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.

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)

DR. BURCHETT: Good afternoon, Everybody. Dr. Burchett here, and just like to go ahead and get started with the meeting. I'm, of course, the Chair of the TAC. And I think we've got all of our members present. If I saw the participant list correctly, Dr. Compton, Dr. Munson, Dr. Sawyer, I see on there. And am I missing Dr. Upchurch? Did he make it on.

DR. UPCHURCH: I did.

DR. BURCHETT: Okay. Good deal. Fair enough. Well, since we have a quorum and all of that, let's go ahead and call the meeting to order. And first order of business on the agenda, of course, is to look at the last meeting's minutes. So does anybody like to give a motion to approve those minutes?

DR. COMPTON: I move to approve.

DR. BURCHETT: Okay. Thank you, Steve.

DR. UPCHURCH: Second.

DR. BURCHETT: Good. Thank you, Gary.

Any questions about the minutes? Everything seem pretty straightforward to you-all from them?

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

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

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

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

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

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

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

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

DR. MUNSON: Perfect. Thank you.

MS. DUDINSKIE: Sure.

DR. BURCHETT: Any other questions about that topic?

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

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

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

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

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

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

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

Does that answer your question, Dr. Burchett?

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

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

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

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

MS. ALLEN: You're welcome.

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

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

MS. ALLEN: That's the goal.

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

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

DR. COMPTON: Thank you.

MS. ALLEN: You're welcome.

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

MS. ALLEN: Good talking --

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

MS. ALLEN: Yes.

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

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

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

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

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

DR. BURCHETT: We have, and they just told

-- they helped us through it, but we had to resubmit things that we had submitted nine months ago --

MS. ALLEN: Okay. Okay.

DR. BURCHETT: -- on the initial application. That's what I'm saying.

MS. ALLEN: Is your team using the C -- is it the CQL? Help me LeeAnn, the CQL --

DR. BURCHETT: The CQH?

MS. ALLEN: Thank you, CQ -- yes, that one. There's too many acronyms out here in healthcare. Is your team using that application as your base?

DR. BURCHETT: We do.

MS. ALLEN: Okay, okay. So I don't have the particulars, Dr. Burchett, for your case, but as long as the PR rep was involved and they did step in to assist you with resolving that -- and, again, I think you said back in January, so we have implemented some process improvements since then to improve that overall process. But, again, open lines of communication as soon -- you know, that 15, 20-day mark passes and you haven't heard anything,

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

DR. BURCHETT: Okay. Thank you.

MS. ALLEN: You're welcome.

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

MS. ALLEN: Okay.

DR. BURCHETT: We have had a terrible time with our providers being dropped from the Korrect Optical Labcorp.

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 Korrect Optical. As I understand it -- and, LeeAnn, please tell me if I state this wrong, but as I understand it, Korrect 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 Korrect 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

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

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

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

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

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

DR. BURCHETT: I appreciate it.

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

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

DR. BURCHETT: Yes.

MS. ELLIS: -- please let me know.

DR. BURCHETT: As far as what a timely

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

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

DR. BURCHETT: Appreciate it.

MS. ELLIS: Thank you.

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

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

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

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

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

information for you.

MS. BICKERS: Thank you, Kelly.

MS. KITCHEN: You're welcome.

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

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

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

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

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

come back to that question, if that's possible, and we'll see if we can get Dr. Edmonds on the line.

DR. BURCHETT: Okay. Well, yes, and we can. I'll just -- I'll say just a little bit more about it and then we can move forward, unless somebody else has more to say. But, basically, I just don't feel comfortable being told to up-code a medical visit just to cover something that's already on the fee schedule as a covered service. I don't think that's kosher on billing etiquette, to be honest, and it bothers me that I was asked to do that. That's my statement.

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

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

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

MS. DUDINSKIE: Okay. Thank you.
MS. KLINGELHOFER: But what did he ask you to do? Like what -- what was his instruction?
DR. BURCHETT: He said that you-all do not cover refraction under a medical exam and that we should just up-code the next level of coding to make up for it.
MS. KLINGELHOFER: I'm not going to speak to anything, but he had sent me kind of an explanation on that. But I'm going to wait for him to see if he can --
DR. BURCHETT: Sure.
MS. KLINGELHOFER: -- speak to it. And then if not, I can kind of speak to what he had sent to me.
DR. BURCHETT: Sure. And that's fine, but that's --
MS. KLINGELHOFER: Thank you.
DR. BURCHETT: -- that's just my concern.
MS. KLINGELHOFER: Thank you very much. I will relay that.
DR. BURCHETT: Okay.
DR. COMPTON: Matt, this is, Steve. I've got a March Vision concern, too. It's not

really old business. I don't know if you want me to --

MR. BUNCH: Go ahead.

DR. COMPTON: -- while we've got March on the line, so to speak. We've had a little issue. We all have claims that don't get paid. And you get on the portal to see what's not been paid, but it doesn't -- as I understand it, it doesn't tell you why it wasn't paid. You have to call. And this happened yesterday. After 30 minutes on the call, we got hung up on, trying to find out why some claims are not paid. It just seems like there should be a more efficient way. I think all the other subcontractors, it's available on the portal. You can see what's not paid and why.

MS. KLINGELHOFER: And who is asking the question?

DR. COMPTON: Dr. Compton.

MS. KLINGELHOFER: Hi, Dr. Compton. This is Tyania again. So you should see why the claim is not paying. We do have codes that are listed on the rejection or the denied or whatever the case may be. We do have

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

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

MS. KLINGELHOFER: Sure.

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

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

MS. KLINGELHOFER: Sure. Who am I --

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

MS. KLINGELHOFER: Who am I --

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

MS. KLINGELHOFER: Okay. Who am I calling?

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

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

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

DR. BURCHETT: Okay.

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

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

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

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

guidance, optometrists are physicians.
MS. DUDINSKIE: No, that's not what I was trying to say --
DR. MUNSON: Okay.
MS. DUDINSKIE: -- to clarify. I'm just saying we -- locum tenens are only allowable for the 64, 65 provider type.
DR. MUNSON: So how does that get changed? Is that a federal level change or is that a state level change?
MS. DUDINSKIE: Well, our direction comes from CMS on that, so it's -- that's what I'm saying is allowable for us. So that would be more of a federal change.
DR. MUNSON: Okay. Thank you.
MS. UNGER: Can you hear -- this is Sarah. Can you hear me?
MS. DUDINSKIE: Yes.
DR. BURCHETT: Yes.
MS. UNGER: So I went and found the e-mail. And in the e-mail that I have it says, if locum tenens is not listed in the regulation for a specific provider type, that means locum tenens are not allowed. the only provider type state locum tenens

is in the regulation is physicians, dentists, and APRNs.

MS. DUDINSKIE: Who is this e-mail from?

MS. UNGER: I have it from -- I think it's from Kelly.

MS. KITCHEN: So then I went to the dentist regulation and it is listed in here, the Dentist Medicaid Regulation. Sorry.

MS. DUDINSKIE: If it's listed in the regulation, I can tell you that we don't allow them to participate in locum tenens. If you want me to forward me the e-mail, I'll take a look at it and I can provide some clarification. I'm happy to take a look at it. I can put my e-mail address in the chat.

MS. UNGER: Okay. Thank you. And that's fine, because then, I guess, we want to take it to our federal side also, because I don't understand why physicians would be the only ones allowed to do it.

MS. DUDINSKIE: Okay. I'll put my e-mail address in the chat for you.

MS. UNGER: Thank you.

DR. BURCHETT: Thank you for that.

DR. EDMONDS: This is Scott Edmonds. I'm back. I was finally was able to get through on the Zoom, if you want to go back to that medical refraction issue.

DR. BURCHETT: Sure. That would be great.

DR. EDMONDS: Yeah, so we were not asking you to up-code. That was a misunderstanding. So when you provide a service, when you're doing an E&M code, it's a time code. So on my EHR there's a timer that you turn on when you start providing medical care. But if you're going to provide any procedure that you're going to bill separately, a refraction, a field, an OCT, you have to turn your timer off and you can't count that time that's specifically related to that test as part of the medical care time. So when the refraction is not available -- so refractions in your state in this contract are only available on a timed basis and can't be done between times. And we all know that medical care with cataracts and cornea problems need refractive testing at least to find best vision in interim times.

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

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

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

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

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

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

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

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

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

DR. EDMONDS: Maybe the Department can answer that.

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

DR. BURCHETT: Sure.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

DR. COMPTON: Take more time.

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

does that mean that they have to pay that code?

MS. KITCHEN: Does that mean who has to pay that code?

DR. BURCHETT: The vision provider here. It was my --

MS. KITCHEN: So --

DR. BURCHETT: It was my understanding that if the codes on the fee schedule are listed, they have to cover and reimburse for those codes.

MS. KITCHEN: Correct. If there is a code on the fee schedule and you provide that specific service, then you would bill based on the codes on the fee schedule.

DR. BURCHETT: Well, then that's contrary to what he's telling us then.

MS. KITCHEN: And as far as the time base or you can also use the '95, '97 Guidelines for doing your exams. You don't have to use time basis either/or.

DR. BURCHETT: Sure. So in that case, Kelly, should they be paying the 92015 to us?

MS. KITCHEN: I was just looking that code

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

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

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

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

DR. EDMONDS: So does the refraction, at

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

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

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

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

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

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

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

MS. PARKER: All right. I pulled up the

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.

Let me check on that first before I answer that.

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

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

DR. BURCHETT: We intend to, Steve.

DR. COMPTON: All right. Thank you.

DR. BURCHETT: Thank you.

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

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

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

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

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

DR. BURCHETT: Sure.

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

DR. BURCHETT: Any questions on that?

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

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

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

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

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

MS. UNGER: Okay. Thank you-all.

MS. O'BRIEN: You're welcome.

MS. ALLEN: You're welcome.

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

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

MS. O'BRIEN: Yes.

DR. BURCHETT: There you go.

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

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

DR. BURCHETT: No.

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

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

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

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

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

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

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

DR. BURCHETT: Okay.

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

DR. BURCHETT: Okay. Steve?

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

DR. BURCHETT: What?

DR. COMPTON: -- to make the

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

DR. BURCHETT: Are they doing Zooms?

DR. COMPTON: They are.

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

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

DR. BURCHETT: No.

MS. ALLEN: Okay, okay. So --

DR. BURCHETT: No, no.

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

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

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

MS. ALLEN: Okay.

DR. BURCHETT: Does that make sense?

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

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

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

DR. BURCHETT: Sure.

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

DR. BURCHETT: Right, right. I was just making so it's streamlined with everybody that way.
MS. ALLEN: Oh, so that everyone does it? Okay. Okay. Thank you.
DR. BURCHETT: Yeah. Yeah. Yeah. Any other thoughts on it? Anyone?
DR. COMPTON: I guess if we make a recommendation, we need to make it very specific or clear so that there's no confusion. I mean, we're a little confused on here.
DR. BURCHETT: Right. When is the next -- what is the date of the next MAC meeting, Steve?
DR. COMPTON: Next Thursday, 17th.
DR. BURCHETT: How about -- the next one won't be until next year, will it?
DR. COMPTON: Will be January.
DR. BURCHETT: So what's everybody's pleasure on it? Do we want to make it now or do we want to wait and make it at the next MAC meeting? Or do we just need to discuss it a little more?
DR. MUNSON: We may need to look and see

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

DR. BURCHETT: Sure.

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

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

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

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

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

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

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

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

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

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