

1 CABINET FOR HEALTH AND FAMILY SERVICES
2 DEPARTMENT FOR MEDICAID
3 OPTOMETRIC
4 TECHNICAL ADVISORY COMMITTEE MEETING

5 *****
6
7
8
9
10
11

12 Via Videoconference
13 August 7, 2025
14 Commencing at 1 p.m.

15
16
17
18
19
20 Tiffany Felts, CVR
21 Court Reporter

22
23
24
25

1 APPEARANCES
23 **BOARD MEMBERS:**4 Dr. Matthew Burchett, TAC Chair
5 Dr. Steve Compton
5 Dr. James Sawyer
6 Dr. Gary Upchurch (not present)
6 Dr. Jason McCloud
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

1 MS. BICKERS: Good afternoon,
2 everybody. This is Erin with the Department
3 of Medicaid Services. It's not quite
4 1 o'clock and we will give it just a few
5 minutes. I think there are a few people
6 having a couple issues with the Zoom link,
7 so we'll give it just a few minutes before
8 we get started. I currently show Matt,
9 Steve, and Jason logged in. I know Gary's
10 not going to be with us, and I'll keep an
11 eye out for James.

12 Alrighty, it looks like our waiting
13 room is clear, and so I will continue to let
14 people in, and I will keep an eye out for
15 James, but you do have three out of five, so
16 you have a quorum. And I'll turn it over to
17 you.

18 DR. BURCHETT: Sounds good. Thank
19 you, Erin. Thank you. Welcome, everybody
20 to the TAC meeting. As always, I'm
21 Dr. Burchett, Matt Burchett from Richmond,
22 Kentucky. I'm the chair of the TAC, and
23 today I think we've got so far Dr. Steve
24 Compton and Dr. Jason McCloud. And Jason,
25 remind me, is this your first meeting?

1 (No response)

2 DR. BURCHETT: Maybe?

3 MS. BICKERS: I believe it is his
4 first meeting.

5 DR. BURCHETT: Okay. I thought so.

6 I think I missed the last TAC meeting, I had
7 some stuff come up, so I couldn't remember
8 if he'd made that one or not. So anyway, so
9 I guess the -- we've already established the
10 quorum. You said we've got three of the
11 five of us, so that's good.

12 So next order of business, I will
13 say, any motion to approve the minutes from
14 the last meeting?

15 DR. COMPTON: Steve Compton. I'll
16 move to approve.

17 DR. BURCHETT: And do I have a
18 second?

19 DR. MCLOUD: Second.

20 DR. BURCHETT: All right, Dr. McCloud
21 seconds, good. Any discussion on those,
22 gentlemen?

23 MS. BICKERS: Dr. McCloud, do you
24 mind turning your camera on just during
25 voting purposes, please?

1 DR. MCLOUD: I did it FaceTime, so I
2 don't think I can.

3 MS. BICKERS: Okay. For open meeting
4 laws, we have to have everybody on camera to
5 vote. So Dr. Burchett, if you're okay,
6 maybe we can move past the minutes for a
7 moment. I'm not sure when you call in --
8 maybe I can try on my phone and figure out
9 how to do that while you guys go over the
10 agenda. Is that --

11 DR. BURCHETT: Yeah, we can --

12 MS. BICKERS: Okay.

13 DR. BURCHETT: -- we can table that
14 until we can get that --

15 MS. BICKERS: Thank you.

16 DR. BURCHETT: -- taken care of.

17 Yeah, that's fine. That's not a big issue.

18 So we'll table that vote for just a
19 second and then move into the old business.
20 From last meeting, or last couple meetings I
21 think, we've talked with March Vision about
22 possibly offering a frame kit for providers
23 to use. And just, I would ask March, is
24 there any updates that we have from that?

25 MS. LAWSON: Hi, yes, this is Jesse

1 with March Vision. We do have the frame kit
2 option available to providers now. So
3 amendments have gone out, and we're
4 continuing to work with providers as we
5 receive responses and work through any
6 questions as we receive them.

7 DR. BURCHETT: Good. Good, good. So
8 then you don't send the kits out unless
9 providers request them; is that correct?

10 MS. LAWSON: We are sending -- having
11 the kits sent out once the contracts are
12 signed.

13 DR. BURCHETT: Okay, so a provider
14 would have to sign a new contract for the
15 frame kit.

16 MS. LAWSON: Yep, to agree to --

17 DR. BURCHETT: Okay.

18 MS. LAWSON: -- the frame kit option.

19 DR. BURCHETT: Okay. But if, like,
20 say, in my practice, where we're currently
21 doing the glasses in-house, we can continue
22 to do that, correct?

23 MS. LAWSON: Correct. Yeah --

24 DR. BURCHETT: Okay.

25 MS. LAWSON: -- this is an opt-in

1 option, so if you're happy with where you're
2 currently at, that's perfectly fine.

3 DR. BURCHETT: Okay. Just wanted to
4 make sure and clarify for everyone.

5 MS. LAWSON: Yeah, absolutely.

6 DR. BURCHETT: Any questions on any
7 of that information anybody?

8 (No response)

9 DR. BURCHETT: Hearing none, I guess
10 we'll move on to the new -- oh. Or -- now,
11 going back to -- quick, I had a quick
12 thought. So you don't have to change, but
13 have you sent out any communication to the
14 providers letting them know the option is
15 available?

16 MS. LAWSON: Yes, so there was a
17 cover letter sent out with the amendments,
18 letting them know, just providing that
19 education on what this is, what we're doing,
20 and if they want to switch over their
21 contract to use the March frame kit. I
22 think that was sent out on 7/15.

23 DR. BURCHETT: Okay. So that's
24 already been out. I'm usually the last one
25 to see any of that stuff in my office. My

1 staff usually gets it way before I do, so I
2 just thought I'd ask.

3 MS. LAWSON: Yeah, no problem.

4 DR. BURCHETT: Okay. So then let's
5 move on to the new business. Top of the
6 list, it looks like EyeQuest is back with
7 us. And for that, is there any -- anything
8 that EyeQuest would like to talk about as
9 far as how credentialing's going, number of
10 providers they're seeing sign back up, how
11 the frame kits are going, or if they've been
12 distributed yet? Any other information?

13 MS. MEDINOL: Hi, this is Christy
14 Medinol on behalf of EyeQuest. So nice to
15 be speaking with all y'all again. So
16 luckily, the kind of launch has been pretty
17 smooth. For the most part, providers, you
18 know, were already credentialed in contract
19 with us through the Anthem -- you know,
20 through the Anthem program before, and those
21 contracts would apply, you know, to Humana
22 going forward. So we -- you know,
23 fortunately, for everyone, we didn't have to
24 go through a massive, you know, enrollment
25 project to get everyone on board. There

were a few providers that we've been working with directly to kind of, you know, get them up to speed. We have a continuation of care process, so those providers that are still kind of going through the process can continue to see, you know, their patients as needed, and claims will pay accordingly. Kentucky requires us to use an effective date for provider enrollment back to the received date of the application. So, you know, most of those have already been received, and so they will, you know, be backdated once they finalize that enrollment process to that receive date. Overall, though, very small volume. I think about 30, give or take a few, is currently what our work -- you know, work log is in the queue for enrollment, and the turnaround time has been fairly quickly since most providers are credentialed through the CAQH program, right? So that makes the enrollment process a lot easier.

23 As far as frame kits, most had frame
24 kits before from Classic Labs, and then very
25 similarly, they would be able to get new

1 frame kits if needed through that enrollment
2 process, you know, when they're signing
3 up with -- you know, when they're
4 contracting and signing up in the enrollment
5 process.

6 DR. BURCHETT: And -- excuse me --
7 much like I just asked March, is there still
8 an option available to do in-house glasses?

9 MS. MEDINOL: Oh, absolutely. Yep,
10 absolutely. Mm-hmm.

11 DR. BURCHETT: Okay. It's been a
12 while since I've looked at your all's
13 provider agreement, so I couldn't remember.

14 MS. MEDINOL: Nothing has really
15 changed from the kind of process and set up
16 that we had from the -- with the Anthem
17 program.

18 DR. BURCHETT: Right.

19 MS. MEDINOL: It's going to pretty
20 much mirror that, yeah.

21 DR. BURCHETT: And still using a
22 portal for claim submission, I think.

23 MS. MEDINOL: Yes. Yes.

24 DR. BURCHETT: Okay. Any questions
25 for Anthem and EyeQuest from the TAC?

1 (No response)

2 DR. BURCHETT: Hearing none, we'll
3 move on, and Steve, I'll let you talk to
4 this one because I know it's an issue that
5 you had faced.

6 DR. COMPTON: Well, it's fixed now,
7 but I do want to address it. During our
8 recredentialing process back in, I think it
9 was May, someone from Avesis, and they're
10 the ones that told us this,
11 Ms. Keyed-something or Ms.

12 Check-the-wrong-box or something, an easy
13 enough mistake to make, but we got dropped
14 from the provider as an active provider. We
15 contacted Avesis, and anyway, went back and
16 forth, different emails, different people,
17 but it took -- three months? Close to three
18 months to get it rectified. Now, in my
19 case, I've been made whole, I've been paid,
20 but if you're a new practitioner or somebody
21 just kind of just barely paying the bills,
22 your head above water, that could be
23 devastating. I just think if the mistake
24 was made, it should've been rectified much,
25 much quicker. So that's -- you know, it's

1 not for me necessarily, I'm okay, but that
2 happens to somebody -- you know, mistakes
3 can happen. It's easy to click the wrong
4 box, but it should be about as easy to
5 unclick it. So I was just kind of
6 interested in what kind of response we get
7 there from Avesis.

8 MS. GRAY: Hi, Dr. Compton. This is
9 Kim Gray from Avesis.

10 DR. COMPTON: Hi, Kim.

11 MS. GRAY: We definitely apologize
12 for the time that that took to rectify the
13 situation. That was a one-off situation.
14 That is not typical practice that we
15 experience here at Avesis. There -- it was
16 a result of a human error, and just between
17 the time that the term occurred and the time
18 that we were able to correct the error in
19 NPID, and the amount of time between, you
20 know, communications between you and our
21 teams, unfortunately, it did take a little
22 longer than necessary.

23 I'm happy to report, though, that the
24 issue has been remediated. We have
25 additional safety measures in place to

1 prevent that issue from happening going
2 forward, but just definitely keep in contact
3 with us if, for any reason at all, you see
4 any additional issues on this topic.

5 DR. COMPTON: All right, thanks, Kim.
6 I'm glad you -- I'm glad to hear you got
7 additional measures in place.

8 MS. GRAY: Absolutely.

9 DR. COMPTON: We're -- everything's
10 working -- as far as I know, working well
11 now. I just thought it should've been, you
12 know, we would email somebody, and it might
13 be two weeks before we got a response.

14 MS. GRAY: I appreciate that
15 feedback. We will take that back --

16 DR. COMPTON: I just --

17 MS. GRAY: -- to our provider
18 relations team.

19 DR. COMPTON: Yeah. All right. Now,
20 that's, I think, all I've got to say about
21 that. Sounds kind of like Forrest Gump, but
22 anyway.

23 DR. BURCHETT: Then the next item
24 that we had was from Dr. Upchurch, who, of
25 course, can't be with us today. But I know

1 -- I think we've mentioned this and talked
2 about it for a while, and just wanting to
3 know is there any updates to when and if the
4 frame kits will be updated?

5 MS. GRAY: Hi, this is Kim Gray from
6 Avesis again. So in regard to the frame
7 kits, we do not refresh the entire frame
8 kit; however, there are instances or times
9 when we do refresh glasses at certain points
10 of time, or if you have issues with
11 particular pairs of glasses within the frame
12 kit, you do have the option of sending those
13 back into Correct Optical for a new,
14 refreshed pair.

15 DR. BURCHETT: Okay. Because from
16 what I thought the understanding was that
17 you all were going to do a refreshed kit
18 because it seems like to me that since
19 Avesis has been offering the frame kit for
20 several years now, it's been the same
21 frames. And it doesn't seem right to force
22 kids to wear the same stuff year in and year
23 out without having any variety fixed.

24 MS. GRAY: Yeah, I know we got -- I
25 know that we refresh various pairs of

1 glasses so that they are not, you know,
2 continually in the frame kit. So like you
3 said, they do get, you know, a better option
4 to choose from, you know, rather than having
5 to pick the same pair over and over and over
6 again.

7 I will take that feedback to Correct
8 and to my contact person here at Avesis that
9 manages that relationship and see if there's
10 any additional information I can provide.

11 DR. BURCHETT: Look forward to
12 hearing about that. So with the new frames,
13 when you -- when you are refreshing them, so
14 when -- do you send those directly to the
15 provider to put into the kit?

16 MS. SANDLIN: Hi, Dr. Burchett, it's
17 Meranda with Avesis. Those aren't sent
18 directly to the provider because, as you
19 know, that 36 pair of frames is consignment,
20 so we'd have to trade out an older frame
21 that you have for the newer frame.

22 DR. BURCHETT: Right.

23 MS. SANDLIN: But if you want to
24 reach out to the Kentucky mailbox, or I'll
25 send you an email after this, we can connect

1 and I can make sure that you have like a new
2 inventory list of the frames, so that you
3 can look at those, see if there's any that
4 you want to trade out or anything.

5 DR. BURCHETT: So, then, I guess what
6 I'm hearing is we have to be proactive to
7 reach out for the new inventory list.

8 MS. SANDLIN: Let me touch base with
9 my lab manager and see if that is -- that
10 catalog is something that Correct sends out
11 to you all. And if not, I'll make sure that
12 we get like an updated catalog to send out
13 to providers.

14 DR. BURCHETT: That would be great
15 because from what I've -- we don't -- we cut
16 in-house for Avesis. We went back to doing
17 that, so we don't have the frame kits
18 anymore. But from what I hear from other
19 providers, is they've not had any kind of
20 refresher update in years -- a couple years
21 now. So I -- if you're all switching things
22 out on a decently regular basis, it would
23 make sense that providers should know that
24 instead of having the complaint of, you
25 know, it's the same kit it was two, three

1 years ago.

2 MS. SANDLIN: Sure. Yeah, completely
3 understand. So I will reach out to my lab
4 manager and check on that, and I can report
5 that back to you.

6 DR. BURCHETT: Sounds good. And if
7 you could, so it would be helpful to
8 disseminate the information, could you also
9 send that information to Sarah Unger at the
10 KOA?

11 MS. SANDLIN: Of course.

12 DR. BURCHETT: Yeah. Because that
13 would be -- if there is a catalog that they
14 can access and update, and they want to do
15 that, then that would be the easiest place I
16 know to disseminate the information.

17 MS. SANDLIN: Of course. Thank you.

18 DR. BURCHETT: Thank you. Any
19 questions on that, gentleman?

20 MS. BICKERS: Meranda, this is Erin
21 with the Department of Medicaid. I was just
22 going to request, if you don't mind, also
23 copy me so that I can make sure the TAC's
24 follow-up information is taken care of.

25 MS. SANDLIN: Will do. Who was that?

1 I apologize.

2 MS. BICKERS: Erin Bickers.

3 MS. SANDLIN: Erin?

4 MS. BICKERS: I'll drop my email in
5 the chat.

6 MS. SANDLIN: Thank you.

7 DR. BURCHETT: No questions on any of
8 that then.

9 I'm going to jump back up to approval
10 for the minutes before we move on because I
11 see we've got James on here as well. Now,
12 we had to table that because we didn't have
13 enough people on the video, James, and so
14 now that you're here, we've had a motion and
15 a second to approve the minutes from the
16 last meeting. So we need to just take a
17 vote. All in favor of approval, say "aye."

18 (Aye)

19 DR. BURCHETT: And any opposed?

20 (No response)

21 DR. BURCHETT: Good deal. So that
22 catches us up to the general discussion
23 area. And what I would -- I personally
24 would like to know if the department has any
25 updates from changes that might be occurring

1 from CMS that will start to trickle down and
2 affect us here in the states. Or have they
3 not heard anything yet that's been
4 applicable?

5 MS. BICKERS: I am scrolling to see
6 who might be able to answer that. Justin,
7 not to put you on the spot, would you be
8 able to speak briefly on anything you're
9 aware of?

10 MR. DEARINGER: Yep, if I can get off
11 mute. Yeah, so do you have a little more --
12 a little more detail? What are you exactly
13 --

14 DR. BURCHETT: Just in general,
15 because I -- honestly, I can't say that I've
16 heard any information. I -- you know, we
17 heard there's going to be changes to things,
18 but I just I haven't heard anything at all,
19 so just any updates. Maybe there's a work
20 requirement possibly coming down, I think is
21 the only thing I've actually heard. So
22 whatever you might be able to share with us.

23 MR. DEARINGER: Sure. So we don't
24 have anything specific right now. We're
25 currently working with several different

1 groups to specify. As you all know, there
2 was some state legislation --

3 DR. BURCHETT: Mm-hmm.

4 MR. DEARINGER: -- that we have to
5 adhere to. That state legislation talks
6 about work requirements. There are a few
7 other things in the state legislation that
8 we're kind of working through. And then
9 there's pending federal changes and federal
10 legislation that's -- that's again, still
11 pending. So everything right now is kind of
12 fluid and pending a little bit. We're going
13 to have very specific guidance on every
14 single one of those changes, how they'll be
15 handled, how they will affect individual
16 members, how they will affect providers.

17 It looks like at this point, and
18 again, everything's subject to change, so I
19 don't really want to say anything too much
20 until that comes out, but it will affect --
21 there will be some things that affect our
22 expansion population. I think those are the
23 ones that we'll have to do some
24 compliance-type things, and we're still
25 working out exactly what those look like.

1 There will be some type of maybe work
2 requirements, some type of cost-sharing, and
3 some type of more frequent recertification
4 process. Those are kind of the three areas
5 that will affect that expansion population,
6 but how that looks like, what that means,
7 those are the things we're working out. And
8 so we're going to have guidance for members,
9 for providers, and I'll make sure that when
10 we get that out, that we get that to all of
11 the TACs, and also that we go over that in
12 each of the TACs. So you'll get that as
13 soon as we get that out in writing, and you
14 can give that to all the TAC members, but
15 we'll also do a presentation to the TACs
16 when we have something more formal.

17 I wish I had, you know, something
18 more.

19 DR. BURCHETT: No, right.

20 MR. DEARINGER: That's why I asked if
21 you had anything more specific, but, yeah,
22 that's -- everything's fluid while we kind
23 of put it all together and we await more
24 information and feedback from the federal
25 legislation.

1 DR. BURCHETT: Okay, fair enough. Do
2 you think there would be any chance of
3 having like town halls for providers to come
4 and talk about the changes and get
5 information, or are you just going to try to
6 disseminate it through mailings and the
7 TACs? Not sure yet.

8 MR. DEARINGER: I'm not sure yet.
9 Yeah, I just -- it depends on how
10 significant the changes end up being. If
11 it's something significant, then we'll
12 definitely have some town halls, some
13 webinars, we'll do as much as we can to be
14 able to disseminate that information. If
15 it's a little less of a change as, you know,
16 I'm sure we're all hoping for, then we may
17 just try to tackle that with some letters --

18 DR. BURCHETT: Yeah.

19 MR. DEARINGER: -- and some, you
20 know, emailings and put it on a website,
21 things like that.

22 DR. BURCHETT: Sure. Any other
23 questions from the TAC on any of that?

24 (No response)

25 DR. BURCHETT: Any other general

1 discussion from the TAC?

2 DR. COMPTON: Dr. Burchett, one thing
3 I guess probably just add to our agenda for
4 the next meeting, I've had some
5 correspondence with Dr. Upchurch, who's in
6 the hospital in Nashville apparently with
7 some back issues, and he's had some
8 questions about Medicare, Medicaid, and QMB
9 coverage and all that sort of thing. And
10 I'm not real certain what he's asking, but
11 if we could add that to next time's -- the
12 agenda for November for discussion. I know
13 we've talked about it before, but just so we
14 can all get clear on how that works.

15 DR. BURCHETT: Sure.

16 DR. COMPTON: And I hope --

17 DR. BURCHETT: And I guess it would
18 be hard to ask the question to not know what
19 his actual question was today, so, yeah.

20 DR. COMPTON: He's been texting, and
21 I can't tell if he's maybe on a little pain
22 medication or not. James, have you gotten a
23 text from him, too, or -- anyway, I may call
24 him tonight just tell him we talked about
25 it, and we've got it up for discussion next

1 time.

2 DR. BURCHETT: That'll be fine.

3 DR. SAWYER: I haven't heard from
4 him, Steve.

5 DR. BURCHETT: I just checked, too,
6 Steve. I haven't either, so I guess you're
7 the lucky one today.

8 Well --

9 MS. BICKERS: Dr. Compton, I can put
10 that on our take-back email and just let DMS
11 staff know that that will be a topic, and
12 just make sure we have the most appropriate
13 staff on that can handle that -- those
14 types.

15 DR. COMPTON: Okay, thank you so
16 much.

17 MS. BICKERS: Of course.

18 DR. COMPTON: Thank you.

19 DR. BURCHETT: So, yes, thank you,
20 Erin. Any other discussion?

21 (No response)

22 DR. BURCHETT: Recommendations?

23 (No response)

24 DR. BURCHETT: I don't think I have
25 any in mind at this time. Steve?

1 DR. COMPTON: I do not.

2 DR. BURCHETT: Okay. I see the next
3 item, I guess, is there's been a change in
4 MAC representation. So as of now, I will be
5 the new MAC representative, and I thank
6 Dr. Compton for his service to us on the
7 MAC. I hear it's a good time, right?

8 DR. COMPTON: You know, it's
9 interesting. I mean, everything on there
10 doesn't apply to eye care, of course, but
11 you kind of learn there's a lot of moving
12 parts.

13 DR. BURCHETT: Right.

14 DR. COMPTON: And there's a lot of
15 people on there that are very passionate
16 about their particular area of expertise. I
17 did find it interesting. I think you'll
18 enjoy it. Of course, it's changing.
19 There's going to be beneficiaries on there
20 now, there's a MAC and a BAC, and I don't
21 know if they've got it all reorganized yet
22 or not, but --

23 DR. BURCHETT: I think they're still
24 working on it from what I've heard.

25 DR. COMPTON: I think you'll find it

1 pretty informative.

2 DR. BURCHETT: Yeah.

3 DR. COMPTON: Yeah.

4 DR. BURCHETT: Yeah. Well, I look
5 forward to it. And once again, thank you
6 for your years of service there. I know
7 you've been on there a few years.

8 DR. COMPTON: Eight, I think, but
9 anyway, you're welcome.

10 DR. BURCHETT: Yeah. So --

11 MS. BICKERS: And Dr. Burchett --

12 DR. BURCHETT: Yes.

13 MS. BICKERS: -- they are still
14 working on -- working on those meeting
15 cadence. Per final rule --

16 DR. BURCHETT: Right.

17 MS. BICKERS: -- the BAC has to meet
18 before the MAC. They're hoping about
19 mid-September for the BAC, end of
20 September-ish for the MAC. I know that the
21 -- you know, there'll be email
22 correspondence to reach out to you guys and
23 talk about the best availability times,
24 things of that nature, because we do know
25 that you guys are very busy and we

1 appreciate all the time you take out of your
2 day to help us help you guys.

3 And in that, I did want to take a
4 moment and introduce Barbara Walsh to you
5 guys. She is going to be your new MAC and
6 TAC coordinator moving forward. I have
7 accepted another position within DMS. I'm
8 not going far; I'll have all the same
9 contact information. I'm always here to
10 help and assist any way that I need, but I
11 wanted to introduce her and thank you guys
12 for your time and everything that you do for
13 the TACs and taking care of our members.
14 And I know you'll be just as gracious with
15 her taking over as you were when I took over
16 for Sharlie.

17 DR. BURCHETT: Thanks for the
18 introduction, and good luck in your new
19 endeavors.

20 MS. BICKERS: Thank you. I'm going
21 over to the waiver area, so I'll need all
22 the luck I can get. That's a whole new
23 beast.

24 DR. BURCHETT: I understand.
25 So the next meeting, then, if there's

1 no other discussion, looks like is scheduled
2 for November 7th at 1 p.m. Any other
3 questions before I take a motion to adjourn?

4 DR. COMPTON: We'll need to set the
5 2026 meeting dates, I guess, at the November
6 meeting.

7 DR. BURCHETT: Yes, let me put that
8 on the thing.

9 MS. BICKERS: Barbara should be
10 working on those about October, and we'll
11 send them out to for approval, like I have
12 in the past.

13 DR. COMPTON: Okay, thank you.

14 DR. BURCHETT: That sounds good.

15 MS. BICKERS: You're welcome.

16 DR. BURCHETT: Well, that's all I
17 have for today. Thank you all for being
18 here. Accept a motion to adjourn.

19 DR. SAWYER: Move to adjourn.

20 DR. BURCHETT: And a second?

21 DR. COMPTON: I'll second.

22 DR. BURCHETT: All in favor?

23 (Aye)

24 DR. BURCHETT: Thank you all. We'll
25 see you in November.

1 MS. BICKERS: Thank you, everyone.

2 Have a wonderful day.

3

4 (Meeting adjourned at 1:33 p.m.)

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

* * * * * * * * *

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 8th day of August, 2025.

Tiffany Felts, CCR

Tiffany Felts, CVR