8 notify folks about what's going on. And when
9 we post something to the website, we'll send
10 out something on our social media, but it
11 really is going to be a way that we
12 communicate with the State on what's going
13 on.
14 And then we're going to have March
15 stakeholder meetings. There's the three
16 dates. This is going to be, I think, posted
17 to our website today where you can sign up
18 for them. They're generally meant to be the
19 same information, all three, so don't feel
20 like you have to go to all three. But
21 certainly you might want to choose one of
22 them. But if you can't go, we'll post a
23 recording and the presentation on our website
24 following the meeting.
25 We also plan monthly stakeholder

1 meetings. So we will have a stakeholder
2 meeting every month, at least one, that
3 provides updated information. We'll look at
4 the report. We'll talk about, you know,
5 what's it looking like, if there are any
6 issues. And we'll also take questions so
7 that we can provide that engagement with the
8 stakeholders about what's going on.
9 So that is as fast as I can get through
10 that information.
11 CHAIRMAN RANALLO: Thank you so
12 much. Will you send us the slide deck or
13 send Kelli the slide deck, so she can send it
14 out to the hospital membership? I know I've
15 already -- my person saw it today, I think,
16 and then she sent it to me this morning. So
17 that'd be great.
18 MS. JUDY-CECIL: Yeah. Absolutely.
19 Happy to do that. And like I said, you know,
20 still some things that are in play, we'll
21 want to -- we plan to keep all the MAC and
22 TACs and other stakeholders updated. So
23 we're happy to come back and provide an
24 update and then we'll do that special webinar
25 with the Kentucky Hospital Association as

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1 well.

2 And for anybody -- you know, we'll also

3 post this on our website for anybody that

4 wants to -- that's not a TAC member, so they

5 have access to it.

6 CHAIRMAN RANALLO: Has -- I know, I

7 think, it's going to be obvious that we're

8 going to have folks roll off from the

9 current, like, 1.7 million. Is there an

10 estimate of that number?

11 MS. JUDY-CECIL: Yeah. So, again,

12 this is a snapshot. Until somebody goes

13 through a redetermination, we don't really

14 know. But we're looking at about 243,000

15 people, is what our system is showing as of

16 February 6, that have the potential of losing

17 eligibility.

18 CHAIRMAN RANALLO: Okay.

19 Any other questions from the TAC members

20 for Veronica?

21 MS. EISNER: Veronica, it's Nina

22 Eisner.

23 MS. JUDY-CECIL: Hi, Nina.

24 MS. EISNER: I'm just wondering --

25 hi. I'm wondering about some of the waivers

1 that were put into place during the Public
2 Health Emergency like telehealth and no
3 authorization -- prior authorization in
4 behavioral health.
5 MS. JUDY-CECIL: Yep.
6 MS. EISNER: Do we expect any
7 changes with those kinds of things?
8 MS. JUDY-CECIL: So the telehealth
9 is one of the flexibilities -- and I had a
10 couple of other slides, but I tried to keep
11 this short. The telehealth is one of the
12 flexibilities that we have implemented
13 permanently to the extent that we are
14 capable.
15 So we filed a regulation in response to
16 a couple of pieces of legislation that was
17 passed that did permanently put in place some
18 of those flexibilities. The one caveat I
19 just want to make sure people understand is
20 right now, the platforms -- so the
21 non-HIPAA-compliant platforms like FaceTime
22 are still able to be used, and the federal
23 law in December extended that through the end
24 of 2024. So there's some -- at least some
25 ability to forecast how long you can use

1 those platforms.

2 After that date -- and certainly, we'll

3 continue to communicate on this piece -- it

4 has to revert back to the Office of Civil

5 Rights HIPAA-compliant platforms. And those

6 are just -- you know, we don't have control

7 over that. So we will be sure to keep folks

8 updated on that. But other than that, pretty

9 much all of the flexibilities went into

10 place.

11 The prior authorizations is really not

12 something that we asked CMS about. That

13 was -- we did, but it really is up to the

14 State with the discretion on that. As of

15 right now, we do still plan to not put the

16 prior authorizations back on the behavioral

17 health services at this time.

18 MS. EISNER: Thank you.

19 MS. JUDY-CECIL: You're welcome.

20 CHAIRMAN RANALLO: Any other

21 questions?

22 (No response.)

23 MS. JUDY-CECIL: All right.

24 CHAIRMAN RANALLO: Thank you,

25 Veronica. I appreciate it.

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1 MS. JUDY-CECIL: You're so welcome.
2 And I've got another meeting, so I'm going to
3 jump off but thanks for having me.
4 CHAIRMAN RANALLO: Thank you. Have
5 a good day.
6 Okay. DSH finalizations from state
7 fiscal year. I just want -- I know we got 19
8 letters last year, and that'll be finalized,
9 I believe, by June of '23. And then June of
10 '24 will be '20, and June of '25 will be '21.
11 I know there's a lot of redistributions and
12 some paybacks with these years with UPL, and
13 I just want to make sure. I think we need to
14 get some information out through the Hospital
15 Reimbursement Committee and KHA. I just want
16 to make sure I have those right in my head.
17 MR. BECHTEL: So, again, let me
18 give you a few dates and some updates on
19 those. On the 2019, we did notify those
20 hospitals that did have a payback. We
21 notified them on November the 18th of '22
22 with a due date of having those funds to us
23 January 31st of '23. We still have about two
24 or three hospitals that still have yet to
25 pay -- pay that back. And we -- we plan to

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1 process the redistribution of 2019 on March
2 31st of 2023 -- or by March 31st of 2023.
3 That's the plan as of right now on 2019.
4 CHAIRMAN RANALLO: Okay.
5 MR. BECHTEL: On 2020, we have --
6 the finalizations are currently being
7 reviewed. We anticipate to have draft
8 results of those out by September of this
9 year, September 30th of this year.
10 On 2021, those surveys will be most
11 likely due back to DMS on October 31st of
12 2023.
13 CHAIRMAN RANALLO: Okay. And then
14 anticipate -- I mean, we can anticipate a
15 similar type of redistribution --
16 MR. BECHTEL: Yes.
17 CHAIRMAN RANALLO: -- timeline for
18 2020, in March or April of '24?
19 MR. BECHTEL: That's what our plans
20 are, yes.
21 CHAIRMAN RANALLO: Okay. Perfect.
22 MR. BECHTEL: Yep. I will add on
23 one other thing. Your 2023, Veronica touched
24 base earlier about the enhanced FMAP being
25 phased out. We have the 10 percent remaining

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1 for your 2023 DSH. In order to maximize as
2 much federal dollars as we can, we plan to
3 process those 10 percent -- the remaining 10
4 percent payout that we would normally pay out
5 in probably September, we're going to go
6 ahead and pay that out by March 31st of this
7 year as well.
8 CHAIRMAN RANALLO: Awesome. Great.
9 Thank you.
10 Any questions?
11 (No response.)
12 CHAIRMAN RANALLO: Thanks, Steve.
13 MR. BECHTEL: Yep.
14 CHAIRMAN RANALLO: All right. Any
15 other items from the TAC members?
16 (No response.)
17 CHAIRMAN RANALLO: I don't think we
18 have any recommendations.
19 I will represent the TAC at the next MAC
20 meeting and then our next TAC meeting is
21 April 25th.
22 Do I have a motion to adjourn?
23 MR. HARRIS: I'll make that motion.
24 CHAIRMAN RANALLO: Second?
25 MS. YOUNCE: I'll second it.

1 CHAIRMAN RANALLO: All right.
2 Thank you, everybody. The meeting is
3 adjourned.
4 (Meeting concluded at 1:45 p.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 9th day of March, 2023.

16

17

18 *_/s/ Shana W. Spencer_*

19 Shana Spencer, RPR, CRR

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