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

Via Videoconference
December 13, 2023
Commencing at 12:30 p.m.

Tiffany Felts, CVR
Court Reporter

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APPEARANCES

BOARD MEMBERS:

- Ron Poole, TAC Chair
- Matt Carrico (Not present).
- Rosemary Smith
- Meredith Figg (Not present).
- Jill McCormick
- Philip Almeter
- Paula Straub

1 MS. BICKERS: Did everybody have a
2 great Thanksgiving?

3 MR. POOLE: No.

4 MS. BICKERS: Oh, no.

5 MR. POOLE: Ron was in bed the whole
6 time with Covid, so I missed both sides of
7 the family, so.

8 MS. STRAUB: I'm so sorry.

9 MS. BICKERS: I'm so sorry to hear
10 that. I hope you're feeling better now.

11 MR. POOLE: Oh, I am. I was weak
12 for -- I mean, this one -- this is the third
13 time I've had it, and this was not fun. And
14 I know I got it from one of my
15 subcontractors that does my IT stuff. He
16 just comes in sniffing, coughing, hacking,
17 and then I find out after the fact, you
18 know, when I get back to work, "Oh, yeah, I
19 had Covid." Well, thank you. I missed
20 family time.

21 MS. BICKERS: My husband's coworker
22 said that to him last year, my birthday
23 weekend, which is in the same week as
24 Christmas, so it made for a very fun
25 Christmas week.

1 MR. POOLE: Yeah. Which -- what is
2 your birthday?

3 MS. BICKERS: The 19th.

4 MR. POOLE: Okay. Well, my wife's is
5 the 28th. And I'm a quick learner. I
6 learned to not wrap her birthday gifts in
7 Christmas paper. I only did that one time,
8 and --

9 MS. BICKERS: Yeah, we don't like
10 that.

11 MR. POOLE: -- I learned really quick
12 that that was not --

13 MS. BICKERS: And I don't do combo
14 gifts either.

15 (Laughter).

16 MS. BICKERS: Everybody else gets
17 their own special day throughout the year.
18 I want my special day too.

19 MR. POOLE: Exactly. I'm well versed
20 in that now.

21 MS. BICKERS: It looks like our
22 waiting room -- oh, wait. As soon as I
23 cleared it, we had a few more, so give it
24 just a moment and -- and it looks like it's
25 clear, so I'll turn it over to you.

1 MR. POOLE: Erin, I don't know if we
2 have a quorum today. Well, we've got four.
3 So we've got Jill on here, Rosemary, Paula,
4 and myself.

5 MS. BICKERS: I counted four, that
6 should give you a quorum.

7 MR. POOLE: Okay, great. Okay.
8 Well, I'll go ahead and --

9 MR. ALMETER: I'm here too.

10 MR. POOLE: Okay. I was looking for
11 your name there, Philip. I'm sorry, it just
12 now showed up. I'm sorry. It showed up on
13 my screen. Well, great.

14 MS. BICKERS: Well, five, and I can't
15 count. So sorry about that, Philip.

16 MR. POOLE: Okay. I just want to
17 welcome everybody. Thanks for coming.
18 Thanks for attending. I do want --
19 Commissioner Lee was very nice to reach out
20 to me by e-mail, and so was Fatima to let us
21 know that there is a conflicting meeting,
22 which happens quite often obviously with
23 these people being in the position they're
24 in. So the leadership won't be on here
25 today, but that's okay. We're discussing

1 some old business, and we'll, you know,
2 we'll just take each topic and see what we
3 can make of it, and Fatima can lead us if we
4 need to, you know, follow up or do anything
5 else.

6 So I sent out the copy of the minutes
7 from 10/25. Does anybody have anything to
8 add or change on them, and if not, does
9 anybody have a motion to approve?

10 MR. ALMETER: Motion to approve.

11 MR. POOLE: Okay. Motioned by --

12 MS. SMITH: I second.

13 MR. POOLE: -- Philip. Second by
14 Rosemary. Any further discussion?

15 (No response).

16 MR. POOLE: All those in favor, say
17 aye.

18 (Aye).

19 MR. POOLE: Okay. Motion passes.

20 So our first topic in old business
21 was Senate Bill 50, and Jill just sent this
22 to me and I really appreciate her doing
23 that. It's from NACDS. It's their
24 evaluation of SB 50. And am I right -- is
25 Fatima on here?

1 (No audible response).

2 MR. POOLE: Yeah, there she is. I'm
3 sorry. Gosh.

4 MS. ALI: Yes.

5 MR. POOLE: But anyway, I'm going to
6 read through this, Fatima, and then you just
7 add what you would like to to it because
8 we're all still learning from it. I
9 appreciate Jill sending this to me, but
10 basically, the alternate trend scenarios
11 clearly demonstrate that the state could've
12 been in worse position had it stuck with the
13 status quo of the multiple MCOs.

14 The potential savings would range
15 anywhere from 195 to 370 million over two
16 years by moving to a single PBM. Their
17 report brief as -- describes a significant
18 decrease in the MCO PBM spread from year '18
19 through year '20 consistent with the MCOs
20 moving away from spread pricing arrangements
21 with their contracted PBMs prior to the
22 implementation of the single PBM.

23 There's been a material increase in
24 pharmacy rebates due to the shift in drug
25 makes under the single preferred drug list.

1 A move that was intended to maximize both
2 federal and supplemental rebates.

3 The last point was even without the
4 positive impact shown above, Senate Bill 50
5 allowed Kentucky Medicaid greater
6 transparency in administering the drug
7 benefit, increased member access to drugs,
8 and reduced administrative burden for
9 providers.

10 So thanks, Jill, for sending that to
11 me. And, Fatima, do you have anything to
12 add to that analysis?

13 MS. ALI: Yes. Can you all hear me?

14 MR. POOLE: Yes, ma'am.

15 MS. ALI: Okay, great. So I do want
16 to just caution using the word "savings". I
17 think the report did make it clear that, you
18 know, there are a lot of different factors
19 that play into just extrapolating a simple
20 number that we call the savings.

21 I think the alternate trend scenario,
22 as you mentioned, do highlight, you know,
23 what would -- what would've happened if we
24 had stayed with the status quo. So I do,
25 you know, agree there.

1 You know, again, I think it's
2 important to look at all of the different
3 factors that play into this, like pricing
4 changes from manufacturers, the different
5 business models, the way that the managed
6 care plans were administering the benefit in
7 the past, and just a myriad of other
8 factors, which I think we can all agree on.

9 So, you know, again, would just
10 caution using the word "savings" here. And
11 would just advise, you know, maybe perhaps
12 cost avoidance or something along those
13 lines. And I know we did -- we also had a
14 brief discussion with some pharmacy
15 providers about this report. So I think in
16 general, you know, folks are aligned.

17 MR. POOLE: Okay. And how would you
18 describe how Medicaid is going to use the
19 results of this study?

20 MS. ALI: So I think that's a great
21 question. And I think, you know, it's
22 something we're looking into about how can
23 we make good, meaningful interventions as a
24 result of what this study has shown us. You
25 know, I think right now, our focus is the

1 implementation of the fee-for-service
2 pharmacy benefit manager, which you all know
3 is MedImpact. And that transition will be
4 happening in a few weeks.

5 So, you know, I think for next year,
6 we plan on meeting with leadership and other
7 folks to see, you know, what types of
8 interventions we can make, you know, how we
9 can work with pharmacy providers on
10 achieving those interventions, and, you
11 know, just moving forward as a result of
12 this. I do think it was a very
13 comprehensive and necessary report that
14 needed to occur, and now we're just moving
15 on to the next phase of what that is.

16 MR. POOLE: Okay. And then,
17 basically, you know, I always bring up the
18 same topic of, you know, getting reimbursed
19 for pharmacist's clinical services.
20 Obviously, when I always talk about that,
21 Fatima, is that I'm always talking about
22 better outcomes and cost savings. I mean,
23 I'm not expecting Medicaid to start a
24 program that increases your cost.

25 So I think that, you know, going

1 forward -- and Commissioner Lee has been
2 very nice to reach out to me. We've still
3 not connected yet, but she does want to
4 discuss, you know, whether we do -- or
5 whether we shoot for a pilot project,
6 whether we shoot for whatever.

7 But anyway, I just wanted to mention
8 that to you because, you know, I know that,
9 you know, some of the cost savings -- or
10 some of the cost avoidances resulted in some
11 new dental programs which were much needed,
12 and I'm sure the services are much
13 appreciated.

14 If you want to get into a little bit
15 more of how the -- just where are -- what's
16 the status of the transition from Magellan
17 to MedImpact on fee-for-service, and any
18 other updates you want to give us on that.

19 MS. ALI: Yeah, absolutely. So, you
20 know, we are on track with the transition.
21 We will go live with MedImpact right at
22 midnight on New Year's Eve. So, you know,
23 the claims adjudication will switch over to
24 MedImpact, meaning that if pharmacies were
25 to bill under Magellan's BIN and PCN, you

1 will receive a reject code at that point in
2 time. But, you know, there is no sweat
3 there. You know, you can just go back and
4 rebill under the correct BIN and PCN.

5 MedImpact did have a provider forum
6 this morning. And I think some pharmacists
7 from this call were on this morning, you
8 know, just going through the changes that
9 are occurring, you know, some of the
10 technicalities, the coding, and that sort of
11 thing. And what this change means for
12 pharmacy providers. You know, it's very
13 similar to the MCO change that occurred a
14 few years ago, and I think all of us were a
15 big part of that especially because of how
16 many members fall into MCO versus
17 fee-for-service.

18 So with that being said, we do have a
19 lengthy presentation that, you know,
20 explains all of this in great detail. If
21 you would like that presentation, you know,
22 just let MedImpact know and they would be
23 happy to send it to you, or you can send me
24 an e-mail. I would be happy to send it to
25 you, as well. You know, I think -- I'm

1 hoping that the pharmacy webinars are
2 helpful to everyone on this call and to
3 pharmacists across the state, but, you know,
4 we're always open to feedback there, as
5 well.

6 MR. POOLE: Are there any specifics
7 that you need from the providers out there
8 to get ready or prepare for this transition?

9 MS. ALI: Not exactly. I think --
10 you know, I think we're a little seasoned in
11 the fact that we've done it once in the
12 past. You know, I think from a claims
13 adjudication standpoint, even last time we
14 worked with a few pharmacies to, you know,
15 just run some claims, and make sure that
16 things were working the way that they were
17 supposed to.

18 So, you know, we kind of do that
19 outreach on a smaller scale, so I think
20 we're set there. I think MedImpact is on
21 this call, as well, if MedImpact has
22 anything that they'd like to mention.

23 MR. POOLE: Do you know which
24 representative is on the call?

25 MS. ALI: I see May is on the call

1 from MedImpact, and Vicky. It's all right
2 if they don't. I just wanted to --

3 MR. POOLE: Okay.

4 MS. ALI: -- give them that
5 opportunity. Yep.

6 MR. POOLE: Okay. All right.
7 Certainly, if there's -- and I -- Rosemary,
8 were you on the call this morning with
9 MedImpact?

10 MS. SMITH: Sorry. No, I wasn't. I
11 was --

12 MR. POOLE: Okay.

13 MS. SMITH: -- on a different call
14 this morning. Sorry.

15 MR. POOLE: Jill, were you on there?

16 (No audible response).

17 MR. POOLE: Okay. Well, I missed it
18 because I was traveling to my northern
19 store, so I'll certainly try to catch one of
20 those. And certainly, if MedImpact just
21 tapes one of those and makes it available to
22 people to watch it at their pace, it would
23 be nice. We just want to make sure that
24 we're prepared and, you know, nobody at the
25 last second has -- didn't do something that

1 they were required to do. So that's really
2 all I'm asking for.

3 MS. ALI: Absolutely. And if it
4 would help, we can just do a reply all to
5 this invite and send that presentation.

6 MR. POOLE: Okay. Sounds great.

7 MS. BICKERS: Fatima?

8 MR. ALMETER: I think that's a great
9 idea.

10 MS. ALI: Okay.

11 MS. BICKERS: Fatima, this is Erin.
12 If you just want to e-mail it to me, I can
13 send it out to the TAC.

14 MS. ALI: Oh, okay. Absolutely.

15 MR. POOLE: Okay. That's great.
16 Thank you. And I'll make sure that can get
17 to KPHA also so they can send it out to
18 everyone.

19 MS. ALI: Okay.

20 MR. POOLE: We need to make sure the
21 hospital groups know that too.

22 So, okay, community health workers.
23 Obviously, a lot of discussion has taken
24 place on this. I know Fatima is well aware
25 of House Bill 48. Well, that's still a

1 reference, but it's the statute now that was
2 passed for -- in 2021 for pharmacists to be
3 reimbursed for clinical services. And I
4 know this isn't exactly, you know, related
5 to clinical services and all, but we
6 certainly were recognized as providers under
7 the insurance code. And then of course,
8 with House Bill 48, we had to the extent
9 permitted under federal law for policies,
10 plans, or contracts issued or renewed on or
11 after effective date of this act, an insurer
12 or third-party administrator for such
13 insurer shall provide reimbursement to a
14 pharmacist for a service or procedure at a
15 rate not less than provided to any other
16 nonphysician provider. Sorry.

17 So I realize that, you know, we're
18 talking about community health workers here,
19 and obviously, even the CDC even made a
20 statement about how pharmacy technicians,
21 you know, basically make it a statement:
22 Who would be better to fill this role than
23 pharmacy technicians? And it's really all
24 about the access. It's not about, you know,
25 somebody's support personnel is better than

1 others.

2 They -- I mean, their average
3 pharmacy visit for the average person is 35
4 times a year. I think that's a little
5 high. I certainly have people that do visit
6 that often, but I think the average is
7 somewhere around 18 to 20.

8 But anyway, it's basically, you know
9 -- and Drug Topics had a really great
10 article about Missouri and their pharmacy
11 technicians being community health workers.
12 And I even sent a copy to Fatima and
13 Commissioner Lee and some other people, the
14 decision-makers. But basically, it's
15 something that we certainly would be
16 interested in. It's certainly something
17 that we've already gotten quite a bit of
18 pharmacy technicians trained up and going
19 through programs as we speak now to become
20 community health workers.

21 And I'll just say that from what I
22 have researched as far as what community
23 health workers are doing in other
24 states, and Missouri was one of them because
25 they've had pharmacy technicians as

1 community health workers for many years now,
2 that, you know, we just in the last quarter,
3 the last three months, we've already had
4 three emergency well-checks that our
5 delivery person made. And one of them was a
6 doctor's mother-in-law and he was out of the
7 state, and he still can't brag on us enough
8 for just checking on his mother-in-law
9 because she really was in need of attention.

10 So I would just, you know -- I was
11 told that -- by a member of the Cabinet for
12 Health and Family Services that it was DMS's
13 decision to not include pharmacists or
14 pharmacy technicians as approved CHW
15 providers. So I guess just my question is
16 several fold here. You know, obviously, I
17 would like for that to be reconsidered, but
18 the other thing is, what do we need to
19 change statute-wise that you would be
20 comfortable with pharmacists being able to
21 direct community health workers and sponsor
22 them?

23 MR. DEARINGER: Hello, this is Justin
24 Dearing. I'm the acting director for the
25 Division of Healthcare Policy, and I wanted

1 to give you just a little bit more
2 information on this subject.

3 So we received comments from -- I
4 believe from this technical advisory
5 committee and others during the public
6 comment period when we filed the
7 administrative regulations for the community
8 health workers, and we opened that up to
9 include other provider-types, not just the
10 ones that were specifically mentioned. We
11 did that with pharmacy specifically in mind.

12 In addition to that, we went ahead
13 and started a program change process that's
14 a fairly lengthy process and it's kind of
15 expensive, but we're making changes to that
16 process. And once we get a little closer to
17 implementation, we'll have to -- we will
18 include members of the Pharmacy TAC to kind
19 of assist and to also do some -- we call
20 them JAD sessions, but they are basically
21 trial sessions on the system for billing.

22 And so we've put all of that into
23 place to make it possible for pharmacists to
24 provide community health worker services.
25 The only thing that we have right now is

1 that decision is at the cabinet level. It's
2 being researched and specifically looked at
3 for budget issues and making sure that we
4 have the budget for that. So that's kind of
5 where it's at right now. I don't think
6 there's any changes to legislation that need
7 to occur or anything like that. It's all in
8 research right now, and we're just kind of
9 waiting on trying to get that finished. So
10 we will definitely be in touch with the TAC
11 trying to make sure that we get any
12 questions answered that we might have
13 through that process, and kind of letting
14 you all -- keep you all updated and let you
15 all know where we are in that process.

16 MR. POOLE: Okay.

17 MS. ALI: Right. I think in
18 addition, you know, this is the topic that
19 we also needed DMS leadership to be present
20 to --

21 MR. POOLE: Right.

22 MS. ALI: -- hopefully provide more
23 updates and such, but, you know, as Justin
24 mentioned, that's the stage that this is in
25 right now.

1 MR. POOLE: And, Justin, thanks for
2 your comments, and you work for Medicaid,
3 correct?

4 MR. DEARINGER: Yes, sir. That's
5 correct.

6 MR. POOLE: Okay. Well, certainly,
7 like I said before, I know this is a, I
8 guess, a new program to Kentucky, but
9 certainly, what I'm sure your all's goals
10 are and our goals -- I mean, we've got to
11 have better outcomes and cost savings, or
12 the thing doesn't, you know -- programs
13 don't work. So obviously, with enlisting
14 the help of our people that are already out
15 there with touch points with our patients at
16 different -- whether it's at their house or
17 whatever. And everybody's got their own
18 story to tell, but in my one section of
19 Muhlenberg County, there's -- I do have some
20 customers that have dirt floors in their
21 houses.

22 So, you know, I do -- my whole
23 motivation here is not about okay, here's
24 this massive revenue stream. I don't
25 believe that's going to be it, but I do feel

1 about taking care of the public out there,
2 and I really feel that my pharmacy
3 technicians, especially some of them that's
4 been with me a long time, they would just be
5 naturals at this job. And just an extension
6 of what they already do.

7 So anyway, I just want to make those
8 comments. I understand that since this is a
9 new program you have to budget for it, but
10 certainly we've got to deliver better
11 outcomes and better touch points for people
12 that are certainly in dire need and need of
13 other services that Medicaid offers.

14 So thank you, and thanks for the work
15 you've done on it. And, Justin, if I can --
16 if, Fatima, if you can send him my contact
17 information, anytime, Justin, you want to
18 get in touch with me and discuss anything to
19 where I can bring it to the P TAC, please
20 do.

21 MS. ALI: Sure.

22 MR. DEARINGER: Absolutely. I
23 appreciate it. Like I said, you know, any
24 time we make a change to a program -- again,
25 this was a brand-new program, so, you know,

1 it took us, you know, over a year probably
2 close to two years of, you know, planning
3 and prep, and getting everything kind of put
4 into place. So any kind of change or
5 addition, it just takes time to be able to
6 do the research and to get, you know, you
7 kind of redo that whole process again. Not
8 the entire process, but you have to go
9 through the same steps if we make any kind
10 of change like that.

11 So we will absolutely keep you all as
12 our stakeholders involved through the
13 process, and we'll be reaching out to you
14 all.

15 MR. POOLE: Okay. Thank you very
16 much. Does anybody else have any other
17 comment on the community health worker
18 topic?

19 (No response.)

20 MR. POOLE: And certainly, Fatima, I
21 welcome the leadership's comments, and
22 Commissioner Lee has been really good about
23 reaching out to me. Just like she told me
24 about the meeting today that conflicted with
25 this time, so I really appreciate her

1 communication.

2 MS. ALI: Absolutely.

3 MR. POOLE: If somebody's on the call
4 that has more information, but I did get --
5 meet with -- we had the HPV vaccine meeting,
6 which was Dr. Theriot was kind of heading
7 that up with Angela Kamer-Lay from Anthem,
8 and I think it was a very positive meeting.
9 We are -- they are pursuing -- excuse me --
10 a statewide protocol so we can get those
11 numbers up.

12 So we're already trying to get our
13 protocol or excuse me, get our staff ramped
14 up and educated on it. Just waiting for the
15 work to be done on the actual protocol. So
16 does anybody have anything else to add to
17 that?

18 MS. BROSHEARS: Danielle Broshears
19 from Anthem on. I appreciate that update.
20 Angela couldn't come today, so she just
21 wanted me to fill in for a moment. Yeah, so
22 Dr. Theriot is going to be working with
23 Fatima, I think, to work on that standing
24 protocol, and I believe we have a meeting
25 scheduled in January.

1 So I agree. I felt like that was a
2 very productive meeting, and hopefully we
3 can continue to work together to take care
4 of patients, members across the state.

5 MR. POOLE: And is that how you -- I
6 hate butchering anybody's name. Is that how
7 you say her name is "Theriot"?

8 MS. BROSHEARS: I believe so, yes.

9 MS. SMITH: Yeah, that's correct.

10 MR. POOLE: Okay.

11 MS. THERIOT: Theriot.

12 MR. POOLE: Okay.

13 MS. THERIOT: Like Cheerio.

14 MR. POOLE: Oh.

15 (Laughter).

16 MR. POOLE: I'm sorry. I couldn't
17 hear.

18 MS. SMITH: There you are, Dr.
19 Theriot.

20 MR. POOLE: I'm so sorry, Doc.

21 MS. THERIOT: No problem. You can
22 call me anything, just not late for dinner.

23 (Laughter).

24 MS. SMITH: Ron, I was --

25 MR. POOLE: Go ahead.

1 MS. SMITH: I was in on that call,
2 and I've already sent this information out
3 to our KIPPA members, our independent
4 pharmacists across the state, and they're
5 all very excited to be working on this
6 project.

7 MR. POOLE: Yeah, that's great.

8 MS. BROSHEARS: We appreciate that
9 feedback. We're excited to work with you,
10 and I think, you know, as you've mentioned
11 previously on this meeting, Ron, I feel like
12 there's a lot of potential here that you
13 guys have a lot of touch points with each of
14 the MCO's members.

15 So I feel like, you know, I know you
16 guys are overworked and we don't want to add
17 to it, but, you know, I think we can
18 collaborate. There's a lot of positives.

19 MR. POOLE: Yeah, when you're talking
20 about direct patient care, that's, you know,
21 just like any other provider, that's music
22 to our ears. And that's why I think this is
23 a good effort to pull together and get this
24 program going.

25 MS. BROSHEARS: Yeah.

1 MR. POOLE: So make it a group
2 effort.

3 Okay. I was asked to put the vaccine
4 counseling billing standardization on here.
5 And I don't know if anybody -- because I
6 know the person that asked me to put that on
7 here couldn't make the call today. So does
8 anybody have anything to add? Or was that
9 you Jill?

10 (No audible response).

11 MR. POOLE: That wasn't you on the
12 vaccine counseling billing standardization?

13 MS. MCCORMICK: No.

14 MR. POOLE: Okay, I'm sorry.

15 MS. MCCORMICK: That's okay.

16 MR. POOLE: I'm pretty sure -- I'm
17 trying to remember if it was Matt or
18 Meredith. But anyway, the biggest thing is
19 I know that last time, Angela from Anthem
20 commented on, you know, just trying to
21 standardize the billing between MCOs on
22 this. Because that's where some of our
23 people are having issues, is that, you know,
24 we're finding our way through one insurance,
25 and then the same format doesn't work for

1 the next insurance.

2 So I didn't know if any of the MCOs
3 were on the line if they could comment to
4 that -- to if they have any suggestions.
5 Then maybe we could pull resources and just
6 have a small meeting or a phone call or
7 whatever that could -- maybe we could all
8 streamline this to have the same format on
9 billing, the same requirements, all the data
10 that's required. So I didn't know if
11 anybody had a -- any of the MCOs'
12 representatives on the call had an idea or
13 suggestion on that.

14 MS. PATEL: Mr. Poole, this is Rita
15 Patel from Passport by Molina.

16 MR. POOLE: Yes.

17 MS. PATEL: I think we need to better
18 understand what issues you're having with
19 the vaccine counselings because, you know,
20 we're not always getting the rejections.
21 We're not understanding what sorts of issues
22 that you're facing from your end.

23 I am working with Mr. Mudd -- with
24 Dr. Mudd --

25 MR. POOLE: Okay.

1 MS. PATEL: -- regarding a couple of
2 his claims and issues that he's having with
3 Availity. But I think that the issues
4 across the spectrum are different, and we
5 need to maybe have a side meeting to discuss
6 what sort of issues, you know, everyone's
7 facing.

8 MR. POOLE: I think you make a good
9 suggestion. I think if he could put out
10 just a survey to everyone and say, "Hey,
11 please give us feedback on any issue you're
12 having on the vaccine and intervention
13 billings". That would really -- that would
14 -- I mean, it's a whole lot more effective
15 to tell you the different issues.

16 And if I'm not understanding, I think
17 I've had more people tell me that Passport
18 they've been able to get stuff through there
19 better than the others, so it may not be
20 that they're having issues with Passport.

21 So I will get with Ben on that and
22 see if we can get a survey and make sure
23 people mention which MCOs they're having the
24 most difficulty with. And it's not anything
25 derogatory. It's just we need to work out

1 these issues between the different MCOs.

2 MS. PATEL: That would be very
3 helpful, thank you.

4 MR. VENNARI: Yeah. Hey, Ron, this
5 is Joe at Humana.

6 MR. POOLE: Yes, sir.

7 MR. VENNARI: How are you?

8 MR. POOLE: All right.

9 MR. VENNARI: Hey, if they could also
10 provide specific examples with that, that
11 would be helpful in -- for, you know, all of
12 us to be able to diagnose, you know --

13 MR. POOLE: Okay.

14 MR. VENNARI: -- what the issue is.

15 MR. POOLE: Okay, sounds great. I'll
16 get on --

17 MS. ALI: Yeah, I do just want to
18 make a note that, you know, we have a
19 liaison who works directly with each of the
20 MCOs. So, you know, you can reach out
21 directly to our policy specialist in this
22 area, and he'll kind of triage the issues
23 back and forth between the provider and the
24 MCO. So I'll throw his e-mail in the chat.

25 MR. POOLE: Oh, okay. Great, thank

1 you. And what's this gentleman's name?

2 MS. ALI: Quinlan. Quinlan Radcliff.

3 MR. POOLE: Okay. All right. I just
4 put some for your information. I've still
5 kept that in there for people to go to the
6 portal and work on claims. Still some --
7 the contacts for MedImpact.

8 Our next MAC meeting is January 25th,
9 which I'll be either presenting or Cathy --
10 Dr. Cathy Hanna will be presenting what we
11 discussed today. We didn't have any action
12 items because a lot of these are just in the
13 works and we're -- just had a lot of
14 discussion items today that are very
15 important.

16 Our next P TAC -- thanks to Erin for
17 getting next year already scheduled out --
18 it will be February 7th. And, you know,
19 today, thankfully we did have a quorum, but
20 obviously, we were missing Medicaid's
21 leadership and missing two other members of
22 our P TAC. But, you know, trying to
23 reschedule a meeting, then it's referred to
24 as a specially called meeting, and then here
25 we are so close to Christmas. You know, we

1 had a quorum today, so it worked out good.
2 But anyway, anybody have anything else for
3 discussion today?

4 (No response).

5 MR. POOLE: Okay. I just --

6 MS. ALI: Ron, I did want to just ask
7 a question since we have a few minutes here.
8 I'm curious to know if any pharmacies have
9 been seeing patients who, you know, are
10 receiving their new Medicaid ID cards and
11 asking any questions, or coming to the
12 pharmacy and, you know, curious about
13 anything, or just any issues in that
14 respect? Because we did send out new
15 Medicaid ID cards. Their Medicaid ID
16 numbers are not changing, it's just we made
17 a few updates to the card.

18 MR. POOLE: Okay. My staff has not
19 so far.

20 MS. ALI: Okay.

21 MR. POOLE: But we may not have seen
22 a lot of them yet either. How about you,
23 Rosemary?

24 MS. SMITH: No. Our staff has not
25 seen anything yet about that.

1 MS. ALI: Okay.

2 MR. POOLE: Okay, Jill, have you had
3 any comments or Phil?

4 (No audible response).

5 MR. POOLE: Okay. We'll keep an ear
6 on that to see what's going on and I'll give
7 you some feedback if there -- if we do have
8 some issues on that, okay?

9 MS. ALI: Okay. That sounds good.

10 MR. POOLE: Okay. All right. Do I
11 have a motion to adjourn?

12 MS. STRAUB: Motion to adjourn.

13 MR. POOLE: A second?

14 MS. SMITH: Second.

15 MR. POOLE: Second by Rosemary.
16 First by Paula. All those in favor, say
17 aye.

18 (Aye).

19 MR. POOLE: And --

20 MS. STRAUB: Happy holidays,
21 everyone.

22 MR. POOLE: Happy holidays to
23 everyone.

24 MS. ALI: Happy holidays.

25 MR. POOLE: Bye-bye. Thank you, all.

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(Meeting adjourned at 1:03 p.m.)

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CERTIFICATE

I, Tiffany Felts, CVR, Certified Verbatim Reporter and Registered Professional Reporter, do hereby certify that the foregoing typewritten pages are a true and accurate transcript of the proceedings to the best of my ability.

I further certify that I am not employed by, related to, nor of counsel for any of the parties herein, nor otherwise interested in the outcome of this action.

Dated this 19th day of December, 2023

Tiffany Felts, CVR
Tiffany Felts, CVR