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

Via Videoconference
December 30, 2025
Commencing at 1 p.m.

Tiffany Felts, CVR
Certified Verbatim Reporter

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APPEARANCES

BOARD MEMBERS:

Russ Ranallo, TAC Chair
Lori Ritchey-Baldwin (not present)
Chris McClurg (not present)
Michele Lawless (not present)
Elaine Younce (not present)

1 MS. WASH: Hi, Russ, this is Barbara
2 from the Department of Medicaid Services,
3 and it is 1 p.m. I'm still clearing the
4 waiting room, and it looks to me that you
5 might be the only one on.

6 MR. RANALLO: Yeah, so the thing on
7 my -- the invite on my calendar, the -- it
8 burped out for some reason.

9 MS. WASH: Okay.

10 MR. RANALLO: And so my -- Amy Kirn
11 was going to send out the -- when I went out
12 to the website, I could get in.

13 MS. WASH: Okay.

14 MR. RANALLO: And so she was going to
15 resend that -- send the link out from the --
16 to those folks, and maybe we'll get some
17 people here in just maybe a couple minutes
18 to get them to join.

19 MS. WASH: Okay. Just let me know
20 when you want to move forward.

21 MR. RANALLO: Okay, thank you.

22 MS. WASH: Mm-hmm.

23 MR. MEYERS: Hey, Russ, looking at
24 this agenda, it looks like Groundhog Day not
25 New Year's Day.

1 MR. RANALLO: Yeah. Yeah, I got some
2 -- I would agree with you.

3 MS. WASH: Okay, Russ, it's 1:03. Do
4 you want to wait a little bit longer, or do
5 we --

6 MR. RANALLO: No, we'll go ahead and
7 get started. We won't have a quorum, we
8 won't be able to make -- we won't be able to
9 approve minutes or do recommendations, but
10 we can at least -- we can at least have the
11 discussion in the interest of time for
12 everybody.

13 MS. WASH: Okay.

14 MR. RANALLO: So welcome to the
15 Hospital TAC. I appreciate everybody being
16 here on a holiday week. We do not have a
17 quorum. We'll put the approval of the
18 minutes for the next meeting.

19 Under new business, I think the
20 delivery, newborn issues, and prior
21 authorizations, so I know this issue's been
22 out there a little bit. It's Progeny Health
23 conducting level of care audits for Passport
24 and Humana, and when their level of care, as
25 I understand it, doesn't match the

1 authorization exactly, the hospitals are
2 getting paid zero on newborn claims, which
3 you can't get paid zero on a newborn claim.
4 There shouldn't be a prior authorization for
5 a newborn claim. I know Becky Harris at UK
6 has sent examples to DMS, but I'm looking to
7 see if we've reviewed that and if we have an
8 update.

9 I mean, it's a DRG-based system not
10 a -- an accommodation-based system. So
11 whether they're in a step down or a NICU or
12 an ICU, the DRG is the DRG. And in these
13 cases, they're not -- they're not
14 downgrading it at DRG, which I know we
15 have -- we have that elsewhere on the list,
16 but they're paying zero for a newborn, and
17 the hospital just can't get paid zero for a
18 newborn. It's not -- it's not possible to
19 have a prior authorization, shouldn't have
20 to have it. So I'm looking for DMS to weigh
21 in on this one.

22 DR. THERIOT: Hi, Russ. I don't know
23 if I'm the right person to weigh in, this is
24 Dr. Theriot. But we have had internal
25 discussions. We don't have anything for you

1 right now, but we are working on it
2 internally with our policy team, and we will
3 -- as soon as we get some resolution, we'll
4 get back with you.

5 MR. RANALLO: Okay.

6 MR. DEARINGER: That's correct,
7 Dr. Theriot. I apologize; I'm having some
8 technical issues today with this wonderful
9 computer. But we have discussed --
10 Dr. Theriot's been involved with these
11 discussions, and so we hope to have
12 something within the next week or two. It's
13 been a little tough to get everybody
14 together. With the holidays coming up,
15 we've had a lot of people off, but we will
16 have something within the next week or two
17 specifically on this topic.

18 MR. RANALLO: Okay. I appreciate
19 that. Thank you, Dr. Theriot. Thank you,
20 Justin.

21 Okay --

22 MR. MEYERS: So how does that get
23 communicated out?

24 MR. RANALLO: It should come back
25 through the TAC and we should dissect it out

1 to the Hospital Association, Jim.

2 MR. MEYERS: Okay, thank you.

3 MR. RANALLO: So it should come
4 back -- it should come back to the TAC
5 members, and then we'll get it to Rosmond,
6 and Rosmond should push it out when we get
7 it. That's usually the flow.

8 All right, on the new business, B,
9 the COB issues, so this has been, I think,
10 tracked on our DMS meetings for over 500
11 days. I know this has been worked on. I
12 think, as I understand it, is that when we
13 have -- it began with recovery on remittance
14 advices, but the investigation showed that
15 there was nothing noted for primary
16 coverage. We've got MCOs that don't provide
17 information on the third-party payer, DMS
18 doesn't have any record, we've had multiple
19 hospitals getting claims paid. I think
20 we've had Gainwell say that the information
21 has been on a daily fee to every MCO. I
22 know there's been tickets to work on it.
23 It's just we're getting it with multiple
24 MCOs: Passport, Aetna. It's just we -- we
25 can't obtain full payment from the primary

1 payer and there's no way to reconcile these
2 claims on the COB issue.

3 I know it's been out there for a
4 while. I don't know if Rosmond or anybody
5 else wants to weigh in on it. But we've
6 gotta -- we continue to have problems here,
7 and it needs to be brought through the TAC,
8 and we need DMS to either have -- either
9 help on it or set up a workgroup so that we
10 can get it resolved.

11 MS. DOLEN: Thanks, Russ. I think
12 you hit the high points on that. I really
13 don't have a lot to add except for it's been
14 a long-standing issue, well over a year,
15 almost going into two years, that, you know,
16 the hospitals have struggled with COB. And
17 it's -- it's just something that seems to
18 be -- it needs more attention, and so I
19 really appreciate that you're willing to
20 elevate it through this forum.

21 MR. RANALLO: Given that it's been so
22 long and we haven't been able to resolve it
23 at the Friday meetings, is there -- is there
24 willingness from DMS for us to set up a
25 group that can bring the issue so that we

1 can -- and with MCOs, we can start working
2 through this to get some kind of resolution?

3 MR. DEARINGER: I believe so, Russ.
4 This is Justin Dearing again. I'm not
5 super familiar with -- with maybe -- so are
6 you -- are you -- you're just talking about
7 primary insurance, secondary insurances,
8 those type things? Is that --

9 MR. RANALLO: So they say that
10 there's another coverage, but there's no
11 information on any of the other coverage
12 given, right, as I understand it. And so
13 then it's -- it goes into kind of a black
14 hole, and nobody has the information of what
15 it is. Well, the information should be
16 there, right? Gainwell should be sending
17 that information to the MCOs, the MCOs
18 should be able to tell us who it is and give
19 us that information so that we can track the
20 primary payer, or to determine if it's an
21 error. But it just -- it just turns and
22 it -- and then it becomes a recovery, but
23 then it doesn't -- there is no way for us to
24 go and get the primary payment or even
25 determine what the primary payment is.

1 MR. DEARINGER: Yeah. We can set up
2 something. Let me get with our -- it's a
3 different division that does that but let me
4 get with them, and we can -- we can set
5 something up and see if we can put a group
6 together to work on that specifically.

7 MR. RANALLO: Okay.

8 MR. DEARINGER: And I'll probably
9 have them reach out to you, Russ, sometime
10 this next week --

11 MR. RANALLO: Okay.

12 MR. DEARINGER: -- to get some more
13 details and information because that group's
14 usually not on these calls --

15 MR. RANALLO: Okay.

16 MR. DEARINGER: -- so they may not
17 even be aware of --

18 MS. DOLEN: Justin, we've had Teresa
19 Shields on several times --

20 MR. DEARINGER: Oh, okay, I
21 apologize.

22 MS. DOLEN: -- on, and if you look at
23 our list, we kind of have asked for help
24 for, you know, multiple weeks. We're
25 tracking on 521 days of an outstanding issue

1 where hospitals are having trouble receiving
2 payment for the services based on the COB
3 issue.

4 Part of it is around a gray area
5 where maybe some folks feel that it's a
6 subrogation because it's a third-party
7 recovery rather than an actual hierarchy
8 where there's steps that should be followed.
9 And so we've consistently asked for help and
10 more information on how this process should
11 work, so if we would need to have an extra
12 meeting about this, I would be happy to help
13 coordinate that.

14 MR. DEARINGER: Yeah, if you want to
15 set that up, Rosmond, that would be great
16 because it sounds like it's something that
17 we need a specific policy for on the DMS
18 side to say how it should go, and it doesn't
19 sound like we have that guidance. So let's
20 meet and get together, and let's set that up
21 so we can get that guidance out to
22 everybody.

23 MS. DOLEN: Well, we do the Friday
24 meetings once a month, so if we're going to
25 do something outside, maybe I can --

1 MR. DEARINGER: That's fine. We can

2 --

3 MS. DOLEN: -- coordinate with you,
4 and if you can help --

5 MR. DEARINGER: Yeah.

6 MS. DOLEN: -- gather the DMS folks,
7 then I'll get with the hospitals and get
8 something. But we can work on that
9 together.

10 MR. DEARINGER: Sounds good.

11 MR. RANALLO: Thank you.

12 All right, going into the old
13 business, I think on 5A, my understanding is
14 that the -- we're still seeing folks get a
15 rejection notice, but they're not getting --
16 they're not getting any actual real
17 rejections, they're just getting a notice.
18 So I think that one is -- we can remove off
19 of the list right now.

20 Prepayment reviews, this was a -- I
21 think we went through this last time. I
22 think we, as I remember, looking for DMS
23 follow-up on the prepayment reviews.

24 MR. MEYERS: Is this the same as the
25 line-item denials?

1 MR. RANALLO: It is not.

2 MR. MEYERS: Okay. What's -- because
3 on -- I know on -- they'll call the
4 line-item denials prepayment review
5 sometimes, so --

6 MR. RANALLO: I think -- I think it's
7 kind of -- there's a lot in the prepayment
8 reviews. It was -- they're -- these were
9 the ones with WellCare and Optum where
10 WellCare says it's not a prepayment review.
11 They're just -- they're -- you know, whether
12 it's line-item denials --

13 MS. DUDINSKIE: This is Jennifer --

14 MR. RANALLO: -- down coding --

15 MS. DUDINSKIE: I'm sorry, I didn't
16 mean to interrupt you, but this is Jennifer
17 with Program Integrity. I remember this
18 coming up before. I think Jeremy Armstrong
19 and Chelsea Agee's team had reached out as
20 an inquiry to WellCare on that. I'm not
21 sure, they're probably maybe out. We have a
22 lot of people --

23 MR. RANALLO: Yeah.

24 MS. DUDINSKIE: -- still out of the
25 office, but I know I've seen some emails

1 about that, so I think it is something we're
2 working on, although I don't think we have
3 any specific updates right now.

4 MR. RANALLO: Okay.

5 MR. MEYERS: The reason I say that is
6 we'll get a denial or -- for a prepayment
7 review where they're sending it out to a
8 third party, which is already a problem in
9 that a third party is already sending it out
10 to yet another third party. But that delays
11 it, and then you get the line-item denial
12 months and months later. That's why I was
13 wondering if they are two things that go to
14 the same issue. Because the prepayment
15 reviews, then and of themselves, drag things
16 out for a pretty long time. I mean, some of
17 these things can go months and months and
18 months before you even get the, you know,
19 number D2, which it gives a different
20 problem.

21 MR. RANALLO: Well --

22 MR. MEYERS: So that's why I was
23 wondering whether this is sort of --

24 MR. RANALLO: I think what we're
25 seeing is that we're getting a lot of claims

1 pulled in and they're saying -- but there's
2 no -- you know, there should be a "we've
3 identified this issue or a potential issue,"
4 and the hospital should be informed that
5 there's a prepayment review going on. There
6 should be sampling, there should be feedback
7 on what the results are of the prepayment
8 review, and as I understand it, none of
9 that's happening. They're -- and it's --

10 MS. DUDINSKIE: I think there's some
11 confusion and things getting merged together
12 with the terms "prepayment" and this other
13 process that they have going on where
14 they're looking at certain -- I wouldn't
15 call it a prepay. It's a method they have
16 to look to see if, like, DRGs are being met
17 properly, and if not, maybe downgrading the
18 claim payment, those sorts of things. I
19 think that -- I think that those two issues
20 have kind of been merged, and so we've kind
21 of got to separate that back out because
22 prepayment is something totally different
23 from some of the other things that some of
24 the MCOs are doing and having outside
25 parties, I don't want to say run algorithms

1 because I don't think that's exactly right,
2 but looking at the claims and how things are
3 being billed, and looking at those line
4 items, like you mentioned just a minute ago.

5 So I know that we're trying to get
6 some clarification surrounding that right
7 now, but I don't think the right people are
8 on the call to be able to talk more
9 specifically about it right now.

10 MS. DOLEN: Jennifer, maybe for next
11 time, to your point, it -- when we do have
12 the right folks on the call, we can have an
13 opportunity to clarify the definition around
14 prepayment review and how that review is
15 different than what you just described.

16 MS. DUDINSKIE: Sure.

17 MR. RANALLO: I think that would be
18 very helpful. Because I think it could be
19 language, but I know hospitals are being
20 told that it's prepayment review but it's
21 not going through that process that I would
22 expect, and that communication that I would
23 expect. But on the back side, they're being
24 told it's prepayment review.

25 MS. DUDINSKIE: I think to them, they

1 are thinking it's prepayment, but to us,
2 it's kind of -- it's different, you know
3 what I mean? I think it's different in
4 terminology of who's speaking about it,
5 whether it's coming from the department, or
6 that third-party vendor, or whatever. I
7 think that's where I think there's some
8 confusion about that terminology, so I think
9 we do need to do some clarifying of that.

10 MR. RANALLO: Okay.

11 Okay. So the IMD partial
12 hospitalization under 5C, as I understand
13 it, this is still an issue. There's an
14 outstanding question about whether the MCOs
15 can share patient benefit limit information
16 with the hospitals so that they're aware of
17 stays that are exceeding the limits and not
18 being paid. And then I think the DMS
19 response that was issued to hospitals that
20 said it required United to change its policy
21 on paying for the first 15 days, that was a
22 result of an August meeting. But Humana
23 pushed back, as I understand it, and said
24 "no," and said the MCO wasn't being paid for
25 IMD, and therefore, it didn't have to pay

1 the stay if it exceeded beyond 15 days. And
2 then I think there was some different
3 clarification to say it was discretionary
4 this month on the 19th. So I'm trying to --
5 I'm trying to make sure that at least we
6 know what's accurate, and what do we need
7 clarified, and if there's -- how we can get
8 this off the list.

9 DR. HOFFMANN: Russ, this is Leslie.
10 So we are going to have to get back to you
11 on that one, I'm so sorry. I did look at
12 the agenda and saw that this was on today,
13 and we have limited folks on as well, so if
14 you can let us get back to you. I'll follow
15 up on this, and if we get an answer before
16 the next TAC, I don't mind sharing that
17 beforehand.

18 MR. RANALLO: Okay. Thank you.

19 DR. HOFFMANN: You're welcome.

20 MR. RANALLO: All right, 5D, DRG
21 downgrading, I think this is -- I know we're
22 seeing this in the newborn area where again,
23 there's a level of care, and we're seeing
24 downgrades from neonatal DRG to a normal
25 newborn DRG if there's not a level of care

1 on the account. So if they didn't spend the
2 night in the NICU, it is being downgraded
3 automatically, and again, that's not -- not
4 how I view it. You've got diagnoses that
5 code into DRGs.

6 And then I think there's -- there's
7 other cases where we're not getting payment
8 at all. So I know in WellCare, they're
9 saying that they're not downgrading a DRG,
10 but they can't substantiate the hospital's
11 DRG, and even though the hospital's sent
12 records and WellCare has acknowledged it,
13 they're getting zero payment. So even
14 though they may have an authorized
15 admission, they are getting zero payment
16 because WellCare says they can't
17 substantiate the DRG that's on the bill.
18 And that is not -- they're not indicating
19 that there's suspected fraud, waste, or
20 abuse. It's -- and so I think we're looking
21 at -- looking for DMS on updates on this
22 item.

23 MR. DEARINGER: Hey, Russ, this is
24 Justin Dearinger again. We -- so there's
25 two different things that are kind of

1 happening simultaneously. The MCO group is
2 reaching out to specific MCOs, getting more
3 information, talking over some issues with
4 them on some certain MCO-related specific
5 issues.

6 And then, as I'd mentioned earlier
7 with Dr. Theriot, we had -- we've put
8 together a group of individuals from the
9 department to work on all of these different
10 issues at the same time that you all are
11 having, and to come up with some guidance
12 from that group. So I hope to have
13 something within the next week or two from
14 that group that will cover all of these
15 different topics that have been on here that
16 you all are having with a lot of different
17 newborn issues and the DRG issues, but I
18 know specifically, the issue with receiving
19 zero payments, that was a little more
20 concerning to us, and so I think we've moved
21 to go talk to some of the MCOs on that with
22 Chelsea's group.

23 So a couple different things that
24 we're doing on the DMS side with those --
25 with all these different topics.

1 MR. RANALLO: Okay. So is that also
2 -- I know we're waiting on a follow-up on
3 the line-item denials. I know we sent --

4 MR. DEARINGER: It is, yeah. Yeah,
5 I'll -- each of those items I think were
6 brought up with the Hospital Association,
7 and so we created a -- and they may have
8 actually been on the last TAC.

9 MR. RANALLO: Yeah.

10 MR. DEARINGER: So we created a
11 workgroup and we've met a couple times, and
12 everybody has assignments. We're coming
13 back together next week to kind of finalize
14 some of those things and then get that to
15 the Commissioner's office for review. So
16 we'll hope to have something to you all,
17 like I said, within the next week or two on
18 each of those issues.

19 But in the meantime, some of those
20 things are a little more pressing, and so
21 they've reached out to specific MCOs on some
22 of those specific issues, and Jeremy and his
23 group should be getting back to you about
24 those things next week, too.

25 MR. RANALLO: Okay.

1 All right, then I don't have anything

2 --

3 MR. MEYERS: Hey, Russ -- Russ, I
4 have a question that's sort of related to
5 all of those things, and --

6 MR. RANALLO: Yep.

7 MR. MEYERS: -- because these things
8 are all going to kind of come together,
9 hopefully there's some I'll say good news
10 from our perspective here with some of that
11 information the next couple of weeks.

12 MR. RANALLO: Mm-hmm.

13 MR. MEYERS: But the appeal process,
14 which, you know, was years, where are they
15 with that? Like, is the appeal -- like, the
16 appeal timeline, I'm talking about at the
17 state level, has that gotten down to a
18 reasonable timeframe of turnaround time?

19 MR. DEARINGER: Edith, are you or
20 anybody from --

21 MS. SLONE: Yes.

22 MR. DEARINGER: Okay.

23 MS. SLONE: Yes, Whitley's --
24 Whitley, can you help us out on that? I
25 know that we've got some changes that -- are

1 we ready to share that?

2 MS. WALKER: Are we speaking from an
3 EITPR perspective?

4 MS. SLONE: That's what I'm guessing.
5 Is that what we're talking about?

6 MR. MEYERS: The -- you go through
7 the payer appeal, and then you go through
8 the state appeal, right? You have to do
9 those two processes, right?

10 MS. BICKERS: Yes, they're talking
11 about the third-party --

12 MS. SLONE: Oh, okay.

13 MS. BICKERS: -- external reviews.

14 MS. SLONE: Okay.

15 MS. WALKER: Okay, yes, we do have
16 some changes coming that we are not yet
17 ready to share, but that is forthcoming,
18 hopefully within the next month or so.

19 MS. DOLEN: Actually, Whitley, we
20 received information that was shared last
21 week from Jeremy, or I guess it was the
22 19th. Effective immediately if there's
23 anything missing from an MCO submission,
24 IPRO will find for the provider.

25 MS. WALKER: So, yes, that guidance

1 and directive was given as you stated per
2 Jeremy, but I'm -- just to clarify, that's
3 what we're referencing.

4 MS. DOLEN: I'm sorry, I'm confused.

5 MS. WALKER: So is -- is the question
6 regarding the guidance that Jeremy sent out
7 via email? Or are we talking something else
8 that -- I'm trying to clarify what the
9 question is.

10 MS. BICKERS: Whitley, I think
11 they're asking about the timeframe. At one
12 point in time, the ER process was a little
13 behind and IPRO was not hitting their review
14 date target, and I think they're asking for
15 an update on where that is and if that
16 status has been moved along more, and how
17 far behind IPRO currently is. Is that
18 correct, Russ?

19 MR. RANALLO: Yeah, I think --

20 MS. BICKERS: Okay.

21 MR. RANALLO: I think in the October
22 meeting, the IPRO had about 2,500 pending
23 cases, and, I mean, I know -- I know
24 personally, I've seen a bunch come through
25 from my hospital. And I think -- so I think

1 Jim's question, and Jim can correct me if
2 I'm wrong, is, you know, has not gotten
3 better? And have we -- have we caught up
4 more from that backlog?

5 MS. WALKER: So, yes. And we will
6 continue to see that backlog, those numbers
7 just come down and down and down further and
8 further. As Rosmond stated, Jeremy did send
9 a directive via email two weeks ago stating
10 that if for any case that has been sent to
11 IPRO, if there is missing documentation,
12 then a determination will be made in favor
13 of the provider. So, yes.

14 MS. SLONE: And that should make a
15 huge difference, you all. To be honest with
16 you, we're going back and forth asking for
17 more information that's required, and that's
18 what the hole does. This should make a huge
19 difference --

20 MS. WALKER: Yes.

21 MS. SLONE: -- that if they don't
22 send something -- if they don't send
23 everything -- because they have a list of
24 what all they should be sending. If
25 something's missing, that back and forth is

1 not going to happen anymore.

2 MS. WALKER: No.

3 MR. MEYERS: Okay, so it's -- because
4 for a long time --

5 MS. SLONE: And that was --

6 MR. MEYERS: -- the thing is, is we
7 actually quit sending things to the state
8 because it wasn't getting anywhere, and so
9 we reestablished that not too long ago --

10 MS. SLONE: Right.

11 MR. MEYERS: -- and I don't think --
12 I mean, what do you think, 60 days max?

13 MS. WALKER: Yes.

14 MS. SLONE: Okay.

15 MR. MEYERS: Okay, because here's the
16 thing, and I'm just -- I can only speak for
17 us, right? I can't speak for everybody else
18 --

19 MS. SLONE: Mm-hmm.

20 MR. MEYERS: -- but we can't wait any
21 longer, right, for this stuff --

22 MS. SLONE: Mm-hmm, right.

23 MR. MEYERS: -- but I told Jeremy --

24 MS. SLONE: And we understand, but
25 this is a huge decision that leadership has

1 made.

2 MR. MEYERS: Yeah.

3 MS. SLONE: Because the holdup was
4 constantly going. We have a questions list
5 going back and forth. This is you either
6 have it or you don't, and it's done. So --

7 MS. HENSEL: Edith, Whitley?

8 MS. SLONE: Yes.

9 MR. MEYERS: I think you guys got a
10 little taste of what it's like for us trying
11 to collect money.

12 MS. HENSEL: Well, I want to confirm
13 something on our end. I know there were
14 multiple instances from United where we
15 documented things that we had sent to the
16 department to send as a part of the IPO case
17 --

18 MS. WALKER: Mm-hmm.

19 MS. HENSEL: -- that IPRO was then
20 saying that they did not receive. So
21 somewhere in that process, have we evaluated
22 that process and ensured that all documents
23 are making it the way through the process?
24 And I see you nodding your head, Whitley, so
25 I think you understand where I'm coming from

1 in terms of making sure that whatever the
2 MCOs are sending is making it to IPRO
3 effectively as well.

4 MS. WALKER: Absolutely. That is
5 something that we are looking at internally.
6 We -- this is information that will also be
7 forthcoming. We are kind of giving a
8 facelift to the way that MCOs currently
9 submit documentation to ensure that that is
10 not a problem moving forward.

11 MS. HENSEL: Excellent.

12 MS. WALKER: The system that we have
13 in place with SharePoint, we will continue
14 to utilize that. As I stated, we're going
15 to kind of give it a little facelift, so
16 with the new submission, if every piece of
17 required documentation is not provided, you
18 will not be able to send it.

19 MS. HENSEL: Perfect.

20 MS. WALKER: So, yes.

21 MS. HENSEL: Yeah, I just wanted to
22 make sure. I know there were times --

23 MS. WALKER: Yes.

24 MS. HENSEL: -- where we had sent
25 stuff and questions were coming back saying

1 "where is this?" And we said, "here's
2 documentation of where we sent it."

3 MS. WALKER: Yes.

4 MS. HENSEL: And so -- and a lot of
5 that was due to that -- the same lengthy
6 time lag I think Jim was mentioning, is that
7 we have to backtrack something like six
8 months ago, and we were concerned that
9 somewhere files had gotten purged due to
10 time lapses etc.

11 MS. WALKER: Absolutely. And as --

12 MS. HENSEL: So I think everybody, I
13 think Jim, Russ, I would argue that MCOs,
14 too, are wanting an efficient process on
15 this. It's better for all of us that this
16 runs smoothly and efficiently. This is not
17 a situation where I believe there's any
18 malintent on behalf of the MCOs.

19 MR. MEYERS: Maybe or maybe not, but
20 the thing that I brought up to Jeremy before
21 is whether it's the payers taking too long,
22 the state taking too long, I'm -- we're in a
23 --

24 MS. HENSEL: Yeah.

25 MR. MEYERS: -- any of the providers

1 are in a difficult spot because we're not
2 able to sue until this process is complete.

3 MS. HENSEL: Yeah, I understand.

4 MR. MEYERS: So, you know -- and I'm
5 just telling everybody here right now, we'll
6 give you 60 days, on the payer side, we'll
7 give the state 60 days and we're moving
8 forward now.

9 MS. HENSEL: Yeah.

10 MR. MEYERS: We're not waiting
11 anymore. So just I want everybody to know
12 that this -- any of these things that are on
13 that item -- this list right now, they're
14 all going to be going -- we're all going to
15 be putting them through legal proceedings.
16 We're not waiting anymore. This stuff's
17 getting -- it's getting ridiculous. The
18 dollars are way too high. We don't feel
19 like we're being heard, quite frankly, so I
20 just -- I'm glad this thing will speed up.
21 That will help, but we're going to be doing
22 it at 60 days anyway. I think that's more
23 than enough time, and I think, you know,
24 Jeremy had said we had to go through that
25 process, we're going through the process,

1 it's still -- again, we're not getting
2 enough answers quick enough. But I just --
3 I didn't want anyone to be caught off guard
4 because this stuff's not new.

5 So I do hope this process is quicker.
6 I mean, I hope we get the answer that we all
7 want from a provider side, but if we don't,
8 then again, we'll take it in a different
9 way.

10 MR. RANALLO: Heard. I also want to
11 -- thank you, Jim. I do want to
12 acknowledge, though, DMS for the answer, and
13 thank them for the guidance and trying to
14 move this where we can make it better for
15 everybody.

16 Okay. Any other items for the group?

17 (no response)

18 MR. RANALLO: No other TAC members
19 here, can't make any recommendations. I'll
20 be at the MAC meeting, but that's changed,
21 that whole format's changed where there's no
22 really any report outs unless there are
23 recommendations anymore.

24 The next meeting's February 24th, and
25 I will follow up and make sure that we can

1 sometime here in the beginning of January,
2 try to get it on everybody's calendar for
3 follow-up, make sure we have the right
4 people in the room for the February meeting
5 so that we can have discussions about some
6 of these things we talked about today.

7 I appreciate everybody's time. Thank
8 you for attending on a holiday week.
9 Everybody have a good New Year.

10 MR. MEYERS: Thank you.

11 MS. WASH: Thank you.

12 MR. RANALLO: Thank you.

13 (Meeting adjourned at 1:34 p.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 2nd day of January, 2026.



Tiffany Felts, CVR