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COMMONWEALTH OF KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
FOR MEDICAID SERVICES

IN RE: OPTOMETRIC TAC

HELD VIA ZOOM

DATE:
AUGUST 4, 2022
1:00 P.M.

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A T T E N D E E S :

Karoline Munson, Chair

Gary Upchurch

Steve Compton

James Sawyer

(and many more were on ZOOM)

1 DR. MUNSON: I am Dr. Munson. I am filling
2 in for Dr. Burchett today, a little more
3 hair. That's really your only difference
4 between us. And I looked through our list,
5 and I think we have our quorum, but let me
6 make sure. So we got -- Steve I can see,
7 Gary, and then Dr. Sawyer. Everybody's on?

8 By the deafening silence, I'm going to
9 take that as a yes. So, actually, if you
10 will, James and Dr. Upchurch, will you
11 unmute and say hello so I can make sure
12 you're here? And then we'll go ahead and
13 get started.

14 DR. UPCHURCH: I'm here.

15 DR. MUNSON: Hi, there, Dr. Upchurch.

16 DR. SAWYER: And can you hear me?

17 DR. MUNSON: Hey, Dr Sawyer. Okay. Great.
18 Thanks. So we do have a quorum. And then
19 our first order of business is reviewing
20 our minutes from the last meeting on the
21 5th of May. So I will entertain a motion.

22 DR. COMPTON: Madam Chairman, Steve
23 Compton. I move to approve.

24 DR. MUNSON: All right.

25 DR. UPCHURCH: Second.

1 DR. MUNSON: All right. Thank you,
2 Gentlemen. Okay. So we'll go ahead and
3 we'll move into our old business, which is
4 Section 4 on our agenda today, which is,
5 our first question is for DMS. Our Code
6 66982, can anyone update us if that has
7 been added to the Vision B schedule?

8 MS. KITCHEN: I did submit the change
9 order -- this is Kelly Kitchen. I
10 submitted a change order to have that
11 added. It does take some time for systems
12 to do all of their work to allow that to be
13 payable. So we're just waiting on -- on
14 that to go through and then we can -- we
15 can go ahead and add it.

16 DR. MUNSON: Do we have an estimated time
17 on how long that process takes?

18 MS. KITCHEN: I'm going to say up to 30
19 days.

20 DR. MUNSON: Oh, okay.

21 MS. KITCHEN: It should be sooner, but --
22 it should be soon, but I'm going to say 30
23 days just to be safe.

24 DR. MUNSON: And then is that something
25 that you can let us know when that does go

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through?

MS. KITCHEN: Yes.

DR. MUNSON: Okay. Awesome. Perfect.
Thank you.

MS. KITCHEN: You're welcome.

DR. MUNSON: And then next we have Avesis,
the termination/recredentialing process.
We have had -- as the KOA, we do roadshows
in the summer, which we take our show on
the road. So we go more regionally
allowing our members to come in and kind of
have an open forum. And we are almost done
with them. I think we finish tonight. And
at every roadshow, we have had several
providers that have talked about being
removed from Avesis and they were not given
any notice. The only reason that they knew
is because the patients called in and said,
oh, I can't see you anymore. The last
meeting that we had, Avesis told us that
they were getting letters out to those
folks. But when we talk to our members,
the members are not seeing that on the back
end. Even we have some folks that had
staff members in their office that received

1 that letter home saying that provider was
2 no longer able to -- to provide services.
3 And they never received a letter at home
4 stating that that was an error, that
5 provider was indeed credentialed and able
6 to see patients. So that means the offices
7 are having to follow up instead of the --
8 any communication from the insurance
9 company for that mistake. And so one of
10 the offices asked for a list of patients
11 who had received the notice. And so even
12 the office could follow up and clarify with
13 those patients. And it has not been
14 received to date. So is there anyone that
15 can -- can speak to that? I don't know if
16 Nicole is on the call, but we need to know
17 what kind of notice they're getting, when
18 they're getting it, because I don't think
19 this is something that's resolved and it's
20 actually impacting our members across the
21 state.

22 MS. GRAINGER: Hi, Dr. Munson. This is
23 Shelly Grainger. Can you hear me?

24 DR. MUNSON: Yes, ma'am.

25 MS. GRAINGER: Okay. I'm going to speak on

1 behalf of Avesis today. And we did send
2 a -- a quite an extensive list of the
3 restatement letters to the members of the
4 providers who were reinstated. We do know
5 that there have been some that may have not
6 received it. So we are going to ask that
7 those providers reach in to our Provider
8 Relations Team, LeeAnn and Meranda,
9 specifically to let them know. And we can
10 definitely generate letters to those
11 members on a case-by-case basis. Other
12 than that, I did want to follow up with
13 what you had mentioned about an office
14 asking for a list of members who would, or
15 maybe did not receive the letter. And we
16 absolutely would want to follow up on that
17 as well. So if you could let us know who
18 that office was or if -- if you wanted to
19 just send an e-mail to me after the
20 meeting, I can make sure that that's taken
21 care of.

22 DR. MUNSON: Okay. So what I'm hearing is
23 that this was an issue, this was definitely
24 an insurance error that was sent out.
25 These providers were still credentialed and

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were still able to see patients?
MS. GRAINGER: Oh, no, no, no. I want to make sure to clarify that. No, they definitely did fail to recredential. And so then we needed to terminate them and/or maybe their information wasn't updated in the Kentucky master file that we received timely, because as we know, it takes two to three weeks to receive that information. And so we cannot continue to pay those claims and send in encounters if the provider's information has not been updated on that master file. And so that was kind of causing a lapse. And that was because we had so many providers coming to us at the same time earlier this year, that is what did cause, I think, an overabundance of that situation. And so we did our best to work to get those reinstatement letters, first of all, to get the providers reinstated and all their credentialing up to date, and then to get letters out to the affected members. So, again, there might have been stragglers since that initial list that we did send out the bulk of the

1 letters that were missed. And so we
2 definitely want to help to -- to clear that
3 up.
4 DR. MUNSON: Okay, okay. So LeeAnn and
5 Meranda are the two that they should direct
6 any -- any of the issues to basically with
7 this problem --
8 MS. GRAINGER: Absolutely, yeah.
9 DR. MUNSON: -- is that correct?
10 MS. GRAINGER: Yeah, absolutely.
11 DR. MUNSON: Okay.
12 MS. GRAINGER: And then for you, Dr Munson,
13 or anyone with the KOA, if they've got
14 things that, you know, these situations and
15 they're not able to get in touch or answers
16 quick enough, you can certainly reach in to
17 me.
18 DR. MUNSON: Okay. Do you mind to put your
19 e-mail in the chat for me?
20 MS. GRAINGER: Sure.
21 DR. MUNSON: Okay. Thank you. Okay. And
22 then there is one other question for Avesis
23 specifically that has been discussed in the
24 past, but this is actually a favor to
25 Dr. Burchett, even though he's not with us.

1 He wanted to clarify that a refraction is
2 covered during the postop period for
3 cataract surgery patients. So, you know,
4 the postop period is 90 days. They're
5 coming in three to five weeks after surgery
6 to get different glasses. That is a
7 medical refraction. And wanting to make
8 sure that that is indeed something that is
9 covered.

10 MS. GRAINGER: Yes. And I actually -- I
11 was prepared to speak about the refraction
12 code separately from when it's coming in
13 with the medical exam versus routine, but
14 I'm going to actually defer to Dr. Worth or
15 Danny. If you could speak up about the
16 cataract --

17 DR. WORTH: Yes.

18 MS. GRAINGER: -- surgery question
19 specifically, please.

20 DR. WORTH: Sure. Hey, Dr. Worth here.
21 Yeah, absolutely. As you know, it's a
22 medical -- medical exam. So if it -- if
23 they're doing a refraction at that point,
24 it's -- should absolutely be covered.

25 DR. MUNSON: Okay.

1 DR. WORTH: Yeah, plain and simple. And if
2 not, if it's getting some --
3 DR. MUNSON: Okay. So --
4 DR. WORTH: -- if they're getting denials,
5 please, send them to me, I'll take a peek
6 at it.
7 DR. MUNSON: So this is the screenshot that
8 I was given, is that it is not eligible for
9 payment when it is billed on the claim
10 alone. So a postop period is billed one
11 time because it's a 90 day. And, you know,
12 if you're going to see them at the end of
13 their postop period, again, three to five
14 weeks out from surgery, the only code that
15 you are going to have to bill is that
16 medical refraction, because you know you
17 can't bill any more on a postop claim,
18 because it's a 90-day global fee --
19 DR. WORTH: Right, right.
20 DR. MUNSON: -- and that's going to be
21 billed, you know, day one of postop. It's
22 not going to be billed at, you know, week
23 five. So that's -- this is a screenshot
24 that Dr. Burchett had sent. So I think
25 that that's why it's unique to our -- our

1 line of questioning, aside from just, you
2 know, you have a diabetic that comes in,
3 the medical exam --

4 DR. WORTH: Sure.

5 DR. MUNSON: -- and refraction that's
6 billed. So that's -- I assume the
7 screenshot had come from Avesis.

8 DR. WORTH: Yeah. Maybe send that over to
9 me. Let me take a look at it. I don't
10 want to answer, you know, incorrectly. So
11 let me take a look at that, you know, and
12 we'll certainly get back to you on that,
13 okay?

14 DR. MUNSON: Okay, okay. I can have
15 that --

16 DR. WORTH: I want to make sure we're on
17 the same page, yeah.

18 DR. MUNSON: Okay. I can have that sent
19 on. And then if you'll put your e-mail in
20 the chat box for me, that will be helpful.

21 DR. WORTH: Yeah. Shelly will take care of
22 that. Sure.

23 DR. MUNSON: Okay. Thanks, Shelly. Okay.
24 So those are the two questions specific to
25 Avesis and old business. And then we --

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yes, sir?

DR. COMPTON: This is Steve. Can we backtrack just a minute to that --

DR. MUNSON: Absolutely.

DR. COMPTON: -- letter that was sent out? Just to make sure I understand, none -- none of the providers, not one of them we had -- we had no notice that we were about to be dropped; is that correct? We didn't get one.

DR. MUNSON: Yeah, that is my understanding, there was no notice that was given.

DR. COMPTON: We were supposed to reach out on a case-by-case basis, but we have no idea what -- who got the letters and who didn't, other than the 45 people that have called my office. So, I mean, I'm -- I'm thinking looking forward, you know, maybe a little -- just a courtesy letter before these last letters go out to the -- to the members next year or whenever. We had -- we had no idea. I think this is because you have to -- have to credential with Avesis and with maybe WellCare. I don't

1 know. I just know it's -- all of a sudden,
2 it -- all these folks got letters and we
3 had an issue. And I had people no showing
4 for one-day postops and glaucoma patients
5 canceling and -- I mean, there's some...

6 MS. GRAINGER: Okay. I'm sorry,
7 Dr. Compton. So it is our practice that we
8 do send a letter 120 days prior to when
9 credentialing comes due. And so are you
10 saying that you did not receive that notice
11 or you did not receive the notice letting
12 you know that you would be terminated for
13 failure to recredential?

14 DR. COMPTON: We did not receive any
15 letter. Now in all fairness, we moved --
16 we changed locations in January and changed
17 our addresses with -- with every insurance
18 provider we have. And just today we got a
19 letter from Avesis still sent to our old
20 address. So it's certainly possible it
21 could have been sent to the wrong address
22 and we never got it.

23 MS. GRAINGER: Okay. Okay.

24 DR. COMPTON: You still haven't updated
25 our -- because we got a letter today --

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I've got it here on my desk -- sent to the old address. And we changed that seven months ago.

MS. GRAINGER: All right. Well, we'll certainly make sure that we've got your updated information. And we have made improvements because we do know that that's happening quite often, that offices are moving, contact information is changing, and so we are working cohesively to make sure that we're -- we've got all of our systems aligned so that we can get better and stronger with that communication.

DR. COMPTON: Looks like there's a better way you can do it if it -- going forward --

MS. GRAINGER: Right.

DR. COMPTON: -- somehow get in touch with the providers. It'd save you from sending a whole lot of letters.

MS. GRAINGER: Agreed.

DR. COMPTON: And then this discussion and -- and, you know, quite frankly, there was some issues with patients not receiving proper medical care because they cancelled or no showed.

1 DR. SAWYER: Steve, this is James. I had
2 the exact same experience, with the
3 exception we didn't move. We had no
4 letter, no information, no anything.
5 Because you talked about it at the last TAC
6 meeting. And then I was kind of hearing
7 all that, thinking, boy, we dodged one
8 there. I'm glad that didn't happen to us,
9 and then it did, and it's -- it's been a
10 nightmare.

11 MS. PARKER: This is Angie from Medicaid.
12 Has this been provided to DMS prior to, and
13 is this just recently?

14 MS. ALLEN: Hello, Angie. This is Nicole
15 with Avesis. To answer your question, yes,
16 this is all of -- I don't want to say all,
17 but in regards to the letter of concern
18 regarding the credentialing process that we
19 did address approximately --

20 MS. PARKER: Okay.

21 MS. ALLEN: -- eight to nine months ago.
22 So some of this is follow up to that. But
23 just so that everyone does know, Avesis did
24 implement some process improvements to
25 decrease these situations from happening or

1 to stop these situations from happening in
2 the future. For example, when a provider
3 is up for recred, as Shelly stated, within
4 120 days, if not before, we do send the
5 initial notice out to the provider to
6 notify them that they are due for recred.
7 We also invite the provider to attend a
8 recredentialing orientation so that it's
9 clearly understood what information is
10 required in order to -- in order to
11 successfully complete recredentialing.
12 Unfortunately, we haven't had providers
13 attend that as of yet, but we do send a
14 notice out to the providers and, also, the
15 PR reps reach out to the practices. So we
16 have increased our outreach to the
17 providers significantly.

18 And, LeeAnn, correct me if I'm wrong,
19 but there's 120-day notice, there's a 90-day
20 notice, 60-day notice, 30-day notice and
21 then a 15-day notice with phone calls to the
22 offices. When we realized that patients
23 were receiving the termination notices from
24 the providers, we worked very quickly with
25 each of the Kentucky MCOs to obtain their

1 approval for a notice of reinstatement.
2 That's the notice that Shelly spoke to
3 earlier. So that if a provider is termed
4 from the system but does a complete
5 recredentialing, our DMS updates the
6 provider status on the -- on the DMS -- in
7 DMS's system and we can reinstate them. As
8 soon as they're reinstated, we do send a
9 second letter out to all of the members that
10 received the initial letter, notifying them
11 that the provider is reinstated. That's
12 been in practice for about six months now --
13 I'm sorry, it might have been five months,
14 instead of six months, but it has been in
15 practice for a while. So, unfortunately,
16 right now it appears as though we're seeing
17 the fallout of it, but we do have the
18 processes in place to -- to improve, and
19 then also, again, to prevent it from
20 occurring in the future.

21 DR. COMPTON: Nicole, how do you know the
22 providers get those 120 and 90 and 60-day
23 letters?

24 MS. ALLEN: We are --

25 DR. COMPTON: We didn't get them.

1 MS. ALLEN: I understand. And Dr. Compton,
2 we can look into your specific case. We'll
3 make sure that, of course, we have your
4 correct address on file and we'll look at
5 the notification history in our system. We
6 do document, you know, what was mailed out,
7 when it was mailed out, what address that
8 it was sent to. So if you can give us an
9 opportunity, we'll work with our Provider
10 Relations Team. I think you know
11 everybody, LeeAnn and Meranda, and also our
12 new PR rep, Catherine. Between one of
13 those three, we'll have them reach out to
14 you and your office manager to see what the
15 history was.

16 DR. COMPTON: Thank you. I will say, you
17 got us recredentialed pretty quickly.

18 MS. ALLEN: Yes.

19 DR. COMPTON: I don't know that their the
20 members got the letter to that effect. I
21 haven't seen it mentioned.

22 MS. ALLEN: Yes --

23 DR. COMPTON: But we --

24 MS. ALLEN: -- the letters went out.

25 DR. COMPTON: -- reinstated pretty quickly.

1 MS. ALLEN: Good. Good. Happy to hear
2 that. Yeah. We've been putting our
3 efforts forward, or putting our efforts on,
4 you know, to get everything resolved
5 quickly as possible. But each of the MCOs
6 approved the reinstatement letter, DMS
7 approved the restatement letter. So as
8 soon as we had that -- as soon as we had
9 the approval from everyone, we start
10 sending those out. So your patients did
11 receive two letters from Avesis. And we
12 can give you a sample of that. We'll send
13 you a sample.

14 DR. SAWYER: This is James again. Let me
15 just say, too, what you're saying Nicole,
16 LeeAnn and Meranda did a fantastic job
17 working with us, getting us back online,
18 getting us back in. I did have patients
19 bring letters to us saying that we were
20 reinstated and everything was good to go.
21 Made us feel much better about that, but it
22 still was an ordeal and a --

23 MS. ALLEN: Yes.

24 DR. SAWYER: -- long, drawn-out process at
25 best.

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MS. ALLEN: Understood.

DR. SAWYER: So everything you're saying sounds good to us, but we want to see that happen so that it doesn't happen again. And hopefully it won't, but it's been tough and -- and patients were pulling out pretty fast. I mean, it was one of those.

MS. ALLEN: Yes.

DR. SAWYER: Steve was talking about, they were canceling, they were no showing, and we didn't know why immediately, but -- and then soon got word as to what was happening.

MS. ALLEN: Understood. Understood. And we do apologize for it, but we did attempt to, you know, resolve it as quickly as possible. We -- we do have the, you know, requirements that we have, especially for DMS. If a provider doesn't have an active Kentucky Medicaid ID number, we -- unfortunately, we cannot pay those claims, so we do have to take action on those until things are updated. And the same is true for recred and dealing with criteria, but we do -- we anticipate or we think that we

1 have captured all of the -- all of the
2 processes to ensure that we won't be in
3 this boat again. We've been in Kentucky
4 for a long time and -- and we haven't had
5 this problem before. We haven't had any
6 issues like this before. So we did, again,
7 try to resolve it as quickly as possible
8 and -- and we do feel that our process is
9 solid.

10 DR. MUNSON: So, Nicole, I appreciate that
11 detailed explanation. Just to go over with
12 Shelly giving out her e-mail address. If
13 we have providers that are upset that they
14 were removed and did not receive notice,
15 are they able to e-mail Shelly and get the
16 documentation of the notices that you guys
17 sent?

18 MS. ALLEN: Right. I would not -- and,
19 Shelly, I hope you don't mind, but I --
20 e-mailing Shelly would be like e-mailing
21 me, and I am not on the provider side. I
22 am the MCO -- I'm the MCO servicing side.
23 So we really, really need to get those into
24 our Provider Relations Team. So if you
25 could, please, direct them to their PR rep

1 team, which is LeeAnn, Meranda and
2 Catherine. And, LeeAnn, I think you're on
3 the line, if you can give us the best point
4 of contact. If you prefer that it go to
5 you or one of the reps, if you could please
6 share that with Dr. Munson so that we can
7 document it appropriately.

8 MS. ELLIS: Of course, I'll do that.

9 DR. MUNSON: So then -- so you're saying
10 that any of these questions should go to
11 LeeAnn, Meranda or Catherine

12 MS. ALLEN: Yes, please. Yes, because --

13 DR. MUNSON: Okay.

14 MS. ALLEN: -- they're in their provider
15 relations and the providers are their
16 primary responsibility.

17 MS. ELLIS: And, Dr. Munson, I just want
18 to --

19 DR. MUNSON: Yeah.

20 MS. ELLIS: -- clarify. I think I was just
21 sharing my e-mail address because in case
22 anyone with DMS or the KOA or the TAC
23 Board, you know, would want to get in touch
24 with me.

25 DR. MUNSON: Okay. So that is not directly

1 for any of our members --

2 MS. ELLIS: Individual provider's --

3 DR. MUNSON: -- with issues? Okay. Okay.

4 MS. ELLIS: -- inquiry should go to PR,

5 yes.

6 DR. MUNSON: Okay. And the reason I'm

7 asking this is to make sure we have an

8 avenue for these folks, because it's great

9 for Dr. Upchurch, it's great for

10 Dr. Compton. But when we get a bulk of

11 people that come to us --

12 MS. ELLIS: Sure.

13 DR. MUNSON: -- at our meetings that are

14 upset, we want to be able to direct them.

15 So they are able to get a history of their

16 letters that were sent saying that they

17 needed to recredential?

18 MS. ALLEN: Uh-huh (affirmative).

19 DR. MUNSON: If they want to, they're also

20 able to ask what patients, what letters

21 were sent to their patients, the names of

22 their patients, a list? Okay.

23 MS. ALLEN: Uh-huh (affirmative).

24 DR. MUNSON: And you're able to pull it up

25 and to give that to them?

1 MS. ALLEN: Yes, yes. So LeeAnn --
2 DR. MUNSON: Okay.
3 MS. ALLEN: -- Meranda and Catherine, if
4 you do receive a request for the list of
5 the members, please contact myself or
6 Shelly. And we do have the -- the list in
7 our reporting folders. Because we do have
8 to report to DMS and the MCOs, the number
9 of members that receive the notices as part
10 of the provider termination. So that is
11 something that DMS does monitor with the
12 MCOs and we report on it on a monthly
13 basis. So, yes, we --
14 DR. MUNSON: Okay.
15 MS. ALLEN: -- we can provide the list of
16 the members.
17 DR. MUNSON: Okay, okay. So that's
18 perfect. So we will not inundate you two.
19 We will make sure that the PR reps get
20 all -- any necessary e-mails from any of
21 our members. So that should give some
22 resolution hopefully to this issue. And
23 hopefully the processes that you've put in
24 place will make it where it's a one-time
25 occurrence --

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MS. ALLEN: Yes.

DR. MUNSON: -- and not something that repeats?

MS. ALLEN: Yes, exactly.

DR. MUNSON: Okay.

MS. ALLEN: And one other thing, if I may please add, just for FYI. Account management, which is myself and Shelly, we do meet with the provider relations, also our clinical management, which is Dr. Worth, on a bi-weekly base. So we are in constant contact with them. They notify us of any problems of things that are possibly escalating --

(Cell phone interruption)

MS. ALLEN: I apologize -- that are possibly escalating, so that we in turn can keep the MCOs informed.

(Interruption - cell phone)

MS. ALLEN: I'm so sorry. My little one is traveling back from Las Vegas, so I apologize.

But we are -- and they are in constant contact with us so that we are aware of any issues, you know, that are impacting the

1 provider community, as well as, you know,
2 keeping in contact with Dinah and Sarah at
3 the KOA. So, please, I don't want you to
4 think that it is going to PR and it's going
5 to stop there. Going in to PR is just your
6 first contact, so that they can put you as a
7 priority or resolve it, and then they will
8 keep us -- in contact with us, so that we
9 know, you know, what needs to be escalated
10 and what needs to be resolved before --
11 before we have situations like this.

12 DR. MUNSON: Okay. Perfect. Okay. I
13 appreciate that. So doctors on the call,
14 do you have any other questions about this
15 issue? Dr. Sawyer, Dr. Compton,
16 Dr. Upchurch, are we all good with this?

17 DR. COMPTON: I'm good.

18 DR. UPCHURCH: I'm good.

19 DR. SAWYER: I'm good.

20 DR. MUNSON: Okay. Awesome. So then our
21 next question is just a follow-up from last
22 meeting. We had asked that potentially all
23 the MCOs kind of think about frame kits and
24 think about if that's a possibility. Some
25 already provide that, some don't. And so

1 is there any update as far as the MCOs that
2 don't provide frame kits or if there would
3 become a -- the likelihood of there being a
4 universal frame kit that all the MCOs would
5 use? So I guess we'll go alphabetical
6 order and Avesis speak first.

7 MS. GRAINGER: Hi, this is Shelly again. I
8 believe in our last meeting we all kind of
9 agreed that it would not be the best idea
10 to do the universal frame kit.

11 Logistically and administratively, it would
12 be tough. And, also, just thinking about
13 our members and the kiddos not all wanting
14 to have the same eyeglasses. And I
15 think -- I really wanted to hear more from
16 the doctors as well. I'm not sure if the
17 MCOs themselves had an other meeting not
18 involving Avesis to discuss this issue. If
19 so, we were not made aware of it. But that
20 is my recollection from the last meeting.
21 And I think all the doctors kind of agreed
22 with that standpoint. But if there's more
23 discussion or questions, we're happy to
24 entertain them.

25 DR. MUNSON: Okay. EyeQuest?

1 DR. DAVIS: John Davis from EyeQuest. That
2 would be right. I'm going to concur that
3 was the consensus. Something else that
4 when we were researching it, also one of
5 the things that we talked to -- when we
6 talked to, you know, one of our labs, they
7 talked about really inventory issues in the
8 present time. Like in the last year or so,
9 and then they think it's going to go
10 forward, that if -- they won't be able to
11 get all these frames. So, again, if we use
12 one common kit and then everybody in
13 Kentucky and Ohio and wherever, a lot of
14 that inventory is not going to be able,
15 meaning they can't get the frames that are
16 in your kit. So I think that was a little
17 bit of a fear. I don't know how much
18 foundation there is in that and I don't
19 know how -- when that's going to change.
20 But, obviously, all of these frames come
21 from overseas, essentially, China and --
22 and the Pacific Rim and Italy a little bit.
23 But, ultimately, that's -- but that was
24 kind of a fear, or at least an observation
25 from their perspective, because they're

1 dealing with that right now, these big labs
2 that do this stuff all over the country.
3 So I think it was another reason to say,
4 well, let's just do what they're doing.
5 They have to worry about their inventory on
6 their frames and then whoever is doing the
7 other ones, whether it's the Molina lab or
8 wherever -- excuse me, not Molina, but
9 MARCH Vision, you know, whatever, we'll
10 hear from them, I guess. But, ultimately,
11 that's really where we are as well. That
12 doesn't mean that I think, you know, going
13 forward and as things change that we can't
14 potentially get together and try to do
15 something that's more, I guess, common, a
16 common kit.

17 DR. MUNSON: Okay.

18 DR. DAVIS: But right now we don't think
19 it's a good idea.

20 DR. MUNSON: Okay. And then MARCH Vision.

21 MS. RITCHEY: Yeah, good afternoon. This
22 Ann Ritchey with MARCH Vision Care. And we
23 have the same recollection as, you know,
24 EyeQuest and Avesis mentioned, that, you
25 know, there was concern that we didn't want

1 the kids all, you know, having the same
2 eyewear or the same, you know, selection to
3 choose from. Again, happy to, you know,
4 have further discussions or entertain it.
5 But at this point, I think for some of the
6 supply issues that were mentioned and other
7 items, I think maybe this is something we
8 might want to hold on and maybe even, you
9 know, revisit after the first of the year
10 to see if there's -- there's an ability to
11 get, you know, frames easier, and some of
12 that has kind of smoothed out.

13 DR. MUNSON: Now, am I correct that MARCH
14 Vision does not have a frame kit currently
15 for Kentucky?

16 MS. RITCHEY: That is -- that is correct.
17 So we ask the providers to have the members
18 choose from a frame, you know, in their
19 selection. So that's correct, we're not
20 using a frame kit currently.

21 DR. MUNSON: Is that something that you
22 foresee changing in the near future?

23 MS. RITCHEY: I know our team, you know,
24 continually, you know, looks at that to see
25 if it would make sense to make that change.

1 We are familiar with the frame kit. We do
2 that in other states, so it's not -- you
3 know, wouldn't be a new concept for us.
4 But, again, due to a number of the
5 different -- different items that we have
6 experienced, whether it be the -- you know,
7 the Medicaid ID requirement or some of the
8 supply issues perhaps that had been
9 mentioned, et cetera, we -- you know, we
10 have chosen not to move forward right now.
11 But, again, it is something that's
12 continually evaluated.

13 DR. MUNSON: Okay. Thank you. And then in
14 light of the comment on our supply chain
15 issues, which is not immediate to our
16 industry. Because EyeQuest and Avesis does
17 have a frame kit, can either of you speak
18 to issues that you have had currently with
19 supply chain issues? Or has that not
20 affected the frame kit availability for
21 either of your groups?

22 DR. DAVIS: I'll go first. John Davis,
23 EyeQuest.

24 It's only in the colors. They can't
25 get certain colors, is what I'm hearing,

1 right? Like the kit will only include,
2 let's say, one or two colors, but it's
3 available in five colors. So whatever --
4 they'll say, well, I want to order the blue
5 one versus the green one. They can't get
6 the green one or whatever, the one they
7 want. So that's because they're not
8 available, because --

9 DR. MUNSON: Okay.

10 DR. DAVIS: -- it's maybe too popular or
11 whatever. That's -- that's it. It's not
12 so much the individual frame if they're
13 willing to take whatever. And I haven't
14 heard anything about the size. Some of
15 these frames come in two or three sizes.
16 That hasn't come up in our discussions with
17 the labs either as far as what the
18 limitations are. It's the color.

19 DR. MUNSON: Okay. Okay.

20 MS. GRAINGER: Again, Shelly with Avesis.
21 I would mirror that as well. We haven't
22 had really many escalated issues regarding
23 the frame kits. It seems to be everybody
24 is getting what they need.

25 DR. MUNSON: Okay. Excellent. Okay.

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Thank you.

So are there any other comments on the old business section?

Okay. So we will move on to new business. So our first question -- or, actually, our questions are for DMS. So we as a TAC would like to start a conversation to kind of link together the Kentucky Board of Optometric Examiners to be able to electronically send over our license to -- of the optometrists over to the Medicaid Department. So is there someone on that can comment on how we can start that process or how we can affect that change?

MS. KITCHEN: This is Kelly Kitchen. Currently, they're not able to update their license on the provider portal, because you can electronically update your entire file, including uploading of documents --

DR. MUNSON: Absolutely. And I will tell you --

MS. KITCHEN: -- on the --

DR. MUNSON: I will tell you from personal experience -- and I'm super good at being an eye doctor. I am not super computer

1 literate, but I feel like I'm decent. The
2 portal is atrocious, to find it, to get it
3 uploaded. I don't even do any of that. My
4 billing insurance just says, hey, I put it
5 in the portal, you got to go and approve
6 it. And for me to log in, for me to get
7 authenticated, for me to figure out where
8 it is, to figure out where to click, where
9 to say yes, I authenticate that's me,
10 that's my license, it takes me way too
11 long. I can see several patients for the
12 amount of time it takes me to wade through
13 that. And probably because I don't have to
14 do it very often, but it would be
15 delightful if two state agencies could just
16 transmit the entire batch of files when our
17 licenses are renewed over to DMS. And
18 that's how we would like to know, can that
19 happen, how can that happen, who can make
20 that happen. That's kind of how we'd like
21 to start this discussion and see if we can
22 move that forward.

23 MS. KITCHEN: Yeah, that would something we
24 would actually need to pull provider
25 enrollment in on.

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DR. MUNSON: Okay.

MS. KITCHEN: So that would be something that Rachel would have to be pulled in for that. I'm not sure what their options are, other than just the portal.

MS. GRAINGER: And, Dr. Munson, I --

MR. DEARINGER: Yeah, this is -- this is Justin Dearing. I'm -- I was wanting to speak a little bit about that. That's something that we definitely wanted to do for a little while with all of our provider types. And right now, you know, we kind of started some discussions internally. Those discussions will reach out toward some of the licensure boards. And it's -- it's going to be -- there's going to have to be a planning phase, you know, to get two -- two systems to talk to each other. I'm not an IT person, but those two systems would have to talk to each other and transmit data and receive data, and then be able to update according to that data in the system. So I don't think it's an option that's any time soon, but it's definitely an option that's on our radar and -- and

1 that we're definitely looking into. So
2 right now, it's just trying to figure out
3 how to make that work and what type of
4 funding that would take to make that
5 happen.

6 DR. MUNSON: Okay. So two things: One,
7 looking at provider groups, we would
8 definitely be on the smaller end of the
9 scale compared to dentists or MDs or nurses
10 or whoever else has to update. So if you
11 needed a sample group, we would love to be
12 that sample group that you would try it out
13 on. And then would you be able to, at our
14 next meeting in November, provide us with
15 an update to the powers that be or whomever
16 has that data? Is three months enough time
17 for you to come back with some form of an
18 answer to that question?

19 MR. DEARINGER: Probably, but I can --

20 MS. BICKERS: Dr. Munson, this is Erin --

21 MR. DEARINGER: -- always give you an
22 update in November about what progress we
23 have made and what I've learned, what we've
24 found out through our research of -- you
25 know, what our -- what our next steps look

1 like. So I can definitely give an update.
2 I don't know if I'll have anything concrete
3 by then, but I'll definitely have an update
4 on where we are in our process.

5 DR. MUNSON: Perfect.

6 MS. BICKERS: And, Dr. Munson, this is --

7 DR. MUNSON: Yes, ma'am.

8 MS. BICKERS: -- Erin with DMS. Jennifer
9 Dudinskie had triple booked today and was
10 unable to be here, so I will also put that
11 on her radar. She's the director of our
12 program integrity that deals with a lot of
13 licensure and things. So I will also
14 follow up with her and make sure that's on
15 her radar as well.

16 DR. MUNSON: That would be awesome. And I
17 understand. Like I -- I'm not computer
18 literate, so I get that there's a lot of
19 moving parts, but I think that -- it would
20 just be good for a lot of different
21 reasons. And I think that, again, we being
22 a smaller provider group would be really
23 happy to be the Guinea pigs, because that
24 would be something that -- you know, kinks
25 could be worked out with us, with a smaller

1 provider group versus going to some of the
2 bigger providers that you have within the
3 state. So that would be great to hear what
4 Jennifer has to say, so I appreciate that
5 part.

6 So then the next question we have for
7 DMS is, do the MCOs have to pay a fee on a
8 covered service that is on the Medicaid fee
9 schedule? Meaning, if they say it's a
10 covered service, that they cannot reimburse
11 the doctors at a zero dollar amount? Does
12 anyone in the Department have an answer on
13 that? So it's saying, yes, we cover that,
14 but we cover it as a zero dollar
15 reimbursement.

16 MS. KITCHEN: My understanding, it's going
17 to be based on the contract that the
18 provider has with the MCO.

19 DR. MUNSON: And who's speaking? Kelly?

20 MS. KITCHEN: Sorry. Yes, this is Kelly
21 Kitchen.

22 DR. MUNSON: That's okay.

23 So if the contract reads that the
24 reimbursement will be at a certain
25 percentage of the current applicable

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Medicaid fee schedule.

MS. KITCHEN: Right. Each MCO does have the ability to create their own fees. I know this is something that Jeremy Armstrong -- Jeremy Armstrong's group can speak more on, probably. My understanding was -- spoke to him the other day -- was MCOs have in their contracts, have the ability to have specific rates listed in the contract.

DR. MUNSON: Can they say it is a covered service and still pay zero?

MS. KITCHEN: That I'm not sure. Again, that would be something we would have to ask Jeremy Armstrong's group.

DR. MUNSON: Okay. Are you saying Jerry or Jeremy?

MS. KITCHEN: Sorry. Jeremy. Jeremy --

DR. MUNSON: Jeremy. Okay.

MS. KITCHEN: -- J-E-R-E-M-Y.

DR. MUNSON: Okay. So is that something that we can have this conversation with him via e-mail? I don't think he's on -- is he on the call?

MR. DEARINGER: I don't see him on the

1 call, but you can --
2 DR. MUNSON: Okay.
3 MR. DEARINGER: -- absolutely send him an
4 e-mail and he is -- he can point you in the
5 right direction if he doesn't have that
6 answer. I know to answer your -- you know,
7 like Ms. Kitchen said, each contract is
8 different. So, you know, without knowing
9 the specific provider and the specific MCO,
10 it would be impossible to answer that
11 question, I think.
12 MR. OWEN: Dr. Munson?
13 DR. MUNSON: Yes?
14 MR. OWEN: This is Stuart Owen with
15 WellCare. I thought I just might mention
16 something. So in our contracts with DMS,
17 MCO contracts with DMS there's a couple of
18 relevant excerpts addressing this. And
19 so -- this is in the covered services
20 section. So one of them is, "The
21 contractors" -- MCOs -- "shall provide
22 covered services in an amount, duration and
23 scope that is no less than the amount,
24 duration and scope furnished Medicaid
25 recipients under fee for service." And so

1 then the follow up, also in that same
2 section, "Contractors shall provide or
3 arrange for the provision of covered
4 services to enrollees in accordance with
5 the state Medicaid plan, state regulations
6 and policies and procedures applicable to
7 each category of services."

8 So, you know, to me if it's a covered
9 service -- I mean, if it's on a DMS fee
10 schedule, it's a covered service. Zero is
11 not paying for it.

12 DR. MUNSON: Yes.

13 MR. OWEN: We do --

14 DR. MUNSON: Okay.

15 MR. OWEN: We can negotiate different
16 rates, different reimbursement amounts, but
17 to me zero dollars is not covering it.

18 DR. MUNSON: Correct. Yeah, and so that --
19 this is irrelevant to Medicaid, but Anthem
20 Commercial had done that in the past. And
21 so that was the question of, you know, how
22 can you say it's a covered service if you
23 pay nothing, or how can you say it's a
24 covered service if you pay a penny for it.
25 And so that -- that's kind of the impetus

1 because there are covered services on the
2 Medicaid fee schedule that are being
3 reimbursed at a zero dollar amount. And so
4 that -- I don't know if that's something
5 that if it is a single provider, if that's
6 something that we can ask that on this call
7 or this meeting. So if DMS wants that, it
8 is a specific provider, and I do have the
9 specific Exhibit A from my contract,
10 actually, that speaks to it, and that's
11 kind of where this question has come up.
12 So is that something that we can be
13 specific to an MCO with this question on
14 this call?

15 DR. COMPTON: Yeah, if you'll just send me
16 an e-mail just kind of outlining the
17 specifics, I can forward you to the MCO
18 division and I can go over that.

19 DR. MUNSON: Okay. Well, I will get that
20 to you. Okay. Perfect.

21 And then we have general discussion.
22 I do know that Avesis did want to have some
23 time to talk about some help that they're
24 going to be providing for the Eastern
25 Kentucky areas that have been ravished by

1 the floods. So I don't know who from Avesis
2 wanted to address that, but please do.

3 MS. GRAINGER: Yes, this is Shelly. And so
4 we have made allowances for the 14 affected
5 counties. There is currently an auth
6 pre -- prior authorization waiver in place
7 from July 26 to August 11th. And then we
8 also have replacement material for repair
9 or replacement of eyewear from 7/26 through
10 9/26. And so then we have -- we've
11 identified all of the providers in the
12 affected counties. And our vision team has
13 made outreach to those providers, almost
14 all of them, and is continuing to make
15 calls and will have that completed by close
16 of business today.

17 DR. MUNSON: That's fantastic. So 7/26 to
18 9/26, anyone in those 14 affected counties
19 that has eyewear that was missing due to
20 the floods are able to get that
21 replacement, adult and children?

22 MS. GRAINGER: That is correct.

23 DR. MUNSON: Awesome. That's very, very
24 nice of you guys.

25 MS. GRAINGER: Of course. We were -- we

1 were very sorry for all the devastation and
2 doing what we can to help.

3 DR. MUNSON: We will definitely make sure
4 that our members are aware that that is an
5 option for any of their patients that have
6 Avesis Medicaid coverage.

7 UNIDENTIFIED SPEAKER: And that's the same
8 for EyeQuest. We were -- we were all asked
9 to look at the replacement of eyeglasses.
10 That was a request from this date to take a
11 look at that. And also with prior auth,
12 there -- you know, there were dates given
13 to us that we -- I'm trying to find the
14 dates 7/28 to 8/12/22. It's a PA waiver
15 for an outpatient. I'm trying to find the
16 eyewear part of it. There's a whole list
17 of things that are being done in most
18 areas. Replacement of eyeglasses and
19 contact lenses -- for the replacement. And
20 we sent the state the EyeQuest numbers, so
21 that they can call us for any assistance
22 that they need. And then there's a whole
23 list of other things that -- social
24 determinants of health, you know, trying to
25 help people with making sure that they have

1 shelter, food and those types of things. I
2 think most of the MCOs have been responsive
3 to what's going on in Eastern Kentucky.

4 DR. MUNSON: That's wonderful.

5 UNIDENTIFIED SPEAKER: It's very
6 heartbreaking, very heartbreaking. My
7 daughter works for the National Guard. And
8 she's been there and she's been sending
9 pictures and it's -- it's just very
10 heartbreaking to see what's going on.
11 Especially, when you're on the ground, so
12 it's devastating.

13 DR. MUNSON: Well, we appreciate you guys
14 stepping up and doing those things for
15 those affected individuals. And then next
16 on our agenda, Dr. Upchurch, Dr. Compton,
17 Dr Sawyer, do you have any other
18 recommendations or anything that we would
19 like to move up to the MAC meeting that
20 Dr. Compton will be attending on the 22nd
21 of September?

22 DR. COMPTON: I have nothing.

23 DR. UPCHURCH: I don't either. Excuse me.

24 DR. MUNSON: Okay. We'll, then,
25 Dr. Compton, we'll just have you kind of

1 keep your ears open and see if there's
2 anything that you bring back to us from
3 that MAC meeting in September. And then
4 our next meeting will be November 10th at
5 1:00 p.m. I am assuming it's still going
6 to stay on Zoom. We've not really heard
7 anything otherwise. So that will kind of
8 be our thought process going forward,
9 unless anyone has an update on those -- the
10 meeting process.

11 DR. COMPTON: The next MAC is via Zoom.

12 DR. MUNSON: Okay.

13 MS. UNGER: This is Sarah with the Kentucky
14 Optometric Association. I have a quick
15 question. I guess you can put it under the
16 general discussion. If we were wanting to
17 pull information on like the children's
18 utilization of their benefits, would that
19 be something we could get from DMS or would
20 it have to come from each MCO? Is there
21 anyone on here that could answer that
22 question? And even if we wanted to break
23 down possibly by like county or region,
24 would that information be possible? Or if
25 you-all want to e-mail me afterwards, you

1 can.

2 MS. PARKER: This is Angie with Medicaid.

3 That is something, but we would need to --

4 MS. UNGER: Yes.

5 MS. PARKER: You would need -- we would

6 need specific information on what is wanted

7 and what time frames and --

8 MS. UNGER: Well, Angie, so I will just

9 e-mail you. Okay.

10 MS. PARKER: All right.

11 MS. UNGER: I will do that. Okay, thank

12 you.

13 MS. PARKER: Uh-huh.

14 MS. BICKERS: Dr. Munson, I just wanted

15 to --

16 DR. MUNSON: Yes, ma'am.

17 MS. BICKERS: -- speak on behalf of the

18 meetings virtual versus in person. So far

19 we have been allowed to continue the

20 virtual meetings. And we just kind of left

21 that up to each TAC to decide if they want

22 to start moving, you know, to hybrid or in

23 person. So far most people have

24 appreciated being able to log in via Zoom.

25 They said they have had more participation.

1 It's easier to still -- you know, anyone
2 that might have to travel. So that's just
3 something that you guys can, you know,
4 maybe put on the agenda for next time,
5 maybe moving forward next year. I believe
6 the MAC originally voted they were going to
7 attempt to meet in person in September and
8 then chose to go back via Zoom because of
9 the rising numbers. So some of the TACs
10 are kicking around the idea of sometime
11 next spring having that meeting in person
12 so that just everybody can be in the same
13 room together. So it's just been kind of
14 leaving that up to each TAC to kind of
15 discuss and vote on as they see fit.

16 DR. MUNSON: Okay. Well, then we'll add
17 that to our agenda next time. But then
18 we'll plan for our next one to be on Zoom
19 as well. Thank you for that.

20 MS. BICKERS: You're welcome. And I will
21 be -- within the next month or so I will be
22 working on 2023s calendar. So I will
23 hopefully have that e-mail to you guys
24 prior to your November meeting so you can
25 look at it and make sure those dates look

1 okay moving forward as well.

2 DR. MUNSON: Okay, perfect. Thank you.

3 And then I did see that Judy from
4 Medicaid was able to pop on, and so I'm
5 going to re-ask my zero copay question,
6 because the answer in the chat is a little
7 different than what I had. So is that okay,
8 Judy, if I ask you the question again?

9 DR. THERIOT: Yes, ma'am.

10 DR. MUNSON: Okay. So does the MCO have to
11 pay a fee on a covered service on the
12 Medicaid fee schedule by paying zero
13 dollars for that? Are they able to say
14 that they are paying a covered service if
15 their reimbursement is zero dollars?

16 DR. THERIOT: It's kind of strange. On the
17 fee schedule if it says zero dollars on it,
18 it actually pays 45 percent of the billed
19 amount, not to exceed the usual and
20 customary charge.

21 DR. MUNSON: So, no, that's not what I'm
22 asking. It's a DMS covered service that
23 has a fee attached to it, but the MCO is --
24 is saying they're covering it but it's
25 covered at a zero dollar reimbursement.

1 DR. THERIOT: Oh.

2 DR. MUNSON: They're saying it's a covered
3 service but they're paying zero dollars on
4 it.

5 DR. THERIOT: Well, I think that's more of
6 an Angie.

7 DR. MUNSON: Okay. So is that -- is the
8 consensus that --

9 MS. PARKER: Sorry. This is Angie, and I'm
10 going to kick it down the road some more,
11 because I know -- I have heard -- are you
12 talking about zero when it's -- Medicaid is
13 secondary?

14 DR. MUNSON: No, no, no. Medicaid -- they
15 have Medicaid. The Medicaid fee schedule
16 pays \$33 for this covered service. The MCO
17 says they're paying it, but they pay it at
18 a zero dollar reimbursement.

19 MS. PARKER: Could you send an example or
20 two? Could you --

21 DR. MUNSON: Yes.

22 MS. PARKER: -- send me an example or two
23 so that I can --

24 DR. MUNSON: So should that go to Jeremy
25 Armstrong or should that go to you?

1 MS. PARKER: You can -- both is fine.

2 DR. MUNSON: Okay.

3 MR. IRBY: And, Karoline, this is Greg.

4 I'm the COO for United. I just want to

5 make sure. It sounds like this is coming

6 from specific experience. Sounds like

7 you're having this happen. Is that the

8 case?

9 DR. MUNSON: It is happening to

10 optometrists across the state, so...

11 MR. IRBY: Okay. And are you addressing

12 that directly with the MCOs that are doing

13 it or no?

14 DR. MUNSON: It has been asked of the MCO

15 and they feel that they're doing it

16 correctly.

17 MR. IRBY: Okay. I just wanted --

18 DR. MUNSON: That's why I'm bringing it to

19 DMS.

20 MR. IRBY: Yeah, exactly. So it's our

21 understanding that we should be paying -- a

22 zero dollar payment, we would interpret

23 that as not a payment. So I just want to

24 make sure you have the opportunity to

25 address directly with us if there's an

1 issue. I'm just putting my information out
2 on the deck. If you need to contact me
3 directly on it, feel free. This is -- this
4 is United.

5 DR. MUNSON: So United has MARCH Vision as
6 their --

7 MR. IRBY: Yes.

8 DR. MUNSON: -- provider? So is it a MARCH
9 Vision issue that should be reached out to
10 them, or is that something that United
11 controls that contract and you are the
12 point person for that question?

13 MR. IRBY: So MARCH Vision is a great
14 starting point for that. MARCH Vision and
15 I, we collaborate very succinctly, very
16 consistently. So if you reach out to MARCH
17 Vision, we can get together. I know that
18 Ann is on the call from MARCH Vision at
19 this time. So we can get together on that,
20 if that question comes up --

21 DR. MUNSON: Okay. So if you'll just --

22 MR. IRBY: -- if either one of us can help.

23 DR. MUNSON: Go ahead and drop your e-mail
24 in the chat box for me. That would be
25 great.

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MR. IRBY: For sure.

DR. MUNSON: Okay. Well, then now, at least, we have people that we can discuss this with with DMS, so we'll forward that on to Jeremy, and then revisit this, if necessary, at our meeting in November.

MR. IRBY: Thanks.

DR. MUNSON: Thank you.

So Dr. Compton, Dr. Upchurch, Dr. Sawyer, do you have anything else to add to today's meeting?

DR. SAWYER: I do not.

DR. UPCHURCH: I do not either.

DR. COMPTON: I do not.

DR. MUNSON: Wonderful. Then I will entertain any notion that you gentlemen have to conclude this meeting.

DR. UPCHURCH: I make a motion to adjourn.

DR. SAWYER: I'll second that.

DR. MUNSON: All right. Okay. Wonderful. Thank you, too. Thanks, Everybody, for joining and we will reconvene in November. Thank you.

* * * * *

THEREUPON, the Meeting was concluded.

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