

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

IN RE: PRIMARY CARE TAC MEETING

March 3, 2022
11:00 A.M.
(All Participants Appear Via Zoom or Telephonically)

APPEARANCES

Mike Caudill
CHAIRMAN

Yvonne Agan
Chris Keyser
Raynor Mullins
Barry Martin
TAC MEMBERS PRESENT

Noel Harilson
KENTUCKY PRIMARY CARE
ASSOCIATION

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APPEARANCES
(Continued)

Veronica Cecil
Judy Theriot
Angie Parker
Lee Guice
Erin Bickers
Jennifer Dudinskie
Amy Richardson
Jonathan Scott
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. January 6, 2022
4. Old Business
 - A. Report on Wrap/Cross Over Claims Clean-up July 1, 2014 to present - Update from DMS
 - B. Update regarding return to in-person TAC meetings - when will DMS be ready
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 - March 24, 2022, 10 AM - 12:30 PM
 - E. Next Meeting - May 5, 2022- 10:00 AM - 12:30 PM
6. Adjournment

1 MR. HARILSON: Mike, Barry
2 Martin just joined. Just so you know, you can start
3 the meeting whenever you are ready, sir. Your full
4 committee is here.

5 MR. CAUDILL: It is 11:00 and
6 10:00 by my clock, and I would call the meeting to
7 order at this time. Usually Teresa Cooper calls the
8 members to establish a quorum. Noel, will you do
9 that for us today?

10 MR. HARILSON: I'd be happy to.

11 (ROLL CALL)

12 MR. HARILSON: Mr. Chair, you
13 have a quorum, a full committee today.

14 MR. CAUDILL: Thank you. The
15 Number 3 item on the agenda is the review and
16 approval of the previous meeting transcript. It was
17 sent out in advance by Sharley. So, I'm assuming
18 that you all have read it or are familiar with it.
19 Is there any addition or changes to be made; and if
20 not, would someone make a motion to approve it?

21 MS. KEYSER: This is Chris.
22 I'll make that motion to approve.

23 DR. MULLINS: Second. Raynor.

24 MR. CAUDILL: All right. A
25 motion made and seconded. All those in favor, say

1 aye. All that oppose say no, and that appears to
2 pass unanimously.

3 And Number 4, we go to Old
4 Business and the first thing up is a report on the
5 wrap/crossover claims' cleanup from July 1st, 2014 to
6 the present. Veronica, are you on and would you like
7 to take that on?

8 MS. CECIL: Good morning,
9 everyone. I am happy to provide an update on the
10 Wrap Workgroup.

11 We met on Tuesday. We reviewed
12 a couple of presentations that Gainwell prepared on
13 the KYHealth.Net new reporting mechanisms and we will
14 get that out to the TAC members.

15 We got some really good
16 feedback on that. What those do is it walks through
17 how to access those reports. It also talks about
18 some changes that we're making based on feedback that
19 include being able to drop the report to an Excel
20 spreadsheet which I think will be very helpful to
21 providers and, then, getting providers access to the
22 threshold information which are those encounters from
23 the MCOs that go onto a file that don't actually make
24 it into our system and, therefore, do not generate a
25 wrap.

1 the ones that remain outstanding.

2 I will say that we've made a
3 lot of progress. The team of providers, MCOs and DMS
4 and Gainwell, I think, have done a tremendous amount
5 of work to improve the processes, the policies and
6 the communication.

7 So, I think we definitely have
8 made some milestones and achieved some outcomes.

9 As a result of some discussion
10 during a meeting, the MCOs are going to go back and
11 have some conversation about creating consistency and
12 share best practices. So, they're going to do that.

13 And, then, we talked about
14 having a follow-up meeting in about two months, but,
15 otherwise, I think there's a sense that maybe we've
16 moved in the right direction and we're trying to
17 continue to update, especially changes that we're
18 making to KYHealth.Net and just report those through
19 email updates.

20 So, I think that is a good
21 highlight of what was discussed.

22 MR. CAUDILL: Members, do you
23 all have any questions of Veronica?

24 MS. KEYSER: This is Chris. I
25 had a question for Veronica.

1 in the number of - I've seen it - I don't know if it
2 feels that way but I've seen in the reports that we
3 get that we're having fewer and fewer threshold
4 errors. And I think that's in part because we dug
5 into why are things, you know, why are they getting
6 an error.

7 And as we identify those, you
8 know, I think some of it is that you're always going
9 to have specific situations that deal with a provider
10 or with an MCO and those are kind of one-offs that
11 we'll still have to continue to work through.

12 But there is an expectation
13 from the Department that the MCOs are working with
14 providers on resolving these, and sometimes it's an
15 easy fix and sometimes it's not and we understand
16 that but they should be worked on because it's
17 important that the providers are getting their wraps,
18 they're getting their payments timely and accurately.

19 So, even I think aside from the
20 Workgroup, we're definitely focused on making sure
21 that this remains a process that happens.

22 MS. KEYSER: Okay. Just to
23 follow up, Veronica, do you all have kind of a time
24 line as far as when these deliverables will be made
25 available to FQ's?

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MS. CECIL: So, I think we wanted to get into a really good place where we felt like maybe the lion's share of issues have been resolved and I think we're getting there.

So, my guess is we'll start to work on those and maybe sixty days or so, a couple of months for us to pull all that together. It's something that we will want to share I think with the Workgroup members for them to take a quick look at and review to make sure does this make sense, is this helpful, are there other things that could be added to it.

So, we will want that kind of (inaudible) process to get, I think, something that's helpful to providers. So, what we might try to do is come up with something for the next Workgroup meeting which I've said is going to be in I think we're going to do two months and, then, have that reviewed and maybe try to get something sent out and posted on our website after that.

DR. MULLINS: Veronica, this is Raynor. You mentioned MCOs. I assume that the dental claims are also included with the dental subcontractors, Avesis and the other folks?

MS. CECIL: Yes, that's correct.

1 It will include any subcontractors.

2 So, there are specific efforts
3 going on with the dental subcontractors right now. I
4 know the MCOs are working very closely with the
5 subcontractors and the providers to resolve those
6 issues, and I think there's been - I think it might
7 be a little different depending on the mCO as to
8 where they are in that process but I think that
9 there's been some significant movement in that.

10 DR. MULLINS: Thank you.

11 MR. CAUDILL: Yvonne, earlier
12 you had a question for Veronica. Do you still have
13 that question or has it been answered?

14 MS. AGAN: No. I was just going
15 to add an additional comment. I thought Veronica did
16 an excellent job covering the items that we covered
17 on Tuesday.

18 The other thing is that dealing
19 with the blanket voids, that when an MCO is doing
20 retro fee schedule adjustments, trying to work with
21 the MCOs to do an adjustment encounter versus the
22 void that causes these massive recoupments, I think
23 that is something hopefully that the MCOs are getting
24 together and sharing how one MCO has been successful
25 in fixing that issue that they will share with the

1 others and see if we can't eliminate that problem
2 that many experience.

3 MS. BICKERS: Veronica, there's
4 also a question in the comments, in the Chat from
5 Carla. It says can we see claims that are over a
6 year or two old from these reports or will there be a
7 time limit on the search in reference to data service
8 on the claims?

9 MS. CECIL: I am not aware of a
10 time limit. I will double check that and make sure
11 we send that out to the group, but my understanding
12 was that they could go back as far as the system goes
13 back.

14 And I do want to note, so, the
15 changes for the Excel spreadsheet goes into effect at
16 the end of March. March 31st is when that goes into
17 production.

18 MR. CAUDILL: Teresa Dotson on
19 my staff has a question to Veronica.

20 MS. DOTSON: Let me just say
21 that I was very pleased with the Workgroup meeting on
22 Tuesday and I've been able to do some work since then
23 on the report. I didn't have access before. So,
24 that was a problem on our side with administrative
25 rights but that's been corrected.

1 It would be very helpful in the
2 search fields if we could do Social Security number
3 and maybe by MCO because the way our system is
4 running the reports and we have to report it to each
5 MCO, it's a whole lot of Excel sorting and
6 spreadsheets and tabs.

7 So, if I could bring down one
8 whole MCO by range date and sort back. And, then,
9 what I found is that where the member ID's are maybe
10 not used standard across the board with the MCOs, a
11 Social Security number for me would have been easier
12 to sort and look for.

13 I had them actually install a
14 third screen in my office so I could work on all the
15 reports. It was that extensive. And, then, it hit
16 me that if could narrow down the same fields, then,
17 that would help. So, I would appreciate that
18 consideration.

19 MS. CECIL: Okay. I'll take
20 that back to the team.

21 MS. DOTSON: Thank you.

22 MR. CAUDILL: Okay.

23 MR. MARTIN: Chair Caudill, I'd
24 like to echo Veronica's comments. I think our
25 Workgroup has come a long way and it's a result of a

1 lot of ongoing issues.

2 And I think it's time with the
3 agenda item that says report on wrap/crossover
4 claims' clean-up from July, 2014 to present, I think
5 we need to re-name this agenda item and just maybe
6 call it Wrap Workgroup Update because now we're
7 working on just present and future issues.

8 The past issues, I think those
9 are going to have to be resolved by individual
10 clinics. We need to look at this as being present
11 and future instead of past because we're not going to
12 be able to work too much on the past.

13 We have the tools to do that
14 individually, but as a TAC, I think we need to focus
15 on keeping the Workgroup viable and continue to work
16 on processing issues for the future. That's just my
17 opinion.

18 MR. CAUDILL: Just call it a
19 Workgroup Status Report, then, or something to that
20 effect?

21 MR. MARTIN: Yes, because we've
22 agreed that we should still continue to have this
23 Workgroup.

24 I think yesterday or whenever
25 we had the Workgroup call, it came to light that it

1 would be really helpful for the MCOs to get together
2 and talk about issues and try to be more consistent
3 with their approach from both DMS and a provider's
4 standpoint.

5 So, I was very happy to hear
6 that the MCOs are seizing that opportunity.

7 MR. CAUDILL: Okay. Does that
8 sound good to the other committee members?

9 MS. KEYSER: This is Chris, Mr.
10 Chairman. I do have just a comment.

11 I'm just wanting to understand
12 while I do appreciate the Workgroup is certainly
13 focused on making corrections and tools and resources
14 going forward, what are clinics supposed to do or
15 what are they being told to do, advised to do in
16 regard to the actual reconciliation itself for claims
17 that they've got held from 2014 for whatever date?

18 I'm wondering are clinics
19 waiting for guidance? They have all of this
20 information of claims that from their point of view
21 they've not received a wrap on from as far back as
22 2014.

23 So, are they waiting to hear,
24 okay, what are we supposed to do because prior
25 reconciliation, you know, it was one of those things

1 where we submitted something to DMS. They reviewed
2 everything, ran it through their system and, then, we
3 came up with a number of what was owed, that kind of
4 thing.

5 So, what are clinics waiting on
6 right now?

7 MS. CECIL: I think from the
8 Department's perspective because we have been
9 primarily focused on and I think it's been my
10 position that we've got to clean up the system. We
11 can't do anything unless we are all talking the same
12 language and we build those relationships and
13 communication, lines of communication, and I think we
14 really have established a good foundation for that.

15 A reconciliation back to 2014
16 is not something the Department can do, but I think
17 what we have done is establish at least the ability
18 for, as we improve the report that can be pulled out
19 of KYHealth.Net and the information we're going to
20 now be giving to the MCOs, I mean, it's going to be a
21 perfect opportunity for providers that honestly
22 believe that they have not received a wrap for past
23 claims is to start that conversation.

24 And certainly the Department is
25 more than happy to help facilitate some of that and

1 ensure that it's happening.

2 But individual providers I
3 think at that point, then, should be communicating
4 with the MCOs because if the wrap didn't generate,
5 it's because there was something wrong with the
6 encounter and with the claim.

7 So, I think that's going to
8 require additional work and it could be accomplished
9 with the provider and the MCO communicating on those.

10 MR. CAUDILL: If I understood
11 what you said, Veronica, the actual trying to clean
12 up the wrap/crossover claims is something that the
13 Department doesn't see itself as being directly
14 responsible for but it's an issue between the MCOs
15 and the providers, that the Department would be a
16 mediator or on the sidelines, and I don't mean to put
17 words in your mouth.

18 MS. CECIL: No, no, no. That's
19 okay. I think what the Department can do is ensure
20 that the MCO is participating in those conversations;
21 and if the MCO isn't, that's where we can kind of
22 step in and ensure that that's happening.

23 And let me say one other thing,
24 that it's all on the MCO and the provider. As things
25 are discovered, and this is where an MCO can help us,

1 that there was a problem with it getting in and it's
2 something maybe the Department, you know, it's our
3 system, I'm not saying that we're not responsible for
4 that because we are and that's where, if those things
5 get identified, certainly we play a role in that,
6 too, and we can be part of the conversation when that
7 gets identified.

8 MR. CAUDILL: So, in the next
9 Workgroup meeting, then, can we set up a framework as
10 to how that's going to happen so that we can start
11 putting attention towards the issues?

12 MS. CECIL: Yes, I think that
13 makes sense, and to your point, Chris, that maybe we
14 should provide some communications about what the
15 next step is to reconcile past claims.

16 MR. CAUDILL: Okay.

17 MR. HARILSON: Mr. Chair, may I
18 say something?

19 MR. CAUDILL: Go ahead. Yes,
20 sir.

21 MR. HARILSON: Veronica, just to
22 kind of echo what Chris is saying, as an Association,
23 our band with the communication only goes so far
24 because there's 350-plus rural health clinics in the
25 State of Kentucky and they're not all members of the

1 KPCA.

2 So, I think it would be really
3 appreciated for that communication to maybe be put on
4 the website so all of those entities that many of
5 them may not even realize that this is going on or
6 that it is a problem or that there is a Workgroup
7 because with so many rural health clinics that are
8 getting that PPS rate, all of the community health
9 centers are a part of our organization and get
10 regular communication and things like that, but I do
11 think it would be helpful to have that at least on
12 the DMS website where all providers that are
13 receiving the rate can see it.

14 MS. CECIL: I appreciate that.
15 Definitely. And I think for the training and the
16 FAQ's that we develop, that will be shared with all
17 providers and that's something - those conversation
18 about reconciliation, what does a provider do to go
19 back and reconcile past claims that didn't generate a
20 wrap, we'll have I think clear guidance in there
21 about what are the steps that you should go through
22 to do that.

23 MR. CAUDILL: So, for our next
24 meeting, let's split this. Let's put in a new agenda
25 item for an update from the Medicaid Workgroup----

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MR. HARILSON: I have that noted, Mr. Chair.

MR. CAUDILL: ----and also let's keep our existing one on report on wrap/crossover claims, understanding that those now are basically two different things and there will be a report by Ms. Cecil at the next TAC meeting to talk to us about this framework as will be set up because between now and our next meeting, the Workgroup will have met and discussed this and came out with some type of a direction or a plan. Is that all right?

MS. CECIL: Yes.

MR. MARTIN: Mike, I just think that somewhere we need to leave it up to the individual providers. As long as Medicaid has some kind of a process for MCOs and providers to talk specifically individually, that the TAC, I think this is something that we're going to have to leave up to the providers to work with the MCOs and DMS because we've beat this dead horse way too long.

And I think now we have a process in place with DMS and the MCOs with the clean-up and I think it's time for the providers to start using these tools.

And I feel like DMS can

1 probably enlighten them as a whole better, but I
2 think as far as on the TAC, we need to eventually get
3 this off the agenda item because we're not going to
4 be able to go anywhere as a group with the
5 reconciliations.

6 MR. CAUDILL: Let's see if we
7 can get the framework up before we drop that so that
8 individual providers will have a path to follow.
9 Okay?

10 MR. MARTIN: Okay.

11 MR. CAUDILL: If there are no
12 other comments, in the last meeting, we were talking
13 about there's focus around Avesis and the issues
14 related to it as a subcontractor.

15 Has anything come forth beyond
16 that because I know Avesis is kind of a sore spot
17 with a lot of us?

18 MS. CECIL: If that's to DMS,
19 so, again, we get weekly reports from the MCOs. Most
20 of them are focused on the dental subcontractor
21 claims and appropriateness of generating the wrap.

22 There are different, I think,
23 places on where that stands but I know that the work
24 is ongoing and hopefully improving because I do see
25 reports where they've done projects and the claims

1 are coming through and the encounters are coming
2 through.

3 So, again, I think it can
4 sometimes be down at the provider level on resolving
5 specific issues with the provider level but I think
6 we made some good movement on just generally the
7 dental subcontractor claims.

8 MR. CAUDILL: Okay. One of the
9 other things from last time's meeting and I think
10 it's interesting because, Veronica, you got thrown
11 under the bus by Jennifer Popp at Aetna. I thought
12 that was kind of funny.

13 But in talking, Ms. Keyser
14 asked the question about the tool, the new
15 functionality report about whether it would include
16 recoupments, and Ms. Jimmerson had said it was not
17 listed as a data element. Then, Ms. Popp spoke up
18 and said that she would take it back as an action
19 item to the KYHealth.Net team and the Encounter Team
20 and will provide that information to you so that you
21 could share it with this committee.

22 So, welcome being thrown under
23 the bus, but can you respond to that one, please?

24 MS. CECIL: Yes. So, I know the
25 report will show whether or not it is an adjustment,

1 a void. So, that information will be part of the
2 report that the provider has access to.

3 MR. CAUDILL: Okay. So, then,
4 the bus trip continued because then in talking about
5 the tool, the encounter report, you turned around and
6 threw all the MCOs under the bus and put them on the
7 spot and asked them to tell what they were doing with
8 it.

9 And let me say that my favorite
10 out of that was Beth Day with Humana Healthy Horizons
11 because she never promised you anything. In a page
12 and a half of transcript, she never promised
13 anything.

14 Most everyone else promised
15 they would at least get back and make a report. So,
16 she's my favorite one out of that.

17 But let's go through that if
18 you want to at this time because you asked them all
19 to be able to come back and to make a report as to
20 whether or not they were using the tools, what you
21 called it two or three times. So, it's the encounter
22 report that has the new functionality including how
23 to search, view and pull an MCO's encounters
24 correctly from KYHealth.Net that's only available to
25 MCOs. So, that's the tool that I'm talking about.

1 MS. CECIL: If I can, just one
2 clarification. So, right now, there is an encounter
3 report that gets generated by the Department which
4 includes Gainwell and gets sent to MCOs. And, then,
5 we're still working on the functionality of the
6 KYHealth.Net supplemental report the MCOs get. All
7 of their functionality will be available in an end of
8 April release.

9 So, there still are some pieces
10 to the KYHealth.Net, but you are correct to say that
11 there is a report going weekly to each of the MCOs,
12 and I think it would be wonderful to hear from them
13 continuing how they are utilizing that.

14 MR. CAUDILL: Okay. So, the bus
15 continues on its route here. Let's see what we've
16 got. We started out with Jeremy Randall with Anthem
17 last time and he said that they were piloting with a
18 few FQHC's. So, maybe if he's on here, he can update
19 that report.

20 MR. COLLINS: Mike, this is
21 Shaun from Anthem. Jeremy is unable to be here today
22 but I will get that answer for you and get back with
23 you. Is that okay?

24 MR. CAUDILL: Okay. Next up was
25 Becky Marcum with Aetna and she did a little bus

1 driving and put it over on Brian Wagoner who was not
2 there. So, is Brian on here to bring this up or,
3 Becky, can you update your report?

4 MS. MARCUM: Can you hear me?
5 This is Becky with Aetna.

6 MR. CAUDILL: Right. You were
7 going to verify his knowledge of the report and how
8 he was using it.

9 MS. MARCUM: He said he has not
10 been using it but he was going to.

11 MR. CAUDILL: Okay. And, then,
12 again, Beth Day with Humana Healthy Horizons. I've
13 already bragged on Beth for not promising to do
14 anything but do you have a status update for us,
15 Beth? Is anyone from Humana on the line?

16 MS. STEPHENS: This is Cathy
17 Stephens. I don't have that status. Beth would be
18 the one that had that, so, I apologize, but I can
19 send an email back to Erin if that's okay and, Erin,
20 if you can share it with the TAC.

21 MS. DAY: It's actually Beth. I
22 was struggling to get off of mute. I've been having
23 technical difficulties with Zoom on my microphone for
24 the past few days but I apologize.

25 MS. STEPHENS: We've all

1 experienced that. Thanks, Beth.

2 MS. DAY: I just wanted to let
3 everybody know that the most recent update that we
4 have with our Health Plan is that we have an edit in
5 place now so that anything that's going to be a
6 taxonomy or an NPI mismatch with the State NPO file,
7 those are going to actually come back to you as
8 rejections.

9 So, we are not going to have
10 any of the where you're actually going to have a
11 claim paid and, then, subsequently down the road you
12 would have any kind of notification from the Health
13 Plan that there had been an error that then has to be
14 reworked on your part.

15 So, we're hoping to alleviate a
16 little heartburn that we might have around that after
17 the transition from CareSource.

18 And I also just want to remind
19 everybody that we are in full swing having the
20 behavioral health piece over from the behavioral
21 health team and that's in-house now with our provider
22 engagement team.

23 So, typically, you'll find that
24 the same representative that you've been reaching out
25 to for your medical needs you're going to reach out

1 to for your behavioral needs.

2 So, we're hoping to make a nice
3 one-stop shop for you guys as we realized how
4 critical it is for the medical and behavioral health
5 to kind of work hand in glove together for people's
6 overall total well being.

7 MR. CAUDILL: Thank you.
8 Shelley Fife with Passport had promised to follow up
9 with their Encounters Team and let us know. Shelley,
10 are you on?

11 MS. FIFE: I am. Can everyone
12 hear me okay?

13 MR. CAUDILL: Yes. Go ahead.

14 MS. FIFE: Awesome. So, I did
15 meet with the Encounters Team. They are aware that
16 that is out there; but as Ms. Cecil stated earlier,
17 there are some components missing. So, they prefer
18 working off of the weekly reports they receive.

19 MR. CAUDILL: All right. And
20 Johnie Akers with WellCare, he ID'd Robin Ray as
21 being WellCare's lead on encounters and he promised
22 to call him and ask for clarification on the use of
23 the tool and will let us know but only if he
24 contacted him back by the time that his report was
25 due later on the agenda.

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Johnie, do you want to update anything there?

MR. AKERS: Yes, Mike. Can you hear me okay?

MR. CAUDILL: Oh, absolutely.

MR. AKERS: So, Robin did get back with me and he said he uses the current weekly report that contains all the threshold rejections at the individual claim level.

So, that's the report he uses because it is more detailed, as has already been referenced, than the current KYHealth.Net report.

MR. CAUDILL: Is that the parallel report that you talked about that you all were using back then at the last meeting?

MR. AKERS: Yes.

MR. CAUDILL: Okay. All right. And Kris Burns with United who was going to follow up with the Operation Team and let us know what he found out. Kris, are you on here?

MS. MCGRAW: Hi, Mike. This is Angela McGraw with United Healthcare and Kris is not on the call but I will certainly follow back up with Kris and get that information to you.

MR. CAUDILL: Okay. All right.

1 Thank you and that's all the MCOs. Has somebody else
2 got something? Beth.

3 MS. DAY: This is Beth with
4 Humana. I am so sorry. I got so frazzled with the
5 whole situation with my microphone that I went ahead
6 and jumped in with my entire update.

7 And, yes, we are using the
8 encounters report on our side of things. We are
9 using that along with the other reporting information
10 that we do get from the State, so, just to let you
11 know that we did clarify that.

12 And I apologize for just
13 throwing it all out there right there in the middle.

14 MR. CAUDILL: I thought that you
15 were just continuing the excellent report you did
16 from last time, just to be honest.

17 MS. DAY: I'm so sorry. It's
18 just been a struggle with my Zoom. I appreciate
19 that, Mike. Thank you.

20 MR. HARILSON: Mr. Chair, can I
21 ask something of the MCOs pertaining to that?

22 MR. CAUDILL: Go ahead.

23 MR. HARILSON: I would just say
24 for anybody who said they're going to get back with
25 information, please make sure you include everybody

1 on the committee and myself and Teresa Cooper just so
2 we can help track that as well for the committee as
3 the assigned staff members from KPCA for this
4 committee.

5 So, I just wanted to make sure
6 that you send it to everyone who is on the committee.
7 That would be Raynor Mullins, Yvonne Agan, Mike
8 Caudill, Barry Martin and Chris Keyser.

9 MR. CAUDILL: Okay. Raynor, did
10 you have something you were wanting to say?

11 DR. MULLINS: No. No.

12 MR. CAUDILL: Okay. Your square
13 lit up there. I thought maybe you had something. I
14 apologize.

15 DR. MULLINS: Technology strikes
16 again.

17 MR. CAUDILL: Okay. All right.
18 Veronica, that's all the MCOs on that.

19 Let's then go on to the update
20 regarding return to in-person TAC meetings which is
21 Item 4B and that's just requesting a status update
22 from the last meeting.

23 MS. BICKERS: I'll take that one
24 Medicaid has just recently got all the equipment
25 installed from my understanding.

1 So, at your next meeting in
2 May, we will hopefully have all that up and running
3 and functional so we can vote at your next meeting if
4 you want to stay virtual or return to in-person.

5 MR. CAUDILL: Okay. All right.
6 So, we will wait until then to make that decision, is
7 that right, until the May meeting?

8 MS. BICKERS: Yes, sir. That's
9 my understanding to make sure we have everything up
10 and running properly.

11 MR. CAUDILL: Good. Good.
12 Thank you, then.

13 MS. BICKERS: You're welcome.

14 MR. CAUDILL: It does not appear
15 on here and we do not have an other Old Business
16 category but let me ask about this.

17 We talked and have talked
18 several times about the status of action on the MAC
19 request in reference to payment for multiple same-day
20 visits and we had a pretty good discussion last time,
21 Ms. Cecil, from you about what was happening and you
22 were going to have an update for us as to what
23 progress had been made for this meeting.

24 Will you be able to address
25 that?

1 MS. CECIL: Just to say that
2 that's ongoing. We are working on it and getting
3 information about it. We're working with Myers &
4 Stauffer who does our rate-setting. So, we've been
5 having some internal meetings.

6 We're not quite to the place
7 where I think we have a clear understanding of its
8 impact to Kentucky but certainly would support maybe
9 putting something on the Old Business on the agenda
10 so that I can provide an update.

11 MR. CAUDILL: Okay. All right.
12 So, we would like that to be made a permanent agenda
13 item. Noel, if you could convey that to Teresa, I
14 would appreciate it.

15 So, that takes us down to 5
16 under New Business - announcements from the MCOs. We
17 can go back through the list if you all would like to
18 address anything you didn't address earlier.

19 For Humana, who is going to
20 speak for them today?

21 MS. DAY: This is Beth. Just to
22 reiterate that we do have an edit in place now so
23 that the front-end rejections will occur whenever
24 there is a mismatch on the NPI's or taxonomies that
25 are billed on the claims so that that will alleviate

1 any kind of erroneous claim payment that requires any
2 rework for the group. So, we're excited to have that
3 now that we have transitioned it. It had been a
4 little bit of a change from what you experienced at
5 CareSource. So, we're back to having that actually
6 report to you on the front end.

7 And we do have the behavioral
8 health provider engagement being handled by the
9 medical provider engagement reps so that it's more of
10 a one-stop shop for any of the needs around that and
11 that seems to be going well.

12 The introductions and
13 educational seminars that we're doing with each of
14 our assigned groups are in full swing and we're
15 hoping to have those finished by the end of the
16 quarter.

17 And there is also a map on the
18 website for humana.com that shows who the assigned
19 reps are for each county and it does break out the
20 special assignments. For instance, I handle all of
21 the clinics for KPCA. It's not handled by counties.
22 So, you have one face to deal with for all of your
23 needs on that.

24 MR. CAUDILL: Okay. Thank you
25 very much. WellCare.

1 MR. AKERS: Mike, I have one
2 update. We have a new CEO for WellCare of Kentucky,
3 Corey Ewing. He is a native of Northern Alabama and
4 he has over twenty years of health care leadership
5 experience.

6 Most recently, he served as the
7 Chief Operating Officer for Centene's Indiana Health
8 Plan. Prior to that, he spent over fifteen years in
9 hospital administration. He served as the CEO for
10 two regional medical centers with Community Health
11 Systems.

12 And Corey loves fishing in his
13 spare time. So, we've got a lot of good fishing
14 spots in Kentucky. Bill Jones is still with us and
15 Bill is serving as Senior Vice-President of Markets.

16 So, you will have an
17 opportunity as Corey settles in to his role in
18 Kentucky and he will be working out of our Louisville
19 office. So, he will be out and about in upcoming
20 months connecting with our providers. So, we welcome
21 Corey to Kentucky.

22 MR. CAUDILL: Great. Aetna.

23 MS. MARCUM: Good morning. This
24 is Becky with Aetna. I want to let you know that
25 Brian said that he prefers to work on those weekly

1 reports instead of using the website or that link.

2 And, then, what we have going
3 on with Aetna is we have lots of training
4 opportunities going on. On March 10th, from 11 to 2,
5 we have a Welcome to SKY Program for our providers
6 and that occurs every second Thursday of every month.

7 And, then, on March 17th, we
8 have a provider orientation from 10:30 to 12 and that
9 occurs every third Thursday of each month. And all
10 of those can be found on our website, and that's all
11 Aetna has.

12 MR. CAUDILL: Thank you.

13 Anthem.

14 MS. BUCHANAN: Hi. This is
15 Rachel. Can you hear me okay?

16 MR. CAUDILL: Yes.

17 MS. BUCHANAN: Okay. Great.

18 Just a couple of items to share today.

19 Last month we conducted some
20 additional outreach to providers in response to DMS'
21 invitation for PCP's to participate in the research
22 study on how MCOs and providers can collaborate to
23 improve quality of care for our members.

24 The communication was posted to
25 our website but we also wanted to ensure that we

1 engaged with certain provider groups just to make
2 sure they were aware of it.

3 Next, we have three provider
4 education webinars. These are coming up beginning in
5 April. They have been posted to our website. Two
6 sessions are going to be held for each one.

7 The events include a webinar on
8 2022 annual coding updates. That's going to be held
9 April 13th and 19th; social determinants of health,
10 that will be May 3rd and 19th; and, then, a diabetes
11 management webinar and that's on June 9th and June
12 21st.

13 Providers can register on the
14 provider training academy page of our Anthem Kentucky
15 Medicaid Provider website. This can be found under
16 the Resources' tab from the website's main Home page.

17 And the last item - this is
18 also published in a March 1st provider communication
19 that went out posted on our site - it's about a UTI -
20 urinary tract infection - toolkit that Anthem
21 Kentucky Medicaid has put together just as an effort
22 to support the health of our members.

23 These toolkits are going to be
24 sent to select members who are identified as having
25 been seen in the ER for a UTI. The kits include test

1 strips and instructions for use if the member is
2 experiencing symptoms, a reusable water bottle to
3 encourage plenty of water intake and keeping
4 hydrated, as well as just basic information and
5 guidance for members on when to seek care and that's
6 what I've got today.

7 MR. CAUDILL: Okay. Thank you.
8 Molina. Shelley, will that be you?

9 MS. FIFE: Yes, sir. So, I
10 would like to announce that we're happy that we've
11 started a Value-Added Benefits Program. We're
12 calling it Healthy Rewards. It's for all of our
13 beneficiaries.

14 This program will reward
15 pediatric and adult members when they complete annual
16 preventative health exams, screening, (inaudible) and
17 follow-up care.

18 We also offer two ways for the
19 members to claim this reward. They can either go
20 online and do it or they can contact Customer Care.

21 We've also sent out a provider
22 notification explaining how to dispute claims
23 (inaudible) for incarceration reason via evidence
24 that the patient was not incarcerated for the date of
25 service, and if anybody needs it, I can share the

1 link and all requirements that we're asking for.
2 That would be it for Passport.

3 MR. CAUDILL: Thank you.
4 United.

5 DR. CANTOR: Hi, there. This is
6 Dr. Cantor. I'm the CMO for United. Our update is
7 that our COVID vaccination incentive is going to
8 continue for the remainder of the year, to 12/31/22,
9 and that is a \$100 gift card to CVS or Walmart if the
10 member receives two doses of the Moderna or Pfizer or
11 the one dose of the J&J. It's not for the boosters.
12 It's for the full vaccination, for the primary series
13 of vaccination. That's my update for United.

14 MR. CAUDILL: Okay. And let me
15 say this. Thank you to all the MCOs that are
16 providing COVID vaccination incentives, and thank you
17 to the Department that provided us that in a succinct
18 one-page list. We certainly at MCHC have used that
19 and distributed that to people that potentially could
20 benefit from it.

21 MR. MARTIN: And I'd like to add
22 one thing. I think the MCOs and DMS should relay
23 that throughout the state. On the weekly Wednesday
24 noon COVID calls, there's been a lot of questions
25 about incentives for the vaccines, and I don't think

1 some people in Public Health know that MCOs are
2 offering incentives for the vaccines.

3 MS. CECIL: I appreciate that
4 suggestion, Barry, and we'll definitely reach out to
5 our sister agency. Thank you.

6 MR. MARTIN: It's good to hear
7 the MCOs start talking about chronic care management.
8 We've dealt so much with COVID, those items are on
9 the back burner. It would be nice to get those back
10 up on the front line.

11 MR. CAUDILL: All right. The
12 next thing on the agenda is recommendations to the
13 MAC. Are there any recommendations at this time?

14 There not being any, the next
15 item is confirmation which is 5C is confirmation of
16 Chair to attend the MAC meeting to be held on March
17 24th at 10 a.m.

18 As Chair, I will be able to
19 attend that meeting. Also as Chair, I failed to
20 attend the last meeting and I'd like to apologize to
21 the members of the TAC for that.

22 The only excuse I have is that
23 I decided that my employees shouldn't have all the
24 time off for COVID themselves. So, I came down with
25 it myself and had to take my time off and was

1 somewhat under the weather at the time of the meeting
2 but I have recovered. The only thing I have a
3 problem with is I can't remember anything. And after
4 telling my employees that, they immediately all
5 reminded me of the raise that I promised I was going
6 to give them right before I got sick.

7 That having been said, the next
8 meeting is under 5D which is May 5th at 10 a.m. until
9 12:30.

10 One other thing I noticed in
11 there is Ms. Guice had promised last time to give us
12 an update about the regulatory changes to make the
13 time in which to finalize reports for FQHC's and
14 RHC's and so forth consistent at three days rather
15 than the one day that it is now.

16 Ms. Guice, are you on here and
17 can you give us an update on that?

18 MS. GUICE: I can tell you that
19 - and, yes, sir, I am on here. I can tell you that
20 our regs are still being - well, the overarching
21 policy is not to submit a reg during the Legislative
22 Session unless there's an absolute need on that.

23 So, we're still planning to
24 align those timings. We don't anticipate being able
25 to do so, to file those regs until later this year.

1 It's one of several that are waiting for us to be
2 able to file.

3 MR. CAUDILL: You said later
4 this year. Do you have an approximate timetable we
5 could look for that again?

6 MS. GUICE: Well, let's see.
7 I'm trying to think. I don't know. I would say the
8 earliest would be May. So, I might have something a
9 little bit more to tell you in May when you have your
10 next meeting.

11 MR. CAUDILL: Okay. We'll just
12 put that back on the agenda for May and see where we
13 are then. Is that all right with you?

14 MS. GUICE: Yes, sir. I'd be
15 happy if you'd put it on the agenda. That helps me
16 remember to update my response to you. I appreciate
17 that.

18 MR. CAUDILL: Okay. All right.
19 So, Noel, if you will take care of that, we'd
20 appreciate it.

21 I usually ask and I failed to
22 at this time. So, Veronica, is there anything else
23 you would like to say?

24 MS. CECIL: Thank you, Mike.
25 Gosh, there's a lot going on.

1 Medicaid continues to monitor
2 legislation that affects the program. There are
3 several, I think, in the pipeline. So, that adds to
4 the additional duties, the day-to-day that we already
5 have right now.

6 I did want to touch on the
7 regulation. It is a regular agenda item on the MAC
8 agenda. We are working to make sure that it's
9 aligned across all providers, and, so, that also is
10 just a little bit more of a larger task than just
11 doing it for the FQHC's.

12 So, we're just trying to make
13 sure all the language is the same which means that
14 we're updating, potentially are updating more regs
15 than intended.

16 And also I shared that we have,
17 if you count emergency and ordinary regs, we have
18 about sixty somewhere in the pipeline either being
19 drafted, currently filed and going through the public
20 process or going through the internal process that we
21 have to go through which is pretty intense on its
22 own. So, Medicaid has a lot of regulations that have
23 potential changes to them.

24 I'm trying to think of any
25 other immediate program impacts or changes that would

1 be beneficial.

2 We just continue with the CDC
3 relaxing mask mandates. We want to continue, I
4 think, encouraging vaccinations, and I appreciate the
5 work that the FQHC's and the RHC's and all the
6 primary care providers do to make sure that we're
7 getting our population vaccinated and boosted. So,
8 appreciate you all doing that work.

9 That's probably - I don't think
10 I really have anything else right now to share but
11 thanks for the opportunity.

12 MR. CAUDILL: Okay. For the
13 committee members, are there any other questions?
14 Barry?

15 MR. MARTIN: I'm good.

16 MR. CAUDILL: Chris?

17 MS. KEYSER: No, sir.

18 MR. CAUDILL: Yvonne.

19 MS. AGAN: I'm good. Thank you.

20 MR. CAUDILL: Raynor?

21 DR. MULLINS: No, sir.

22 MR. CAUDILL: All right. Good
23 deal. A motion to adjourn, then.

24 MR. MARTIN: So moved.

25 MS. AGAN: Second.

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MR. CAUDILL: Motion and a
second. All in favor? Any opposed? The motion
carried and we are adjourned.

MEETING ADJOURNED

KENTUCKY PRIMARY CARE TECHNICAL ADVISORY COMMITTEE MEETING MINUTES

March 3, 2022
10:00 a.m.

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

Kentucky Primary Care Association members in attendance: Noel Harilson.

Medicaid staff in attendance: Veronica Cecil, Judy Theriot, Lee Guice, Angie Parker, Jonathan Scott, Amy Richardson, Jonathan Scott and Erin Bickers.

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 roll call was done and 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 January 6, 2022 meeting transcript and minutes.

OLD BUSINESS:

- (A) Report on wrap/crossover claims cleanup July 1, 2014 to present – Update from DMS: Ms. Cecil reported that the Wrap Workgroup met on March 1st and reviewed presentations that Gainwell prepared on the KYHealth.Net new reporting mechanisms and this will be sent out to TAC members. The report walks through how to access the reports and it talks about changes that DMS is making based on feedback that include being able to drop the report to an Excel spreadsheet and getting providers access to the threshold information which are the encounters from the MCOs that go into the file that do not actually make it into DMS' system and do not generate a wrap. She noted that the changes for the Excel spreadsheet will go into effect on March 31st. Another report was from the MCO perspective on how they will be able to pull their supplemental report and be able to see whether a wrap was generated.

Ms. Cecil also reported that the workgroup talked about finding ways to improve the reporting; and because there is a limit of 2,500 entries that the system can pull down, DMS will work with the providers on ways they can better search to make sure it stays within that limit. MCOs will have conversation about creating consistency and share best practices.

The workgroup has created a tracking document and it has gone back and tracked all of the issues that have been identified and all of the action that has been taken and all of the claims that remain outstanding. Ms. Cecil stated that the Workgroup has made a lot of progress to improve the processes, the policies and the communication. Ms. Cecil noted that the workgroup will meet again in two months.

Ms. Keyser asked if the workgroup had identified the actual problems with the wrap/crossover claims, and Ms. Cecil stated that they are developing deliverables such as creating FAQ's and training documents about the process and the workgroup has discussed the errors the MCOs have found on their encounters to help resolve many issues. Ms. Cecil also noted that there is an expectation from DMS that the MCOs work with providers on resolving these issues.

Ms. Keyser asked Ms. Cecil about a time line for getting these deliverables and she stated that it may be sixty days or so to pull all of this together. Dr. Mullins asked if the dental claims were included in these discussions and Ms. Cecil assured him that the MCOs were working closely with the dental subcontractors and the providers to resolve these issues. A question was asked in the Chat if there will be a time limit on the search in reference to data service on the claims, and Ms. Cecil stated it was her understanding that they could go back as far as the system goes back but she would double check that and will send this question out to the workgroup. Ms. Dotson stated it would be very helpful in the search fields if Social Security numbers were provided to

make it easier to sort and look for, and Ms. Cecil agreed to take that back to the workgroup.

Barry Martin suggested that the agenda item entitled Report on Wrap/Crossover Clean-Up July 1, 2014 to Present be re-named to Wrap Workgroup Update because past issues will have to be resolved by individual clinics. Mr. Caudill suggested adding a new agenda item called Medicaid Workgroup and keeping the wrap/crossover claims' issue on the agenda until the next meeting to give Ms. Cecil an opportunity to talk about the framework that will be put in place concerning how past claims will be addressed. Noel Harilson asked that the KPCA be included in the communications about this.

- (B) Update regarding return to in-person RTAC meetings – when will DMS be ready: Ms. Bickers reported that DMS has purchased and installed the necessary equipment needed to hold virtual meetings and she stated that at the next TAC meeting a vote could be taken as to if and when to return to in-person meetings.
- (C) Other: Mr. Caudill asked DMS about Avesis and the issues related to the DMS, and Ms. Cecil stated that DMS gets weekly reports from the MCOs and most of them are focused on the dental subcontractor claims and appropriateness of generating the wrap. She stated she has seen reports where they have done projects and the claims and encounters are coming through.

Mr. Caudill spoke about the new functionality report and whether it would include recoupments and he noted that Ms. Popp with Gainwell had stated that she would take it back as an action item to the KYHealth.Net team and the Encounter Team and would provide information to Ms. Cecil. Ms. Cecil stated that the report will show whether or not it is an adjustment or a void and that information will be a part of the report that the provider has access to. She also stated that they were still working on the functionality of the KYHealth.Net supplemental report the MCOs will get and all of their functionality will be available in an end-of-April report.

Mr. Caudill asked the MCOs to report on whether or not they were using the encounter reports that are going to the MCOs weekly. Anthem will get the answer and report back. Aetna prefers to work on the weekly reports instead of using the KYHealth.Net report. Humana Healthy Horizons is using the encounters report along with the reporting information that it receives from DMS. Molina prefers to work off of the weekly reports they receive. WellCare uses the current weekly report that contains the threshold rejections at the individual claim level because it is more detailed than the current KYHealth.Net report. United Healthcare will get the answer and report back. Mr. Harilson asked the MCOs to include KPCA in any communication so it can help track this information for the TAC.

Mr. Caudill asked for an update on the request in reference to payment for multiple same-day visits, and Ms. Cecil stated that this discussion is ongoing and DMS is working with Myers & Stauffer, and she suggested that this be added to the agenda under Old Business so that she could provide an update.

NEW BUSINESS:

- (A) Announcements from MCOs:
 - Humana: The MCO has an edit in place so that the front-end rejections will occur whenever there is a mismatch on the NPI's or taxonomies that are billed on claims so that that will alleviate any kind of erroneous claim payment that requires any rework. The MCO is in full swing with the behavioral health piece being in-house with the Provider Engagement Team. A map showing the assigned representative for each county can be found on the website and it breaks out the specialist assignments.
 - WellCare: Corey Ewing has been named the new CEO and he has over twenty years of healthcare leadership experience.
 - Aetna: The MCO has many training opportunities, including a Welcome to SKY Program on March 10th and a provider orientation on March 17th and these can be found on the website.
 - Anthem: The MCO has conducted outreach to providers in response to DMS' invitation to participate in the research study on how MCOs and providers can collaborate to improve quality of care for members and this is posted on the website. There are three provider education webinars beginning in April and are posted to the website and include a webinar on 2022 annual coding updates, social determinants of health and a diabetes management webinar. A UTI toolkit will be sent to select members who have been seen in the ER for a UTI.
 - Molina: A Healthy Rewards value-added benefit program has been started and it will award pediatric and adult members when they complete annual preventative health exams, screenings and follow-up care.
 - United Healthcare: The COVID vaccination incentive will continue through December 31, 2022.
- (B) Recommendations to the MAC: There were no recommendations to be made to the MAC.
- (C) Confirmation of Chair to attend MAC meeting on March 24, 2022: Mr. Caudill, as Chair of the TAC, will be able to attend the March 24, 2022 MAC meeting.

(D) Other items for discussion: Mr. Martin noted that some people in Public Health do not know that MCOs are offering vaccine incentives, and Ms. Cecil stated she would reach out to staff at the Department of Public Health.

Mr. Caudill asked for an update on the regulation changing the time to finalize reports for FQHCs and RHCs from one day to three days, and Ms. Guice stated that DMS anticipates filing that regulation later in the year and she will report on this at the May TAC meeting.

(E) Next Meeting: The next TAC meeting will be May 5, 2022.

There was no further business and the meeting was adjourned.

(Meeting were taped and transcribed by Terri Pelosi, Court Reporter, this the 8th day of March, 2022.)