

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

IN RE: OPTOMETRIC TAC

HELD VIA ZOOM

DATE:
NOVEMBER 7, 2024
1:00 P.M.

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A T T E N D E E S :

Dr. Matt Burchett - Chair

Dr. Steve Compton

Dr. Gary Upchurch

(and many more were on ZOOM)

1 MS. BICKERS: It is 1:00 and the waiting
2 room is clear. I show three of the five,
3 so you do have a quorum.
4 DR. BURCHETT: Well, I guess we're ready to
5 go then. You guys ready?
6 DR. UPCHURCH: Sure.
7 DR. BURCHETT: Okay. Well, once again, I'm
8 Dr. Matt Burchett, Chair of the TAC. Thank
9 you-all for being here. I know we haven't
10 met in a little while. Hadn't really been
11 a great many issues, I don't think, come up
12 in the last little bit, but we do have a
13 few things to talk about today, so we'll go
14 ahead and get started.
15 First order of business, as always, is
16 approval of the minutes from the last
17 meeting. You-all have looked at them. I'll
18 entertain a motion for approval.
19 DR. UPCHURCH: I'll make a motion they be
20 approved.
21 DR. COMPTON: I'll second.
22 DR. BURCHETT: Sounds good. All in favor?
23 (Members vote "aye.")
24 DR. BURCHETT: Good, good. So that passes.
25 So we will jump right in and start

1 just down the list. The next thing is Old
2 Business. Basically, we are just checking
3 in with DMS to see if there's any update on
4 how the process is going, and the secondary
5 question is do optometrists still need to
6 upload their licenses now that you're
7 communicating with the Board of Examiners.
8 MS. DUDINSKIE: This is Jennifer Dudinskie
9 with Program Integrity. The process seems
10 to be working great now, so there should be
11 no need for a provider to go in and upload
12 the license into our portal as long as they
13 have everything squared away with the
14 Board. So we've been moving along for
15 quite some time now with that working
16 successfully, so I think we are in good
17 shape. I would encourage, though, for
18 providers just to go in and maybe check the
19 file, you know, just to make sure, just for
20 safety sake, but I believe everything is
21 working great.

22 DR. BURCHETT: Sounds good. Any questions,
23 Guys?

24 DR. COMPTON: No. Sounds good.

25 DR. BURCHETT: Okay. Yeah. I know that's

1 been a long time coming and a lot of people
2 been working on it, so I'm glad to hear
3 that things are moving along good there.

4 MS. DUDINSKIE: We are, too.

5 DR. BURCHETT: Yes, I'm sure. I'm sure.

6 So jumping on down. New Business. As
7 I guess most of you-all on the TAC know, we
8 have had some issues with Avesis' portal
9 over the last three weeks or so. And just
10 like to hear from Avesis on how that's going
11 and how they are managing all that.

12 MS. GRAY: Hi, Dr. Burchett. This is Kim
13 Gray from Avesis. So I am pleased to
14 report today that we have some solutioning
15 in place that we will be developing a
16 communication on and sharing with the TAC
17 and the rest of the vision provider
18 community. So one of the issues that I
19 know the providers were experiencing was
20 the issue with the lab link. And we do
21 have an external lab link that is available
22 for providers to utilize and submit
23 order -- material orders through.

24 We are in the process of developing
25 that communication and outlining that

1 process. We will be issuing usernames and
2 passwords, or assisting you with
3 establishing those usernames and passwords
4 for the lab link. And you will be able to
5 place the orders for the materials in the
6 next day or two.

7 We also have put in a fix for the
8 issues that were being experienced with the
9 eligibility and benefit accumulators. So
10 those are available on the portal now. We
11 have done extensive testing, and you should
12 now be able to obtain that eligibility and
13 benefit information as you have in the past.
14 DR. BURCHETT: Okay. So that part is ready
15 now?

16 MS. GRAY: That part is ready now, correct.

17 DR. BURCHETT: Okay.

18 MS. GRAY: And I think those were the two
19 largest issues that you may have been
20 experiencing, but if there's anything else
21 let me know.

22 DR. BURCHETT: I know some providers had
23 talked a lot about the timing out on them
24 and them receiving a lot of error messages.

25 MS. GRAY: Yes, that has been fixed as

1 well.

2 DR. BURCHETT: Okay.

3 MS. GRAY: Yeah, we tested that yesterday
4 and there are no issues, no more issues
5 with the time-out -- the portal timing out
6 and the error messages that were popping
7 up.

8 DR. BURCHETT: And you said the information
9 will be sent out how soon again?

10 MS. GRAY: So our provider relations
11 manager for vision is drafting that
12 provider communication piece today. I
13 would say within the next day or two that
14 information should be going out to all
15 providers on how to set up their account
16 for that lab link.

17 DR. BURCHETT: Okay. Yeah, I know it's
18 been three, going on four weeks now, and
19 that's a lot of time for people to wait on
20 glasses.

21 MS. GRAY: Yes. I am hearing that the
22 lab -- so I know most of you are using
23 Korrekt Optical. They have a really quick
24 turnaround time. So we've been in
25 communication with them, and that

1 turnaround time should remain intact. So
2 those materials should go out quickly, as
3 soon as they receive the orders.

4 Greatly appreciate everyone's patience
5 as we work through some of these issues, and
6 appreciate you bringing them to our
7 attention.

8 DR. BURCHETT: Any questions from anybody?

9 DR. UPCHURCH: You might want to clarify.

10 We were having some issues on the Avesis,
11 WellCare -- actually, it was Medicaid
12 Advantage or Medicare Advantage -- being
13 able to find the dollar amount of what they
14 had to use. And Miranda told me how to do
15 that yesterday. You might want to just
16 make sure everybody understands how to do
17 that.

18 MS. GRAY: Okay. I think -- Miranda, are
19 you on the call today?

20 MS. SANDLIN: Hi, I am here. I will add
21 that to the communication that is going out
22 just to clarify that for providers.

23 DR. UPCHURCH: All right.

24 DR. BURCHETT: Any other questions? If
25 not, let's move on then.

1 MS. GRAY: Thank you.

2 DR. BURCHETT: Thank you-all for the

3 update. Appreciate it.

4 MS. GRAY: Sure thing.

5 DR. BURCHETT: Next I'll let -- Steve, you

6 can take over on this, and I think this is

7 something that's come up for you.

8 DR. COMPTON: It is. And I've got Cindy in

9 here with me, so I may have to lean on her

10 to get the explanation. It's not about

11 billing glasses. It's about billing the

12 exam. Right?

13 CINDY: Yes.

14 DR. COMPTON: Yes. Patient had a Medicare

15 Savings Plan.

16 CINDY: With ADS, yes.

17 DR. COMPTON: With ADS.

18 CINDY: Medicare primary.

19 DR. COMPTON: Medicare is primary.

20 CINDY: ADS secondary.

21 DR. COMPTON: ADS secondary. We found out

22 it's a Medicare Savings Plan.

23 Patient had a routine diagnosis, so

24 Medicare denied it. Fill out -- had to fill

25 out a form or something now to forward that

1 to DMS. Did all that and they denied it
2 with what kind of code?
3 CINDY: Well, it just says it's covered
4 by somebody --
5 DR. COMPTON: It says covered by somebody
6 else, which is Medicare. So called, talked
7 to Danielle, who politely informed us that
8 we just have to eat the exam and not get
9 paid.
10 So I'm not -- I'm not totally against
11 charity, but I don't think this ought to be
12 a charity case. Somebody should be paying
13 that exam claim. If they had a medical
14 diagnosis, Medicare would have paid it. But
15 this was a fairly young patient. I don't
16 know why they have Medicare.
17 MS. KITCHEN: Hi, Dr. Compton. This is
18 Kelly Kitchen. So talking about billing
19 for codes for members that have Medicare
20 primary, it sounds like that member had
21 QMB; correct --
22 DR. COMPTON: Correct.
23 MS. KITCHEN: -- Medicare Savings Plan?
24 So when the member is in QMB, the only
25 time that Medicaid ever pays for service is

1 if Medicare pays.

2 So in the case that there is a code

3 that Medicare does not pay and the member is

4 in QMB, Medicaid isn't going to pay because

5 Medicaid only pays the coinsurance and

6 deductible. And if Medicare doesn't pay,

7 there is no coinsurance and deductible to

8 pay. So only dual-covered members would be

9 covered for anything eyeglasses.

10 DR. COMPTON: This is for the exam.

11 MS. KITCHEN: Well, even the exam, for any

12 service.

13 DR. COMPTON: So --

14 MS. KITCHEN: So if Medicare -- if they are

15 QMB, and they have Medicare QMB with

16 Medicaid, if Medicare doesn't pay it, then

17 there's nothing for Medicaid to pay

18 because --

19 DR. COMPTON: So who pays?

20 MS. KITCHEN: -- Medicaid only pays

21 coinsurance and deductible. So if Medicare

22 doesn't pay, there is no coinsurance or

23 deductible.

24 DR. COMPTON: I understand all that, but

25 who does pay me? Patient? Bill the

1 patient?

2 MS. KITCHEN: If they have Medicare with

3 QMB, you would have to do the ABN form per

4 Medicare, per federal government.

5 DR. COMPTON: Or just not see them?

6 MS. KITCHEN: I can't make that

7 recommendation.

8 DR. COMPTON: Something's not --

9 MR. DEARINGER: Dr. Compton, this is Justin

10 Dearing with DMS as well. Thank you,

11 Kelly. I think she explained it correctly.

12 You know, Medicaid services where

13 individuals only qualify for QMB, we only

14 pay that coinsurance and copayment. That's

15 it. So we don't pay for any services. So

16 only if Medicare covers a claim, whatever

17 copayment they may have is what we cover.

18 That's how that QMB works. So if they fall

19 in that QMB eligibility range, and

20 that's -- that's all we can do for

21 Medicaid. So we can't speak to anything

22 beyond that like what Medicare may or may

23 not do, so I'll -- I'll leave that to --

24 DR. COMPTON: If it's a young patient with

25 a routine diagnosis, they are just out of

1 luck, or I'm out of luck.

2 JAKE: They usually don't have Medicare.

3 DR. COMPTON: I heard somebody.

4 It's an unusual situation.

5 DR. BURCHETT: Yeah. No, that's not
6 entirely true. I've got a lot of young
7 people in the key who are disabled that
8 have that same situation, Medicare with
9 Medicaid stuff.

10 MR. DEARINGER: And there's two different
11 types. And I'm not an eligibility
12 specialist. But just to kind of understand
13 the difference, you will have individuals
14 that have dual, so they will have Medicare
15 and Medicaid. In that case we would pay
16 everything Medicare doesn't pay. However,
17 QMB is a different eligibility group. So
18 there are different parameters as far as
19 eligibility is concerned.

20 And, again, I'm not an eligibility
21 expert, but, you know, they -- as you-all
22 know, they look at income, they look at
23 assets, all those different things when
24 determining somebody's eligibility for
25 Medicaid. And so if that puts them into a

1 different group, then they would be put into
2 that QMB group because they have higher
3 income or higher assets, or whatever the
4 case may be. And so that's -- that's the
5 group they fall into at that point, which
6 means that we only cover that copay for
7 Medicare. And that's -- that QMB, I think
8 it's Program Code Z, those individuals.

9 DR. COMPTON: That's correct. So nobody's
10 going to pay is what it amounts to. I'm
11 either stuck or the patient's stuck.
12 That's what I'm hearing.

13 DR. THERIOT: So, Justin, if the patient
14 changed the type of coverage they had with
15 Medicare, you know, got a more extensive
16 plan, would that -- you know, if they got a
17 plan that covered vision and glasses, would
18 that cover them, or are they unable to get
19 a plan like that, or is it all individual?

20 MR. DEARINGER: It's all individual, so I'm
21 not sure -- you know, I wouldn't be able to
22 speak to -- I'm not a Medicare expert
23 either necessarily, so -- and I know there
24 are a lot of different plans out there for
25 Medicare. There are a lot of individuals

1 that reach out to people and put them in
2 different plans and sell them on different
3 plans for Medicare. So that's maybe an
4 issue as well, that the individual has a
5 choice for Medicare to be able to enroll in
6 different plans, where Medicaid we have one
7 plan; right? If you have Medicaid, you
8 have Medicaid, and then we just have a
9 choice of providers, but we have the same
10 base services.

11 Our fee-for-service Medicaid sets base
12 services. So when you-all look at your
13 optometric fee schedule, you know those
14 things are going to be covered. You don't
15 necessarily know the exact price, but you
16 know exactly what's going to be covered, you
17 know the limitations on that and so on.

18 Medicare is different. You have a lot
19 of different plans that you can choose for
20 Medicare and they cover different things at
21 different rates and different ways. So that
22 would be something that, you know, would be
23 individual to that -- or be specific to that
24 individual based on their Medicare plan, and
25 that would be something that the provider

1 would have to work out with Medicare on that
2 federal level. There's nothing we can do as
3 Medicaid --

4 DR. COMPTON: Medicare does not cover
5 routine diagnosis.

6 MR. DEARINGER: Medicaid does not cover
7 anything for an individual that has QMB
8 Medicaid.

9 DR. COMPTON: I understand you. I
10 understand that. I'm just saying it's a
11 quandary. Medicare doesn't cover it,
12 you're not going to cover it. Sounds like
13 we have to get an ABN from the patient and
14 collect from them, and then they will have
15 to fight it out. So I think I've gotten my
16 answer. It's not what I wanted, but I got
17 it.

18 DR. UPCHURCH: Well, that means on any of
19 those patients you are going to have to get
20 the ABN upfront because you don't know when
21 you go in the exam room whether it's going
22 to be routine or --

23 DR. COMPTON: Exactly, exactly. You are
24 going to have to -- typical Medicare
25 patients, they probably have something

1 medical.

2 DR. UPCHURCH: Right.

3 DR. COMPTON: The young disabled folks got

4 pretty healthy eyes as a rule.

5 MR. DEARINGER: Yeah, I wish there was

6 something more we could do with Medicaid;

7 however, that's a strict federal

8 requirement from CMS. We don't have any

9 control over that.

10 DR. COMPTON: All right. Thank you. Just

11 have to be more careful on the QMBs.

12 DR. BURCHETT: Steve, I guess the next one

13 is yours, too.

14 DR. COMPTON: It is. I went to a billing

15 and coding seminar a week or two ago and,

16 as you and Gary are both aware, there's a

17 lot of emphasis on myopia control. That

18 typically would be billed under

19 medically-necessary contact lenses as a

20 rule, but there will be several office

21 visits in a year's time. I had a printout

22 on what you would typically bill, and I'll

23 find that and forward it to Donna and send

24 her a link, and they can spread it out to

25 who all needs to see it. Just are --

1 Medicaid or DMS, or any of the
2 subcontractors, are going to cover the fees
3 for myopia control. And, Gary, you may
4 know more about how it's billed than I do.
5 I'm just now exploring the...

6 DR. UPCHURCH: I don't know the ins and
7 outs of the billing. I know that it has
8 become an epidemic with all of the devices
9 that are -- these young people have and
10 stay on all the time.

11 DR. COMPTON: I'm trying to find it here.
12 Maybe I'll find it before the meeting is
13 over. But it will be several 99000 codes
14 in a year's time.

15 DR. UPCHURCH: If we can only use the
16 diagnosis of myopia, then unless there's a
17 different diagnostic code that I don't know
18 about -- unless we can use the degenerative
19 myopia or something along that line, then
20 the MCOs are not going to pay -- probable.

21 DR. COMPTON: Exactly. So then that's over
22 half the children in the state covered by
23 Medicaid, they miss out on that kind of
24 care.

25 MR. DEARINGER: If you want to send me any

1 issues you might have with billing on that,
2 we can take a look at it and do some --
3 DR. COMPTON: I'll get that out. It's all
4 new, so I thought I'd throw it out there,
5 see what...
6 MR. DEARINGER: Yeah. Now, we'd be happy
7 to take a look at that and see what we
8 can -- what we can do and what research we
9 can pull.
10 DR. COMPTON: I've got it here somewhere.
11 Anyway, I should have had it ready already,
12 before the meeting.
13 MR. DEARINGER: Yeah, I'll be happy to look
14 at it.
15 DR. COMPTON: So if you see me on my phone
16 here, I'm looking for it. I'm not on
17 Facebook or...
18 DR. BURCHETT: Well, I'm going to go ahead
19 and move on then, Steve. We'll come back
20 if you find it.
21 DR. COMPTON: Okay. Yeah, we'll circle
22 back if we need to.
23 DR. BURCHETT: Okay. Next we've got a
24 general discussion. I've actually got two
25 other points to add in there that have come

1 to light since we put the agenda together.

2 The first is a question about Anthem
3 and Anthem not being involved in the MCO
4 group after January 1st. If I'm not
5 mistaken, they sent out a FAQ on things
6 going on with that, with billing claims and
7 reimbursements and things like that past
8 that date. But we don't deal with Anthem.
9 We deal with EyeQuest. And I was just
10 curious to see how EyeQuest is going to
11 handle things from providers after
12 January 1st.

13 MS. PARKER: EyeQuest is a subcontractor of
14 Anthem, so Anthem is ultimately
15 responsible. So they would --

16 DR. BURCHETT: Right.

17 MS. PARKER: So the process that you
18 receive from the FAQs and the letter would
19 be relative to them as well. They will
20 have to pay out claims and...

21 DR. BURCHETT: Okay. Right. I just wanted
22 to make sure because if we have billing
23 issues we are dealing with after
24 January 1st. I know that applied to
25 Anthem, but we don't deal with Anthem. We

1 deal directly with EyeQuest. So I just
2 wanted to make sure that that was still --
3 MS. PARKER: Yes, sir.

4 DR. BURCHETT: -- okay, that was still
5 good. Okay. Yes.

6 DR. DAVIS: You shouldn't have any issues
7 with EyeQuest. You're going to get some --
8 closer to the first of the year you'll get
9 some notices about it, but it really comes
10 down to whatever Kentucky Medicaid allows
11 for as far as timeliness of claim submittal
12 and things like that. Basically we are
13 assuming there's going to be a -- I don't
14 know how long it is in Kentucky, I'm sorry,
15 if it's 180 days or 365, whatever it is for
16 claims, you know. It will be -- we will be
17 processing those all the way through,
18 including, you know, reconsiderations and
19 all the other stuff you would necessarily
20 want to have access to, appeals, things
21 like that.

22 DR. BURCHETT: Sure. And I assumed that
23 was what was going to be the case, but, you
24 know, I've learned in 50 years never to
25 assume anything, so --

1 DR. DAVIS: No problem.

2 DR. BURCHETT: -- thought we'd ask.

3 And then the other thing is, you know,
4 this is the last TAC meeting of the year.
5 We'll get together on some dates for next
6 year here in the next little bit and get
7 those out. But the question I had is are
8 any of the MCOs planning on changing
9 anything for next year, adding other
10 services or things that they might have not
11 covered in the past or anything like that?
12 Well, hearing nothing, that's okay. But if
13 things do change, we would appreciate giving
14 the TAC and the KOA a heads up on those
15 changes so we can communicate that with our
16 membership as well.

17 MS. BICKERS: Now I may --

18 DR. BURCHETT: Yes.

19 MS. BICKERS: -- I do actually have the
20 meeting dates for next year. I just -- I
21 go in order as they come and your all's was
22 next in line.

23 DR. BURCHETT: No, you're fine.

24 MS. BICKERS: I have February 6, May 1st,
25 August 7th, and November 6th. And if those

1 work, I can put that in writing and then
2 get you guys the official calendar,
3 invites, everything. So I just wanted to
4 let you know I do have those in the works.
5 I just haven't gotten them out to you yet.
6 DR. BURCHETT: It wasn't a big deal. I
7 just didn't have them.

8 MS. BICKERS: I try to have them out by
9 October for everybody, but November snuck
10 up on me this year.

11 DR. BURCHETT: No. You're fine.

12 Without looking at a calendar, I think
13 those dates work for me, but is it okay if,
14 you know, we let everybody look at their
15 calendars and then get back to you on those
16 dates?

17 MS. BICKERS: Absolutely. Like I said,
18 I'll follow up in writing with those dates
19 tomorrow.

20 DR. BURCHETT: Sounds good. Appreciate it.

21 Steve, anything?

22 DR. COMPTON: I haven't found it yet,
23 although I did run across -- supposedly
24 there's going to be a new code for OCTA
25 next year. We'll need to get that added.

1 I can't remember how you do it. You do
2 regulations or what...

3 DR. BURCHETT: Well, Board of Examiners has
4 to add it to our list of approved codes
5 first, I think, but -- and I'm sure they
6 have it. I'll check and make sure.

7 DR. COMPTON: Yeah.

8 DR. BURCHETT: And then that looks like all
9 I have.

10 I was going to recognize the executive
11 director of the KOA, Dinah Bevington. She
12 has a couple of comments to make on the
13 upcoming drivers' vision changes.

14 Dinah, are you on here?

15 MS. BEVINGTON: I am. Can you hear me?

16 DR. BURCHETT: I can.

17 MS. BEVINGTON: All right. Hi, Everybody.
18 As Dr. Burchett said, my name is Dinah
19 Bevington. I am the executive director of
20 the Optometric Association here. And we
21 wanted to make sure that this group,
22 specifically the MCOs and DMS, obviously,
23 were updated on some new requirements that
24 the Kentucky legislature put into effect
25 that will be effective January 1st of 2025.

1 Starting that date, all drivers in Kentucky
2 at the time of their license renewal will
3 have to get a license -- basically proof
4 that they meet the minimal visual standards
5 in Kentucky. That does not exist now.

6 Currently in Kentucky you only have to
7 have a vision exam or otherwise show that
8 you meet those standards at the time of
9 initial licensure, which is typically at 16,
10 and then never again in Kentucky do you have
11 your vision tested for purposes of drivers'
12 licensing. This law was passed in 2021 and,
13 again, it's going to be effective in 2025,
14 January 1st, '25.

15 And in light of the large population
16 that is covered by Medicaid, we definitely
17 wanted to make sure that this was on your
18 radars. And I just wanted to kind of
19 highlight the way the process will work from
20 a 30,000-foot level, but I am also, while
21 I'm doing this, going to put in the chat a
22 link to what the Transportation Cabinet has
23 produced and put on their public website for
24 individuals to follow up on and get more
25 information. So I encourage you to take a

1 look at that website as well. But just from
2 a, you know, big picture standpoint, the way
3 this will work, individuals will go to their
4 regional licensing site in Kentucky. So
5 there is not a licensing site in each
6 county, which has -- you might have heard
7 about a little bit some of the frustrations
8 there. So we anticipate, you know, there
9 might be some additional frustrations with
10 this.

11 But they go to their regional
12 licensing site. They can either at that
13 time look into a visual field device to show
14 that they also can see the acuity individual
15 field and meet those standards. And if they
16 do, then they are cleared to renew their
17 license.

18 If they do not pass those minimum
19 standards, then they are referred to an
20 optometrist or an ophthalmologist for a
21 complete vision exam. So that is what
22 currently happens with the initial
23 licensure. That's what happens with
24 16-year-olds. That is the exact same
25 process that will happen again for all

1 drivers of all ages.

2 In lieu of that, drivers can bring --
3 at the time of license renewal, they can
4 bring a form that has been completed by a
5 medical specialist, whether an optometrist,
6 an ophthalmologist, an APRN, or a DO. Once
7 they are credited by the Transportation
8 Cabinet, they can fill out that form, which
9 has to be completed within the prior 12
10 months, stating that the individual meets
11 those requirements. So trying to make it as
12 least burdensome as possible on the driver.
13 They can show up again with the form that's
14 been signed within the prior 12 months
15 saying that they meet the requirements, or
16 they can use that equipment on site for
17 free.

18 But, again, we do anticipate that
19 there will be some additional referrals for
20 vision exams, and so wanted to make sure
21 that that was certainly on your radar. And
22 I'm happy to answer any questions right now.

23 We do not have the form. It's not
24 been finalized by the Transportation
25 Cabinet. Transportation Cabinet now in

1 Kentucky is solely responsible for drivers'
2 licensing. Previously it was split between
3 circuit clerks and KSP and a couple other
4 folks. So we are waiting on the
5 Transportation Cabinet to give us that final
6 form, because we also want to obviously let
7 our members have that so that they are
8 ready. But as soon as that's ready,
9 hopefully that will be posted and shared.
10 We will definitely share it with DMS if the
11 Cabinet hasn't already done that, or at
12 least started that communication with you.
13 We want to make sure that this is as
14 seamless as possible across all different
15 lines.

16 So I'm happy to answer any questions.
17 If I've totally confused you, I apologize.
18 But, again, take a look at that link. And
19 the Cabinet is working -- I think they are
20 going to be putting out a lot of different
21 press releases and some campaign materials.
22 Our doctors will be equipped with that as
23 well.

24 But definitely wanted the MCOs to have
25 that at their disposal as well for any

1 questions that you will get. So, again, I'm
2 happy to answer any questions, but just
3 wanted to make sure that you were aware of
4 this upcoming change.
5 DR. BURCHETT: Thank you, Dinah.
6 MS. BEVINGTON: Thanks.
7 DR. BURCHETT: Well, Gentlemen, do you have
8 any other things to discuss, or are we good
9 for now?
10 DR. COMPTON: I'll find that myopia
11 management billing -- I don't know what to
12 call it -- protocol, I guess, and get
13 that -- get that to the KOA office.
14 DR. BURCHETT: Sounds good. We will go
15 from there on that one, Steve.
16 DR. COMPTON: All right.
17 DR. BURCHETT: Well, with no other
18 business, I guess I'll take a motion to
19 adjourn.
20 DR. COMPTON: So move.
21 DR. UPCHURCH: Second.
22 DR. BURCHETT: All in favor?
23 (All Members vote "Aye.")
24 DR. BURCHETT: Thank you, Gentlemen.
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THEREUPON, the TAC Meeting was concluded.

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STATE OF KENTUCKY)
COUNTY OF FAYETTE)

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

My commission expires: August 24, 2027.

IN TESTIMONY WHEREOF, I have hereunto set
my hand and seal of office on this the 6th day of
January 2025.

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

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