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

IN RE: OPTOMETRIC TAC

HELD VIA ZOOM

DATE:
NOVEMBER 10, 2022
1:00 P.M.

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A T T E N D E E S :

Matt Burchett - Chair

Karoline Munson

Gary Upchurch

Steve Compton

James Sawyer

(and many more were on ZOOM)

1 DR. BURCHETT: Good afternoon, Everybody.
2 Dr. Burchett here, and just like to go
3 ahead and get started with the meeting.
4 I'm, of course, the Chair of the TAC. And
5 I think we've got all of our members
6 present. If I saw the participant list
7 correctly, Dr. Compton, Dr. Munson,
8 Dr. Sawyer, I see on there. And am I
9 missing Dr. Upchurch? Did he make it on.
10 DR. UPCHURCH: I did.
11 DR. BURCHETT: Okay. Good deal. Fair
12 enough. Well, since we have a quorum and
13 all of that, let's go ahead and call the
14 meeting to order. And first order of
15 business on the agenda, of course, is to
16 look at the last meeting's minutes. So
17 does anybody like to give a motion to
18 approve those minutes?
19 DR. COMPTON: I move to approve.
20 DR. BURCHETT: Okay. Thank you, Steve.
21 DR. UPCHURCH: Second.
22 DR. BURCHETT: Good. Thank you, Gary.
23 Any questions about the minutes?
24 Everything seem pretty straightforward to
25 you-all from them?

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Well, hearing no discussion needed there, let's vote for approval of the minutes. All in favor of approving them, say aye.

BOARD: Aye.

DR. BURCHETT: All opposed, say nay.

(No Response).

DR. BURCHETT: So the minutes were approved from the last meeting. Thank you-all.

So jumping right in a little bit of old business we want to kind of touch on. I know we talked about it for some time now, is the conversation -- or the communication back and forth with the Kentucky Board of Examiners so the Medicaid Department can know when our licenses are renewed in a timely manner without having to send a lot of paperwork back and forth. Just looking, is there any update from the Department with anything happening from that?

MS. DUDINSKIE: Hi, this is Jennifer Dudinskie. I'm the director from Program Integrity. I do have an update for you. This is something that we too had worked on for some time and had just had some

1 difficulty getting the right connection
2 with the Board. And I think due to some
3 technology changes that were taking place,
4 and I think -- my understanding still
5 taking place, but they -- we have set up a
6 system. I believe we have already done a
7 test file transfer. And we have a process
8 in place that beginning January -- the week
9 of January 2nd through the last week of
10 February, we're going to get a -- I guess
11 another batch. And then the plan will be
12 quarterly to receive a file. So, like I
13 said, I think we have done the initial one.
14 And, you know, beginning in January it
15 should be a pretty seamless process if
16 everything goes okay.

17 DR. BURCHETT: Sounds good. Sounds good.
18 Thanks for the update. Any questions from
19 the TAC on what was discussed there,
20 presented?

21 DR. MUNSON: Hey, Matt, this is Karoline.
22 Just out of curiosity from the Department
23 standpoint, how are we going to know that
24 that is a go ahead, that we're good for
25 next year's license? Is that going to be

1 communicated to the KOA, to our membership,
2 from the State Board, from the Medicaid
3 Services?

4 MS. DUDINSKIE: So communicated in -- I
5 mean, I can tell you now that the process
6 is in place, so it should happen. I'm not
7 sure I understand what more you're asking.

8 DR. MUNSON: So how will our providers know
9 that? We know that on a call, but our
10 providers are used to providing that
11 license every year and uploading it. How
12 will it now be communicated that they do
13 not have to do that anymore?

14 MS. DUDINSKIE: We will put a messaging up
15 in portal. So anytime we have any type of
16 change like that, we can message out to
17 providers through portal. And then there's
18 also newsletter that goes out to providers.
19 We can have that information placed in the
20 newsletter that is issued as well.

21 DR. MUNSON: Perfect. Thank you.

22 MS. DUDINSKIE: Sure.

23 DR. BURCHETT: Any other questions about
24 that topic?

25 Okay. If none, moving on then. I'm

1 going to touch base with Avesis, just to
2 follow up on a couple of things. First
3 thing is, I'd like to know about their
4 termination and recredentialing process. I
5 know we talked about it a few times, but it
6 seems like it continues to happen. I'm
7 looking for the right word to say. It
8 continues to happen unexpectedly, I'll say,
9 to some providers. So could you give us --
10 Nicole, could you give us an overview of
11 that, please?

12 MS. ALLEN: Sure, sure. So the process
13 does continue to improve with the some
14 process improvements that we have
15 implemented to ensure that the appropriate
16 communication goes out to the providers
17 when they are due for recredentialing, when
18 a provider -- a provider is recredentialed
19 once every 36 months, if I remember
20 correctly. And prior to the
21 recredentialing period -- I should say once
22 every three years. Ninety (90) days prior
23 to the recredentialing period, we do send
24 the provider a notice to notify them that
25 the recredentialing period is coming up.

1 If we don't receive anything back from the
2 provider, there is a second attempt to
3 reach out to the provider. That is
4 actually placed via a call -- I'm sorry,
5 with a direct contact to the office. And
6 then if we don't still receive anything 30
7 days prior to the provider's recredential
8 date, then that's when our provider
9 relation staff will get involved and reach
10 out to the practice.

11 If the provider does not recredential
12 successfully within the required time frame,
13 unfortunately we do have to term the
14 provider in accordance with our contracts
15 with the MCOs, MCQA criteria. We cannot
16 have a provider in the network that has not
17 been appropriately recredentialed. And then
18 at this point, once they are termed in the
19 system, when they come back, they do come
20 back as an initial credentialed provider.

21 So that is our -- that's our current
22 process that we are working under. But,
23 again, we have implemented a number of
24 process improvements to help the providers
25 along the way, number one, with notification

1 that they're due for recred; number two,
2 with educating them of the recredentialing
3 process. We do hold a monthly webinar in
4 which all of the providers who are due for
5 recred receive an invitation to participate
6 in that event. And we go through very
7 detailed explanation as far as what is
8 required, what's needed, like the DO -- the
9 Disclosure of Ownership Form, the practice
10 information, if any of that applies. So we
11 go through a very detailed process during
12 that orientation. And then, again, we do
13 get the PR reps involved if we don't have
14 the appropriate time -- if we don't have the
15 information in time for recred.

16 Does that answer your question,
17 Dr. Burchett?

18 DR. BURCHETT: Mostly. I know one of my
19 providers was, I think, terminated back at
20 the start of the year and we got no
21 notification on --

22 MS. ALLEN: Yes. Yes. Yeah, and that did
23 occur unfortunately. Since then, again, we
24 have implemented a number of process
25 improvements. And then we also did work

1 with your office to secure and get the
2 provider reactivated as quickly as
3 possible. So we always request open lines
4 of communication. If you see something, if
5 you know of something, please give us a
6 call. The PR reps are there, you know, for
7 the providers that -- a lot of you still
8 have my number or my cell number. Please
9 let me know. We will do whatever we have
10 to do to make sure there's no disruption to
11 care.

12 DR. BURCHETT: I appreciate the update.
13 Thank you.

14 MS. ALLEN: You're welcome.

15 DR. BURCHETT: Does anybody have any
16 questions on that piece of -- the
17 information there?

18 DR. COMPTON: I have just one comment,
19 because we got dropped and we had no
20 notice. This sounds like if this system is
21 in place and is actually happening will fix
22 the problem.

23 MS. ALLEN: That's the goal.

24 DR. COMPTON: Unless if somebody else gets
25 dropped, we'll hear about it and --

1 MS. ALLEN: Yes, and if I -- if I may add,
2 Dr. Compton, in addition to the process
3 improvements, we are also doing additional
4 reporting to our MCO partners, so that they
5 also have oversight and a better eye as to
6 the going on of recred and in credentialing
7 also. So we have added in a couple of new
8 recording measurements with some of our MCO
9 clients. So just an FYI that they're
10 keeping oversight of it also.

11 DR. COMPTON: Thank you.

12 MS. ALLEN: You're welcome.

13 MS. BEVINGTON: This is Dinah Bevington
14 with the KOA. When you're --

15 MS. ALLEN: Good talking --

16 MS. BEVINGTON: -- talking about -- hey,
17 good talking to you. When you're talking
18 about the additional reporting and the
19 oversight, is Avesis maintaining copies of
20 the notifications in whatever format that
21 they are sent to the provider, so when
22 the --

23 MS. ALLEN: Yes.

24 MS. BEVINGTON: -- provider would request,
25 let's say in the future -- I know the past

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is the past, but in the future will there be --

MS. ALLEN: Yeah, yeah.

MS. BEVINGTON: -- will there be proof of that communication that they can then request?

MS. ALLEN: Yes. Definitely, yeah. That information is housed within the provider's profile, so that we do have access to the information.

MS. BEVINGTON: Great. Thank you.

MS. ALLEN: You're welcome. Thank you very much.

DR. BURCHETT: Thank you. And I assume it will be you again talking about the next item, credentialing, the timeframe for processing credentialing, say, for an initial provider?

MS. ALLEN: Sure. So for an initial provider, in accordance with the contract with DMS, we have 45 days to credential a clean application. A clean application, again, is defined when we do our orientations and also our monthly webinars. We also go through the process of a clean

1 application for providers that are -- or
2 for practices that are bringing new
3 providers on. But a clean application has
4 to be completed within 45 days. We set our
5 internal clock to 30 to make sure that
6 we're meeting that goal. And, again, that
7 is a measurement that I do report out on a
8 monthly basis to some of the MCOs in
9 Kentucky.

10 DR. BURCHETT: And the reason I asked that
11 is, we also had a provider that we tried to
12 get credentialed in January and it took
13 'til September to get them credentialed.
14 And we kept asking what was going on and we
15 were just told that we needed to submit
16 information that we didn't submit. But
17 when we would go back and look at the
18 initial submission of information, all the
19 information that Avesis was asking for was
20 submitted on the initial January
21 application.

22 MS. ALLEN: Okay. And have you been in
23 contact with your PR rep to discuss that
24 specific issue?

25 DR. BURCHETT: We have, and they just told

1 -- they helped us through it, but we had to
2 resubmit things that we had submitted nine
3 months ago --
4 MS. ALLEN: Okay. Okay.
5 DR. BURCHETT: -- on the initial
6 application. That's what I'm saying.
7 MS. ALLEN: Is your team using the C -- is
8 it the CQL? Help me LeeAnn, the CQL --
9 DR. BURCHETT: The CQH?
10 MS. ALLEN: Thank you, CQ -- yes, that one.
11 There's too many acronyms out here in
12 healthcare. Is your team using that
13 application as your base?
14 DR. BURCHETT: We do.
15 MS. ALLEN: Okay, okay. So I don't have
16 the particulars, Dr. Burchett, for your
17 case, but as long as the PR rep was
18 involved and they did step in to assist you
19 with resolving that -- and, again, I think
20 you said back in January, so we have
21 implemented some process improvements since
22 then to improve that overall process. But,
23 again, open lines of communication as
24 soon -- you know, that 15, 20-day mark
25 passes and you haven't heard anything,

1 please, you know, give us a call, send us
2 an e-mail, send us a text message,
3 whatever, you know, works best for you and
4 your staff, and let us get on it. As soon
5 as we know about it, then we can -- we can
6 resolve it. We have our operations team,
7 which credentialing kind of falls under
8 operations. And then we have myself and
9 the PR reps, and we're more so the ones
10 that are in the community and fighting for
11 things to make sure that they're running
12 smoothly. So please let us know, and then
13 that way we can make the appropriate
14 adjustments internally.

15 DR. BURCHETT: Okay. Thank you.

16 MS. ALLEN: You're welcome.

17 DR. BURCHETT: And on that, I've got
18 just -- I didn't have it on the list
19 because it's just been happening to me, but
20 since I have you here, I hope you don't
21 mind that I ask.

22 MS. ALLEN: Okay.

23 DR. BURCHETT: We have had a terrible time
24 with our providers being dropped from the
25 Korreect Optical Labcorp.

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MS. ALLEN: Oh, okay. I've heard about this, yes.

DR. BURCHETT: Yes, yes. And I've asked numerous times on the e-mail chains that are going back and forth between everybody for an explanation of why it happens and I've not received one.

MS. ALLEN: Okay. Yes. So I -- it was brought to my attention. I know that we are working with Korrekt Optical. As I understand it -- and, LeeAnn, please tell me if I state this wrong, but as I understand it, Korrekt Optical has identified a glitch within their system. They do have their IT teams working on resolving the issue, but it is -- it's a technical issue that unfortunately Korrekt Optical is experiencing.

DR. BURCHETT: Okay.

MS. ELLIS: Yes, Nicole, that's correct.

Dr. Burchett, this is high priority.

DR. BURCHETT: Well, and I'm glad it is, but I'm -- you know, if it's happening for me, I assume it happens for other people. And it's happened for several years that

1 every four to six months two or three of us
2 get dropped from being able to submit
3 glasses through the portal.

4 MS. ALLEN: Okay. And, I'm sorry, did you
5 say four to six -- every four to -- it's
6 been going for six years?

7 DR. BURCHETT: Well, no. It's been going
8 on for maybe a couple years now. I'd have
9 to go back and ask my billing department
10 exactly how long, but I know it's been
11 quite some time. And it seems like
12 every -- it's every -- it's a couple years
13 and it's every three to six months, they'll
14 tell me, hey, we can't bill Dr. So-and-
15 so -- or we can't submit Dr. So-and-so for
16 glasses now. And then they have to contact
17 and get people reinstated and things like
18 that.

19 MS. ALLEN: Okay. All right. So I know we
20 are working with Korrekt Optical. If you
21 can give us an opportunity to get a summary
22 of their project plan to resolve it, and
23 then I can share that with you,
24 Mr. Burchett, or the -- I can share it with
25 the TAC Committee, because as LeeAnn

1 stated, it is a top priority. We do
2 understand the inconvenience that that puts
3 your staff through and we want you to be
4 able to submit the services, you know,
5 especially with Korreect Optical, as they
6 are a provider -- or primary provider in
7 Kentucky. So let me get with them to get
8 the project plan to work it through and
9 then I will follow that up within our notes
10 for you.

11 DR. BURCHETT: I appreciate it.

12 MS. ALLEN: Thank you. And, I'm sorry, I'm
13 getting another message from LeeAnn.
14 LeeAnn, can you talk to the work around
15 process?

16 MS. ELLIS: Yes. Dr. Burchett, I'm sure
17 you're aware, but I want to mention that
18 your office, isn't it -- does have the
19 option to fax the orders directly to
20 Korreect. And I understand that you're
21 receiving the glasses in a timely manner.
22 If you're not --

23 DR. BURCHETT: Yes.

24 MS. ELLIS: -- please let me know.

25 DR. BURCHETT: As far as what a timely

1 manner could be, I think so. Everything
2 seems to be slowed down nowadays, not just
3 Korrekt, but most labs. Yes, we have been
4 faxing them in and that's been working
5 okay. I think it might take a little
6 longer. And along the way, there might
7 have been one or two that were overlooked
8 by faxing them in, but overall I think
9 we've been able to get the glasses. It's
10 just frustrating to have this continually
11 happening.

12 MS. ELLIS: Oh, yes, I understand. Please
13 know, I'm working on this and asking for
14 updates every day. So I hope to hear
15 something soon and I'll be in touch with
16 Angie. We've been working closely
17 together.

18 DR. BURCHETT: Appreciate it.

19 MS. ELLIS: Thank you.

20 DR. BURCHETT: And thank you, LeeAnn and
21 Nicole, for updating on that.

22 Does anybody else have any thoughts or
23 anything that they would like to chime in on
24 these particular things before we move on?
25 Hearing none, we'll move on.

1 Next order of business, new
2 business -- and I think, Steve, this comes
3 from you, because they talk about these
4 no-show situations in the MAC. But do we
5 have any idea how many optometrists are
6 reporting no-shows? I think was the
7 question that we might have asked, or that
8 we're asking the Department.

9 MS. BICKERS: Anyone on from Policy? If
10 not, I know, Dr. Burchett -- I know we can
11 make that a data request and we can get
12 that information to you. I know Policy has
13 been working on gathering those for
14 different TACs who have requested it. So
15 we can -- I can take that back to their
16 acting director and see if we can get just
17 that group of providers and get that
18 information to you.

19 MS. KITCHEN: This is Kelly Kitchen and I'm
20 from Policy. This is the first TAC meeting
21 that I've attended. The others that were
22 supposed to attend were not able to attend
23 to, so I'm attending in their place. I
24 will definitely make a note and get that to
25 the director and see if we can gather that

1 information for you.

2 MS. BICKERS: Thank you, Kelly.

3 MS. KITCHEN: You're welcome.

4 DR. BURCHETT: Thank you-all for looking
5 that information up for us.

6 I apologize, looking at my notes here,
7 I skipped one of the old business items. If
8 we can go back. I greatly apologize.

9 March Vision, I have thought about it
10 since we talked about it the first time and
11 I still have some reservations about the way
12 that you-all suggested that we handle
13 medical refractions. If I remember
14 correctly, we were told that we could
15 up-code another level to cover the
16 refraction. But if that's the case, then,
17 A, that's not quite correct, because, you
18 know, if we get audited and if we look at
19 the information on the particular case, then
20 it's not going to prove to be --

21 MS. KLINGELHOFER: Hi, there. This is
22 Tyania. I'm not -- you're cutting out. I
23 didn't hear any of that. I'm not sure if
24 anyone else is kind of having in and outs,
25 but I didn't hear any of that.

1 MS. ALLEN: This is Nicole with Avesis. I
2 hear you just fine, Dr. Burchett.
3 DR. BURCHETT: Okay. Appreciate it.
4 Basically -- can you hear me now?
5 MS. KITCHEN: Yes, I hear you.
6 DR. BURCHETT: Tyania?
7 MS. KLINGELHOFER: Yeah, I can. It's okay.
8 Everybody is cutting out. As long as
9 Dr. Edmonds can hear you, I think that's
10 the most important for this topic. So,
11 Dr. Edmonds, are you on?
12 MS. BICKERS: I don't see anybody
13 underneath that name, Tyania.
14 MS. RITCHIE: Yeah, this is Ann Ritchey
15 with March Vision Care as well. And I did
16 hear the question, so I think maybe Tyania
17 is just experiencing some phone concerns.
18 But, yeah, Dr. Edmonds has been heading up
19 that medical refraction and is the right
20 person to answer that question. So I've
21 just pinged him to see if he's able to join
22 back in. I do see his number listed on the
23 screen. It seems like maybe he had to
24 phone in, but, perhaps, he's not able to
25 unmute himself. So perhaps if we could

1 come back to that question, if that's
2 possible, and we'll see if we can get
3 Dr. Edmonds on the line.
4 DR. BURCHETT: Okay. Well, yes, and we
5 can. I'll just -- I'll say just a little
6 bit more about it and then we can move
7 forward, unless somebody else has more to
8 say. But, basically, I just don't feel
9 comfortable being told to up-code a medical
10 visit just to cover something that's
11 already on the fee schedule as a covered
12 service. I don't think that's kosher on
13 billing etiquette, to be honest, and it
14 bothers me that I was asked to do that.
15 That's my statement.

16 So anyway, does anybody else have
17 anything to say on that? And then we can
18 come back if Dr. Ritchey gets on.

19 MS. DUDINSKIE: This is Jennifer with
20 Program Integrity. I'm just wondering if
21 you could tell me who instructed you to do
22 that.

23 DR. BURCHETT: It was the one that -- the
24 doctor that we're seeing if we can get him
25 on here.

1 MS. DUDINSKIE: Okay. Thank you.

2 MS. KLINGELHOFER: But what did he ask you

3 to do? Like what -- what was his

4 instruction?

5 DR. BURCHETT: He said that you-all do not

6 cover refraction under a medical exam and

7 that we should just up-code the next level

8 of coding to make up for it.

9 MS. KLINGELHOFER: I'm not going to speak

10 to anything, but he had sent me kind of an

11 explanation on that. But I'm going to wait

12 for him to see if he can --

13 DR. BURCHETT: Sure.

14 MS. KLINGELHOFER: -- speak to it. And

15 then if not, I can kind of speak to what he

16 had sent to me.

17 DR. BURCHETT: Sure. And that's fine, but

18 that's --

19 MS. KLINGELHOFER: Thank you.

20 DR. BURCHETT: -- that's just my concern.

21 MS. KLINGELHOFER: Thank you very much. I

22 will relay that.

23 DR. BURCHETT: Okay.

24 DR. COMPTON: Matt, this is, Steve. I've

25 got a March Vision concern, too. It's not

1 really old business. I don't know if you
2 want me to --
3 MR. BUNCH: Go ahead.
4 DR. COMPTON: -- while we've got March on
5 the line, so to speak. We've had a little
6 issue. We all have claims that don't get
7 paid. And you get on the portal to see
8 what's not been paid, but it doesn't -- as
9 I understand it, it doesn't tell you why it
10 wasn't paid. You have to call. And this
11 happened yesterday. After 30 minutes on
12 the call, we got hung up on, trying to find
13 out why some claims are not paid. It just
14 seems like there should be a more efficient
15 way. I think all the other subcontractors,
16 it's available on the portal. You can see
17 what's not paid and why.
18 MS. KLINGELHOFER: And who is asking the
19 question?
20 DR. COMPTON: Dr. Compton.
21 MS. KLINGELHOFER: Hi, Dr. Compton. This
22 is Tyania again. So you should see why the
23 claim is not paying. We do have codes that
24 are listed on the rejection or the denied
25 or whatever the case may be. We do have

1 rejection codes. If you have examples
2 where you're not seeing them with the
3 definition, I can certainly have your
4 provider relations advocate make outreach
5 to you so that we can go through those
6 examples, and then maybe go on the portal
7 to just walk through our claims and our
8 statements and how you can see that
9 information.

10 DR. COMPTON: Okay. Hold on just a minute.
11 My biller is in here.

12 MS. KLINGELHOFER: Sure.

13 MS. HOLMAN: If she could have somebody
14 call me -- I can't see it.

15 DR. COMPTON: If you could have someone
16 call here and tell us. We were told
17 yesterday that you can't find out the
18 reason on there. This is after we made the
19 phone call --

20 MS. KLINGELHOFER: Sure. Who am I --

21 DR. COMPTON: -- and we didn't see it.

22 MS. KLINGELHOFER: Who am I --

23 DR. COMPTON: Luckily, we're just not
24 seeing it.

25 MS. KLINGELHOFER: Okay. Who am I calling?

1 Who am I having Elizabeth make the call to?
2 DR. COMPTON: Cindy Holman, H-O-L-M-A-N.
3 MS. KLINGELHOFER: Oh, hi, Cindy. I've
4 worked with you before. And what location
5 are we calling?
6 MR. COMPTON: (270)586-5181.
7 MS. KLINGELHOFER: Okay. After this call,
8 I'll get with Elizabeth Basin and have her
9 reach out.
10 MR. COMPTON: Thank you. I know this
11 wasn't on the agenda, but it just happened
12 yesterday, so...
13 MS. KLINGELHOFER: Sure. No problem. No
14 problem at all.
15 DR. BURCHETT: Okay. Anyone else with a
16 comment there before we move on?
17 Okay. So the next item under new
18 business comes out because we had a provider
19 that was going to have some surgery and
20 needed a doctor to come in and work for them
21 for a while. And we were told as -- they
22 were told, as they were researching how to
23 bill for the provider, that optometrists
24 cannot participate in the locum tenens
25 situation like other provider groups can,

1 and that's because it's not in the vision
2 regulation. So we would like to request
3 that DMS add that into the Vision Regulation
4 for us, so that we can also participate that
5 way.

6 MS. DUDINSKIE: This is Jennifer with
7 Program Integrity again. It's not actually
8 a regulation issue. We only allow locum
9 tenens for general physicians. And that is
10 a direction that we have received from CMS.
11 So it's --

12 DR. BURCHETT: Okay.

13 MS. DUDINSKIE: -- it's not a regulatory
14 issue. It's a CMS issue.

15 DR. BURCHETT: Okay. And maybe, Sarah
16 Unger, if you're on, you can maybe help
17 speak to this because I heard this through
18 you, but I was under the impression that
19 the provider was told that.

20 MS. UNGER: The example we were given -- I
21 believe, Kelly Kitchen, you sent the
22 example, and the wording is from the dental
23 reg. So you allow the dentists to do it.
24 So they're, I guess, not considered
25 physicians for Medicaid, so I don't

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understand why optometrists wouldn't be able to do it also.

MS. DUDINSKIE: We do not allow it for dentists. We only allow it for a 64 provider type, which is a physician. So I don't know if there's some misinformation somewhere, but it is only the 64 provider type. That's the only provider type that we allow locum tenens for.

MS. KITCHEN: That's correct. I don't recall an e-mail stating that dentists are allowed. I only recall an e-mail stating that physician office 64, 65 is allowed.

DR. MUNSON: So this is Dr. Munson. Are you referring to CMS, like federal level laws that define who or who isn't a physician? Is that what your guidance is coming from?

MS. DUDINSKIE: Well, okay, so not saying what defines a physician. It's just that we are not allowed to allow locum tenens for any other provider type, other than a 64 or 65 provider type, which are physicians.

DR. MUNSON: Okay. Because by CMS

1 guidance, optometrists are physicians.
2 MS. DUDINSKIE: No, that's not what I was
3 trying to say --
4 DR. MUNSON: Okay.
5 MS. DUDINSKIE: -- to clarify. I'm just
6 saying we -- locum tenens are only
7 allowable for the 64, 65 provider type.
8 DR. MUNSON: So how does that get changed?
9 Is that a federal level change or is that a
10 state level change?
11 MS. DUDINSKIE: Well, our direction comes
12 from CMS on that, so it's -- that's what
13 I'm saying is allowable for us. So that
14 would be more of a federal change.
15 DR. MUNSON: Okay. Thank you.
16 MS. UNGER: Can you hear -- this is Sarah.
17 Can you hear me?
18 MS. DUDINSKIE: Yes.
19 DR. BURCHETT: Yes.
20 MS. UNGER: So I went and found the e-mail.
21 And in the e-mail that I have it says, if
22 locum tenens is not listed in the
23 regulation for a specific provider type,
24 that means locum tenens are not allowed.
25 the only provider type state locum tenens

1 is in the regulation is physicians,
2 dentists, and APRNs.
3 MS. DUDINSKIE: Who is this e-mail from?
4 MS. UNGER: I have it from -- I think it's
5 from Kelly.
6 MS. KITCHEN: So then I went to the dentist
7 regulation and it is listed in here, the
8 Dentist Medicaid Regulation. Sorry.
9 MS. DUDINSKIE: If it's listed in the
10 regulation, I can tell you that we don't
11 allow them to participate in locum tenens.
12 If you want me to forward me the e-mail,
13 I'll take a look at it and I can provide
14 some clarification. I'm happy to take a
15 look at it. I can put my e-mail address in
16 the chat.
17 MS. UNGER: Okay. Thank you. And that's
18 fine, because then, I guess, we want to
19 take it to our federal side also, because I
20 don't understand why physicians would be
21 the only ones allowed to do it.
22 MS. DUDINSKIE: Okay. I'll put my e-mail
23 address in the chat for you.
24 MS. UNGER: Thank you.
25 DR. BURCHETT: Thank you for that.

1 DR. EDMONDS: This is Scott Edmonds. I'm
2 back. I was finally was able to get
3 through on the Zoom, if you want to go back
4 to that medical refraction issue.
5 DR. BURCHETT: Sure. That would be great.
6 DR. EDMONDS: Yeah, so we were not asking
7 you to up-code. That was a
8 misunderstanding. So when you provide a
9 service, when you're doing an E&M code,
10 it's a time code. So on my EHR there's a
11 timer that you turn on when you start
12 providing medical care. But if you're
13 going to provide any procedure that you're
14 going to bill separately, a refraction, a
15 field, an OCT, you have to turn your timer
16 off and you can't count that time that's
17 specifically related to that test as part
18 of the medical care time. So when the
19 refraction is not available -- so
20 refractions in your state in this contract
21 are only available on a timed basis and
22 can't be done between times. And we all
23 know that medical care with cataracts and
24 cornea problems need refractive testing at
25 least to find best vision in interim times.

1 So when it's not billable separately, you
2 can count that time, whatever that time
3 would be, as medical care.

4 So you're not up-coding. You're just
5 adding the time that it takes to do the
6 refraction to your medical time, because you
7 can't bill it separately. So it's not --
8 it's not up-coding. It's just counting your
9 time in refraction, which you normally have
10 to turn your timer off your EHR while you're
11 refracting and talking about the refraction,
12 because it's not -- you're going to bill it
13 on the 92015. But when you're billing in
14 the 99 codes and you're not billing it
15 separately, the time it takes whatever that
16 -- whether that's two minutes or ten
17 minutes, depending on the type of
18 refraction, that's all billable medical care
19 under the EMO -- E&M coding.

20 Does that make that clearer? And this
21 is not unique to you. We have had this in
22 every state. And I practice at Wills Eye
23 Hospital and I do more medical refractions
24 than regular refractions, and that's -- you
25 know, again, when that -- when I can't bill

1 it on this breakout, 92015, then it's billed
2 as medical time.

3 DR. BURCHETT: So then going back to that,
4 I have a question for the Department. If
5 it's listed on our fee schedule as a
6 payable code, does that mean that the
7 vision providers here have to pay those
8 codes?

9 DR. EDMONDS: Well, she's answered. We do
10 pay it. It's just paid at the time
11 interval that's allowed in the benefit.
12 It's not like we don't pay refractions.
13 They're paid on whatever basis it's
14 allowed --

15 DR. BURCHETT: Sure. But I'm saying,
16 though, if I bill you a 92015, it's on the
17 Medicaid fee schedule as a payable code, so
18 it should be paid as it's listed on the fee
19 schedule.

20 DR. EDMONDS: Not if it's not eligible --
21 if the member is not eligible for it, it's
22 not paid.

23 DR. BURCHETT: But there's nothing on the
24 fee schedule that said -- that qualifies
25 eligibility for it.

1 DR. EDMONDS: Maybe the Department can
2 answer that.

3 DR. COMPTON: Dr. Burchett, I have another
4 comment.

5 DR. BURCHETT: Sure.

6 DR. COMPTON: When you're billing -- when
7 it's a time-type thing, E&M code, is it for
8 face-to-face time with the doctor?

9 DR. EDMONDS: No. The E&M codes actually
10 allow it for prep time, face-to-face time,
11 and then summary time. So it doesn't
12 necessarily have to be face-to-face time to
13 get to add to the time. At least that's
14 our understanding. If you're spending time
15 prepping or after the patient leaves, as
16 long as you're not breaking -- as long as
17 that time is not spent on one of the other
18 billables, like, you know, interpreting the
19 OCT is not considered billable time because
20 it's --

21 DR. COMPTON: I understand that's paid
22 separately. So time that my technician
23 spends with the patient is billable?

24 DR. EDMONDS: In this instance where your
25 technician is providing normally billable

1 medical care, just like if your -- if your
2 technician does the slit lamp and pressures
3 and history, et cetera, all of which is
4 billable medical time, you know, then
5 that's billable time. That's, you know,
6 medical care your office is providing that
7 you're signing for.

8 DR. COMPTON: Well, never heard -- I've
9 always thought that that was accepted -- it
10 had to be doctor-to-doctor, face-to-face.

11 DR. EDMONDS: Not in the new -- since they
12 changed the E&M coding -- that was true in
13 the old E&M coding, but since we changed it
14 on the time basis, it's time -- you know,
15 pre and prep, post, and time with the
16 patient. And if you have a technician or
17 student providing that medical care that
18 you're supervising, it's paying -- I'm
19 assuming you're in the office at the time
20 that your refraction -- your -- and usually
21 we don't -- you know, we have people do
22 medical refraction -- I mean, we don't have
23 our techs do -- they do regular
24 refractions. They don't do medical
25 refractions, because that patient --

1 DR. COMPTON: I do almost all of my
2 refractions. But time is not the only
3 thing. You can also bill based on medical
4 decision-making and time is one option.

5 DR. EDMONDS: Yeah, but it's the -- in the
6 new E&M, it's the dominant option because
7 it kind of trumps all the other things,
8 because it's -- until you go through the
9 algorithm of figuring it out otherwise, it's
10 just easier to time it, because you do get
11 paid for pre and post time related to the
12 medical care.

13 DR. COMPTON: You're the only person I've
14 ever heard say that, but...

15 DR. EDMONDS: Yeah, it's in the --

16 DR. BURCHETT: I don't disagree with you,
17 Steve. I know time is one way to do it,
18 but also severity, data and decision-making
19 are also the other way. And if you're
20 using that, then you're not really looking
21 at time.

22 DR. EDMONDS: If you use the time, it works
23 out better. I mean, we switched over to
24 exclusively time when that option became
25 available three or four years ago, and it

1 works much better. And my EHR has a timer
2 that was added specifically for that
3 because it's just easier to track, because,
4 you know, you could do a complicated case
5 and if it's not hard decision-making, all
6 that work is not billable because you got
7 to meet the three criterias. So it's
8 pretty much replaced, at least in medical
9 arenas, the old system of history and exam
10 and decision-making, because it's just
11 much -- it's much simpler and more
12 progressive to use the time. And, again,
13 you have -- my time -- my EHR has a timer
14 has built in for medical care that I'm
15 providing.

16 DR. COMPTON: Plus now, you can work
17 slower.

18 DR. EDMONDS: Well, there's no accounting
19 for that.

20 DR. COMPTON: Take more time.

21 DR. BURCHETT: Well, and -- okay. I mean,
22 I understand where you're coming from on
23 that, but then I still would like some
24 clarification from the Department. If it's
25 listed as a payable code on fee schedule,

1 does that mean that they have to pay that
2 code?
3 MS. KITCHEN: Does that mean who has to pay
4 that code?
5 DR. BURCHETT: The vision provider here.
6 It was my --
7 MS. KITCHEN: So --
8 DR. BURCHETT: It was my understanding that
9 if the codes on the fee schedule are
10 listed, they have to cover and reimburse
11 for those codes.
12 MS. KITCHEN: Correct. If there is a code
13 on the fee schedule and you provide that
14 specific service, then you would bill based
15 on the codes on the fee schedule.
16 DR. BURCHETT: Well, then that's contrary
17 to what he's telling us then.
18 MS. KITCHEN: And as far as the time base
19 or you can also use the '95, '97 Guidelines
20 for doing your exams. You don't have to
21 use time basis either/or.
22 DR. BURCHETT: Sure. So in that case,
23 Kelly, should they be paying the 92015 to
24 us?
25 MS. KITCHEN: I was just looking that code

1 up. If it's on the fee schedule and you
2 can -- and I don't have a fee schedule in
3 front of me, but that is -- it states a
4 task to determine if prescription eyewear
5 is needed and it says determine refractive
6 state, is what a 92015 is. And like I
7 said, I don't have the actual fee schedule
8 in front of me, but if it is on the fee
9 schedule, then it is a payable code to
10 bill.

11 DR. BURCHETT: Then I would ask that March
12 Vision reconsider their stance on the
13 92015.

14 DR. EDMONDS: Okay. Maybe some -- maybe
15 part of my -- Ann or one of our team
16 members can speak to how that's
17 contractually listed, so -- that's not my
18 area. Like a routine refraction for
19 myopia, 92004 is on the code, it can be
20 paid -- we pay that every month. If you
21 want to refract them and do an exam every
22 month, or is that a timed benefit?

23 DR. BURCHETT: No. The 92004 or 92014 have
24 exam per provider per year limitations.

25 DR. EDMONDS: So does the refraction, at

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least in the contract that I saw.

DR. BURCHETT: Not on the fee schedule, unless I'm mistaken. And if I am, I do apologize that I -- I don't remember.

DR. EDMONDS: I think it's in the con- -- you know, what the benefits eligible, so I guess -- I don't have -- maybe someone on my team has that information available.

But like the exam, the refraction was associated with the time benefit, but I -- again, I'm not going on what you're -- we're looking at different, you know, specifications of this relationship. One is the fee schedule and one is the contract that says what the member is eligible for.

MS. KLINGELHOFER: Right. And that was the -- I mean, if it's not listed on the fee schedule individually, that we contract with the doctors individually, then it would be thought to if it's on the Medicaid fee schedule or not.

MS. KITCHEN: I would like to just make a comment about up-coding. You know, up-coding is not something that -- that's very looked down upon, you know, by even

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federal government. If you're up-coding and there's an audit...

DR. EDMONDS: No one is talking about up-coding. That was a misunderstanding.

MS. KITCHEN: Okay.

DR. EDMONDS: Because that was not -- never suggested up-coding. We're suggesting billing based on time for medical services, and refraction is in that category. When you're refracting a person with a cataract or the cornea transplant or a medical problem, that -- that refractive evaluation is part of the medical care. So we are not talking about up-coding. We're talking about paying appropriately for time spent in medical care.

MS. KITCHEN: Okay.

DR. EDMONDS: When you break it out and bill it under 92015, then you can't count that time. It has to be subtracted from your medical time. Same with an OCT or any other test that's billed separately, that time prepping, doing the test and talking to the patient about it, is not billable under the medical time, because that's

1 billed separately. So here where you can't
2 bill the refraction separately, because
3 they're not eligible for that benefit, then
4 it's medical care.

5 DR. BURCHETT: Anybody have any other
6 comments to this before we move on?

7 MS. PARKER: This is Angie Parker with
8 Medicaid. And I certainly do not know
9 optometry codes, or anything else, and we
10 were talking about the fee schedule, so I
11 pulled it up. It is on the fee schedule
12 and it's for one -- one -- for 92015, one
13 per recipient per year. So that's all I
14 have to add to this conversation.

15 DR. EDMONDS: That's the answer. But it is
16 sometimes medically indicated more often
17 than that, and that's what I'm saying.
18 When they're not eligible for --

19 MS. UNGER: In parenthesis, additional
20 needed -- covered if medically necessary.
21 In the Excel form that is on the 2022
22 vision fee schedule it says, one per
23 recipient per year (additional covered if
24 medically necessary).

25 MS. PARKER: All right. I pulled up the

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PDF, so it was cut off there, so thank you.
MS. UNGER: No problem. This is Sarah with
KOA.

So I would think it would be separate.
So you get the one time per recipient per
year when you do the vision exam. But if it
is medically necessary, it should be paid
separately.

MS. KLINGELHOFER: Right, with the 99 code.

MS. UNGER: Correct.

MS. KLINGELHOFER: Yeah.

DR. BURCHETT: Thank you for looking that
up, Sarah. So I would ask for possibly an
opinion from the Department on should they
be paying that code if we bill it medically
with a 99 code?

MS. KITCHEN: Let me verify there's not any
restrictions in the system for that. So
you're wanting to know if you can bill
92015 one billing for the 99 code, E&M
code?

DR. BURCHETT: Yes.

MS. KITCHEN: So let me verify if there's
any restrictions in the system that would
keep that from being able to bill together.

1 Let me check on that first before I answer
2 that.

3 DR. BURCHETT: I would appreciate that.
4 Thank you.

5 DR. COMPTON: Let's just keep this on the
6 agenda, Matt. I don't -- we don't need to
7 drop it.

8 DR. BURCHETT: We intend to, Steve.

9 DR. COMPTON: All right. Thank you.

10 DR. BURCHETT: Thank you.

11 We'll move on to the next new
12 business. And this is for the Department.
13 Is there any update on the proposed vision
14 benefit and material benefit for adults?

15 MS. KITCHEN: I'm actually working the fee
16 schedule for that currently. I believe I
17 have it completed, waiting for it to go
18 through -- excuse me -- waiting for it to
19 go through the approval process. I don't
20 really want to speak on it until we have
21 approval up the chain.

22 DR. BURCHETT: Well, then just a couple
23 quick questions about that. Is there any
24 timeline for approval on that, so that we
25 can maybe get it and get it out to our

1 members in the association so they'll have
2 an idea of what to expect?

3 MS. KITCHEN: I've not been given a
4 timeframe. My side has to have everything
5 submitted by next week. So I'm assuming
6 that is so they can do their part in the
7 approval process.

8 DR. BURCHETT: Sure.

9 MS. KITCHEN: And as soon as we have those
10 approvals, we'll definitely be posting out
11 to the website and make the system...

12 DR. BURCHETT: Any questions on that?

13 MS. UNGER: Sarah Unger again. So if it
14 has to go through the Department and it has
15 to be posted, but on the MCOs have you-all
16 been told, Nicole or Ann or anyone, how
17 that would work -- if this is effective
18 January 1st, how it will work with you-all?

19 MS. ALLEN: So we are currently working
20 with the MCOs on the 2023 benefits. As I
21 understand, there's an open comment period
22 that we're in right now. We've submitted
23 our questions to the MCOs and they in turn
24 have submitted them to DMS. So, yes,
25 Sarah, we are working with the MCOs and, in

1 turn, DMS, to implement the 2023 benefits.
2 MS. O'BRIEN: Yes, and, Sarah, this is Jean
3 from Anthem. We also -- we also are doing
4 exactly the same thing, just to let you
5 know.
6 MS. UNGER: Okay. So do we change -- you
7 know, actually be something coming out for
8 January 1st, or do you think this will be a
9 benefit that may have to wait until, like,
10 March before it's really available? What
11 are your-all's thoughts?
12 MS. ALLEN: So --
13 MS. O'BRIEN: I'll say January.
14 Go ahead, Nicole. Sorry.
15 MS. ALLEN: Sure. No. That's okay. Nice
16 to see you, Jean.
17 MS. O'BRIEN: Nice to see you, too.
18 MS. ALLEN: It's been forever.
19 MS. O'BRIEN: I know. I hate that we're
20 not together so you and I can sit and talk.
21 MS. ALLEN: Hopefully soon. Hopefully
22 soon.
23 MS. O'BRIEN: Right.
24 MS. ALLEN: So, Sarah, for the anticipated
25 date or implementation date, we're still

1 working towards the 1/1/23 date until --
2 unless DMS gives us other direction. But
3 as we understand it now, DMS has given us a
4 1/1/23 effective date. So the MCOs are,
5 you know, updating their member information
6 or, you know, working through the
7 configuration issue so that we can go ahead
8 and go live with the 1/1 date.

9 MS. O'BRIEN: And we are doing the same
10 thing, Sarah.

11 MS. UNGER: Okay. Thank you-all.

12 MS. O'BRIEN: You're welcome.

13 MS. ALLEN: You're welcome.

14 DR. BURCHETT: Thank you-all for that
15 update.

16 Next we'll have just a little bit of
17 time of general discussion. I've got a
18 couple of questions and I know some of these
19 may not be able to be answered. But did
20 Anthem appeal the September 9th decision?
21 You're on mute.

22 MS. O'BRIEN: Yes.

23 DR. BURCHETT: There you go.

24 MS. O'BRIEN: Yes. I was trying to get
25 myself off camera and -- the bottom, and

1 it's over here and I was clicking in the
2 wrong place. I guess the best -- I'm
3 trying to think of the best way to answer
4 that. We are still in -- it's still with
5 the Legal Department, is the best way to
6 put it. Does that sound okay? That's
7 probably --

8 DR. BURCHETT: No.

9 MS. O'BRIEN: -- the best way -- I'm trying
10 not to, you know, say much more than that,
11 because I really don't know much more than
12 that.

13 DR. BURCHETT: Sure, and that's fine. We
14 were just looking to the future and what we
15 can expect.

16 MS. O'BRIEN: Yes, I understand. It's a
17 fair question. Yes.

18 DR. BURCHETT: Anybody have any other
19 things to discuss at this point?

20 Okay. Next thing is Recommendations,
21 and I'm going to throw this out to the TAC.
22 I've been thinking about it. And with the
23 adult benefit coming through in this
24 following year, I was thinking about seeing
25 if we might want to consider making a

1 recommendation that all the vision providers
2 for the MCOs have a frame kit for adults and
3 children. So that way everything can be on
4 a pretty even playing field. And I wondered
5 if anybody had any thoughts to that.

6 DR. UPCHURCH: This is Dr. Upchurch. I'm
7 good with that, Matt.

8 DR. BURCHETT: Okay.

9 DR. MUNSON: This is Dr. Munson. I do feel
10 like that would make things a lot easier
11 from a dispensing standpoint and from a
12 selection standpoint to have one for all
13 the providers versus having to keep up with
14 who has which insurance. So I'm definitely
15 in favor of that.

16 DR. BURCHETT: Okay. Steve?

17 DR. COMPTON: Excuse me. I really don't
18 have any thoughts on it. My one thought is
19 if we do make a recommendation, I might
20 want to be in attendance for the entire MAC
21 meeting next week and I'll need somebody --
22 probably you, Dr. Burchett, as the
23 Chairman --

24 DR. BURCHETT: What?

25 DR. COMPTON: -- to make the

1 recommendation. Or we can do it at the
2 next meeting. I don't mind doing it. I
3 just will not be on for the entire meeting.
4 The first one I've missed any part of since
5 I've been on.

6 DR. BURCHETT: Are they doing Zooms?

7 DR. COMPTON: They are.

8 DR. BURCHETT: Okay. Well, maybe not just
9 as everybody doing a frame kit or maybe
10 even just at least having an option to do
11 one. So --

12 MS. ALLEN: Dr. Burchett, if I may ask just
13 to make sure that I understand what's being
14 proposed. Are you stating that there
15 should be one set of frames that all
16 Medicaid --

17 DR. BURCHETT: No.

18 MS. ALLEN: Okay, okay. So --

19 DR. BURCHETT: No, no.

20 MS. ALLEN: Okay. I'm sorry. Then can you
21 restate it, because I have a
22 misunderstanding of what you're stating.

23 DR. BURCHETT: I was just thinking that
24 with all of the adults coming -- that are
25 coming into the process with the new vision

1 benefit possibly, and just the way that
2 some people across the state don't do
3 glasses because of reimbursements and
4 things, if we had a situation where the
5 frame kit was optional, as an option versus
6 doing glasses off your board in your office
7 from every MCO, that that might streamline
8 the process and make it easier for people
9 who want to do glasses for all these
10 recipients.

11 MS. ALLEN: Okay.

12 DR. BURCHETT: Does that make sense?

13 MS. ALLEN: Yeah. Yeah. I'm just trying
14 to think it through.

15 DR. BURCHETT: I mean, you-all already do
16 it.

17 MS. ALLEN: Yes, yes, we do. We offer the
18 frame kits. Korrekt Optical does provide
19 the frame and they also provide the frame
20 kits. So we'll give them to you in a PDF
21 so that you can, you know, reference the
22 picture of them. But then they also --

23 DR. BURCHETT: Sure.

24 MS. ALLEN: -- do provide physical copy of
25 the frames.

1 DR. BURCHETT: Right, right. I was just
2 making so it's streamlined with
3 everybody that way.

4 MS. ALLEN: Oh, so that everyone does it?
5 Okay. Okay. Thank you.

6 DR. BURCHETT: Yeah. Yeah. Yeah. Any
7 other thoughts on it? Anyone?

8 DR. COMPTON: I guess if we make a
9 recommendation, we need to make it very
10 specific or clear so that there's no
11 confusion. I mean, we're a little confused
12 on here.

13 DR. BURCHETT: Right. When is the next --
14 what is the date of the next MAC meeting,
15 Steve?

16 DR. COMPTON: Next Thursday, 17th.

17 DR. BURCHETT: How about -- the next one
18 won't be until next year, will it?

19 DR. COMPTON: Will be January.

20 DR. BURCHETT: So what's everybody's
21 pleasure on it? Do we want to make it now
22 or do we want to wait and make it at the
23 next MAC meeting? Or do we just need to
24 discuss it a little more?

25 DR. MUNSON: We may need to look and see

1 first, like, when the Department comes out
2 with the final ruling and just what's in
3 their final ruling to see if there's
4 anything else that we would need to make as
5 part of that recommendation. It could be
6 some other component that we're not --

7 DR. BURCHETT: Sure.

8 DR. MUNSON: -- thinking of. So it might
9 be beneficial for us to wait and see. And
10 then also the flexibility to have some
11 additional discussion on this, so we make
12 sure that when we make a recommendation it
13 is well thought out and in the best
14 interest of all parties involved.

15 DR. BURCHETT: Yeah, I'm fine with that.
16 So if everybody is in agreement then, we'll
17 just table that until our next get-
18 together.

19 And just another general discussion
20 topic, depending on the time that the
21 Department puts out the adult eyewear
22 information, I would like to consider
23 possibly calling another MAC meeting for us
24 to discuss those things, specifically for
25 that.

1 DR. UPCHURCH: I think that would be great,
2 Matt.

3 DR. BURCHETT: Because that might give us
4 some time to get some clarity on things we
5 don't understand about it, is my thought.
6 So...

7 Well, MAC meeting is the 17th, you
8 said Steve. Our next regularly scheduled
9 TAC meeting will be February 2nd, unless we
10 decide to call a special meeting for the
11 upcoming adult benefit that is being
12 finalized.

13 DR. COMPTON: If we don't do that, it will
14 be the March MAC meeting before we could
15 even make the recommendation, if we don't
16 have the special-called meeting.

17 DR. BURCHETT: Right. So I would probably
18 look to having that special-called meeting,
19 but I think we need to hold off until we --
20 the Department puts out what the benefit
21 will be and how it will be administered and
22 all that stuff, so we can ask questions on
23 it.

24 DR. COMPTON: And we might even want to
25 have our optical people around handy to

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answer questions.

DR. BURCHETT: Yeah.

DR. COMPTON: I'm so far removed from the optical, that I -- you know, I just -- I don't know enough about it.

DR. BURCHETT: Sure. Yeah, that will be fine.

Okay. Anybody else before we adjourn? If not, I thank you-all for attending. I thank all the -- everybody for all the information that was provided today, and look forward to the follow-ups with the other information that we requested.

You-all have a good afternoon and I will entertain a motion to adjourn.

DR. MUNSON: I make the motion to adjourn.

MR. COMPTON: I second.

DR. BURCHETT: Steve seconds. All in favor?

(The Board votes unanimously "aye.")

DR. BURCHETT: Thank you.

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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 12th day of
December 2022.

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

<p>BOARD: [1] 4/5 DR. BURCHETT: [96] DR. COMPTON: [31] 3/19 10/18 10/24 11/11 24/24 25/4 25/20 26/10 26/15 26/21 26/23 27/2 35/3 35/6 35/21 36/8 37/1 37/13 38/16 38/20 45/5 45/9 50/17 50/25 51/7 53/8 53/16 53/19 55/13 55/24 56/3 DR. EDMONDS: [19] 32/1 32/6 34/9 34/20 35/1 35/9 35/24 36/11 37/5 37/15 37/22 38/18 40/14 40/25 41/5 42/3 42/6 42/18 43/15 DR. MUNSON: [12] 5/21 6/8 6/21 29/14 29/25 30/4 30/8 30/15 50/9 53/25 54/8 56/16 DR. UPCHURCH: [4] 3/10 3/21 50/6 55/1 MR. BUNCH: [1] 25/3 MR. COMPTON: [3] 27/6 27/10 56/17 MS. ALLEN: [40] 7/12 9/22 10/14 10/23 11/1 11/12 11/15 11/23 12/3 12/7 12/12 12/19 13/22 14/4 14/7 14/10 14/15 15/16 15/22 16/1 16/8 17/4 17/19 18/12 22/1 46/19 47/12 47/15 47/18 47/21 47/24 48/13 51/12 51/18 51/20 52/11 52/13 52/17 52/24 53/4 MS. BEVINGTON: [5] 11/13 11/16 11/24 12/4 12/11 MS. BICKERS: [3] 20/9 21/2 22/12 MS. DUDINSKIE: [17] 4/21 6/4 6/14 6/22 23/19 24/1 28/6 28/13 29/3 29/19 30/2 30/5 30/11 30/18 31/3 31/9 31/22 MS. ELLIS: [5] 16/20 18/16 18/24 19/12 19/19 MS. HOLMAN: [1] 26/13 MS. KITCHEN: [18] 20/19 21/3 22/5 29/10 31/6 39/3 39/7 39/12 39/18 39/25 41/22 42/5 42/17 44/17 44/23 45/15 46/3 46/9 MS. KLINGELHOFER: [19] 21/21 22/7 24/2 24/9 24/14 24/19 24/21 25/18 25/21 26/12 26/20 26/22 26/25 27/3 27/7 27/13 41/16 44/9 44/11 MS. O'BRIEN: [11] 47/2 47/13 47/17 47/19 47/23 48/9 48/12 48/22 48/24 49/9 49/16 MS. PARKER: [2] 43/7 43/25 MS. RITCHIE: [1] 22/14 MS. UNGER: [12] 28/20 30/16 30/20 31/4 31/17 31/24 43/19 44/2 44/10 46/13 47/6 48/11</p>	<p>2 20-day [1] 14/24 2022 [3] 1/15 43/21 57/16 2023 [3] 46/20 47/1 57/12 23 [2] 48/1 48/4 24 [1] 57/12 270 [1] 27/6 2nd [2] 5/9 55/9</p> <hr/> <p>3 30 [3] 8/6 13/5 25/11 36 [1] 7/19</p> <hr/> <p>4 45 [2] 12/21 13/4</p> <hr/> <p>5 5181 [1] 27/6 586-5181 [1] 27/6</p> <hr/> <p>6 64 [5] 29/4 29/7 29/13 29/23 30/7 65 [3] 29/13 29/23 30/7</p> <hr/> <p>9 90 [1] 7/22 92004 [2] 40/19 40/23 92014 [1] 40/23 92015 [9] 33/13 34/1 34/16 39/23 40/6 40/13 42/19 43/12 44/20 99 [4] 33/14 44/9 44/16 44/20 9th [1] 48/20</p> <hr/> <p>A able [10] 17/2 18/4 19/9 20/22 22/21 22/24 29/2 32/2 44/25 48/19 about [29] 3/23 4/12 6/23 7/3 7/5 10/25 11/16 11/18 12/15 15/5 16/1 20/3 21/9 21/10 21/11 23/6 33/11 41/23 42/3 42/14 42/15 42/24 43/10 45/23 49/22 49/24 53/17 55/5 56/5 accepted [1] 36/9 access [1] 12/9 accordance [2] 8/14 12/20 accounting [1] 38/18 accurate [1] 57/9 acronyms [1] 14/11 across [1] 52/2 acting [1] 20/16 actual [1] 40/7 actually [6] 8/4 10/21 28/7 35/9 45/15 47/7 add [4] 11/1 28/3 35/13 43/14 added [2] 11/7 38/2 adding [1] 33/5 addition [1] 11/2 additional [5] 11/3 11/18 43/19 43/23 54/11 address [2] 31/15 31/23 adjourn [3] 56/8 56/15 56/16 adjustments [1] 15/14 administered [1] 55/21 adult [3] 49/23 54/21 55/11 adults [3] 45/14 50/2 51/24 Advisory [1] 57/10 advocate [1] 26/4 after [4] 25/11 26/18 27/7 35/15</p>	<p>afternoon [2] 3/1 56/14 again [14] 8/23 9/12 9/23 12/15 12/23 13/6 14/19 14/23 25/22 28/7 33/25 38/12 41/11 46/13 agenda [3] 3/15 27/11 45/6 ago [2] 14/3 37/25 agreement [1] 54/16 ahead [6] 3/3 3/13 5/24 25/3 47/14 48/7 algorithm [1] 37/9 all [41] 3/5 3/13 3/25 4/3 4/6 4/9 9/4 13/18 17/19 21/4 21/12 24/5 25/6 25/15 27/14 32/22 33/18 36/3 37/1 37/7 38/5 43/13 43/25 45/9 46/15 46/18 48/11 48/14 50/1 50/12 51/15 51/24 52/9 52/15 54/14 55/22 56/9 56/10 56/10 56/14 56/18 all's [1] 47/11 allow [8] 28/8 28/23 29/3 29/4 29/9 29/21 31/11 35/10 allowable [2] 30/7 30/13 allowed [7] 29/12 29/13 29/21 30/24 31/21 34/11 34/14 almost [1] 37/1 along [2] 8/25 19/6 already [3] 5/6 23/11 52/15 also [21] 6/18 9/25 11/3 11/5 11/7 11/10 12/24 12/25 13/11 28/4 29/2 31/19 37/3 37/18 37/19 39/19 47/3 47/3 52/19 52/22 54/10 always [2] 10/3 36/9 am [6] 3/8 26/20 26/22 26/25 27/1 41/3 Angie [2] 19/16 43/7 Ann [3] 22/14 40/15 46/16 another [6] 5/11 18/13 21/15 35/3 54/19 54/23 answer [7] 9/16 22/20 35/2 43/15 45/1 49/3 56/1 answered [2] 34/9 48/19 Anthem [2] 47/3 48/20 anticipated [1] 47/24 any [25] 3/23 4/19 5/18 6/15 6/23 9/10 10/15 19/22 20/5 21/23 21/25 29/22 32/13 42/21 43/5 44/17 44/24 45/13 45/23 46/12 49/18 50/5 50/18 51/4 53/6 anybody [9] 3/17 10/15 19/22 22/12 23/16 43/5 49/18 50/5 56/8 anymore [1] 6/13 anyone [5] 20/9 21/24 27/15 46/16 53/7 anything [9] 4/20 8/1 8/6 14/25 19/23 23/17 24/10 43/9 54/4 anytime [1] 6/15 anyway [1] 23/16 apologize [3] 21/6 21/8 41/4 appeal [1] 48/20 application [7] 12/22 12/22 13/1 13/3 13/21 14/6 14/13 applies [1] 9/10 appreciate [5] 10/12 18/11 19/18 22/3 45/3 appropriate [3] 7/15 9/14 15/13 appropriately [2] 8/17 42/15 approval [5] 4/2 45/19 45/21 45/24 46/7 approvals [1] 46/10 approve [2] 3/18 3/19 approved [1] 4/8 approving [1] 4/3 APRNs [1] 31/2 are [44] 4/16 5/23 6/10 7/17 8/18 8/22 9/4 10/6 11/3 11/21 13/1 13/2 15/10 16/5</p>
<p>'95 [1] 39/19 '97 [1] 39/19 'til [1] 13/13</p> <hr/> <p>1 1/1 [1] 48/8 1/1/23 [2] 48/1 48/4 10 [1] 1/15 12th [1] 57/15 15 [1] 14/24 17th [2] 53/16 55/7 1:00 [1] 1/16 1st [2] 46/18 47/8</p>		

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