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

IN RE: OPTOMETRIC TAC

HELD VIA ZOOM

DATE:
FEBRUARY 2, 2023
1:00 P.M.

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A T T E N D E E S :

Dr. Matthew Burchett, Chair

Dr. Karoline Munson

Dr. Gary Upchurch

Dr. Steve Compton

(and many more were on ZOOM)

1 DR. BURCHETT: Thank you all for joining us
2 today. Once again, I think we all know
3 each other fairly well by now, but I'm
4 Dr. Matt Burchett, the Chair of the TAC and
5 we will get things going. I think we've --
6 from earlier there, I think we said we have
7 established we do have a quorum for the TAC
8 members, so we'll go ahead and get the
9 meeting underway here.

10 First order of business for us today,
11 of course, is, as always, the approval from
12 the previous two meetings that we have had
13 of the minutes of those meetings. So we
14 will start with the regular meeting from
15 last year, the last regular meeting and then
16 we will go to the special meeting. So if I
17 can have a motion to approve the minutes for
18 the last regular meeting of the TAC.

19 MS. BICKERS: Could I just ask that if you
20 are a member, could you please -- could you
21 please engage your camera, so that we can
22 have a record of your votes.

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

25 DR. UPCHURCH: Gary Upchurch, second.

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DR. BURCHETT: Thank you, Guys. Any discussion?

Hearing none, all those in favor of approval of the last regular meetings minutes say aye.

DR. UPCHURCH: Aye.

DR. COMPTON: Aye.

DR. BURCHETT: Good. And those opposed? (No response.)

Now, since that's done, let's do the special meeting we called, there in December. I'll take a motion to approve the minutes of that meeting.

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

DR. UPCHURCH: Gary Upchurch, I second.

DR. BURCHETT: Thank you, Gentlemen. Any discussion on those minutes?

Hearing none, then I'll take all in favor say -- of approving those minutes of the special meeting say Aye.

DR. UPCHURCH: Aye.

DR. COMPTON: Aye.

DR. MUNSON: Aye.

DR. BURCHETT: And any opposed? (No

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response).

Okay. So approval of both sets of minutes. That's good. That's got that out of the way, a little house cleaning.

Moving on to the No. 4 item there on our list is the old business. And let's just start at the top and work our way through. If you'll excuse me, my voice is a little crackly today. So at the November meeting, we talked about the optometrists reporting our no-show rates and asked if DMS would have any way to collect those numbers of no shows that we have report and share those with the TAC. I know talking with some of the TAC members about this, I think Steve and Gary said they had several no-shows that they reported. Does DMS have any total numbers across optometry to be able to report to us?

MS. KITCHEN: Yes. This is Kelly Kitchen. And I also apologize, my voice is still messed up. So we do have numbers and this was actually ran for you when you requested. It just did not get to you and I apologize for that. We do have here

1 showing that the overall total number of
2 cancelled appointments -- and this, again,
3 is up through November of '22, January 1st
4 of '22 through November of '22. And those
5 total cancelled appointments was 496 total.
6 And then we have a total of missed
7 appointments during that same time period
8 of 1,947 missed appointments.

9 DR. COMPTON: Chairman, may I speak? Steve
10 Compton.

11 DR. BURCHETT: Yes. Go ahead, Steve.

12 DR. COMPTON: I got that spreadsheet this
13 morning and it shows Compton & Compton Eye
14 Care, between the missed and the cancelled,
15 of 285 in calendar year '22.

16 DR. BURCHETT: Yeah.

17 DR. COMPTON: We actually reported 575. I
18 looked it up this morning. So these
19 numbers are not -- they certainly don't
20 reflect our practice.

21 MS. KITCHEN: Were those reported within
22 the Kentucky HealthNet?

23 DR. COMPTON: Yes.

24 MS. KITCHEN: Okay. Is that only through
25 November -- from January 1st through

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November?

DR. COMPTON: No. It's January 1st through December 28th, I think.

MS. KITCHEN: Okay. So the report was ran up through November, and we actually ran that one when requested. So we do only have up through November.

DR. COMPTON: Okay. But I don't think I had 300 no-shows in December -- 290, I'm sorry.

MR. DEARINGER: This is just Justin Dearinger. We will definitely take a look at that and see if there is a discrepancy, and if it is, why. I did want to let you-all be aware that we are currently working on another initiative that has -- for no-shows in particular. That project has already been started, it's underway. We were hoping it would be completed by January 1st. However, it's -- it's not complete. Like most IT projects, it's taking a little time to develop. But basically, that project is going to be a tool for you-all to be able to go online and to be able to pull up any specific

1 provider type and look at the no-shows for
2 the provider type based on year; can break
3 it down by month. You can pull up the
4 reason why, if there was a reason listed
5 for the no-show. And, you know, that's a
6 tool that we've just created -- or in the
7 process of creating that hopefully is going
8 to help, not only you-all, but will help us
9 as we try to continue to solve this no-show
10 issue. But we will definitely check on
11 that numbers issue and see if there is
12 anything that's not correct about it.

13 DR. COMPTON: My point being, I think the
14 problem is a lot worse than maybe DMS
15 realizes. It's -- it's an issue, at least
16 in our practice. Thank you.

17 DR. BURCHETT: Thank you, Steve. Any other
18 discussion from any of the other TAC
19 members on that before we move on?

20 Okay. Hearing none, the next item is
21 the update. Any updates from DMS on being
22 able to electronically send our license
23 renewals to the -- from the Board of
24 Examiners to DMS?

25 MR. DEARINGER: Justin Dearing again.

1 Unless anybody else has --
2 MS. DUDINSKIE: Justin?
3 MR. DEARINGER: Yeah, go ahead.
4 MS. DUDINSKIE: It's Jennifer. I have a
5 little bit of an update on that, because my
6 team had been working on that for some
7 time.
8 DR. BURCHETT: Yeah.
9 MS. DUDINSKIE: And we thought we had it
10 worked out. And then when we got the file
11 transfer this past month, that -- we knew
12 it wasn't correct. So we've taken a step
13 back. We've recontacted them. We are
14 still working on it. But whatever file
15 that they sent to us, just -- it was not
16 correct, so it is still a work in progress.
17 DR. BURCHETT: Okay. Thank you for that.
18 Any thoughts or updates on timeframes of
19 trying to upload another file to them or
20 anything like that?
21 MS. DUDINSKIE: I need to check with my
22 staff on that. I apologize, I don't have a
23 date. But I will say if anybody on the TAC
24 can help support us in any way with the
25 Board, it might help a little bit to get a

1 nudge from you-all. They're responsive,
2 but they are a little bit slow to respond
3 to us.

4 DR. BURCHETT: Okay.

5 MS. DUDINSKIE: And so, you know, if we --
6 if there is anybody that has any influence
7 in that way, we would greatly appreciate
8 the help from you-all.

9 DR. BURCHETT: And if we did --

10 MS. DUDINSKIE: This is --

11 DR. BURCHETT: I was going to say if we
12 did, who should they get in touch with,
13 with you-all?

14 MS. DUDINSKIE: Best contact will be Sapna
15 Sairajeev. I'll put her information in the
16 chat since that might be a little
17 challenging to spell.

18 DR. BURCHETT: Oh, come on now. That's
19 fine, yes.

20 MS. DUDINSKIE: Certainly.

21 DR. BURCHETT: I guess moving on to the
22 next -- thank you. I just saw that pop up
23 in the chat.

24 Moving on to the next is, there was a
25 question that arose from a couple of

1 optometrists across the state. And we all
2 are supposed to abide by -- I think we
3 established that numerous times with the TAC
4 talking with DMS, but we're supposed to
5 abide by the fee schedule; correct? And if
6 there's a service that says it's covered on
7 the fee schedule, then is it right if one of
8 the MCOs or their vision providers reimburse
9 that at a zero-dollar amount?

10 MS. PARKER: I think we need an example. I
11 mean, provide us an example so that we
12 could look at it. I mean, do you have a
13 specific code or...

14 DR. BURCHETT: I think we probably could
15 find one. But just in general, you know,
16 say it was a 92014 and we bill it and it's
17 on the fee schedule and they come back and
18 say that their reimbursement is zero for
19 that code or -- I don't have -- I don't
20 have the actual codes off the top of my
21 head for that example. I could probably
22 look it up, but that would take a second.

23 MS. PARKER: It may be related to your
24 contract with them. I mean, I think it
25 depends on your contract with them if that

1 particular code would not be payable.

2 DR. BURCHETT: So then what you're saying

3 is, even if it's on the fee schedule as a

4 covered service, if the contract that was

5 signed with the vision provider or the MCO,

6 whichever in this case, if they had a

7 zero-dollar amount for a code number that

8 was a covered service, then that's a valid

9 contract with them.

10 MS. PARKER: Well, you ask a very good

11 question regarding that. Obviously, they

12 are to cover medically necessary

13 services --

14 DR. BURCHETT: Which I -- which I assume

15 are the services on the fee schedule that

16 have been deemed coverable.

17 MS. PARKER: Well, they are if they are

18 medically necessary. I mean, I don't know

19 if this particular code that you are

20 talking about that -- I don't know if

21 it's -- if you are just doing an in general

22 question versus a specific code that you

23 have, an MCO, I think that would be

24 helpful. But, in general, they are to

25 cover medically necessary services on the

1 fee schedule -- that are on the fee
2 schedule. They can't cover something that
3 is not unless it's a value add.

4 DR. BURCHETT: Sure. Yeah, and -- yeah,
5 and we --

6 MR. DEARINGER: And something -- something
7 else to think about --

8 DR. BURCHETT: -- understand that.

9 MR. DEARINGER: I think we've had that
10 question a lot. Something else to think
11 about is the MCOs are required to provide
12 those services for their -- you know, for
13 individuals. So if -- you know, but it
14 doesn't have to -- every provider doesn't
15 have to provide every service. So a lot of
16 MCOs will have contracts with different
17 providers that may exclude certain things
18 because they -- for whatever reason, if
19 that makes sense. So each contract can be
20 different as long as they are provided
21 somehow, somewhere, then they are still
22 meeting that requirement. So there are a
23 lot of detail -- you'd have to maybe send
24 an example, you know, offline to somebody,
25 one of the MCOs specialists that you are

1 concerned about, that works with that MCO.
2 And they would have to look at your
3 contract and look at that specific instance
4 and that code to kind of see, you know,
5 whether they were -- whether there's an
6 issue or not.

7 DR. MUNSON: So Justin, this is Dr. Munson.
8 I'm driving. Am I clear enough for you to
9 understand me?

10 MR. DEARINGER: Yes, ma'am.

11 DR. MUNSON: Okay. So the question is, if
12 it is a covered service on the Medicaid fee
13 schedule, so the current schedule of
14 medically necessary covered services, is
15 that something that can be reimbursed at a
16 zero-dollar rate, or is that something that
17 has to be covered and reimbursed at
18 something that is not a zero-dollar rate.

19 MR. DEARINGER: Again, I think it's -- you
20 know, the question is a little -- they have
21 to -- it has to be covered through -- by
22 the MCO somehow, somewhere. It doesn't --

23 DR. MUNSON: Okay. Yeah, so we --

24 MR. DEARINGER: -- every single provider
25 that they use as a provider for vision.

1 DR. MUNSON: So that's not what I'm asking.
2 The zero-dollar rate, is what I'm asking.
3 So if it is a covered service, like Matt's
4 example, are they allowed to say a 92014,
5 yes, we cover it, but the reimbursement is
6 zero dollars. Is that still considered
7 covered when there is a zero-dollar
8 reimbursement?

9 MR. DEARINGER: Generally, no, but, again,
10 it depends on the contract. So, for
11 instance, if they had a contract with a --
12 you know, if they contracted with ten
13 different vision providers and they covered
14 that service through one provider and they
15 pay that service at whatever that -- you
16 know, there was a paid amount for that
17 service, but the other nine providers, they
18 paid zero on that service, they would still
19 have that service covered, because whenever
20 it was medically necessary they could send
21 those individuals to that one provider.
22 I'm not saying that's the case. I'm saying
23 that's one of many possibilities.

24 DR. MUNSON: And what's the coverage area?
25 Is it as the crow flies?

1 MR. DEARINGER: Well, I mean, again,
2 there's specifics; right? It's something
3 that we -- you would have to send us a
4 specific instance off line or per e-mail
5 and we would -- it would be something the
6 MCO branch would have to look at.

7 MS. UNGER: Hi, this is Sarah with the
8 Kentucky Optometric Association. Angie, I
9 sent an e-mail on January 23rd with the
10 information as an example, if you want to
11 take a look at that. And I can resend it
12 if needed.

13 MS. PARKER: Okay. Thanks, Sarah.

14 DR. BURCHETT: Well, let's move forward
15 from that a little bit then in this train
16 of thought. So say it is a covered service
17 and say it's a medically necessary covered
18 service, as we've said, and they are
19 providing it at a zero-dollar co- -- or not
20 copay, but zero-dollar reimbursement. And
21 if that is established as not the right
22 thing for them to be doing, how would an
23 optometrist go about reporting this? Who
24 would we report that to?

25 MR. DEARINGER: Angie, do you know the --

1 there's a complaint line or number.
2 MS. PARKER: Yes. Jeremy
3 Armstrong-Derossitt is the branch manager
4 over the Contract Compliance. And there is
5 a link on our website that you can fill out
6 a complaint form, but you can also just
7 e-mail him directly. And, you know, Sarah
8 has my contact information, too. And I'm
9 always happy to assist when I can. I'm
10 looking at this e-mail right now and,
11 Justin, I'm sending it your way to kind of
12 take a look at this.

13 DR. BURCHETT: So if --

14 MS. PARKER: I'm not a code -- I don't --
15 so we will need to look at this. We have
16 an example for that.

17 DR. BURCHETT: So then moving a step
18 forward, if they are in violation because
19 it is supposed to be paid at a certain
20 dollar amount -- and I understand dollar
21 amounts can be negotiated between providers
22 and -- and the MCOs, but it's some dollar
23 amount, but they are trying to pay it at
24 zero amount. If that's found in violation,
25 does that make their contract with the

1 provider invalid then?

2 MR. DEARINGER: That's something that we
3 would have to discuss. You know, if we
4 find that to be the case, that's something
5 we have to discuss between the provider and
6 the -- and the contract branch.

7 DR. BURCHETT: Okay. Then taking that a
8 step further, would that make the MCO's
9 contract with the State invalid because
10 they were providing -- or trying to provide
11 zero-dollar reimbursements for covered
12 services?

13 MR. DEARINGER: (Inaudible).

14 DR. BURCHETT: You said it would not?

15 MR. DEARINGER: Again, I think it's
16 something we have to look at on a
17 case-by-case basis, you know, kind of
18 general questions we'd have to discuss and
19 talk about to see if that -- if that is
20 something that has occurred --

21 DR. BURCHETT: Sure.

22 MR. DEARINGER: -- but, you know, I think
23 what you're asking overall maybe is -- and
24 so I can't give you any general statements
25 about anything you said really. The only

1 general statement I can say is that an MCO
2 is required through their contract with us
3 to be able to cover all the services that
4 are listed on our fee schedule using
5 whatever providers they have in their
6 network. And they cannot reimburse --
7 something's not covered if it's reimbursed
8 at a zero. That's not considered covered.
9 DR. BURCHETT: Okay.
10 MR. DEARINGER: However -- so I can say
11 that, but, again, they can use different
12 providers. They can have different plans
13 for different procedures. You know, we can
14 get deep into the weeds there about how far
15 somebody has to travel before they -- to
16 get certain procedures that they may cover
17 with one provider versus another provider.
18 DR. BURCHETT: Well, let me give you
19 this --
20 MR. DEARINGER: They may -- prior
21 authorization.
22 DR. BURCHETT: Right. So let me give you
23 this --
24 MR. DEARINGER: So we have to look at --
25 you know, we have to look at kind of a

1 case-by-case. But overall, in general,
2 they have to cover it somehow, someway, not
3 a zero-dollar amount. So, again, we will
4 look at those examples and see.

5 DR. BURCHETT: Sure. So let's think about
6 this and maybe you can answer this, maybe
7 you can't right off, but -- so say somebody
8 comes to me and buys glasses and that's
9 covered under their -- or my contract with
10 them for me to provide glasses to them, but
11 they say that they are not going to pay.
12 It's a zero-dollar reimbursement for the
13 dispensing of the glasses to me under my
14 contract. So would they have to provide
15 somewhere, somebody can dispense the
16 glasses to them and be reimbursed? And if
17 so, then what's the logic there for them to
18 get glasses from me, but somebody else has
19 to dispense them to them to get reimbursed
20 for it?

21 MR. DEARINGER: I'm not sure. I'll have to
22 kind of look into that. I can't answer
23 right off the top of my head.

24 DR. BURCHETT: No, and that's fine. And we
25 can revisit this later. If you-all want to

1 look at the example sent to you and we can
2 come back to it next meeting --
3 MR. DEARINGER: Yeah, we can --
4 DR. BURCHETT: -- if we need to.
5 MR. DEARINGER: Let us do a little research
6 and let us look at it. I think we have an
7 e-mail that -- yes, some e-mail examples
8 that we can look at and do some research
9 on.
10 DR. BURCHETT: Sure. I appreciate it.
11 MS. PARKER: This is related to the
12 dispensing fee and this one particular
13 provider whose contract allowed that. So I
14 understand that your overall question is,
15 are they allowed to do that via contract;
16 correct?
17 DR. BURCHETT: To provide the zero-dollar
18 reimbursement, yes.
19 MS. PARKER: Yeah, right.
20 DR. BURCHETT: Yes.
21 MS. PARKER: Thank you.
22 MS. SHEETS: Please also note in a
23 follow-up e-mail out to the TAC per this
24 meeting, we will include that complaint
25 e-mail where you can send those complaints

1 to as well, so that you will have that for
2 your records.

3 DR. BURCHETT: Yes.

4 DR. COMPTON: Matt, I've been reading the
5 August minutes. We've had discussions
6 about this as far back as -- at least as
7 far back as August --

8 DR. BURCHETT: Yeah.

9 DR. COMPTON: -- and we haven't got an
10 answer yet.

11 DR. BURCHETT: That's why we are keeping it
12 on the front burner, Steve.

13 DR. COMPTON: You and me.

14 DR. BURCHETT: Okay. Well, thank you for
15 that. Hopefully, we will have maybe some
16 clarity with it on the next meeting. I
17 appreciate your-all's efforts there.

18 The next one, just a question to March
19 Vision. Was there any updates or changes to
20 billing refractions that are medically
21 necessary?

22 MS. KITCHEN: This is Kelly Kitchen. I
23 actually looked into that in the past when
24 we spoke about refractions and DMS does not
25 currently have any limitations on billing

1 for refractions. I'm not sure if that's
2 coming from the MCOs on a limitation or if
3 you are seeing that through the fee for
4 service.

5 DR. BURCHETT: I think the question is more
6 on, we were asking if March would consider
7 covering refraction when medically
8 necessary, because currently they don't pay
9 any refractions.

10 MS. KITCHEN: You are saying that fee for
11 service doesn't or no one does at all right
12 now?

13 DR. BURCHETT: I'm saying that everybody
14 but March Vision pays for refractions when
15 medically necessary.

16 MS. PARKER: March Vision with United. Is
17 anyone from March Vision and/or United on
18 the call that can address this, please?

19 MS. RITCHEY: Good afternoon. This is Ann
20 Ritchey with March Vision Care. I believe
21 Dr. Edmonds was planning to be on the call.
22 I'm not certain if he was, but I know he
23 provided some guidance at the last meeting
24 regarding refractions that were medically
25 necessary. And I'm not a clinician, but I

1 believe the discussion was around when
2 those refractions were done outside of the
3 member's, you know, kind of routine or
4 annual exam. And, Dr. Edmonds, I don't
5 know if you have kind of any detail or were
6 needing some examples on those?

7 DR. EDMONDS: Yeah, we've taken a look at
8 what the contract is and I wasn't sure what
9 the update was. So there -- it depends on
10 how the contracts were. Generally
11 speaking, refractions is a timed benefit
12 available only once a year. It has not
13 been paid for on interim outside of the
14 annual amount. But if it is spelled out in
15 the contract that it's paid as needed, when
16 medically indicated, then we would pay it.
17 We were going to do some contract research
18 to see how that's -- how that's stated,
19 because it does vary from state to state.
20 Generally speaking, you know -- not
21 speaking Kentucky, but speaking nationwide,
22 it is a timed benefit. It's only paid as
23 part of that annual exam and not paid --
24 but time -- if it's a -- considered a
25 non-covered service, the time spent doing

1 the refraction would count as medical care
2 and could be billed just -- you know, most
3 medical care is billed based on time. You
4 know, you would move it to a different
5 level, if indeed you spent that time doing
6 medical care that wasn't covered. If it's
7 covered, just like fields and OCTs, the
8 time, you -- when you bill those codes, you
9 can't bill that time you spend on
10 interpreting or doing an OCT or a field,
11 because that's paid separately. But if
12 it's not paid separately, then you can bill
13 that time. So that's my understanding.

14 But if they have specific language in
15 Kentucky that said, paid as needed, then we
16 would pay as needed. I haven't gotten an
17 answer back from legal on how that's worded
18 for the state of Kentucky. So just want to
19 be compliant with whatever their regs are
20 based on the wording of the benefit.

21 MS. RITCHEY: Right. It's Ann, again.
22 Scott, thanks for the update. I can work
23 with you then to make sure we get some
24 feedback and an update from legal, so we
25 can close that issue. So thanks for the

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reminder on that.

DR. BURCHETT: Any question from any of the TAC members on that?

Hearing none, then thank you for the update. I'll be interested to hear what your final verdict is on that hopefully before the next TAC meeting.

Okay. So the next, I guess, looks like, if I'm not mistaken, deals with most of the stuff we talked about in the special-called meeting. And I'll turn this over to DMS, if they just want to go down each one of these follow-up questions and give us any kind of answers they can there, if that's okay with you-all.

MS. KITCHEN: This is Kelly Kitchen. So for the first question, has DMS approved the new enhanced benefits? That has not been approved by CMS yet, so we are still pending a response. And as far as how optometrists are supposed to be handling the billing of adult glasses, children/adult contacts with the new enhanced benefits right now, currently everything is paying based on the 2022 fee

1 schedule until we get the approval from
2 CMS. Anything that is approved for 2023
3 will be backdated and there will be mass
4 adjustments to claims that they have been
5 billed with any codes that are on the new
6 fee schedule and approved by CMS. Will the
7 MCOs be giving optometrists and providers
8 30-days notice on the changes? I believe
9 that's contractual.

10 DR. BURCHETT: And so if they are supposed
11 to give a 30-day notice, then we should
12 expect that as soon as CMS approves and
13 you-all pass that along to us; right?

14 MS. PARKER: Correct.

15 DR. BURCHETT: Okay. Any discussion --

16 DR. UPCHURCH: I have a question, Matt.

17 DR. BURCHETT: Yes, I was getting ready to
18 ask, any discussion here?

19 DR. UPCHURCH: So this is DMS's
20 suggestions, that CMS has not approved
21 this. We have patients coming into our
22 office wanting these benefits now. If we
23 go ahead and provide these benefits and for
24 some reason CMS does not approve them, so
25 are we just going to lose what we've

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invested?

MR. DEARINGER: I don't know -- this is Justin Dearing. We have had this happen several times, at least even since I've been here. I haven't been here that long, but it's -- we have never had an issue where -- where CMS didn't approve or didn't at least approve us to, you know, make payment. So I think, you know, we have to kind of -- and I understand what you're asking, but I don't think that's -- I don't think that that's ever happened that I know of. I don't think it's ever happened when we looked back and say -- in the history of what people have been here have known. So I don't think that's something that we have ever encountered. So I don't know if I can ask your question fully since none of us have ever experienced that.

As you-all know, or may not know, in the administrative regulation world, this happens a lot where an administrative -- where something has changed in policy, we have to operate out of a certain way based on time frames and system and then -- you

1 know, but it takes an administrative
2 regulation a year to change. And so
3 legally, you know, it might not be fully,
4 you know, in operation for 12 months, but we
5 may have to start something within six
6 months. So that's just kind of how this
7 process has went. Sometimes, like
8 regulations, CMS is a little slow. That's,
9 I guess, my response to that question.

10 DR. UPCHURCH: Well, having said that,
11 Justin, so if we go ahead and start
12 providing these services right away, is
13 Kentucky DMS going to start paying us for
14 those services right away or are we going
15 to wait to see if CMS approves them before
16 they pay them?

17 MR. DEARINGER: Those services will be
18 reimbursed as soon as CMS approves. They
19 wouldn't be paid now. They would be
20 reimbursed when CMS gives approval.

21 DR. UPCHURCH: And you said that could take
22 six months, could take a year?

23 MR. DEARINGER: No, no, no. I was using as
24 an example the administrative regulation
25 process. We don't anticipate -- you know,

1 I don't have an approximate date. I
2 wouldn't anticipate it to be very much
3 longer at all, but I don't -- you know, I
4 can't -- I can't tell you. That six months
5 to a year was just talking about sometimes
6 we have to implement policy before a
7 regulation is finalized. In a similar way,
8 sometimes we have to implement fee
9 schedules before CMS gives final approval.
10 It was just an example comparison. But I
11 don't anticipate it to be, you know,
12 anywhere near that kind of time frame.

13 DR. BURCHETT: So do you-all have any
14 mechanism in place to reimburse doctors
15 that have gone ahead and started doing this
16 if CMS says no to all or any of the
17 benefits that you-all proposed?

18 MR. DEARINGER: Again, that is something
19 that has never happened. I mean, that
20 would have to be a bridge we would have to
21 cross and figure out, you know, as -- you
22 know, DMS has never -- that I can remember,
23 and maybe you-all have some examples where
24 we left providers hanging financially. So
25 I don't -- I don't think it would -- you

1 know, but I can't give you any kind of
2 definite answers. It's never happened.
3 That's just kind of how -- it's kind of how
4 things are done -- I don't know -- with fee
5 schedule.

6 DR. BURCHETT: Well, sure.

7 MR. DEARINGER: We don't get asked that
8 question a lot, but --

9 DR. BURCHETT: Well, you know, it's -- I
10 can speak -- I can speak for myself. I
11 don't know about any of the other providers
12 across the state, but I don't get the warm
13 and fuzzies to provide services knowing
14 that they may or may not be reimbursed to
15 me.

16 MR. DEARINGER: I understand that. I get
17 it.

18 MS. BICKERS: Dr. Burchett, this is Erin
19 with DMS. And sorry to cut you off,
20 Justin. So Kelli Sheets and I are also the
21 SPA coordinators. Just a little bit of
22 feedback -- DMS is working with us to try
23 to make sure all the language is as it
24 should be so that everything that we want
25 to cover is covered under what federal

1 regulation, law allows. And so that's just
2 within -- there's a lot of questions back
3 and forth, and that's the only reason I --
4 I believe, since I've been doing this, that
5 they haven't been able to move forward,
6 just to make sure that they are
7 understanding what we are trying to do, and
8 ever -- and my learning, training history
9 at SPA has never been rejected. They try
10 very, very hard to work with us. Now, as
11 far as the billing aspect goes, that's a
12 little out of my wheelhouse. But that's
13 just a little bit of background about the
14 SPA process. There has just been a lot of
15 questions going back and forth, because we
16 had not altered these services in a year.
17 So they are just trying to make they are
18 understanding what we want to do, how we
19 want to do it. And we just recently got
20 some more questions that we answered, so
21 we're -- we are working very diligently
22 with DMS to get this approved as quickly as
23 possible.

24 DR. BURCHETT: Sure.

25 MR. DEARINGER: We're the government. Just

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trust us.

DR. UPCHURCH: That's what we're afraid of.

DR. BURCHETT: That don't make me feel good. Sorry.

Anyway, going back to the first bullet point there, you-all have any response to the letter that the TAC sent you with recommendations from our meeting we had in December? And, if so, were there any changes that you-all decided to make from those recommendations?

MS. KITCHEN: At this time we are going to keep the B Schedule as we have it until we get through the approval process with CMS, get the regulations updated and get the system changes put in. Once that has happened, then we may come back and revisit those requests for changes. But until the actual CMS approval happens and policy or the regulation gets updated, we are going to keep everything as is, and then we will come back and rereview to make any additions that's been requested.

DR. BURCHETT: Okay.

MR. DEARINGER: And this is Justin again.

1 We do have that -- those recommendations.
2 Some of those are very good. And, you
3 know, when we talk to all the different
4 provider types that had this expanded
5 coverage -- this is the first time we've
6 ever done anything like this and, you know,
7 we have changed those fee schedules I don't
8 know how many times up until about the time
9 that it was CMS. And that's another reason
10 why it's taken so long. We made a lot of
11 adjustments to the fee schedule based on
12 stakeholder feedback there at the very end,
13 because we realized we missed some
14 stakeholder groups and there were some
15 other groups we wanted feedback from. And
16 so we made a lot of changes deep into, you
17 know, when we should have already had these
18 things posted. So a lot of that is on us
19 for not including, you know, all the
20 stakeholders that needed to be included and
21 having such a time crunch. But we are --
22 as always, we have those suggestions. And,
23 you know, being a new expansion like that
24 there are going to be a lot of changes to
25 that fee schedule -- not changes, but

1 improvements, not from us, from you-all,
2 from stakeholder input and feedback. So we
3 will make those throughout the year. And
4 whether we do a -- you know, a special June
5 or July change to the fee schedule or
6 whether we wait until January 1st, 2024 fee
7 schedule, we are definitely going to make
8 some changes and a lot of that's going to
9 come from input that you-all provided. So
10 I thank you very much for that.

11 But at some point we had to stop
12 and -- with CMS and say, this is it, this is
13 where we are at for now, in order to get
14 this thing moving.

15 DR. BURCHETT: Okay. Thanks for that
16 input. Any other discussion on any of that
17 from other TAC members?

18 DR. UPCHURCH: I guess my question, Matt,
19 too, for that would be for the MCOs. Is it
20 going to be the same situation where -- are
21 they going to start paying for these new
22 enhancements right now or is that also
23 going to be held back until all this is
24 approved and then the 30-day notification?
25 So where are we sort of at with the MCOs?

1 MR. RANDALL: Hi, this is Jeremy Randall
2 with Anthem. I want to assure you that we
3 are paying for these currently and ready to
4 receive claims and process them.

5 MS. ALLEN: Hello, Dr. Upchurch. This is
6 Nicole with Avesis. The Avesis
7 administered plans are also configured and
8 are paying at the DMS released fee
9 schedule.

10 DR. UPCHURCH: I appreciate that, Nicole.
11 I knew that yours was. I didn't know about
12 any of the others. Jeremy, I appreciate
13 that input on yours.

14 What about the March and --

15 MS. RITCHEY: Yeah. Good afternoon. This
16 is Ann again at March Vision Care. We are
17 in the proses of finishing up our
18 configuration, so we should be set to pay
19 those, I would say, by early next week.

20 DR. UPCHURCH: And will you-all have grids
21 for different -- the different MCOs as to
22 what their reimbursements and things are
23 that will either come out to us or be on
24 your website?

25 MS. RITCHEY: For March Vision Care, I

1 believe it will -- you know, the
2 reimbursement to the providers will be
3 based upon the contract that those
4 providers have with March and the Medicaid
5 fee schedule that was published. So I
6 don't know that there's going to be
7 anything additional that will be published
8 on our website, but I'll certainly be happy
9 to confirm that.

10 DR. UPCHURCH: Okay.

11 DR. BURCHETT: Any other questions on that,
12 clarifications? (No response.)

13 Okay. Thank you to the Department
14 for -- thanks for that clarification from
15 DMS. I am going to move on to the new
16 business portion. And I think this is
17 something Steve brought to our attention, so
18 I'm going to turn it over to Steve to
19 discuss this one.

20 DR. COMPTON: Yes. We have an issue -- or
21 had an issue. I thought I had it. Here it
22 is in my hand. Cindy is in here, but she
23 said please don't make me talk. Anyway, we
24 had a recoupment on a patient that we went
25 back and looked. And on the DMS website,

1 the patient is eligible on the date of
2 service, and on the vision subcontractor
3 website it said they are eligible and we
4 saw the patient and we got paid. And then
5 some point later -- I don't even remember
6 who -- they recouped the money, so, you
7 know, then what do you do? You looked
8 everywhere you could look. It says they
9 are eligible and then you provide the
10 service, and then they take their money
11 back.

12 MR. DEARINGER: Can you send me an e-mail
13 with all that information? We have had a
14 couple of cases like that. We are trying
15 to track down exactly why this --

16 DR. COMPTON: Okay. I've sent it --

17 MR. DEARINGER: -- I think --

18 DR. COMPTON: I think you've got it, right,
19 Sarah Unger?

20 MS. BEVINGTON: This is Dinah. Sarah's
21 audio is not working, so we are in the same
22 office and she told me to tell you, yes,
23 she has got it and she will send that on.

24 DR. COMPTON: Okay.

25 MR. DEARINGER: Yeah, we'll -- we'll --

1 and, again, we are aware that it's -- it's
2 not happening a lot, but it is happening
3 and we are going to get that taken care of.
4 I think we've got it kind of narrowed down,
5 but any extra cases I can get to look at
6 helps us to make sure that it's only
7 happening in certain instances and -- but
8 we are aware of that and we'll take care of
9 that.

10 DR. COMPTON: And they will forward that to
11 you. It was Humana and Avesis. I guess an
12 FYI thing. All right. Thank you.

13 DR. BURCHETT: Any other questions or
14 discussion there? I think it sounds like
15 we got that one figured out a little bit.
16 We will get that information in there,
17 Steve, and see what we come up with.

18 Going back, I've got just a -- to the
19 previous No. 4. We were talking with the
20 Department on some of the stuff that was
21 sent to CMS. I just had a follow-up. I've
22 been trying to run it around in my head here
23 for just a second, but -- so say if CMS
24 improves the enhancement to the plans for
25 the patients. And the Department, like you

1 said, currently, you don't think you will
2 change anything on the fee schedule. You
3 said you thought that would stay the same
4 for now. As a provider, what happens
5 between myself and the patients if I don't
6 feel comfortable giving them one soft
7 contact lens for a year to wear, then am I
8 in violation of my agreement, my contract
9 with any of the MCOs that are providing
10 that, or to the Department for fee for
11 service if I don't decide to do that yearly
12 contact?

13 MS. KITCHEN: You are not. And, actually,
14 I think we spoke on this before was, the
15 items that are on the fee schedule are
16 items that DMS will pay for. If you
17 provide that service to a member, that they
18 are not services that DMS says you have to
19 provide these services to that member. It
20 is an option based on medical necessity and
21 what the provider feels that particular
22 patient may need, may or may not work for
23 them or that patient may need.

24 DR. BURCHETT: Okay. So then if we don't
25 feel comfortable doing that, then it's a

1 service that we can just say we don't
2 provide, basically?

3 MS. KITCHEN: Yes, that is correct.

4 DR. BURCHETT: Okay. What about the MCOs?
5 Would that be the same through the MCOs?

6 MS. ALLEN: Hello, Dr. Burchett. This is
7 Nicole with Avesis. Yes, that is true.

8 MR. RANDALL: This is Jeremy with Anthem.
9 Yes.

10 MS. HUGHES: Kimberly with Passport. Yes.

11 DR. BURCHETT: Okay. Well, I guess that
12 answers that for us then. I appreciate the
13 clarification, again. I thought we talked
14 about that stuff, but I just wanted to make
15 sure that I understood it the right way.
16 Thank you-all.

17 Moving on, next is a general
18 discussion topic and I've got something to
19 throw out to the TAC on this. And some of
20 it stems from, I think, what Steve had
21 talked about, that the MAC had come, talked
22 about maybe a little bit from time to time.
23 But would there be any -- this is a question
24 really for the Department to start with. Is
25 there any possibilities for us to increase

1 reimbursement for codes that we provide
2 service for that would improve the quality
3 of the outcomes for the patients? Maybe not
4 all fees, because I know some fees won't
5 make a lot of difference in the quality of
6 outcomes that happened and the exam that we
7 give, but there's some testings that we can
8 do and things like that, that if we have
9 that information, then maybe we can provide
10 a better outcome for that particular
11 patient. Would there be any thought about
12 looking at a fee increase for some things
13 like that, that we might be able to provide
14 you a list of those codes?

15 MR. DEARINGER: Yeah, absolutely. This is
16 Justin again. We are always open for
17 providers to send us code or codes that
18 they feel like are underpaid or not
19 utilized because payment is too low. And
20 what we do with those codes is we will
21 research those. We will look at the
22 Medicare rate, if there is one. And if
23 there is not one, we will look at other
24 states and see what they are paying, all
25 the surrounding states. And then we will

1 come up with a report and announce report
2 comparing and contrasting. And then we
3 will go look at our budget and see what we
4 got, you know, there. So it's a
5 multi-stage process, but we are constantly
6 doing that with all provider types with the
7 variety of codes. So we always encourage
8 providers if you see some codes that you
9 feel like, you know, are not paid enough
10 or -- to be used or, you know, those codes
11 aren't used because the payment is too low,
12 then send us those and we will research
13 those. And, you know, we always get back
14 to you and let you know, you know, if
15 there's something we can do or not. Or if
16 the research shows that those need to be
17 upgraded or not and, you know, we are
18 always doing that. So absolutely send
19 us -- send us those codes.

20 MS. PARKER: Dr. Burchett, are you talking
21 maybe about value based-contracting as it
22 relates to quality as well?

23 DR. BURCHETT: Possibly. I haven't really
24 dug really deep into it. Just thinking
25 about some of the things we do in office

1 that maybe if we were reimbursed more, we
2 could start to utilize better. Like he was
3 saying, under-utilized codes because the
4 reimbursement is so low --

5 MS. PARKER: Okay.

6 DR. BURCHETT: -- that we could improve
7 outcomes for some population. But now, no,
8 we are open to looking at anything just
9 about.

10 MS. PARKER: Well, I mean, the value-based
11 contracting would be through the MCOs
12 subcontractor or contractor or whoever
13 provides the optometric provider network
14 and who you contract with those, that that
15 could be something you could have a
16 discussion with them about contracting for
17 value-based programs.

18 DR. BURCHETT: Sure. Sure. Thank you.

19 So then if the Department is up for
20 that, I'd say the TAC will put together a
21 list of those codes and send over to you,
22 much like we did with the information on the
23 fee schedule stuff from the last meeting, if
24 that's okay.

25 MR. DEARINGER: Yes, sir. Thank you.

1 DR. COMPTON: Matt, I have a question.
2 This is Steve Compton.
3 DR. BURCHETT: Yes.
4 DR. COMPTON: For my clarification, at the
5 MAC meeting, I think it was stated that the
6 MCOs by contract have to spend 90 percent
7 of their income on patient care and -- I'm
8 paraphrasing here -- and the other
9 10 percent is on administrative costs for
10 them to administer their program. My
11 question is, are all these value-added
12 services, like laptops and phones and
13 electric toothbrushes and what have you, is
14 that part of that 90 percent? Is that --
15 is that considered 90 percent that they
16 have to spend or is that coming out of the
17 10 percent administrative portion? And I
18 may have misunderstood what was said at the
19 MAC meeting as well.
20 MR. DEARINGER: Angie, do you know the
21 answer to that?
22 MR. OWEN: Well, this is Stuart --
23 MS. PARKER: Well, I started talking
24 before, but go ahead, Stuart. You can
25 probably answer a lot clearer than me.

1 MR. OWEN: Well, I was going to say -- this
2 is Stuart Owen -- I'm 99 percent certain
3 that it comes out of the 10 percent, not
4 the 90 percent for healthcare. It's extra
5 from the MCO, that 10 percent, not from
6 what's paid for member benefits, the
7 90 percent.

8 DR. COMPTON: Thank you.

9 MS. PARKER: Yeah, because the 90 percent
10 and the 10 percent, it's a medical loss
11 ratio that they have to meet and -- where
12 that administrative versus healthcare
13 dollar. So I'm with Stuart as the
14 99 percent -- as it falls in the
15 administrative as well.

16 DR. COMPTON: All right. Thank you.

17 MS. PARKER: But if not, I'll definitely
18 let Erin or Kelli know and they can pass
19 that along.

20 DR. COMPTON: Okay. Thank you.

21 DR. BURCHETT: Thank you for that
22 clarification, Everyone. Steve, that's a
23 good question. I didn't know the answer to
24 it either.

25 So any more from any of the other TAC

1 members on the general discussion? Any
2 other general things we want to talk about
3 or have on your minds?

4 DR. COMPTON: No, but what Justin said is
5 encouraging to me, to at least look at it.

6 DR. BURCHETT: Yes.

7 DR. COMPTON: Yeah. That's a whole lot
8 better than no.

9 DR. BURCHETT: Right. Well, hearing no
10 others there, I'm going to move on to
11 No. 7. And I would like to go ahead and
12 make a motion that the TAC send the
13 recommendations that we sent to the
14 Department on 12/28/22 to the MAC as a
15 recommendation from the TAC.

16 DR. COMPTON: I concur with that, Matt, if
17 you need a second.

18 DR. BURCHETT: That's what we are looking
19 for.

20 Any other discussion on that from the
21 TAC members?

22 Hearing none, then I will take a vote
23 on a the motion for us to send those
24 recommendations to the MAC from the TAC.
25 All in favor?

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DR. UPCHURCH: Aye.

DR. COMPTON: Aye.

DR. MUNSON: Aye.

DR. BURCHETT: Any opposed?

Hearing none, then we will put that together in the form of a recommendation to send on to the MAC for their next meeting. I think that's in March, Dr. Compton?

DR. COMPTON: Yes. It will be a bit before we meet again. I'll have it ready.

DR. BURCHETT: Yeah.

DR. COMPTON: All right.

DR. BURCHETT: So, and that way maybe you can talk a little bit on it there as well, so...

DR. COMPTON: -- part of the public record, too, so...

DR. BURCHETT: Right. Appreciate it.

Any other business to discuss from the TAC?

We have got our next meeting dates there. I think it's May 4th, looks like. So, hopefully, we will hear back on some of these questions that we have talked about today to get some clarity and maybe put the

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issues to bed once and for all and -- that
would be good. Past that, I would entertain
the meeting to adjourn.

DR. UPCHURCH: Motion to adjourn.

DR. COMPTON: Second.

DR. BURCHETT: All in favor?

DR. COMPTON: Aye.

DR. UPCHURCH: Aye.

DR. MUNSON: Aye.

DR. BURCHETT: Thank you. Thank you,
Everyone.

* * * * *

THEREUPON, the 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, 2023.

IN TESTIMONY WHEREOF, I have hereunto set
my hand and seal of office on this the 16th day of
April 2022.

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

	4th [1] 48/22	announce [1] 43/1
DR. BURCHETT: [71]	5	annual [3] 24/4 24/14 24/23
DR. COMPTON: [33] 3/23 4/7 4/14 4/23 6/9 6/12 6/17 6/23 7/2 7/8 8/13 22/4 22/9 22/13 37/20 38/16 38/18 38/24 39/10 45/1 45/4 46/8 46/16 46/20 47/4 47/7 47/16 48/2 48/9 48/12 48/16 49/5 49/7	575 [1] 6/17	another [4] 7/16 9/19 19/17 34/9
DR. EDMONDS: [1] 24/7	9	answer [7] 20/6 20/22 22/10 25/17 45/21 45/25 46/23
DR. MUNSON: [8] 4/24 14/7 14/11 14/23 15/1 15/24 48/3 49/9	90 [1] 46/4	answered [1] 32/20
DR. UPCHURCH: [16] 3/25 4/6 4/16 4/22 27/16 27/19 29/10 29/21 33/2 35/18 36/10 36/20 37/10 48/1 49/4 49/8	90 percent [5] 45/6 45/14 45/15 46/7 46/9	answers [3] 26/14 31/2 41/12
MR. DEARINGER: [35] 7/11 8/25 9/3 13/6 13/9 14/10 14/19 14/24 15/9 16/1 16/25 18/2 18/13 18/15 18/22 19/10 19/20 19/24 20/21 21/3 21/5 28/2 29/17 29/23 30/18 31/7 31/16 32/25 33/25 38/12 38/17 38/25 42/15 44/25 45/20	92014 [2] 11/16 15/4	Anthem [2] 36/2 41/8
MR. OWEN: [2] 45/22 46/1	99 [1] 46/2	anticipate [3] 29/25 30/2 30/11
MR. RANDALL: [2] 36/1 41/8	99 percent [1] 46/14	any [46] 4/1 4/17 4/25 5/12 5/18 7/25 8/17 8/18 8/21 9/18 9/24 10/6 18/24 22/19 22/25 23/9 24/5 26/2 26/2 26/14 27/5 27/15 27/18 30/13 30/16 31/1 31/11 33/6 33/9 33/22 35/16 35/16 36/12 37/11 39/5 39/13 40/9 41/23 41/25 42/11 46/25 46/25 47/1 47/20 48/4 48/19
MS. ALLEN: [2] 36/5 41/6	A	anybody [3] 9/1 9/23 10/6
MS. BEVINGTON: [1] 38/20	abide [2] 11/2 11/5	anyone [1] 23/17
MS. BICKERS: [2] 3/19 31/18	able [7] 5/19 7/24 7/25 8/22 19/3 32/5 42/13	anything [8] 8/12 9/20 18/25 27/2 34/6 37/7 40/2 44/8
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MS. HUGHES: [1] 41/10	absolutely [2] 42/15 43/18	anywhere [1] 30/12
MS. KITCHEN: [10] 5/20 6/21 6/24 7/4 22/22 23/10 26/16 33/12 40/13 41/3	accurate [1] 50/9	apologize [3] 5/21 5/25 9/22
MS. PARKER: [18] 11/10 11/23 12/10 12/17 16/13 17/2 17/14 21/11 21/19 21/21 23/16 27/14 43/20 44/5 44/10 45/23 46/9 46/17	across [3] 5/18 11/1 31/12	appointments [4] 6/2 6/5 6/7 6/8
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