CABINET FOR HEALTH AND FAMILY SERVICES
DEPARTMENT FOR MEDICAID
OPTOMETRIC
TECHNICAL ADVISORY COMMITTEE MEETING

****

Via Videoconference
May 7, 2026
Commencing at 1 p.m.

Tiffany Felts, CVR
Certified Verbatim Reporter

APPEARANCES

BOARD MEMBERS:

Dr. Matthew Burchett, Chair
Dr. Steve Compton
Dr. Jason McCloud
Dr. James Sawyer
Dr. Gary Upchurch

MS. DAVIS: Good afternoon, everyone. The time is now 12:58. We are still working to slowly clear the waiting room. As of now we do have quorum, but we are actually waiting on Mr. Burchett.

Are any of the TAC members able to speak it to if Mr. Burchett would be joining today?

MS. UNGER: This is Sarah with the Kentucky Optometric Association. I just texted him and he said he is logging in, so he should be coming on any minute.

MS. DAVIS: Okay. Absolutely. We'll give it a minute longer.

DR. BURCHETT: Hello, everybody.

MS. DAVIS: Good afternoon. It seems as though all TAC members are present, so you do have quorum.

DR. BURCHETT: Appreciate it, thank you for your patience. I was apparently trying to get on the meeting with Teams not Zoom, and that was not working. So anyway, introduction, I am, of course, Dr. Matt Burchett. I'm the chair of the TAC and we've established that we have a quorum, so

we'll just go ahead and jump right in.

Minutes from the last meeting, has everybody had a chance to review those and make sure that everything sounds like what we had talked about?

DR. UPCHURCH: Looks good.

DR. BURCHETT: Everybody good with those?

DR. UPCHURCH: Yeah.

DR. BURCHETT: If so, I'll entertain a motion to approve the minutes.

DR. UPCHURCH: Make a motion to be approved.

DR. BURCHETT: And a second?

DR. COMPTON: I'll second. Compton.

DR. BURCHETT: Sounds good, Steve, appreciate you. Any discussion on them?

(No response)

DR. BURCHETT: If not, then all those in favor, say "aye."

(Aye).

DR. BURCHETT: And those opposed, say "nay."

(No response)

DR. BURCHETT: No nays, minutes

approved. Good. Thank you, gentlemen.

Then let's go back to old business. I know last time we had talked about having some issues with the EPSDT and how those benefits get -- we get access to those benefits for the recipients. We had a -- it looks like a follow-up from Dr. McCloud. I'm reading what it says here one more time. Okay. Well, and I think what we ended last time with, too, is we had asked for each of the vision providers to provide us with the process for each of them to go through the EPSDT program. Was that correct? Do I remember that correctly, gentlemen?

DR. UPCHURCH: I think so.

DR. BURCHETT: Okay. So with that being said, have we had any of those come into us? I can't say that I have seen any.

MS. DAVIS: Yes, so those were emailed to the TAC as they were being sent in.

DR. BURCHETT: Ah, okay.

MS. DAVIS: I think the last one was sent on 3/2. I don't mind resending to bring it to the top of your inbox.

DR. BURCHETT: That would be great. I get like 300 emails a day, so sometimes I overlook things. I appreciate that.

MS. DAVIS: Absolutely.

DR. BURCHETT: So that's good. So we have that, and I will ask, I think, Sarah, are you on the call, too?

MS. UNGER: Yes, I am on the call.

DR. BURCHETT: Okay. Do you have those as well so that the KOA can kind of disseminate that information.

MS. UNGER: I have not received anything --

DR. BURCHETT: Okay.

MS. UNGER: -- so if you all have it, or if, Danni, if you don't mind to copy me when you send that to the TAC, please.

MS. DAVIS: I can certainly do that.

MS. UNGER: Thank you.

DR. BURCHETT: Sounds good. I just want to make sure that everybody that needed it for dissemination to the providers was getting it there. That's good, okay. Does anybody have any questions if you all have read those things about how the process is

for each of the MCOs? I mean, if they're pretty straightforward to everybody, then we'll move on to the next item on the list but just want to make sure you all were good with what you all had maybe read with those.

(No response)

DR. BURCHETT: Well, seeing no question there, then I guess we'll be good with that for now. If we have any other questions after, you know, we've sent it out to the rest of the optometrists, then we can always come back and revisit if we need to.

So moving onto new business, we've got a few things here, and it looks like, Steve, you're heavy on the list, so I'll let you take over and talk about your couple of items there.

DR. COMPTON: Okay, can you hear me? I'm on my cell phone right down on the road, so I think --

DR. BURCHETT: Okay.

DR. COMPTON: I'm not driving, I am riding.

I think the first thing was the Stellest lenses. That's a fairly new --

it's a medical device actually for myopia management. Myopia has gotten to be an epidemic type of thing with these kids getting worse and worse all the time, and there's now a medical device to help slow down the progression of myopia. And of course, you know, half the children in Kentucky are on Medicaid, so I don't -- we need to start the discussion of whether Medicaid is going to cover those lenses. They're quite a bit more expensive than your regular ophthalmic lenses, so it would be a budget item. I don't necessarily expect a decision today, but we need to think about it and get ahead of it. So I don't know where DMS stands or any of the subcontractors, but I thought I'd throw it out there to get the discussion started. But I'm done speaking onto that topic for the moment.

MR. DEARINGER: Hi --

DR. COMPTON: Okay.

MR. DEARINGER: -- this is Justin from the Department for Medicaid Services, and I did see this on the agenda so it's

something that we have -- that we are looking at currently and we will review this year to see if it's something that we can add for the 2027 fee schedule. So as you all know, we did not receive a budget increase, actually received a budget decrease for the next, you know, legislative session. So it'll be something that we will have to see what the projected budget impact is, and if we can add that into our budget for next year. So that is an item that we do have on our -- one of our decision memos moving forward, and we're just kind of waiting on some budget impact to be able to send that up for the possible addition on the '27 fee schedule.

DR. COMPTON: Okay. Well, we'll get the ball rolling. That's kind of what I wanted to accomplish. Sounds like a plan.

DR. UPCHURCH: You know, one time -- and just to interject this. One time several years ago I mentioned the SHAW lens. I don't know whether any of you remember that or not, but that's specific --

DR. BURCHETT: Mm-hmm.

DR. UPCHURCH: -- for amblyopia treatment, which also is rampant in Kentucky, especially from where I'm located eastern -- eastward, and it's been proven to reduce amblyopia greatly. That might be something else we would want to look into as well because they sort -- of at that time, we didn't go any further with it and maybe still wouldn't, but I think it's something that we ought to at least consider.

DR. COMPTON: I agree. We might have time to look at all of that stuff.

MR. DEARINGER: Yeah, I'd be happy to add that to our review process for this year.

DR. UPCHURCH: Okay.

DR. COMPTON: I actually thought about you when I added this. I thought, "This is similar to the SHAW lens discussion we had some years ago."

DR. UPCHURCH: Right.

DR. COMPTON: Okay.

DR. BURCHETT: Well, Steve, looks like we got the ball rolling on that item. Do you want to go ahead with the next one

then?

DR. COMPTON: What is the next one? Let's see.

DR. BURCHETT: The taxonomy code issue.

DR. COMPTON: Yeah, we're --

DR. BURCHETT: We might've lost him.

MS. UNGER: I think he has muted himself. Dr. Compton, you're muted.

DR. COMPTON: (Audio cuts out). We're having issues with Dr. Alex Compton's claims being rejected due to a wrong taxonomy code, but it's -- best we can tell it's -- everything's exactly as it should be. And we've gone back and forth, and we can't seem to get any resolution, so I don't know what our next step needs to be.

MS. LAWSON: This is Jesse with March Vision. My team did go through this item and did some research, and it looks like it's happening when the claims are being submitted to the clearinghouse, Waystar, but everything that's been submitted through eyeSynergy does appear to be paying correctly, and that's the March Vision

portal. So I think it has to do with the clearinghouse, Waystar, so from March Vision's standpoint, our recommendation is to bill through eyeSynergy as it appears when they're submitted directly to March Vision through eyeSynergy, there's no issue with receiving or paying those claims.

DR. COMPTON: Okay. Well, sounds like we need to get Waystar to figure this out because it's pretty inefficient for us to have to go to several different portals to submit claims when we can use one clearinghouse, but that at least -- excuse me -- that at least explains the issue. We know where to look now.

MS. LAWSON: Yeah.

DR. COMPTON: I'm sorry. I thank you for researching that.

MS. LAWSON: Yeah, our pleasure.

MR. ELLIS: Yeah, this is Herb with Humana. I just wanted to add, we've seen something similar with Waystar, not just for the vision, but just generally every now and then we'll see where a taxonomy code that was billed through Waystar and Waystar will

change the taxonomy code to something else. A lot of times, we've seen it if it's tied to a Medicare business where if you're -- if that provider has mainly Medicare business and knows that there's certain taxonomy codes for Medicare, a lot of times, Waystar will change it to fit so it doesn't reject from a Medicare perspective not knowing this is a Medicaid plan. And then just from a historical perspective, that's what we've seen in the past.

DR. COMPTON: Okay, that's helpful. I've got -- Cindy's on here, my billing person, but I know she doesn't want to speak, but she's heard this, too, so we can dig into this a little bit deeper. That's a big help.

DR. BURCHETT: Well, good. We seem to have gotten some info there for you, Steve. And then --

DR. COMPTON: Thank you all.

DR. BURCHETT: -- next -- yeah. Yeah. Next on the agenda, looks like, James, you've got an item that you wanted to discuss.

(Dr. Sawyer speaks while muted).

DR. BURCHETT: You're muted, too, James.

DR. SAWYER: How about now?

DR. BURCHETT: There you go.

DR. SAWYER: Okay. Sorry about that. I had to switch over to my phone. I don't know what lost on my computer there a minute ago, so I just now got back in here with what Steve was saying there a second ago.

The issue that we're having is turnaround time on payment. Seems like what happens is -- and we've gotten burned a couple of times on this because we went ahead and ordered glasses without payment, and then for some reason or other, it may have gotten rejected. But we just decided we would hold payment or hold ordering the glasses until we get payment. That's now taking anywhere from three to four, usually four, on up to six weeks sometimes, so our patients are becoming a little bit upset because it's taking so long, but that seems to be a pretty common thing right now.

Leanne's helped us quite a lot. I

certainly don't have any complaints with that. It's just been a long lag it seems like on that, so if anybody has anything that they can help us with on that, that'd be appreciated.

MS. LAWSON: Hi. Thanks, Dr. Sawyer. Just to reiterate so I'm understanding the question so I can make sure I'm getting exactly what you need back. The issue is claims' payment on material claims. You're needing that to go through, and then you're waiting to put in the glasses and it's taking way too long, and you want that clarified, the turnaround times for the claims' payment, and then also the time it takes to obtain the glasses; is that accurate?

DR. SAWYER: Yeah, we just wait to order the glasses, the materials until after we receive payment, and that's been the issue is the payment has taken that long, and then it's still another sometimes week and sometimes a couple of weeks to get the materials in. So that patient may be waiting four maybe even up to eight weeks to

get their glasses.

MS. LAWSON: Okay. Yeah, thank you for bringing this to my attention. Have claim examples been provided to Leanne already?

DR. SAWYER: You know, I'm not sure on that. It's -- on the individual cases, yes, but I don't think so on this just because this is pretty much the norm is how long it's been taking, and she and I haven't actually had this discussion. I don't know if she's talked with our billing people, but yeah, it's just been something we've kind of let go for a little while and it's kind of come to our attention. When this TAC meeting came up, I thought, "Well, maybe we need to talk about that, too." So I don't know if Leanne has those -- that specific, but I can provide case -- I mean, just about every one of them that we bill has taken that long, so we can certainly provide that.

MS. LAWSON: Yeah, no, I appreciate you bringing it up on this call. I definitely want to know about it. Yeah, if you could provide some claim examples to

Leanne just so then I can touch base with her and we can do some research look into exactly what's going on, and then follow up with you on next steps, I think would probably be best.

DR. SAWYER: Yeah, that'd be good. Thank you.

MS. LAWSON: Yeah, my pleasure.

DR. BURCHETT: Okay. Well, I think we've got some headway on some of those new items.

I'm going to revert back to the old business. I did not see that Dr. McCloud was on, but I'm going to call on Dr. McCloud to see if he wants to discuss his issue on the EPSDT from the old business. Are you on, Jason?

MS. DAVIS: He is still present and may just be having issues with the microphone.

MS. SANDLIN: Hi, this is Meranda with Avesis. For Dr. McCloud's item under old business, we addressed that last time, and then I did follow up with Dr. McCloud via email on February the 13th with some

additional details concerning that.

DR. BURCHETT: Okay. Well, if Jason can get unmuted and wants to speak to any other, then that's fine, we'll go back to him.

MS. SANDLIN: Sure, thank you.

DR. BURCHETT: But yes, thank you for that.

Any other discussion on the new business topics from anybody, or are we ready to move on?

(No response)

DR. BURCHETT: No other discussion? Okay, that's fine.

Moving on to the general discussion, I do have one item that I would like to possibly know about. I had heard that --

DR. MCCLOUD: Hello?

DR. BURCHETT: Hello? Hello. This is Jason? There you are. Did you want to discuss the EPSDT stuff any, or are you good?

(No response)

DR. BURCHETT: Okay, moving on.

And I've heard that possibly starting

this fall that Molina was going to move to VSP as their vision provider. Is there truth to that or is that just a nasty rumor?

MR. CHAPMAN: Nope, there is. So, hey, this is Jeff with Passport by Molina. We are transitioning over to VSP effective September 1st.

DR. BURCHETT: Okay.

MR. CHAPMAN: So everything will be in place with March through the end of that period, so until the -- I'm sorry, August, until the end of August, and then September 1st. So VSP does have some recruitment letters that I think might be going out to different providers right now. We're doing a disruption review to see what providers are currently in the March network versus the VSP network to make sure that we are able to get out there and make sure you guys are aware. But yeah, we'll plan on a implement -- or sending out a lot more information as we get a little bit closer.

DR. BURCHETT: Sure.

MR. CHAPMAN: Everything's going through DMS for approvals prior to us

sending that information out, but we're still working with VSP on some contract details as well. So it is happening for sure, though, on September 1st.

DR. BURCHETT: Okay. And would it be something that if we were a current VSP provider, would we have to sign up again to be the provider through the Medicaid? Do we know?

MR. CHAPMAN: I'm not sure, but I will certainly follow up with them, and I'll find out and send that back to Danni, if that's easiest for you.

DR. BURCHETT: Sure, either way. Yeah.

MR. CHAPMAN: Okay. Yep, I'll work on that.

DR. BURCHETT: Yep. Any questions on that anybody?

DR. UPCHURCH: Molina is presently through March; is that correct?

MR. CHAPMAN: Yes, sir.

DR. UPCHURCH: Okay, thank you.

MS. UNGER: Jeff, this is Sarah with the Kentucky Optometric Association. I'm

going to put my email in the chat if you don't mind, so that when the information goes out about VSP, that if you wouldn't mind to send it to my email as well so we could forward it out to a lot of the optometrists in the state just so they are aware and they know to contact and everything about signing up with VSP going forward in September. So I think that would be really helpful if you don't mind to help keep me in the loop.

MR. CHAPMAN: Yeah, thank you, I appreciate that. We'll certainly do that.

MS. UNGER: Okay, thank you.

DR. UPCHURCH: Can we assume that VSP will do the medical as well as the optical, the whole thing, the way that the other MCOs are?

MR. CHAPMAN: I'll have to review the contract details to make sure, but I think our plan today is to continue doing medical through Molina, and then VSP doing the vision benefit services. But I'll confirm with that as well, and I'll send that back to Danni and then also copy Sarah on that

one.

DR. BURCHETT: So if that's the case, then we would have to be credentialed with both to provide those services. Okay.

MR. CHAPMAN: Correct. Yep.

DR. BURCHETT: Yep.

MR. CHAPMAN: And anybody that's currently credentialed with Molina, that will remain in place today. No changes are needed there.

DR. BURCHETT: Okay.

MS. UNGER: This is Sarah with the KOA again, sorry. That may be not an issue, but it may be a bigger item just because I don't think anyone is credentialed with Molina at this point. I think everyone had been credentialed on the optometry side through March, and they handled all medical and vision, so we may just want to make sure we get that out as soon as possible, if that's how that will be handled.

MR. CHAPMAN: Oh, sure. Yeah.

MS. UNGER: Okay.

MR. CHAPMAN: I know that we're not planning on changing anything, so if that's

how it is today, it likely is the same, but I'll confirm all the details and get everything out to you. And then if we have any outstanding questions and stuff, I'll make sure that we just continue updating it, and then do like a single FAQ or kind of reference document to make sure we outline all of it.

MS. UNGER: Okay. That would be great, thank you.

MR. CHAPMAN: No, I appreciate your help in that.

DR. UPCHURCH: Sarah's for sure right on that one, and I don't know of any optometrists that are credentialed directly with Molina, there may be. But we've done everything through March because they cover everything. So if VSP's only going to do the optical and Molina's going to do the other, then we've got to do some scrambling to get all the optometrists credentialed with Molina.

MR. CHAPMAN: Absolutely. And if there is some sort of gap there or something, we'll make sure that we account

for -- allow for some sort of exception during that transition period.

DR. BURCHETT: That sounds good. Any other discussion on that, or any other general discussion to have?

(No response)

DR. BURCHETT: Seeing none, then I will move on down and we'll look at recommendations. Do any of the TAC have any recommendations that we would like to make to send to the MAC at this time?

(No response)

DR. BURCHETT: Seeing none, then I guess we'll move on again. Man, this is going fast today.

I will be attending the next MAC meeting and will report back if there's any pertinent information for us to know about from that meeting. And then it looks like our next TAC day is August 13th.

MR. DEARINGER: Yes, sir. This is Justin again from DMS. I wanted to say we're going to have an informal TAC meeting, if you all choose. You don't have to, but Cindy Toll, who's our subject matter expert

for optometry will be reaching out to you all to get that set up possibly. It is -- we're doing it with all of our technical advisory committees that choose to do so.

DR. BURCHETT: Yeah.

MR. DEARINGER: It is a meeting that's held in between the TACs. It's an informal meeting with -- between the TAC members and DMS. It's not recorded, there's no MCOs present, and it's just to go over issues, topics, questions, more informally to try to help address issues in between TAC meetings.

DR. UPCHURCH: Do you have a date on that, Justin?

MR. DEARINGER: No, it's being set up. Cindy will reach out with potential dates for you all when you all are free. Just wanted you all to be aware of it.

DR. BURCHETT: No, I'll tell you, Justin, actually, we've already had one with her --

MR. DEARINGER: Oh, okay.

MS. DAVIS: Yes, we've already -- yes.

DR. BURCHETT: -- and --

MR. DEARINGER: Sorry, sorry. I'm sorry.

DR. BURCHETT: No, you're fine, you're fine. And it was -- and I think it was really just me --

MR. DEARINGER: Okay.

DR. BURCHETT: -- that was having it with her, but it was great. We had a lot of good discussion, I think.

MR. DEARINGER: All right, sorry. I can't keep up with which ones have already started and which ones are still implementing, so.

DR. BURCHETT: No, you're fine. Appreciate it though.

MR. DEARINGER: Yeah.

DR. BURCHETT: Very appreciated.

Well, anything else from the TAC members?

(No response)

DR. BURCHETT: Hearing nothing, then I'll ask for motion to adjourn.

DR. UPCHURCH: I make a motion to adjourn.

DR. BURCHETT: Second? Anybody?

DR. SAWYER: Second.

DR. BURCHETT: Thank you, James. All in favor, say "aye."

(Aye).

DR. BURCHETT: And with that, we'll be adjourned. I appreciate you all. We'll see you next time.

(Meeting adjourns at 1:30 p.m.)

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C E R T I F I C A T E

I, TIFFANY FELTS, Certified Verbatim Reporter, herby certify that the foregoing record represents the original record of the Technical Advisory Committee meeting; the record is an accurate and complete recording of the proceeding; and a transcript of this record has been produced and delivered to the Department of Medicaid Services.

Dated this 12th day of May, 2026.



Tiffany Felts, CVR