

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.

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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)

1 February 1, 2024

2 1:00 p.m.

3 * * * * *

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

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

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

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

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

17 DR. SAWYER: Yeah, can you hear me?

18 DR. BURCHETT: I can now.

19 DR. SAWYER: I second.

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

22 DR. COMPTON: Looks fine.

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

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

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

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

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

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

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

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

1 just started being able to, you know, bill
2 for -- let other provider types bill for
3 Community Health Workers starting in January
4 1st, and we've been working on this and
5 implementing this for a long time. We
6 originally started about two years ago doing
7 some research on the use of Community Health
8 Workers, what they were doing in other
9 states, how they were being used, what
10 services that we could utilize them for and,
11 you know, several intersecting conversations
12 went into place. We had a work group on
13 transportation and transportation issues.
14 We had another work group on no-shows and
15 no-show issues.

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

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

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

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

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

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

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

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

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

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

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

6 These are the billing codes for
7 Community Health Workers, or CPT codes.
8 There's three of them. The first CPT code
9 is for one patient. If you have a Community
10 Health Worker that's working with an
11 individual patient, it's in 30-minute
12 increments. That is the rate. And if they
13 are talking to two to four patients, it's a
14 different rate, and five to eight patients
15 is a different rate. So they are billed in
16 30-minute increments.

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

1 MCOs reimburse for CHWs, and they can
2 hire their own CHW. So there may be CHWs
3 working for the MCOs currently that they may
4 have. So that's just kind of a brief
5 overview of what they do. It's a really
6 quick synopsis. And as of right now in
7 2024, we have about 657 claims that have
8 been submitted up to this point, still in
9 the month of January. We have about 657
10 claims. Close to -- it's \$47,000 billed.
11 We have had claims from rural health
12 clinics, primary care, FQHCs. We have had
13 claims from physicians, physician groups,
14 hospitals and APRNs.

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

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

1 that needs an individual to meet with
2 someone, go through their care options,
3 their transportation options, you know, that
4 -- that's something that Community Health
5 Workers do. But they also can to meet with
6 someone and go through healthcare prevention
7 or, you know, in your all's case they could
8 meet with an individual and go through, you
9 know, the use of their glasses or contacts
10 and, you know, how to -- when to come in and
11 how to clean things, and how to work on
12 things, how to wear certain things. So
13 there's all kinds of different functions and
14 uses that Community Health Workers have.
15 But we started that, again, January 2024,
16 and some other provider types are using that
17 very successfully. So if you have any other
18 issues or questions, or thoughts, let me
19 know. Again, I know that was real brief.
20 DR. BURCHETT: Quick question then, because
21 we are looking at that for managing some of
22 our glaucoma and macular degeneration
23 patients, things like that. You talked
24 about the certifications. How do they
25 achieve those?

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

17 DR. BURCHETT: Okay. Thanks, Justin.

18 Any other questions?

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

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

25 MR. DEARINGER: Absolutely.

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

4 MR. DEARINGER: That is correct.

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

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

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

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

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

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

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

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

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

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

24 DR. BURCHETT: Yes.

25 MS. DOWNEY: I'm with the Department for

1 Medicaid Services. What kind of questions
2 do you have, or what would you like to --
3 what do you want to know about?
4 DR. BURCHETT: Steve, am I mistaken -- is
5 this one that you brought to us?
6 DR. COMPTON: I don't think so, other than
7 we heard about it from the MAC, about the
8 Community Health Workers. I was not aware
9 of any of these things. I guess the
10 questions are how do you use it; who do you
11 call?
12 MS. DOWNEY: There's a list that we have.
13 The entire state is broken down into
14 regions. There are 16 regions, and each
15 region has anywhere from one county up to,
16 you know, six, seven, eight counties,
17 depending on their sizes and the need in
18 each county. I can send Erin the list and
19 it tells you all the counties and who the
20 broker is, which is who they would call,
21 and then, of course, the brokers' phone
22 numbers. And there's an e-mail address,
23 too, but we suggest calling. But that --
24 go ahead.
25 DR. BURCHETT: That would be for the

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

1 Yes, sir.

2 DR. BURCHETT: Okay. Yeah, I was just

3 thinking, because I know there are several

4 that don't have phones for sure.

5 MS. DOWNEY: Gotcha. Yeah. No, you can do

6 that. Not a problem.

7 DR. BURCHETT: I guess the e-mail might

8 work for them, but I don't know if they

9 have e-mail either.

10 MS. DOWNEY: Right. Understood. But it

11 seems to -- I, myself, I do worry about

12 e-mail getting answered as quickly as, you

13 know, they might need it. So that's why I

14 always tell everyone to call.

15 DR. BURCHETT: Sure, sure. And that would

16 be for non-emergency transportation. Like,

17 I'm assuming what we mean by that is if

18 they are coming for their yearly exam,

19 things like that.

20 MS. DOWNEY: Yes, exactly.

21 DR. BURCHETT: Okay, yeah.

22 MR. DEARINGER: This is Justin Dearing.

23 I just want to reiterate this non-emergency

24 transportation is for everything that's not

25 ambulance related. So any kind of, you

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

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

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

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

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

24 DR. BURCHETT: Even same day?

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

1 rules that the transportation has set up.
2 They ask for so many hour notice and all
3 those type things, but --
4 DR. BURCHETT: Right.
5 MR. DEARINGER: -- you know, they can set
6 up whatever they need to set up, and
7 sometimes they're, you know, pretty good to
8 work with if there's certain things that
9 pop up during the day.
10 DR. BURCHETT: Sure. Any other questions
11 from the TAC?
12 Okay. Well, moving on to the next one
13 there. Steve, I'm going to let you jump in
14 on discussing the recommendation from
15 Dr. Gupta.
16 DR. COMPTON: Dr. Gupta is an
17 ophthalmologist by training, but she
18 represents Physicians TAC, and at the
19 November meeting they submitted a formal
20 recommendation asking DMS to do a cost
21 study on what it would cost to get
22 physicians' fees tied to the Medicare rate.
23 North Carolina apparently does this. And
24 I'm paraphrasing. It's been three months
25 since the meeting.

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

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

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

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

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

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

14 DR. COMPTON: Okay, thank you.

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

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

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

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

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

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

21 MS. BICKERS: You're welcome.

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

25 Let's move back up to Old Business

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

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

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

24 MS. DUDINSKIE: You're welcome.

25 DR. BURCHETT: Once again, any other

1 questions from the TAC on that point?

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

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

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

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

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

8 MS. DUDINSKIE: Correct.

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

16 MS. DUDINSKIE: Well, that is the goal.

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

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

20 DR. MUNSON: Yes.

21 DR. BURCHETT: Okay, good deal. Good deal.
22 Okay. So moving on now back to you,
23 Steve.

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

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

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

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

12 DR. COMPTON: Hello.

13 MS. ALLEN: Hi, there.

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

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

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

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

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

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

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

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

12 MS. ALLEN: Cindy, yes.

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

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

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

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

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

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

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

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

1 correct?

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

4 DR. BURCHETT: Initially, yes.

5 MS. ALLEN: Okay.

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

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

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

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

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

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

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

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

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

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

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

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

14 DR. UPCHURCH: No. I'm here.

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

19 MS. BICKERS: Absolutely.

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

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

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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.

* * * * *

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

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