COMMONWEALTH OF KENTUCKY

CABINET FOR HEALTH AND FAMILY SERVICES

FOR MEDICAID SERVICES

IN RE: OPTOMETRIC TAC

HELD VIA ZOOM

DATE:

FEBRUARY 1, 2024

1:00 P.M.

A T T E N D E E S:

Dr. Matt Burchett - Chair

Dr. Karoline Munson

Dr. Steve Compton

Dr. James Sawyer

Dr. Gary Upchurch

(and many more were on ZOOM)

February 1, 2024

1:00 p.m.

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MS. BICKERS: You have a quorum so I will turn it over to you.

DR. BURCHETT: Okay, thank you. Thank you. And thanks, Everybody, for showing up.

We have got a quorum and we will approve the minutes from the previous meeting. I assume everybody's read those, and do you have any issues with them? We'll take a motion to approve and go from there.

DR. COMPTON: Mr. Chairman, Steve Compton, I move to approve.

DR. BURCHETT: Good. Do we have a second? That would be you, James.

DR. SAWYER: Yeah, can you hear me?

DR. BURCHETT: I can now.

DR. SAWYER: I second.

DR. BURCHETT: Okay. Well, any discussion on them? Everything look okay to you guys?

DR. COMPTON: Looks fine.

DR. BURCHETT: Well, with no discussion, all in favor of approving the minutes from the last meeting say, "Aye."

(All members vote "Aye.")
DR. BURCHETT: Good. All oppose?
(No response.)
DR. BURCHETT: Okay. So to help Justin what we will do is we will go ahead and move down under New Business and let him talk about, I think it was Community Health Workers. And I think, Steve, that was something you had that you were wanting to talk with, too. So if we want to go ahead and get started on that topic, we will do that first.
DR. COMPTON: Cindy and I talked. We'd just like to have a little more information.
DR. BURCHETT: Sounds good.
MR. DEARINGER: Yeah, absolutely. Thank you for letting me talk briefly about the Community Health Workers. I didn't know if you wanted just information or if you wanted kind of a up-to-date where we were as of today as far as billing and who's billing and that type of thing.
DR. COMPTON: Justin, I think more general information. I don't know that we are all

aware of their existence or what they can do for our practice, much less how to incorporate it or bill it or that sort of thing.

MR. DEARINGER: Sure. Is there any way I could share my screen, Erin?

MS. BICKERS: Yes, sir. I just made you a cohost.

MR. DEARINGER: All right. Give me just a second here. Let me -- all right.

So we'll just go through this real quick then. This has actually not really been updated. It needs to be updated, but I'll kind of hit some highlights with you. And it is just a few little slides here that kind of give you the basic idea of Community Health Workers, what they do, and how they are utilized and so forth.

So this is -- Community Health Workers started -- were first billed starting in January 1st of 2024. We have had some people kind of use them in the past, as far as the managed care organizations have used Community Health Workers. They were able to hire their own Community Health Workers. We

just started being able to, you know, bill for -- let other provider types bill for Community Health Workers starting in January 1st, and we've been working on this and implementing this for a long time. We originally started about two years ago doing some research on the use of Community Health Workers, what they were doing in other states, how they were being used, what services that we could utilize them for and, you know, several intersecting conversations went into place. We had a work group on transportation and transportation issues. We had another work group on no-shows and no-show issues.

And so one of the things that continuously came up was that other states had those listed -- Community Health Workers Services listed as something that was kind of assisting with that.

So this is -- again, like I said, it continued to come up and we were able to come up with some program here that I think will be beneficial to all provider types. Community Health Workers provide a lot of

services. To be able to qualify as a Community Health Worker they have to be a United States' citizen, employed, be at least 18 years of old, and have to maintain a certification. That certification is held by the Department for Public Health. There's administrative regulation that they have. They have to follow that administrative regulation, and basically the things that are listed right here they have to abide by, but then they also have to do some education and training. The Department for Public Health puts that training on, holds that certification, and so they can become certified as a Community Health Worker.

The things that they are able to do are preventive services, health promotion, education. They can facilitate provider communication, patient education, other services, and so forth. And I left this in presentation mode because I wanted you-all to see some of the notes underneath, you know, associated with that. There's directive -- preventive services, or

services designed to slow the progression of chronic diseases, including screenings, health promotion education, prevention of illness, all those different types of things. Also facilitation between beneficiary and a provider who have language barriers, socio-economic issues, and then as I had mentioned before, transportation issues, which is something that we had -- was a work group that we worked on where Community Health Workers actually came up. We find that a lot of the Community Health Workers today are working with individuals on transportation to and from appointments, how to get those set up. They also work on the no-show issue, which are missed appointments, calling individuals, reminding them of appointments, helping them schedule appointments on their -- making sure it's a time that they can come in, and then if they do miss an appointment without calling, calling them back, getting as much information from them as they can, why they missed the appointment without calling, so on and so forth, helping them get set up

with a transportation provider if that's what they need, and help them get set up with a member of the Department for Community-Based Services and Family Support. Maybe they need help with child care or some other field or area. A lot of times we'll find out they will have two different appointments near the same time on the same day, things like that, that Community Health Workers can help them manage those situations, and be able to get them the assistance that they need in those arenas. Again, navigation, health navigation and resource coordination, they are reaching out to these transportation brokers, they are reaching out to different providers, provider types, helping them find a provider in their area, helping them to manage all those different things, you know, helping them get transportation to pharmacies and things like that.

Health education and training, making sure that they get the proper immunizations that they need, help them control blood pressure and monitor blood pressure, monitor

diabetes, have STD checks, if needed, things like that.

There's also Health Promotion Coaching. So they work on the cessation of tobacco use, or reduction of drugs and alcohol, getting them in treatment facilities or centers, if that's something that's needed. Talking about family planning, control of stress, making sure that they get prenatal care and infancies and postpartum care, which is -- we found in some of the studies that we have taken on a lot of the issues that women have with, you know, hospitalization during pregnancy, lack of prenatal care, and just a lack of education of the ability and availability of that prenatal care. So a lot of different things in that arena for CHWs to do.

So a lot of different -- you know, we talk about what provider types can bill for CHWs. They are alcohol and other drug entities, behavioral health services, community mental health centers, FQHCs, hospitals, local health departments, primary care, rural health. And then other

providers that are used by Department for Medicaid Services, and I'll -- I'll show you another screen in a minute that goes over all the providers that are currently billing for those services.

These are the billing codes for Community Health Workers, or CPT codes. There's three of them. The first CPT code is for one patient. If you have a Community Health Worker that's working with an individual patient, it's in 30-minute increments. That is the rate. And if they are talking to two to four patients, it's a different rate, and five to eight patients is a different rate. So they are billed in 30-minute increments.

Regarding limitations -- so you see right there it says limited to two units per week per member. No more than 104 units per calendar year. We are kind of decreasing some of those limitations and increasing -- not decreasing, but increasing some of those limitations and eliminating some of the other language. So that's about ready to increase on the limitation amount.

MCOs reimburse for CHWs, and they can hire their own CHW. So there may be CHWs working for the MCOs currently that they may have. So that's just kind of a brief overview of what they do. It's a really quick synopsis. And as of right now in 2024, we have about 657 claims that have been submitted up to this point, still in the month of January. We have about 657 claims. Close to -- it's $47,000 billed. We have had claims from rural health clinics, primary care, FQHCs. We have had claims from physicians, physician groups, hospitals and APRNs.

So optometrists are a group that is allowed to bill for Community Health Workers. We haven't had any claims from the optometry group yet, but hopefully we will maybe in the future. But this is a -- we are currently looking at a couple of other provider types that want to include Community Health Workers and we are working on trying to get those integrated.

But it's a great tool depending on what your needs are. If you have an office

that needs an individual to meet with someone, go through their care options, their transportation options, you know, that -- that's something that Community Health Workers do. But they also can to meet with someone and go through healthcare prevention or, you know, in your all's case they could meet with an individual and go through, you know, the use of their glasses or contacts and, you know, how to -- when to come in and how to clean things, and how to work on things, how to wear certain things. So there's all kinds of different functions and uses that Community Health Workers have. But we started that, again, January 2024, and some other provider types are using that very successfully. So if you have any other issues or questions, or thoughts, let me know. Again, I know that was real brief.

DR. BURCHETT: Quick question then, because we are looking at that for managing some of our glaucoma and macular degeneration patients, things like that. You talked about the certifications. How do they achieve those?

MR. DEARINGER: So they contact the Department for Public Health. They have an office. They have individuals -- and I can get you -- I can get Erin all that information and she can e-mail all that out to the TAC. They have an office that they do those things and they have actually -- you know, I think it's a whole branch that does the certifications for Community Health Workers. They also, I think, do some referrals so people can get ahold of and get in touch with certified Community Health Workers for hire and contract and things like that. So I'll get you that resource, or to Erin, and have her e-mail it.

DR. BURCHETT: Okay. Thanks, Justin.

Any other questions?

DR. MUNSON: I have one. Wait, I have one. I'm sorry, I couldn't get off mute fast enough. This is Dr. Munson.

And I may have missed this. Is that both in-person and virtual that those codes can be paid for?

MR. DEARINGER: Absolutely.

DR. MUNSON: So it can be virtual, like on a Zoom call, it could be a phone call, or it could be in-person training?

MR. DEARINGER: That is correct.

DR. MUNSON: Okay. Awesome. Thank you.

MR. DEARINGER: That's one of the things we want to make sure we did. I mean, it's vital and imperative to be in-person. The uses is amazing. But one of the things we wanted to make sure that we had all telehealth capabilities, especially for individuals that didn't show up to appointments and didn't call, so that they had a way to reach out, contact people, work through those issues via telephone and still be able to be reimbursed.

If you-all have any other questions, need anything else, feel free to reach out. And I'll send Erin that information and have her get that out to you-all.

DR. BURCHETT: Sounds good. Thank you, Justin.

MR. DEARINGER: And real quick before I get off the phone, we are almost completely through with the contact lens reimbursement

fee schedule, so we'll be sending that to you-all right before we post it just for any final thoughts. But I really appreciate the TAC's help with assisting in your all's comments and thoughts with that. It's been a good collaborative work and I appreciate it.

DR. BURCHETT: Thank you for allowing us to help collaborate.

Okay. So that was there under the New Business for the Community Health. I'm going to continue down the New Business and then we'll circle back to the Old Business, if that's okay, since we are there in New Business.

Next the TAC would like to hear a little bit about the non-emergency medical transportation that helps to transport Medicaid recipients to their appointments, from the Department or if the MCOs have any information to share on that topic.

MS. DOWNEY: This is Becky Downey. Can you-all hear me?

DR. BURCHETT: Yes.

MS. DOWNEY: I'm with the Department for

Medicaid Services. What kind of questions do you have, or what would you like to -- what do you want to know about?

DR. BURCHETT: Steve, am I mistaken -- is this one that you brought to us?

DR. COMPTON: I don't think so, other than we heard about it from the MAC, about the Community Health Workers. I was not aware of any of these things. I guess the questions are how do you use it; who do you call?

MS. DOWNEY: There's a list that we have. The entire state is broken down into regions. There are 16 regions, and each region has anywhere from one county up to, you know, six, seven, eight counties, depending on their sizes and the need in each county. I can send Erin the list and it tells you all the counties and who the broker is, which is who they would call, and then, of course, the brokers' phone numbers. And there's an e-mail address, too, but we suggest calling. But that -- go ahead.

DR. BURCHETT: That would be for the

Medicaid recipient to call to set it up?
MS. DOWNEY: Yes, yes.
DR. BURCHETT: Okay. Can providers call?
MS. DOWNEY: I do not think so, because our transportation broker looks at each member that needs transportation to make sure they're eligible.
DR. BURCHETT: Sure, sure.
MS. DOWNEY: Yeah, because there is a few issues about, you know, if they have a vehicle in the house and if it's in their name and is it operable or inoperable. And so there's a few things that they have to check for eligibility. So, no, I am 99 percent sure providers cannot do that.
DR. BURCHETT: Well, and maybe not us call to facilitate, but I do know I have patients in my McKee office that don't have phones.
MS. DOWNEY: Oh.
DR. BURCHETT: So is there ways that, you know, we could call and let the person talk from -- the patient talk from our office to them to arrange different transportations?
MS. DOWNEY: Yes. Yes, you can do that.

Yes, sir.
DR. BURCHETT: Okay. Yeah, I was just thinking, because I know there are several that don't have phones for sure.
MS. DOWNEY: Gotcha. Yeah. No, you can do that. Not a problem.
DR. BURCHETT: I guess the e-mail might work for them, but I don't know if they have e-mail either.
MS. DOWNEY: Right. Understood. But it seems to -- I, myself, I do worry about e-mail getting answered as quickly as, you know, they might need it. So that's why I always tell everyone to call.
DR. BURCHETT: Sure, sure. And that would be for non-emergency transportation. Like, I'm assuming what we mean by that is if they are coming for their yearly exam, things like that.
MS. DOWNEY: Yes, exactly.
DR. BURCHETT: Okay, yeah.
MR. DEARINGER: This is Justin Dearinger. I just want to reiterate this non-emergency transportation is for everything that's not ambulance related. So any kind of, you

know, visit that they would need for your all's offices, they would be available for transportation through any non-emergency.

DR. BURCHETT: And so then referrals from our office to a specialist -- say, they were having a retinal detachment and they needed to go immediately from our office, that would be emergency transport; right?

MR. DEARINGER: Well, yeah, as long as they were going, you know, by ambulance, that would be -- you know, if you had an ambulance coming and picking them up and taking them, that would be, you know...

DR. BURCHETT: Well, typically -- typically we don't send them by ambulance for that, but that would be whoever brought them typically takes them.

MR. DEARINGER: Yeah. So in that case they could absolutely use NEMT. If it's not an emergency situation that they need transportation to a hospital, they are just going to another provider that you referred them to, then they could use NEMT for that.

DR. BURCHETT: Even same day?

MR. DEARINGER: Sure. Now, there's certain

rules that the transportation has set up. They ask for so many hour notice and all those type things, but --

DR. BURCHETT: Right.

MR. DEARINGER: -- you know, they can set up whatever they need to set up, and sometimes they're, you know, pretty good to work with if there's certain things that pop up during the day.

DR. BURCHETT: Sure. Any other questions from the TAC?

Okay. Well, moving on to the next one there. Steve, I'm going to let you jump in on discussing the recommendation from Dr. Gupta.

DR. COMPTON: Dr. Gupta is an ophthalmologist by training, but she represents Physicians TAC, and at the November meeting they submitted a formal recommendation asking DMS to do a cost study on what it would cost to get physicians' fees tied to the Medicare rate. North Carolina apparently does this. And I'm paraphrasing. It's been three months since the meeting.

But the two things that concern me is, one, we want to be included, and I think the recommendation said physicians and we are defined as physicians under DMS, as I understand it. But she also -- I looked up the minutes a minute ago -- she also included obstetricians, gynecologists also being included as primary care. So I just wanted to make -- if those fees are adjusted, I want to make sure we are included.

The other thing, she ran a list of CPT codes to be researched, and I don't think the 92000 ophthalmologic codes were in her list, and I suppose we should make the recommendation that those be added, that we be included, maybe added, or maybe that's something that administratively can be taken care of. But the 99000 codes were included and she had a big range, but I don't recall her including the 92000 ophthalmology codes. So I just want to make sure we are not getting left out.

DR. BURCHETT: So I would ask the Department, is that something that can be

just added to look at if that moves forward, or do we need to make the formal request to add the 92000 codes?

DR. COMPTON: The Department has responded to that recommendation, but I don't have that in front of me, so I can't -- I did forward it to the KOA office, I think. Is there anybody on here from DMS that can respond to that?

MS. BICKERS: My apologies, Dr. Compton. I was trying to pull up the response from DMS. My apologies. And then I couldn't find my mute button.

DR. COMPTON: Okay, thank you.

MS. BICKERS: Okay. Too many screens; too many things open. My apologies.

The response states that DMS will prepare a cost estimate. Please note the budget process will determine if additional funds are allocated to the physicians' fee schedule. The budget process will be determined during the 2024 Kentucky Legislative Session. Also, any changes to the physicians' fee schedule will be applicable to fee-for-service only, and

providers would have to negotiate rates with the managed care organizations.

DR. COMPTON: I suppose it's wait and see. But the question is are we included, and are the ophthalmology codes included? Do we need to make a formal recommendation to add that, or is that part of the process already?

MS. BICKERS: What I can do, Dr. Compton, if you like -- this is Erin -- is I can follow up with Justin and the policy group to see what was included in that recommendation. To be honest, it's a little outside of my wheelhouse, so I'd have to follow up with the subject experts. But I will put that on our follow-up list and get that information to you right away.

DR. COMPTON: Thank you. That would be the easiest route. Let's go from there. Thank you.

MS. BICKERS: You're welcome.

DR. BURCHETT: Sounds good. Any other questions from the TAC on that particular -- okay. Good deal.

Let's move back up to Old Business

and, once again, for DMS. Is there any update on communicating with the Board of Examiners on them sending the license renewals to you-all?

MS. DUDINSKIE: This is Jennifer Dudinskie with Program Integrity. I have great news. We have finally -- I know -- after all these months, I'm very happy to report we have received the first file on January 25th. So we are in the process of looking at that, matching it up. And so we have -- it seems like we have a good contact now. She did state that there will be another update soon because of I guess the expiration date on the file that they sent to us. So we will remain in contact with them and hopefully we will have this up and going very soon.

DR. BURCHETT: Good, good. We'll probably, I guess, circle back at the next TAC meeting to see where it stands again, but thanks for the good update. That's encouraging news.

MS. DUDINSKIE: You're welcome.

DR. BURCHETT: Once again, any other

questions from the TAC on that point?

Okay. So, Dr. Compton, I'll go back to you --

DR. MUNSON: Wait, wait. I'm sorry. My mute button is just...

So does that -- this is a question for Jennifer. Does that mean that as of now our providers still need to do status quo where they need to upload their license to the portal and, like, certify, or whatever? We have to go in there to verify that it is our license, it is us, until further notice? Because I thought that was the goal, was that we didn't have to do that anymore.

MS. DUDINSKIE: Right. But we just received the file on the 25th. So we haven't had time to make sure that there's a seamless transition there. So we got their file; we have to enter that into our system. But, yes, that is the goal. Hopefully we will be there very soon. We have made a huge stride in getting the data. So that is the goal and I will be happy to give you-all an update at your next meeting on where we are with that.

DR. MUNSON: But just to confirm that we need to make sure that every Medicaid provider is still doing what they had in the past, uploading their license, and verifying it within the state website. Nobody should be just doing nothing and thinking it's handled?

MS. DUDINSKIE: Correct.

DR. MUNSON: Okay. I just wanted to make sure we give everybody direct orders. So the hope is that maybe when it comes around next year we will have this kind of process done, and then maybe next year it will just get magically get uploaded; is that correct?

MS. DUDINSKIE: Well, that is the goal.

DR. MUNSON: Yes. Okay, good. Thank you.

DR. BURCHETT: Okay. Are you satisfied, Dr. Munson?

DR. MUNSON: Yes.

DR. BURCHETT: Okay, good deal. Good deal.

Okay. So moving on now back to you, Steve.

DR. COMPTON: Yeah, this was on the last TAC agenda as well. And I think it's just

with Avesis, is the only -- we have a patient coming in and we'll check the DMS portal, and the Avesis portal, and it's, you know, middle of the month, 15th, 16th, and they both say the patient is eligible. We see the patient. Bill them, bill the managed care -- well, bill the subcontractor for the MCO. Get our money, and then sometime later we get a letter saying, oh, the patient wasn't eligible on the date of service, we are going to recoup the money. And then we write a letter, include all -- we made screenshots of everything we check, and send it in. And so far I don't think they have taken any money back, but there's some out there that we haven't heard back from. But I don't know what the hiccup is that -- if all the portals we check say they are eligible. This is not like on the first day of the month. We know that's not always up to date. Then it's just -- it's a huge administrative task. Plus, we're kind of at risk. They can take back any money any time, you know. If we do it wrong, we just

have to live with it, but -- so after last month, we got an e-mail telling us how to enroll our clients, but that's -- that's not what I was talking about. If all the portals say they're eligible and we see the patient on the date that they are eligible, there shouldn't be any question about recoupment of fees.

MS. ALLEN: Hello, Dr. Compton. This is Nicole Allen with Avesis. Thank you for your feedback.

DR. COMPTON: Hello.

MS. ALLEN: Hi, there.

Unfortunately, the portals are not a guarantee of eligibility. As you know, Medicaid throughout the United States, throughout the country, is going through a revalidation process. So right now we are having more activity with eligibility than we have seen in years. And as Avesis is -- the MCOs are making a number of different outreaches to the members. Your offices are also telling members if they are up for revalidation; DMS is telling the members if they are up for revalidation. If the member

does not revalidate timely, but then does so at a later date, you will see some activity on their eligibility status. When the member does update the eligibility information, their eligibility is reinstated without activity. But, unfortunately, you are 100 percent correct, that can impact claims processing and that's across the board. So, you know, if that patient received the inpatient service within that service period, or if they received, you know, whatever -- if they went to a medical doctor within that period, unfortunately that's a possibility. But it happens in commercial. It happens, you know, in all lines of business that we operate in.

But the processing of the eligibility files by Avesis is completed within a certain amount of hours that we receive it from the MCOs, and they process it daily from DMS, and once a month we process a monthly full file. So we process daily files and monthly full files.

If there ever is a scenario where you saw the patient, both the MMIS and Avesis

systems state that the member is active, there is retroactivity or there is a termination that occurs after the claim is processed, you have the appeals process you can do. You can also reach out to Avesis' customer service team or provider relations and share with them the scenario. And we do have that eligibility team that is dedicated to their finding the eligibility status of the member on MMIS or on DMS's system. So they will actually go into DMS's system and if there is a discrepancy where DMS says they are active and Avesis says they are not, and that may just be to the timing of the files being processed, we will go up and we update Avesis' system to match DMS, and then that will -- that will trigger the system to adjudicate or re-adjudicate that claim. So you don't necessarily have to go through the appeals process, you know, provide the copies and do the research and your time to -- your staff spend the administrative time to do that.

We could handle that or we can handle that through a call in to our customer

service team. But we will have one of the PR reps reach out to you. And, I apologize, I can see your office manager's face, your biller's face, but I can't think of her name, and I apologize for that. But we can reach out to her and share those contact numbers with her so that she knows how to go through that process as opposed to doing the appeal.

DR. COMPTON: Thank you. Her name is Cindy. She's actually sitting --

MS. ALLEN: Cindy, yes.

DR. COMPTON: I can put the camera on her if you want to see her face.

I don't know, it just seems -- there's a disconnect there. If everything says -- this is like the middle of the month. Everything says they're eligible, but that's no guarantee of payment. It's like, why bother, you know.

MS. ALLEN: Yeah, yeah. Yes, I understand. I know when I first entered into the market it was something that happened more frequently, then it happened very infrequently. So the Kentucky market is

not -- you know, you guys aren't used to this. Other markets -- we get this a lot on the Medicaid line of business. But, again, I think it's primarily due to the revalidation process. DMS has been wonderful with, you know, granting extensions. The federal government has been wonderful with granting extensions to help -- or to give members more time to revalidate, but, unfortunately, if they don't, they do lose eligibility until they complete the process.

DR. COMPTON: Okay. That's all I had, Matt.

DR. BURCHETT: Okay. Any other questions on that topic from any of you-all?

Okay. Well, let me look at my list and make sure I didn't skip anything. I don't think I have.

I do have a general discussion topic, mainly for the Department. So I'll throw it out there. If -- let's go back. All the codes that are listed on the vision fee schedule, the MCOs and/or the vision providers are required to pay those codes;

correct?

MS. ALLEN: I apologize, Dr. Burchett. Was that question for DMS?

DR. BURCHETT: Initially, yes.

MS. ALLEN: Okay.

MS. BICKERS: I'm trying to scroll to see who might be able to address that. I'm not seeing Justin. I can take that back, because I don't want to speak incorrectly.

DR. BURCHETT: No, and I don't want you-all to either. That's not what I'm trying to do. I'm just trying to kind of clear the air. So I'll go on with my thought, my stream of thought here.

It was my understanding that they did as long as there weren't any, you know, frequency limitations that have been met and/or they have a prior authorization process that we have to go through for some kind of testing code, like a visual field, or OCT or something like that. It was my understanding that there weren't anything in place like that; like they had maybe an LCD that lists, you know, these diagnoses are appropriate for that particular code of

test, things like that; that if those things weren't in place and the code was there, then they should pay it without any hassles. My thought on that is we have got an awful lot of backup on what on our end seem to be clean claims, that when we try to contact people and send them back in, they are clean claims that have been denied for one reason or another. I'm not sure exactly why. I'd have to ask my billing people. But I do know that we have a huge stack of claims. Not all of them are clean, for sure. We make our mistakes. And I know Avesis was -- recently, I think it was Catherine? I might be missing the name, but was in, helping us go through some of our claims from Avesis recently, and we appreciate that. But past that, if we continue to have issues of clean claims getting denied and/or things that we appeal that get denied from the MCOs, what is our recourse through the Department to have the Department step in and look at it? Is it going to be the new MCO dispute form that the MAC had, I think it was last time put out?

MS. BICKERS: Yes, sir. This is Erin. I can -- I can answer that one.

Yes. So any time a provider is having some issues with any of the MCOs or their subcontractors, we encourage the provider to fill out that dispute form and e-mail it in. I believe there is also an Excel sheet. I'm happy to share this with the TAC after the meeting for examples in claims, and then DMS can kind of step in and try to help facilitate a resolution. So we are really trying to -- I know they put a lot of work into revamping that form to make it more user friendly for the providers. So we are really trying to encourage all providers having any kind of issues to go through that route, because it is also monitored and tracked for trending issues.

DR. BURCHETT: Okay. So I just wanted to -- and I don't -- like I said, I don't have any super specific examples. I just know it had been brought to my attention, what's that process. So I just wanted to clear up what that was so that we could put it out to our optometrists across the state

if they are having issues that they can't seem to get resolved, where they can go to, maybe get some relief of that.

So that would be all I had on that issue, unless one of the other TAC members had any thoughts to that and/or have other issues they would like to talk about.

No takers? Gary, you have been awful quiet this meeting.

DR. UPCHURCH: Been a long morning. Sorry I got on late.

DR. BURCHETT: That's fine. I was just making sure you weren't asleep.

DR. UPCHURCH: No. I'm here.

DR. BURCHETT: That's all I had on that topic. So, Erin, if you can send that along to us so we can make that information available to people, that would be great.

MS. BICKERS: Absolutely.

DR. BURCHETT: And then that's all I have, unless somebody else has another item that was pressing that they thought of in the last two or three days.

Nothing? No? Okay. Well, if that's the case, then I will entertain a motion to

adjourn.

DR. MUNSON: I make the motion to adjourn.

DR. COMPTON: Second.

DR. BURCHETT: All in favor?

(All members vote "Aye.")

DR. BURCHETT: Good deal. Our next meeting -- before we get off -- is, what, May 2nd? Does that sound familiar to everybody, just to make sure? Yeah, okay. Well, like I said, that's all I've got. You-all have a good afternoon. Appreciate you-all coming.

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THEREUPON, the Optometric TAC meeting was concluded.

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STATE OF KENTUCKY)

COUNTY OF FAYETTE)

I, JOLINDA S. TODD, Registered Professional Reporter and Notary Public in and for the State of Kentucky at Large, certify that this transcript is a true and accurate record of the Optometric Technical Advisory Committee meeting.

My commission expires: August 24, 2027.

IN TESTIMONY WHEREOF, I have hereunto set my hand and seal of office on this the 3rd day of March 2024.

JOLINDA S. TODD, RPR, CCR(KY)
NOTARY PUBLIC, STATE AT LARGE