

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

IN RE: PRIMARY CARE TAC MEETING

January 6, 2022
10:00 A.M.

(All Participants Appear Via Zoom or Telephonically)

APPEARANCES

Mike Caudill
CHAIRMAN

Yvonne Agan
Chris Keyser
Raynor Mullins
TAC MEMBERS PRESENT

Teresa Cooper
John Inman
KENTUCKY PRIMARY CARE
ASSOCIATION

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APPEARANCES
(Continued)

Veronica Cecil
Judy Theriot
Angie Parker
Lee Guice
Sharley Hughes
Jennifer Dudinskie
Amy Richardson
Lisa Galloway
Jonathan Scott
Steve Bechtel
MEDICAID SERVICES

Court Reporter's Note: At the request of DMS, all other participants appearing via Zoom or telephonically will not be listed under Appearances.)

AGENDA

1. Call to Order
2. Establishment of a Quorum
3. Review and approval of previous meeting transcript
 - A. November 4, 2021
4. Old Business
 - A. Report on Wrap/Cross Over Claims Clean-up July 1, 2014 to present - Update from DMS
 - B. Establish next Wrap Workgroup Date
 - C. Discussion regarding return to in-person TAC meetings - when will DMS be ready?
 - D. Status of addition of codes for Provider Type 31 and 35 for COVID related testing, therapies and vaccines? (last update was to Sheila Bowling from PCCEKY from Justin Dearing - stated it was with Gainwell and no completion date was noted - Can this be "fast-tracked?")
 - E. Discuss turn-around time on answers to questions - if they are not answered at the TAC meeting - expectation is the next TAC meeting or before.
 - F. With DMS staff continuing to work from home - Can you please provide us with appropriate contact information for policy, billing and payment?
 - G. Update on the status of the TAC's recommendation to the MAC
5. New Business
 - A. Announcements from the MCOs
 - o Humana
 - o WellCare
 - o Aetna
 - o Anthem
 - o Molina
 - o United
 - B. Recommendations to the MAC
 - C. Confirmation of Chair to attend MAC meeting - January 20, 2022, 10 AM - 12:30 PM?
 - D. New items for discussion
- E. Next Meeting - March 3, 2022- 10:00 AM - 12:30 PM
6. Adjournment

1 MR. CAUDILL: It's 10:00. Let's
2 call this meeting to order. This is the January 6th
3 meeting of the Primary Care Technical Advisory
4 Committee.

5 I am Mike Caudill, the Chair of
6 this. And according to the agenda, we'll ask Teresa
7 Cooper to establish a quorum.

8 (ROLL CALL)

9 MS. COOPER: Mr. Caudill, you
10 have quorum.

11 MR. CAUDILL: Thank you. Item 3
12 on the agenda is the review and approval of previous
13 meeting transcript. Does anyone have any comments or
14 suggestions for corrections or modifications of the
15 transcript as was distributed?

16 There being none, is there a
17 motion to approve the previous meeting transcript as
18 distributed?

19 MS. KEYSER: This is Chris.
20 I'll make that motion.

21 MS. AGAN: And I will second it.

22 MR. CAUDILL: Motion made by
23 Chris, seconded by Yvonne. All those in favor, say
24 aye. All voted in favor. So, if there's no negative
25 votes, the motion passes unanimously.

1 And we get a report every week just to let us know
2 where things are and where the MCOs are on working on
3 those projects and they are moving forward with what
4 I hope the providers see as some resolution and some
5 movement on getting especially back claims taken care
6 of.

7 So, we do have some folks that
8 work on KYHealthNet and they are going to give a
9 presentation on the changes made to KYHealthNet to
10 assist providers in reconciling their wraps.

11 MS. HUGHES: Veronica, who is
12 going to actually share the screen so I can make them
13 co-host?

14 MS. CECIL: I'm looking for my
15 folks. Jennifer Popp?

16 MS. POPP: I believe Annette is
17 on the phone. Is that right, Annette?

18 MS. JIMMERSON: Yes, I'm here.

19 MS. CECIL: Annette, do you have
20 a Powerpoint that we need to let you be able to----

21 MS JIMMERSON: Yes.

22 MS. CECIL: So, Sharley, if you
23 can give Annette Jimmerson----

24 MS. HUGHES: I just made her a
25 co-host and, then, Annette, you should be able to

1 share now.

2 MS. JIMMERSON: Excellent. Can
3 everyone see the presentation?

4 First of all, thank you for
5 having me. Again, my name is Annette Jimmerson. I'm
6 with the KYHealthNet team, part of the group that put
7 together the new functionality for the MCOs to be
8 able to pull their encounters' report directly from
9 KyHealthNet.

10 This is pretty new for us
11 because it's a new functionality for us and hopefully
12 it's going to be able to help you guys in your day-
13 to-day work, and I'm just going to take you through a
14 tutorial on how to use it and the changes that we
15 made.

16 Again, this is a report that
17 shows the encounters and it's only available to the
18 MCOs.

19 This is the login for
20 KYHealthNet. So, you would use your provider number
21 as usual. And once you get inside, you will see the
22 headers up here. And what you want to do is go to
23 Encounter. Under Encounter, there is an Encounter
24 Report and you would select that and this is what
25 displays.

1 apologies to the team and to the TAC because we
2 really had anticipated a presentation on the provider
3 side to this.

4 MS. JIMMERSON: Oh, okay. I did
5 not know that.

6 MS. CECIL: I'm sorry about
7 that.

8 MS. KEYSER: So, I do have a
9 follow-up question, though. So, if this is available
10 to the MCOs, are we aware, like, who at the MCOs are
11 responsible for this? Do they have individual people
12 who are assigned to run this report or they only do
13 it if the clinic calls and says, hey, we don't have a
14 wrap, can you investigate? How is this used for
15 them?

16 MS. CECIL: Chris, I think it
17 would be good to hear from each of the MCOs on how
18 they're utilizing the tool, if and how they are
19 utilizing the tool.

20 MS. AGAN: I guess I'm trying to
21 comprehend our expectations from the MCOs. This is
22 access to information they previously did not have?

23 MS. CECIL: That's correct. So,
24 even the MCOs couldn't see whether when the encounter
25 came over a wrap was generated. So, this does help

1 them be able to monitor that, but it would be good to
2 hear from each MCO. And we might not have the right
3 people on the call but if each MCO could speak up and
4 let us know if you all are utilizing this tool yet.

5 MR. JEREMY RANDALL: This is
6 Jeremy Randall with Anthem. So, we are using this
7 data to pilot with a handful of FQHCs to couple this
8 data with our own internal data, including the
9 vendors for the dental and vision, so that we can
10 make a comprehensive report that we use internally
11 for researching to see if there's something that
12 we've done wrong in calculating our own kind of wrap
13 payment rate, but, then, also for sharing with the
14 FQHCs to say, hey, here's the status of everything.
15 Here is what has been denied that can be resolved by
16 the FQHC to initiate the wrap payment, that kind of
17 thing.

18 So, we are actively using this
19 at Anthem. And sorry. Just one more thing on that.
20 So, again, I said pilot. We're piloting this with
21 just a few FQHCs.

22 We are also in parallel
23 developing this, our internal reporting that
24 leverages this data. And once that is complete, we
25 will be able to share this data for our Anthem

1 members in a much easier way. Right now it's kind of
2 manual.

3 So, that's why we're piloting
4 it, but we anticipate in the first quarter, we will
5 be able to churn this data out pretty quickly and be
6 able to share it with all of the FQHCs pretty easily.

7 MS. CECIL: Thank you, Jeremy.
8 Anybody from Aetna on the call and has some
9 understanding of how they're utilizing the
10 information?

11 MS. BECKY MARCUM: Good morning.
12 That would be Brian Wagoner, and I'm not sure. I'm
13 sure that he is using it but I will make sure that he
14 knows of this and that he's utilizing it.

15 MS. CECIL: Thank you. What
16 about somebody from Humana?

17 MS. BETH DAY: This is Beth Day
18 with Humana Healthy Horizons. I am not actively
19 involved in the encounters' process. We do have a
20 team who manages that for us and they do attend the
21 frequency of calls that occur with the State on our
22 behalf around the encounter process and they'll do
23 any questions usually during that time.

24 And I know that they are very
25 active on partners with our provider bases to make

1 sure that we are actively sending our encounters over
2 every week and making sure that things are correct
3 and flowing back and forth as it should be.

4 I'm certain that this is just
5 another tool in our arsenal that we're going to be
6 able to use to be able to use to validate that the
7 process is working and do any kind of auditing that
8 might be necessary to make sure that what we're
9 transmitting over is actually processing the way we
10 expect it to through the channels, but there isn't a
11 member of the encounters team on this particular
12 call.

13 As I said, usually they join
14 the encounter call that is specific to that
15 particular part of their piece, but we are actively
16 involved with any kind of - any time a concern is
17 raised from a provider, we're active in that and we
18 are definitely a proactive MCO when it comes to our
19 encounter submissions and making sure things are
20 working right on the front end.

21 MS. CECIL: Okay. Thank you,
22 Beth. And Passport by Molina.

23 Ms. SHELLEY FIFE: This is
24 Shelley with Passport by Molina. So, I'm following
25 up with our encounters team just to confirm that we

1 do use it and I will let you all know, but currently
2 I know that anytime a provider reports a wrap issue,
3 that we do work on it pretty quickly.

4 So, I will reach out to them
5 and find out if they are utilizing this tool. Thank
6 you.

7 MS. CECIL: Thanks, Shelley.
8 Let's go with WellCare.

9 MR. JOHNIE AKERS: This is Jon
10 from WellCare. Robin Ray, he is our lead on
11 encounters. If we have an RHC or an FQHC that
12 informs us they have questions about their wrap,
13 Robin, he's on top of that.

14 What I've done is I've pinged
15 him and asking him for any additional clarification
16 on this particular resource. So, I know Robin is
17 very in touch and he stays on top of all of our wrap
18 concerns.

19 So, if he responds back to me
20 with any additional information, I can share that
21 when we get to our MCO announcements, if that's okay,
22 but right now Robin keeps a pretty tight handle on
23 any of our wrap issues.

24 MS. CECIL: Okay. Thank you,
25 Johnie. And I don't know my alphabet, so, let's go

1 with United. Sorry about that.

2 MR. KRISTOPHER BURNS: This is
3 Kris Burns from United. It's a question I'll need to
4 take back to our operations team. I know they've
5 been doing a lot of good work around encounters and
6 working with the wrap payments but I will need to
7 follow up with them and I'll shoot the message and
8 I'll let you all know what I find out.

9 MS. CECIL: Great. Thank you.
10 So, I think for any MCO that wasn't able to respond,
11 if maybe you all could get back to us and have
12 something available for the next TAC meeting to
13 report out, that would be great, if you're utilizing
14 the tool or how you are utilizing it, that would be
15 fantastic.

16 MS. JIMMERSON: I just wanted to
17 say really quick, I could give you a really quick
18 provider side of things with this presentation. It's
19 not going to look exactly the same. It's going to
20 tell you how the providers see it, if you're
21 interested in that.

22 MS. CECIL: That would be great,
23 Annette.

24 MS. JIMMERSON: Okay.

25 MS. AGAN: This is Yvonne. I

1 guess I have a real quick question. You made a
2 comment, Annette, when you were going through this
3 that this information is only available through a
4 limited amount of time.

5 MS. JIMMERSON: You can go back
6 like anytime but we can only pull, like, a month's
7 worth of data at a time. We found that - and it's
8 also limited to 2,500 records in one pull. So, if
9 you pull more than that many records, it will give
10 you an error. It's just we have some limits based on
11 the amount of data that's out there.

12 MS. AGAN: I understand that.
13 Thank you.

14 MS. JIMMERSON: It was a lot of
15 data once we started running the reports.

16 So, the same thing would be for
17 - but we did create a supplemental report and those
18 are for the providers.

19 That report, like the
20 encounters, will be found under Claims right here.
21 So, if you selected the Claims, you would see
22 Supplemental Report and they (inaudible) and, then,
23 they would see something similar to this.

24 This one, you can still see the
25 Member ID, Provider ID but the layout is just a

1 little bit different. We still have the Paid Date
2 and Date of Service and they still have the same
3 restrictions because of the amount of data that pulls
4 through.

5 So, that's how the providers
6 would be able to pull it. So, it's very similar to
7 what the encounters look like but it's located under
8 the Claims and it's only available to Providers 31,
9 35 and now I believe Provider 16 that we just
10 implemented, the CCBHC provider.

11 And, again, once you select
12 Generate Report, it will do the download and, then,
13 they will be able to pull up the report.

14 MS. KEYSER: And this is going
15 to give them, again, the same information as far as
16 when a wrap payment was paid?

17 MS. JIMMERSON: Yes. I'm going
18 to stop sharing for a moment and just find - I can't
19 recall off the top of my head all of the data fields,
20 but, yes, it will show the wrap payments.

21 MS. AGAN: Will it show you if
22 an encounter has a threshold and is rejected?

23 MS. JIMMERSON: Let me take a
24 quick look. And, again, my apologies. I thought
25 this was just for the MCO. Let me pull this up

1 quickly.

2 So, for the supplemental
3 report, okay, for the supplemental report, again, we
4 would display the Billing Provider, NPI and type,
5 Member ID, From Date of Service, the MRN number, the
6 MCO ICN, the MMIS ICN, the MCO Paid Amount, PPO
7 Amount Submitted, Supplemental ICN, Supplemental Paid
8 Amount, Date of Supplemental Payment and Medicare
9 Paid Amount. That's what they would see on their
10 report.

11 MS. KEYSER: Will it show,
12 again, information on recoupments as well?

13 MS. JIMMERSON: We do not have
14 recoupments listed as a data element.

15 MS. AGAN: Is it possible to add
16 that on this?

17 MS. KEYSER: I think that's
18 where we lose a lot of information in the system.
19 When the MCO pays, their payment or their information
20 goes to DMS. They acknowledge we got paid. They pay
21 the clinic the wrap and, then, somewhere down in the
22 future a recoupment happens and the MCO takes back
23 their payment.

24 We assume that information goes
25 to the MMIS who then says, oh, we've got to take back

1 our wrap. And, then, the circle goes around and the
2 MCOs then pay what they were going to pay because of
3 the recoupment or whatever the issue was and, then,
4 the process starts again.

5 So, I guess that's why I think
6 for us having a path where we can see recoupments
7 would be helpful.

8 MS. POPP: This is Jennifer Popp
9 and I'm with Gainwell also. Let me take this back
10 with the HealthNet team and actually the encounter
11 team also. It may be that it is pulling in. It may
12 be that we need to see if we can have those pulled
13 in.

14 We can identify those easily in
15 our system because of the way that the ICN looks to
16 us. So, it may be that those are being pulled in;
17 and if not, it might be a simple change.

18 So, let us take that back as an
19 action item and, then, we can follow back up with
20 Veronica's team and they can share our findings with
21 you guys.

22 MS. KEYSER: Great. Thank you.

23 MS. POPP: I do understand that
24 it does get confusing because anytime there is a
25 change made to the original ICN, it does trigger the

1 wrap process to do something, right, based on what we
2 receive. If we receive an adjustment or a void from
3 the MCO, then, that triggers the system to perform
4 some type of action on your supplemental payment.

5 So, I do understand the need
6 for that and it may be that it is happening. It may
7 be that it's a simple fix to add that to your list.
8 So, we'll take that back and, then, we'll get back to
9 you guys.

10 MS. CECIL: Thank you, Jennifer.

11 MR. CAUDILL: All right. Thank
12 you. Let's get back to the agenda, then, and we were
13 talking to Ms. Cecil under report on wrap/crossover
14 and I had some specific questions that I wanted to
15 ask and I'm sure the Board may also.

16 One of the things you talked
17 about the last time was one of the MCOs doing a
18 dashboard and piloting with some FQHCs. Can you
19 update us on that?

20 MS. CECIL: Well, I guess Jeremy
21 mentioned - I don't have the specific details of
22 those. I think the MCOs maybe could talk more about
23 those.

24 MR. CAUDILL: All right. Then,
25 to you MCOs out there, whoever is doing that, please

1 include an update on that in your reports later on in
2 the agenda.

3 You referred to John before
4 working with a subgroup, John Inman with KPCA, and he
5 was going to be meeting with Molina and doing some
6 follow-up meetings. John, do you want to speak up at
7 this time and update your report?

8 MR. INMAN: Yes. This is John
9 Inman with the Kentucky Primary Care Association.
10 Thanks, Mike.

11 We did have a follow-up meeting
12 with Molina and they were actually looking at the
13 issue already but we kind of briefed them on the
14 history of the problem and some of the issues that we
15 had seen with missing wrap payments, and they agreed
16 to kind of research some claims and to get back with
17 us.

18 At your suggestion, Mike, the
19 next meetings that we have, we need to schedule some
20 folks from the workgroup, some clinics from the
21 workgroup to speak with those MCOs; but as the
22 holidays got upon us and at the beginning of Session,
23 those meetings haven't been scheduled yet but we hope
24 to get that done in the next little bit.

25 I know that we have our next

1 wrap workgroup February 12th. Is that right,
2 Veronica?

3 MS. CECIL: The 13th.

4 MR. INMAN: The 13th. Okay.

5 So, we're still working getting those meetings lined
6 up again to be able to include the clinics because we
7 need their input.

8 MR. CAUDILL: Okay. And, Ms.
9 Cecil, Ms. Keyser had asked you the last time about a
10 list of the MCO contacts and you all were going to
11 furnish that list to them. Did that go out?

12 MS. CECIL: I believe that did.
13 Sharley, do you know, or Angie?

14 MS. HUGHES: A list of the
15 vaccine incentives?

16 MS. CECIL: No. This was -
17 well, that was a request as well but it was the list
18 of the MCO liaisons for the wrap workgroup.

19 MS. HUGHES: I have not seen
20 that. Now, that may have been sent out before I got
21 back to work.

22 MS. CECIL: Angie, are you on?

23 MS. PARKER: Yes, I am on. I
24 apologize. I was looking to see regarding that. I
25 thought it had but I will double check that. I was

1 looking for that list as we were speaking. If it
2 has, then, we'll just send it again; but if it
3 hasn't, we will get it out to you right now.

4 MS. CECIL: We'll have Sharley
5 send it out again regardless.

6 MR. CAUDILL: Okay. The last
7 time Mr. Martin was talking to you about the large
8 influx of prior authorizations by the new PBM and you
9 were talking about the increase in Medicaid, or
10 excuse me, that MedImpact had increased their
11 staffing and that had aimed to level that out. Is
12 that still working?

13 MS. CECIL: It is. They staffed
14 up and now we meet with them pretty much daily and we
15 look at their metrics and they are within their
16 performance metrics on the prior authorizations. So,
17 there shouldn't be any issues. Of course, there's
18 always the one-offs and certainly reach out if you
19 all are encountering any but my understanding is it's
20 operating as normal.

21 MR. CAUDILL: Okay. Thank you.
22 We've already talked about the next workgroup meeting
23 that has been set.

24 We'll go, then, to 4C -
25 discussion regarding returning to in-person TAC

1 meetings. At the last meeting, the PCTAC agreed to
2 continue with their virtual meetings with the
3 understanding that DMS was in the process of
4 purchasing equipment so that perhaps by March we
5 would be able to have the hybrid meetings.

6 Can you update us on the status
7 of the preparedness for DMS to go forward in that
8 regard?

9 MS. CECIL: Sharley, I don't
10 know if you have anything else to offer. I mean, the
11 procurement is going through. It has not been
12 procured yet. We don't have it in-house yet.

13 So, I think the expectation of
14 in-person meetings hosted by us is probably remote.
15 It's probably not going to happen unless you want to
16 search for a different site which will be challenging
17 given the Legislature is in session, and generally
18 LRC rooms are something that we've used in the past.

19 Unless there's another site,
20 I'm afraid that DMS is unable to host if you all want
21 to continue with - if you want a hybrid which is an
22 in-person and a virtual option.

23 MR. CAUDILL: Does the committee
24 have any comment on this?

25 MS. KEYSER: Mike, this is

1 Chris. No. I mean, I think that, again, there is a
2 benefit to being in person and to have that dual
3 option and everything, but until DMS is ready, I see
4 no real concern with not just keeping the meeting as
5 we have now virtual. And, again, we do have the re-
6 surge issues to contend with. So, that is a factor.

7 MS. AGAN: Mike, this is Yvonne.
8 I agree with what Chris is saying. I think with the
9 increase in our numbers and the inability to have a
10 hybrid, I think we have to resolve that we are going
11 to continue as we are now.

12 MR. CAUDILL: It's just more on
13 the agenda for a status report and to see how they're
14 doing because they had talked about some projections
15 as to when we might have that capability and it's not
16 meant to try and change anything because right now,
17 especially with the Omicron variant kicking up, I'm
18 certainly not interested in an in-person meeting.
19 Everyone else has to decide that for themselves.

20 But that's just to keep it on
21 the agenda so it does not go between the cracks, and
22 we'll do that and bring it back up next time just for
23 a status from Ms. Judy-Cecil if she doesn't mind.

24 MS. CECIL: Sounds good.

25 MR. CAUDILL: Okay. That brings

1 us down to 4D which is status of addition of codes
2 for Provider Type 31 and 35 for COVID-related
3 testing, therapies and vaccines.

4 Teresa Cooper, I believe you
5 wanted to speak on this.

6 MS. COOPER: Thanks, Mike. I
7 sent Veronica a list of the CMS codes for all of the
8 COVID-related testing and therapeutics yesterday.

9 When I spoke to her yesterday
10 afternoon, she had forwarded that to Ms. Guice to
11 look at. Sharley, I will send that to you to have it
12 added as part of the record.

13 But we just wanted to make sure
14 that those were getting added, especially as the oral
15 therapeutics are emerging and that 31 and 35's are
16 not overlooked when those are added to the fee
17 schedules.

18 We had that problem with the
19 monoclonal antibodies. They were on for just the
20 hospitals and our clinics are administering those as
21 well.

22 So, I don't know if Veronica or
23 Ms. Guice has any update on that at this point but it
24 was some information that was submitted yesterday.

25 MS. GUICE: Good morning, TAC.

1 It's Lee Guice. Teresa, I did get the information
2 from Veronica and did a quick review and I understood
3 to your key and stars and checkmarks. The stars have
4 not yet been added but I have sent it forward and
5 will add them to the physician's fee schedule.

6 The monoclonal infusion issue
7 is just a question about how the wrap payment was
8 going to work on it. So, I apologize for that delay
9 but it was just a policy issue and we didn't overlook
10 you, trust me, on that. So, yes, we are adding them.

11 MS. CECIL: Lee, I think it
12 would be helpful if we could get some information
13 from Gainwell on timeline and maybe we can share that
14 back to the TAC.

15 MS. GUICE: Right. Well,
16 generally speaking, our timeline has been for adding
17 new codes for new COVID codes, we usually are able to
18 add them rather quickly but since we just got it
19 yesterday, we'll have to submit change requests and,
20 then, get the actual timeline from them and, then,
21 can send it back out.

22 MS. CECIL: Okay. That would be
23 great. Thank you.

24 MS. GUICE: No problem. And
25 just let me check really quickly. Everything else

1 has been taken care of, correct?

2 MS. COOPER: Yes, ma'am.

3 MS. GUICE: Okay. Thank you.

4 MR. CAUDILL: Thank you, Lee.

5 Going on down on the agenda, 4E - discuss the
6 turnaround time on answers to questions. If they are
7 not answered at the TAC meeting, expectation is the
8 next TAC meeting or before.

9 This was placed on the agenda
10 at the request of Barry Martin and I see that he's
11 unable to attend today, but basically I think his
12 concern is some of the things that we talk about here
13 are relatively easy to address and get an answer,
14 even though it may not be immediately available at
15 the time of the meeting.

16 And he would like to see it in
17 such a way that there be a process where we can get
18 answers before two months until the next meeting on
19 these types of simple questions.

20 MS. CECIL: This is Veronica. I
21 definitely think that's a reasonable request. The
22 only thing we ask is that when a question is asked
23 and we're unable to respond is that that be sent to
24 us by the requester in writing just by email to
25 Sharley and that way we're tracking everything and we

1 can make sure that that gets answered and sent back
2 out.

3 I agree that it shouldn't take
4 two months to do that. Based on the complexity, we
5 should be able to respond to questions fairly quickly
6 and that makes sense to go ahead and take care of
7 those, but we do ask that it be sent to us in writing
8 just to make sure that we're capturing.

9 I may filter the question
10 differently than the person intended. And, so, to
11 have it in writing is just helpful to us.

12 MR. CAUDILL: So, if we look at
13 something like the person posing the question be able
14 to get it to you within a week of the meeting, would
15 you all either be able to respond within two weeks or
16 respond saying that this is something more difficult
17 and would take more time?

18 MS. CECIL: Yes, I think that's
19 a reasonable process.

20 MR. CAUDILL: Okay. We'll see
21 how that works, then, if that's okay with everybody.

22 MS. KEYSER: Mike, this is
23 Chris. I've got just question on that. So, the
24 response or the question needs to come from the
25 individual and not the TAC representative to say the

1 TAC would like to know whatever?

2 MS. CECIL: That's correct.

3 Thank you for that clarification. And, so, it should
4 really come from a member of the TAC and, then, we'll
5 send the response back out to the TAC. So, that
6 should be the flow.

7 Now, keep in mind, we're
8 talking about just general questions. If you have a
9 provider-specific question, that will be handled a
10 little differently, but just for general questions
11 coming from the TAC discussion, that's the best way
12 to handle it.

13 MS. KEYSER: Thank you.

14 MR. CAUDILL: So, Chris, I guess
15 that's going to fall on you to search the meeting
16 here for those type of questions so we can make sure
17 that the TAC forwards them on to DMS for an answer.
18 That's what you call delegation.

19 MS. AGAN: Well done, Chair.

20 MR. CAUDILL: And I've got to
21 ask, and this is rabbit trailing, but you were
22 talking about for Sharley's purposes. Have you all
23 treated her right and she's decided not to retire
24 now?

25 MS. CECIL: Unfortunately, no,

1 but if you can talk out of retiring, I'd appreciate
2 it.

3 MS. HUGHES: Thank you.

4 MR. CAUDILL: You've very
5 welcome and your absence will be very missed by all.

6 So, the next thing on the
7 agenda, then, is with DMS staff continuing to work
8 from home, can you please provide us with appropriate
9 contact information for policy, billing and payment.

10 There's some discussion in my
11 notes that there's been some vacancies occur and that
12 information has not been provided about who to
13 contact in those specific areas. Could you comment
14 on that, Veronica?

15 MS. CECIL: Yes. As we do our
16 day-to-day, sometimes we don't understand the effect
17 of staff leaving and we apologize that that sometimes
18 does leave that providers are not sure who to reach
19 out to, and one big one was Jacob Wilson who probably
20 most of you recognize that name as you worked with
21 him over the years, especially on rates and
22 reconciliations and all that.

23 So, I believe Steve Bechtel
24 provided Teresa with the updated contact for that.

25 I think this is just a

1 situation, as like with Sharley's upcoming
2 retirement, that we just need to be more mindful
3 about making sure that you all understand who is the
4 appropriate contact.

5 Otherwise, generally, we do try
6 to - the fact that we're working in a hybrid - so,
7 some come in a couple a days a week, some are coming
8 in every day - we try to not have that affect our
9 providers or our members in terms of being able to
10 contact us.

11 So, we will try to be more
12 mindful about notifying you all when those key
13 contacts do leave and are replaced.

14 So, the rest remain the same.
15 Lee Guice is the primary contact for policy
16 questions. So, the others remain the same.

17 MS. AGAN: Is there somebody
18 that will be taking Sharley's place that we would
19 need to know about?

20 MS. CECIL: We will definitely
21 send something about to the MAC and TAC members about
22 the transition of that work, those duties.

23 MR. CAUDILL: Any other
24 questions from the committee?

25 We'll move to 4G - the update

1 on the status of TAC's recommendations to the MAC.
2 Is Commissioner Lee on here?

3 MS. CECIL: No, she is not.

4 MR. CAUDILL: All right. Let me
5 say that I received a letter on January 4th from
6 Commissioner Lee that referenced DMS' response and it
7 repeats the recommendation that the MAC directs DMS
8 to review their same-day, multiple-visit payment
9 methodology and report back to the MAC comparing
10 Kentucky's methodology to that of its surrounding and
11 other states to determine if Kentucky's approach is
12 in parity with the majority of other states, and if
13 not, to suggest an approach for Kentucky to become
14 more mainstream with the trends across the country in
15 reimbursement for same-day, multi-visit payment
16 methodology.

17 DMS' response, as penned by
18 Commissioner Lee, was DMS appreciates the TAC
19 bringing forth this recommendation.

20 The Department is in the
21 process of conducting in-depth analysis related to
22 the payment structures for federally-qualified health
23 centers and rural health centers.

24 A variety of factors will need
25 to be examined to determine budgetary impact of

1 modifying the current payment structure for the
2 providers. We will continue to communicate with the
3 TAC regarding progress on the analysis prior to
4 developing a final report with findings.

5 That's a very succinct
6 paragraph. As you might imagine, it kind of brings
7 on some other questions that I have anyway.

8 And she says that the
9 Department is in the process of conducting in-depth
10 analysis, and I'm curious what that in the process
11 is. What has been done so far that you might know
12 about, Veronica?

13 MS. CECIL: Sure. So, we have
14 asked Myers & Stauffer to research and provide us
15 information of more detail on what other states do
16 around this area.

17 Obviously, the consultant who
18 presented to the TAC in the past just provided a very
19 high-level, you know, which states have multiple PPS
20 and same-day and which don't; but when you do start
21 to dig down into what does that mean? How were their
22 rates developed? What does the rate entail?

23 We're looking at the rates
24 across states to see where Kentucky is compared to
25 other states and their rate.

1 So, in order to truly evaluate
2 this, since you all have an interest in comparing
3 this to other states that do this, we're really just
4 trying to do our due diligence to say this is how
5 other states do this. This is how Kentucky can do
6 it.

7 I think what we have to
8 recognize, just to be very candid about it, that if
9 we do that, that means you're taking services out of
10 the all-inclusive rate and, then, turning it into
11 kind of a rate by service or service class.

12 And, so, that means that in
13 order to earn that PPS, you would actually have to
14 perform that service in the same day.

15 So, all that would require a
16 lot of change in the reimbursement methodology and
17 the rate development and that's just not a super easy
18 thing to do, but we're just doing our due diligence
19 to make sure we understand what that impact is
20 because we want to be able you provide you what that
21 impact could potentially be.

22 I think the other thing we have
23 to consider is that is there a consensus among the
24 providers to move in this direction.

25 So, after we do our in-depth

1 analysis and we have additional information to share
2 with you, I think the next question is that is there
3 consensus because we certainly wouldn't want to move
4 forward if the providers weren't in support of it.

5 MR. CAUDILL: So, has someone
6 been appointed as the lead on this project?

7 MS. CECIL: So, I would probably
8 call myself the lead. Again, we're working very
9 closely with Myers & Stauffer on it.

10 Because of the in-depth
11 analysis that's required for this, it will probably
12 be, I would say, I'm not sure we would have anything
13 by the next TAC meeting - maybe shortly after that -
14 but we could certainly provide an update of the
15 status of the analysis at the next TAC meeting.

16 MR. CAUDILL: So, at this point,
17 are there any meetings being conducted or is the
18 progress to assign a task to Myers & Stauffer for
19 further information?

20 MS. CECIL: Myers & Stauffer has
21 already been tasked with the work to research this
22 and bring the information back to us.

23 MR. CAUDILL: Do they have a
24 time period they're supposed to respond or is that
25 open-ended?

1 MS. CECIL: It's a bit open-
2 ended. We're staying in touch with them. Like I
3 said, I think that - well, and, of course, now the
4 Legislature is in session, and just right or wrong,
5 it pulls resources for the work that we'd like to be
6 doing.

7 That's why I said it could
8 possibly be by the next TAC meeting but could
9 potentially be after that, but I'd be happy to
10 provide a status at the next TAC meeting.

11 MR. CAUDILL: Is this an
12 internal process or will stakeholders be brought in
13 at some time?

14 MS. CECIL: After we have the
15 information, we will certainly - again, we plan to
16 share it and I think the discussion has to happen
17 about is this something that the providers are
18 interested in.

19 MR. CAUDILL: Okay. So, if I
20 understand it, then, you all hope maybe to be able to
21 do some type of update to the MAC on the 20th but
22 you're not looking for any real progress until the
23 next meeting down the road for the TAC and then the
24 MAC. Is that correct?

25 MS. CECIL: I don't know. Like

1 I said, we can certainly put it on the agenda and
2 bring an update at the next meeting. It just depends
3 on, again, how far Myers & Stauffer has gotten and
4 the information that we have, the internal
5 discussions that may need to take place and putting
6 the information in a presentable way.

7 MR. CAUDILL: I understand with
8 COVID, their personnel, as it has everyone.

9 Any other questions of Veronica
10 concerning this issue?

11 MS. KEYSER: Mike, this is
12 Chris. I don't have a question for Veronica but just
13 for you.

14 Will the letter from the
15 Commissioner regarding the update from the MAC to the
16 TAC be attached to the minutes for this meeting today
17 if it's a letter that you received?

18 MS. CECIL: Sharley, that was
19 sent to the TAC members and, then, will it be posted
20 on our website?

21 MS. HUGHES: It will be posted.
22 Typically, the Chair would send that out to the TAC
23 members. We send it to the Chairs and the MAC
24 members, but, yes, we will post it on your website as
25 well.

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MR. CAUDILL: This might be another rabbit trail but has the website been updated with the 2022 meeting dates?

MS. HUGHES: The January meetings they have. I have not scheduled February and beyond on Zoom yet because of the fact that since I am retiring, the Zoom account is attached to my email. Once I retire, the email goes away. I did not want to schedule a year's worth of meetings and, then, have to go back and reschedule them

We've gotten a generic email set up and we'll be able to start doing that now, but for the most part, everybody that has a meeting in January, the website at least lists the meeting dates. For instance, the MAC does have the meeting dates but it only has the Zoom link for the January meeting.

MS. CECIL: I was going to say on the Primary Care TAC website, the meeting dates are on there and on the MAC website.

MS. HUGHES: Right.

MR. CAUDILL: Just a couple of things that was included in the minutes that don't show on the agenda, or let me put it like this. That's all that's listed under 4 under Old Business.

1 I have a couple of things that
2 should be addressed, but does anyone else have
3 something they would like to address under Old
4 Business at this time?

5 There being none, let me do
6 this. One of the things that was talked about in
7 there is the status that DMS work on making
8 consistent the times and days in which providers are
9 to sign off on medical encounters - FQHCs one day,
10 some of the others three days, and it was stated in
11 there that it was the Cabinet's intent to make that
12 consistent. And, actually, Lee Guice had requested
13 that this remain on the agenda. So, you all can
14 blame her on that.

15 What is the status? Has there
16 been any movement in getting that done?

17 MS. GUICE: Veronica, Would you
18 like me to respond to that?

19 MS. CECIL: Please.

20 MS. GUICE: Our regulation
21 writer is researching all of the regulations that
22 would have to be revised in order to make it
23 consistent across the board and compiling that
24 listing and working through it as time permits.

25 MR. CAUDILL: Okay. I know the

1 Legislature is meeting and for some reason you all
2 think this bothers your time table.

3 MS. GUICE: Every once in a
4 while we think that - not every day but every once in
5 a while.

6 MR. CAUDILL: Okay. So, we'll
7 just bring that back up, then, in two months on the
8 next one and see how they're doing but it appears to
9 be a pending project at this time.

10 And, Lee, also, you agreed to
11 prepare and distribute a one-page document outlining
12 the respective MCOs' incentives for people to get
13 COVID vaccines so that we could have it compiled in
14 one document that we could use to discuss with
15 patients and so forth.

16 I don't know if you've sent
17 that out. I've missed it. Can you advise me?

18 MS. GUICE: I may have spoken
19 about it but, Angie, are you on the call?

20 MS. PARKER: Yes, I am on the
21 call and that should have been shared. It was sent
22 out a couple of months ago. I believe it was in
23 November.

24 MS. HUGHES: It was shared to
25 the TACs. I sent that out to all the TACs and the

1 MAC probably back about the second week in December
2 right when I came back to work.

3 If you all did not get it, I
4 will be more than happy to re-send it, and I also
5 think that it is on our website.

6 MS. PARKER: Yes, it is on the
7 website.

8 MS. HUGHES: And I can go look
9 now but it's going to mess up my sharing, but I'm
10 pretty sure we had it added to the website but I will
11 also send the document back out to you all in a
12 little bit.

13 MR. CAUDILL: Thank you so much,
14 Sharley.

15 MS. PARKER: Yes. There was an
16 addition. United had changed their time frame on the
17 incentives so, it was recently updated as well and
18 was sent out and put on the website.

19 MR. CAUDILL: Okay. That's the
20 only things I had. Does the committee have anything
21 they want to bring up under Old Business?

22 MS. AGAN: No, sir.

23 MS. KEYSER: No. I'm good.

24 MR. CAUDILL: Okay. Then, let's
25 go to 5 on the agenda which is New Business and we

1 start out under 5A, the announcements from the MCOs.
2 Humana. Who is representing Humana today?

3 MS. BETH DAY: Good morning.
4 It's Beth Day. I am representing Humana Healthy
5 Horizons.

6 I have a couple of updates for
7 you guys and actually one of them was just a reminder
8 of the COVID vaccine incentive that we do offer to
9 our membership. So, it was timely that the Chair
10 mentioned that right before my turn.

11 We do have a \$40 reward in the
12 Go365 system that our Medicaid members have access
13 to. The Go365 is an ancillary item that comes along
14 with a lot of commercial plans and I think maybe some
15 Medicare plans, not all the time available to the
16 Medicaid population but that is a benefit that our
17 membership does have.

18 I personally love it. I get
19 gift cards all the time for using the Go365 app for
20 any kind of healthy actions I take from walking to
21 getting my annual wellness exam.

22 So, having that \$40 being able
23 to be added as a reward for getting the vaccine is
24 just really an easy get. I get Target gift cards,
25 Walmart gift cards, Amazon gift cards, all kinds of

1 things available to them through that. And that is
2 something that our quality initiative team shares
3 during the monthly quality meetings or quarterly
4 quality meetings, depending on the cadence that they
5 have set with their groups.

6 And we did hand out a one-page
7 informative flyer about this at the fall KPCA
8 conference. That was something that a lot of
9 practices were really interested in and they did take
10 that back with them to their practices.

11 The second update that I have
12 is that - and this will actually be more relevant for
13 the FQHCs and some of the RHCs, any kind of clinic
14 that would also have behavioral health services
15 available to their membership - and that is that
16 behavioral health provider engagement is actually
17 coming to our traditional provider engagement team.

18 For instance, I manage KPCA
19 clinics. So, KPCA is also going to have me as their
20 point of contact for their behavioral health concerns
21 or questions. So, just another measure for us to try
22 to streamline things for our practices and make it
23 more of a one-stop shop for you guys.

24 And there is a map being posted
25 to our website that lets you guys see the regional

1 assignments for groups that aren't perhaps part of a
2 larger health system or an IPA like KPCA.

3 So, it does let you know who
4 your rep is, but I think the typical rule of thumb is
5 going to be whoever your prior engagement rep has
6 been for the medical side of things, that's probably
7 who you are going to reach out to because, again, it
8 is going to be a one-stop shop for you guys across
9 the board for those kind of concerns that you have
10 and any questions or notifications you'll see coming
11 from the same people.

12 MR. CAUDILL: Thank you, Beth.
13 WellCare.

14 MR. AKERS: This is John from
15 WellCare. So, I got an update from Robin on the
16 question about the KYHealthNet encounter report.

17 Robin said that he uses an
18 individual report that he gets from DMS that contains
19 all of the threshold rejections at the individual
20 claim level and he prefers that one because it's more
21 detailed than the one that's out on KYHealthNet.

22 So, when he looked at the one
23 from KYHealthNet and then compared it with the
24 individual detailed report that he gets from DMS, he
25 said that report has more information on it.

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And I know there was discussion earlier regarding rejections being on the KYHealthNet report, but that currently is what he uses.

And on our announcements, just reiterate the \$100 gift card incentive on COVID vaccinations that's ongoing.

And every other Friday - and we've been doing this for several years - we have a biweekly WellCare informational webex that we started way back in the KYHealth days, and tomorrow is our biweekly 1:00 Eastern WellCare informational webex.

And we're going to continue to talk about our new Exchange plan - Ambetter. So, one of my colleagues in contracting, H. Michael Falconer, he's going to be my co-host.

So, if you don't have that invite, let me know and I'm happy to send it to you. Thank you so much.

MR. CAUDILL: Thank you, Johnie. Aetna. Is that Becky?

MS. BECKY MARCUM: Yes. Good morning. I just want to say Happy New Year to everybody.

We have a couple of things that's going on with Aetna. Some of the providers

1 that were affected by the recent storms, we have
2 suspended the PA requirements and are working around
3 any need for the (inaudible). We are monitoring
4 those as we move forward. And if any of the
5 providers are having any issues with claims or the
6 members are having any issues with claims, they can
7 reach out to us and we will do anything that we can
8 do to help those providers and the members.

9 We also have a couple of
10 network notices that have gone out. We have a new PA
11 form that was loaded on the website that the
12 providers can use and it started 1/1/2022. Also, we
13 do have a new mailing address for paper claims and
14 those are located on our provider page.

15 Anybody have any questions?
16 Our incentives for our vaccines, that's going to be
17 coming out in short order.

18 And, then, I also talked to our
19 encounters team and he is not using the report yet.
20 He uses the weekly wrap reports that's sent by DMS.
21 So, he has not been using that encounter report. He
22 just uses the weekly wrap reports, and that's all
23 I've got.

24 MR. CAUDILL: Thank you so much
25 Becky. Anthem is next.

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MS. RACHEL BUCHANAN: Hi. This is Rachel Buchanan. Just a couple of updates.

First, Medicaid has added some major Healthy Rewards' incentive retailers such as Walgreens, CVS and Walmart, along with a pre-loaded Visa that's going to be available to our members later in the first quarter.

And we've also removed some other vendors that were either low utilization for things that are not widely available for the State of Kentucky.

The second update that I have kind of builds on the items I presented in November and which is also something we spoke about earlier in this meeting and that's the COVID-19 vaccine provider incentive program.

Recently, Anthem has added member and provider incentives for members age five to eleven, whereas, prior incentives targeted members twelve and older.

During the first quarter of 2022, Anthem is going to be completing an analysis to see what impact these rewards might have been having on driving adult and child wellness visit (inaudible) along with (inaudible) screening and their preventive

1 visits.

2 Our marketing team has also
3 included information and some discussion points
4 during their new member orientation regarding
5 benefits of Healthy Rewards and we've also posted the
6 provider communication on the COVID-19 vaccine
7 incentives for this new age range on our website so
8 providers can access it there.

9 Touching just a little bit on
10 the providers who have been impacted by the
11 December's storms and tornados, Anthem has also been
12 providing outreach to those providers just to see if
13 there's anything that we can do to assist both the
14 providers and see what we can do for them to be able
15 to meet the needs of our members. So, we have been
16 doing that as well.

17 And those are the updates I
18 have. I do, however, want to take just a moment -
19 I'm not sure if he's still on or not - I believe he
20 had another meeting - but I wanted to introduce one
21 of our new associates. He's going to be the Anthem
22 provider's next point of contact and he will be
23 attending these meetings and his name is Brian
24 Richardson. He is a Provider Experience Manager over
25 the Louisville area.

1 workgroup next week. Are there any questions at this
2 point about it?

3 MS. KEYSER: Jeremy, this is
4 Chris Keyser. So, when you speak of dashboard, is
5 that something that, then, the FQ's will have access
6 to on an Anthem website to see this dashboard
7 sometime in the future?

8 MR. RANDALL: That would be our
9 intent, yes. I mean, we would eventually like to
10 automate the production of it and distribution of it
11 so that probably through Availity you would be able
12 to pull it down for your FQHC.

13 MS. KEYSER: Thank you.

14 MR. CAUDILL: All right. Then,
15 Molina. Who is speaking for them today?

16 MS. SHELLEY FIFE: This is
17 Shelley Fife. Happy New Year to everybody.

18 I do want to let you all know
19 that our encounters team apparently uses the weekly
20 reports from DMS. They will be reviewing the
21 (inaudible) website to compare and possibly use it
22 going forward.

23 Also, we have been super busy
24 reaching out and checking on our providers that were
25 potentially affected by the recent tornadic events

1 that occurred in Western Kentucky.

2 We've also sent messages via
3 text and/or social media to alert all of our members
4 how to replace lost medications due to the storm
5 event. Each member in these counties that are
6 currently active with case management or in the
7 middle of an inpatient stay have been contacted to
8 make sure they were okay and to help them with any
9 health care needs.

10 We're also very proud to
11 announce that we joined the marketplace effective 1/1
12 of 2022 and so far everything has been going great.
13 Are there any questions?

14 MR. CAUDILL: I do have a
15 question. The last time you talked about that Molina
16 had partnered with Teledoc in order to offer its
17 members virtual care. Would you care to expand on
18 that and talk about that a little bit?

19 MS. FIFE: I can. Let me get
20 that pulled up. I can tell you that it's to help
21 streamline - okay. So, Teledoc is like a marketplace
22 vendor and it's more or less just like a platform
23 that the providers and our members can use for ease
24 of being able to do telehealth appointments. So, it
25 will make it easier for them to do face-to-face

1 rather than going in person.

2 MR. CAUDILL: So, are they
3 actually doing a visit or are they assisting in a
4 visit, getting it set up for the providers?

5 MS. FIFE: They're assisting
6 getting everything set up with the providers. It's
7 kind of like a Zoom but more protected better. Of
8 course, in a perfect world, we wouldn't have to worry
9 about HIPAA but Teledoc kind of helps cover and hide
10 a person who may need to be there.

11 MR. CAUDILL: Thank you.
12 United. I believe that Kristopher Burns.

13 MR. KRIS BURNS: Yes. So,
14 United's announcements. First, I just want to remind
15 everybody about our member incentive for
16 vaccinations. We're offering a \$100 gift card to
17 Walmart or CVS for any members who are ages five and
18 up and are fully vaccinated after July 1st, 2021, and
19 we are offering that incentive through March 31st.

20 I also just wanted to let
21 everybody know that in regard to the tornado
22 disaster, we have been doing outreach to members and
23 providers, the providers to ensure continuity of care
24 and just to make sure that everybody is okay; for
25 members, just providing resources for our case

1 management members to make sure they have any
2 equipment they need, specifically things like
3 wheelchairs, apnea monitors, oxygen, those sorts of
4 things. So, we have been doing lots of outreach on
5 that front.

6 Other than that, there are no
7 other particular announcements and I just want to
8 wish everybody a Happy New Year.

9 MR. CAUDILL: Thank you. We
10 then move to - are there any questions of anyone on
11 the committee for these representatives of the MCOs?

12 Then, let's move to 5B,
13 recommendations to the MAC. The Chair has no
14 recommendation. Does any member have a
15 recommendation?

16 MS. KEYSER: No, sir.

17 MS. AGAN: No.

18 MR. CAUDILL: All right. There
19 being no recommendations, then, we'll go to 5C -
20 confirmation of Chair to attend the MAC meeting on
21 January 20th, and I will confirm that it is my
22 intention at this time to attend that meeting and
23 represent the TAC at that time.

24 And under 5D, New Items for
25 Discussion, anyone have any new items to discuss?

1 MS. HUGHES: Mike, I'm not sure
2 if you saw in the Chat. I think Veronica posted the
3 link to the immunization document. I also sent the
4 link to each of you and that is one of the most
5 current documents and should always be because it
6 gets revised and it should be updated on the website.

7 So, if you all think you're
8 going to use it, you might want to bookmark that link
9 just to have it easily available to you.

10 MR. CAUDILL: Okay. Thank you,
11 Sharley.

12 Anyone have any comments about
13 the oral improvement for COVID that's coming up, and
14 I'd love to be able to rattle off those names but
15 it's something like Paxlovid, and I won't even start
16 to do the other one. Has anyone had any experience
17 with those yet?

18 Has the Cabinet been able to
19 facilitate the obtaining and distribution of those
20 drugs? Are the MCOs working and helping us to get
21 those so we can get them out to the patients? What's
22 going on? I guess nothing, huh?

23 MS. GUICE: This is Lee Guice,
24 and thus far, we have not - I have not been privy to
25 any conversations about obtaining that medication at

1 this point but certainly we can take a look and see
2 what the rest of the Cabinet might be involved with.

3 MR. CAUDILL: We've been
4 notified that the local hospital chain, major chain
5 is out of the treatment they've been giving through
6 infusion and things and we've been notified by the
7 feds that we will expect some of these treatments to
8 be coming in in the next few weeks but we don't have
9 any yet but it's kind of a crisis situation right
10 now.

11 And not only for Kentucky and
12 not only for Eastern Kentucky, but we had a gentleman
13 drive in from North Carolina, a four-hour drive,
14 yesterday because he said that he could not get any
15 treatment down there, that he would have to wait
16 eight hours and he may not get treatment and it may
17 be the next day.

18 So, we're just concerned about
19 our patients and where we're getting into a situation
20 that our hands will be tied. There will be nothing
21 to do at all to help our patients. That's my
22 concern.

23 MS. CECIL: I think that's a
24 legitimate concern and certainly one we would share.
25 And as Lee noted, we have not been notified of any

1 shortages. I'm aware of the national news around it
2 in some other states but we certainly can take that
3 back and see if we can get any additional information
4 on that.

5 MR. CAUDILL: I'll P.M. you with
6 a little more detail.

7 MS. CECIL: That would be
8 great. Thank you.

9 MR. CAUDILL: Any other new
10 items for discussion?

11 MS. COOPER: Mike, would you
12 like an update from DPH on what they're doing, the
13 monoclonals and the oral antivirals at this point?

14 MR. CAUDILL: Yes, we'd love
15 that.

16 MS. COOPER: As of the last
17 meeting, at the end of last week and one this week,
18 DPH had advised the clinics that were administering
19 two of the monoclonals to go ahead and use them up in
20 the first days of this week because they are not -
21 the REGEN-COV and Bam are not effective against the
22 Omicron variant.

23 So, they were hoping to hit
24 anybody that was presenting with Delta, but after the
25 first few days of this week, there's only one

1 monoclonal that is effective against it. It is in
2 very short supply from AmerisourceBergen.

3 So, they were expecting to
4 receive 3,500 doses this week and there's currently a
5 call going on now that someone is covering for me.
6 So, I should have more information this afternoon,
7 but that was going to be dispersed to hospitals
8 strategically placed throughout the AD Districts
9 across the state and to hospitals that may have
10 transplant patients that are immuno-compromised.

11 The oral antivirals, Pfizer is
12 not out yet. The Merck brand is being dispensed to
13 the Walgreens. At least one Walgreens in every AD
14 District will carry that and dispense that but that
15 is also in short supply and they expect Pfizer to be
16 even more dire to get; but as those supplies
17 increase, they will be distributed to the FQHCs and
18 RHCs.

19 MR. CAUDILL: Thank you, Teresa,
20 for that update.

21 I won't make any comment about
22 what I think about drugstores getting medicine to
23 administer when perfectly good FQHCs and rural health
24 clinics well-distributed all over the state are just
25 dying to be able to take care of our patients, but I

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won't say anything about that.

Having not said anything about that and no one else has anything else to comment or say, then, 5E - our next meeting is on March 3rd, 2022 from 10 a.m. to 12:30 p.m. and I would ask that you put that on your calendar so we can be there.

Is there anything else before I go to Item 6? So, Item 6 is adjournment. Do I have a motion to adjourn?

MS. KEYSER: This is Chris.
I'll make it.

MS. AGAN: Second.

MR. CAUDILL: And second by Yvonne. All those in favor, say aye. All those in favor, say nay. The motion carries.

Thank you all for attending. I hope everyone had a wonderful and safe New Years and God bless you.

MEETING ADJOURNED

KENTUCKY PRIMARY CARE TECHNICAL ADVISORY COMMITTEE MEETING MINUTES

January 6, 2022
10:00 a.m.

TAC members in attendance: Mike Caudill, Yvonne Agan, Chris Keyser and Raynor Mullins.

Kentucky Primary Care Association members in attendance: Teresa Cooper and John Inman.

Medicaid staff in attendance: Veronica Cecil, Judy Theriot, Lee Guice, Angie Parker, Jonathan Scott, Lisa Galloway, Amy Richardson, Steve Bechtel and Sharley Hughes.

MCOs in attendance: At the request of DMS, MCO participants appearing via Zoom or telephonically will not be listed under Appearances.

Others in attendance: At the request of DMS, all other participants appearing via Zoom or telephonically will not be listed under Appearances

CALL TO ORDER: The meeting was called to order by Chairman Mike Caudill.

ESTABLISHMENT OF QUORUM: A quorum was present. All participants listed above were present via Zoom or telephonically.

REVIEW AND APPROVAL OF PREVIOUS TRANSCRIPT AND MINUTES: A motion was made, seconded and unanimously approved to accept the December 14, 2021 meeting transcript and minutes.

OLD BUSINESS:

- (A) Report on wrap/crossover claims cleanup July 1, 2014 to present – Update from DMS: Ms. Cecil stated that there has been a lot of focus and work around Avesis and other subcontractors and DMS receives weekly reports letting them know where the MCOs are on working on the projects and she noted that they are moving forward with resolution and movement on getting back claims taken care of.

Ms. Annette Jimmerson with Gainwell presented a tutorial entitled KYHealthNet Training for Encounters Report that walks the MCOs through the new functionality and how to search, view and pull their encounter reports directly from KYHealthNet. Ms. Keyser asked if this report could be pulled at the clinic level but Ms. Jimmerson noted that this report is only available to the MCOs but that there is a supplemental report that is separate from this that providers can access. Ms. Jimmerson then reviewed the supplemental report for providers and noted that is very similar to what the encounters look like but it is located under the Claims and is only available for Provider Types 31, 35 and 16. Ms. Keyser asked if this report would show information on recoupments and Ms. Jimmerson noted that recoupments are not listed as a data element. Jennifer Popp with Gainwell stated she would take this back as an action item to the KYHealthNet team and encounter team and will follow back up with Ms. Cecil who can then share their findings with the TAC.

The following MCOs responded about utilizing this Encounters Report: Jeremy Randall with Anthem stated that the MCO is actively using this data to pilot with a few FQHCs to couple this data with the MCO's own internal data so that a comprehensive report can be used internally for researching to see if something has been done wrong in calculating its own wrap payment rate but also for sharing with FQHCs to show the status and what has been denied that can be resolved by the FQHCs to initiate the wrap payment. Anthem anticipates in the first quarter of 2022 to get this data out quickly and share it with all the FQHCs. Becky Marcum with Aetna stated the contact person for this would be Brian Wagoner and he does not use the report but uses DMS' weekly wrap reports. Beth Day with Humana Healthy Horizons stated she felt this was another tool that the MCO will be able to use to validate that the process is working and do any kind of auditing that may be necessary to make sure what is transmitted over is processing the way it expects. Shelley Fife with Passport stated that it currently uses the weekly reports from DMS but will review the Gainwell report and possibly use it going forward. Johnnie Akers with WellCare stated that Robin Ray is the lead on encounters and Mr. Ray uses the DMS report that contains all threshold rejections at the individual claim level and he prefers that one because it is more detailed. Kris Burns with United stated it is a question he would have to take back to his operations team.

John Inman with KPCA gave a report on a follow-up meeting with Molina concerning missing wrap payments

and he noted that the MCO agreed to research some claims and get back with KPCA at their next meeting. Mr. Inman noted that future meetings will need to be scheduled but had not yet been due to the holidays and he also stated that other clinics would be invited to future meetings in order to receive their input.

Mr. Caudill asked if the list of the MCO liaisons for the Wrap Workgroup had been furnished to them, and Ms. Parker stated she thought it had been furnished but that Sharley Hughes would send the list out again.

Mr. Caudill also asked about MedImpact increasing its staffing to improve the large influx of prior authorizations by the new PBM, and Ms. Cecil reported that MedImpact did staff up and DMS meets with them almost daily to review their metrics and they are within their performance metrics on the PA's.

- (B) Establish next Wrap Workgroup date: Ms. Cecil stated that the next Wrap Workgroup will be held on January 13, 2022.
- (C) Discussion regarding returning to in-person TAC meetings. When will DMS be ready? Ms. Cecil stated that the new equipment for holding hybrid meetings has not been procured yet and the expectation of in-person meetings hosted by DMS will not happen in the near future. TAC members agreed to continue holding Zoom meetings until further notice.
- (D) Status of addition of codes for Provider Type 31 and 35 for COVID-related testing, therapies and vaccines: Teresa Cooper stated that she had sent Ms. Cecil a list of the CMS codes for all of the COVID-related testing and therapeutics and Ms. Cecil had forward that to Ms. Guice to review. Ms. Cooper will send this also to Ms. Hughes to have it added as part of the minutes, but KPCA wanted to ensure that these were being added and that Provider Types 31 and 35 were not being overlooked when those are added to the fee schedules.

Ms. Guice stated she did receive the information from Ms. Cecil and these will be added to the physician's fee schedule. She stated that the monoclonal infusion issue was a question about how the wrap payment was going to work. Ms. Guice also stated that timeline for adding new COVID codes usually occurs quickly but she would have to submit change requests to Gainwell and then receive a timeline from them and she will send that back out to the TAC.

- (E) Discuss turnaround time on answers to questions - if they are not answered at the TAC meeting – exception is the next TAC meeting or before: Mr. Caudill stated that Barry Martin had brought up this concern and he had noted that some topics brought up by the TAC should be easy to address and answer and he would like to see a process of receiving responses back in a quicker fashion. Mr. Caudill suggested that DMS respond to the TAC within two weeks or respond saying that the request is more difficult and would take more time. Ms. Cecil stated that this was a reasonable request but she asked that the questions be sent in writing to Sharley Hughes by the TAC member asking the questions and that way DMS has a tracking mechanism to ensure that the questions are addressed.
- (F) With DMS staff continuing to work from home, can you please provide us with appropriate contact information for policy, billing and payment: Ms. Cecil noted that Steve Bechtel had provided Teresa Cooper with the updated contact information, and she noted that DMS needs to be more mindful about ensuring that the TAC is updated on DMS staffing changes. DMS will notify the TAC about who will be replacing Sharley Hughes upon her retirement.
- (G) Update on the status of the TAC's recommendation to the MAC: Mr. Caudill read a letter dated January 4, 2022 from Commissioner Lee that referenced DMS' response to the TAC's recommendation concerning the same-day, multi-visit payment methodology. Ms. Cecil stated that DMS has asked Myers & Stauffer to research and provide more detailed information on what other states are doing. She stated that if DMS changed this methodology, services would be taken out of the all-inclusive rate and turned into a rate by service or service class, and in order to earn that PPS, the provider would actually have to perform that service on the same day. Ms. Cecil also questioned whether there was consensus among providers to move in this direction, and she noted she would provide a status update of Myers and Stauffer's analysis at the next TAC meeting. Ms. Hughes will post Commissioner Lee's letter on the TAC's website.
- (H) Other: Mr. Caudill asked for an update on the consistent times and days in which providers are to sign off on medical encounters, and Ms. Guice stated that their regulation writer is researching all regulations that would need to be revised. Mr. Caudill will keep this item on the agenda.

Mr. Caudill also asked about the one-page document outlining the MCOs' COVID vaccine incentives, and Ms. Parker stated that this had been shared with all the TACs and MAC but she would re-send it to the TAC.

NEW BUSINESS:

(A) Announcements from MCOs:

Humana: The MCO has a \$40 reward in the Go365 system that members can access; a behavioral health provider engagement is coming to the MCO's traditional provider engagement team and a map will be posted showing regional assignments.

WellCare: The MCO has a \$100 gift card incentive on COVID vaccinations; every other Friday, the MCO has a biweekly educational webex and the new Exchange plan, Ambetter, will be discussed at the next webex.

Aetna: The PA requirement has been suspended for providers who were affected by the recent tornados and the MCO has reached out to both members and providers to offer assistance; several network notices have been sent out, including a new PA form that has been loaded on the website for providers to use; there is a new mailing address for filing paper claims.

Anthem: The MCO has added some Healthy Rewards' incentive retailers that is available to members and other vendors have been removed due to low utilization; the MCO has added incentives for members ages five to eleven and it will analyze the impact these rewards are having on driving wellness visits, etc.; the MCO has been providing outreach to providers and members who were affected by the tornados; Brian Richardson will be the new point of contact for this TAC.

Molina: The MCO has been reaching out to providers affected by the tornados; the MCO has joined the Marketplace effective 1/1/22; Teledoc is a Marketplace vendor that providers/members can use for ease of doing telehealth appointments.

United Healthcare: The MCO offers a 4100 gift card for ages five and up who are fully vaccinated and the incentive will be offered through March 31, 2022; the MCO has been doing outreach to those affected by the tornados.

(B) Recommendations to the MAC: There were no recommendations to be made to the MAC.

(C) Confirmation of Chair to attend MAC meeting on November 18, 2021: Mr. Caudill, as Chair of the TAC, will be able to attend the January, 20, 2022 MAC meeting.

(D) New items for discussion: Teresa Cooper reported that the Department for Public Health has advised clinics that are administering the two monoclonals to go ahead and use them up in the first days of this week because they are not effective against the Omicron variant. She also noted that the only monoclonal that is affective is in very short supply from AmerisourceBergen. About 3500 doses will be received this week and they will be dispersed to hospitals throughout the ADDs and to hospitals with transplant patients that are immune-compromised.

(E) Next Meeting: The next TAC meeting will be March 3, 2022.

There was no further business and the meeting was adjourned.

(Minutes were taped and transcribed by Terri Pelosi, Court Reporter, this the 11th day of January, 2022.)