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DEPARTMENT FOR MEDICAID SERVICES
THERAPY
TECHNICAL ADVISORY COMMITTEE MEETING

Via Videoconference
July 12, 2022
Commencing at 8:30 a.m.

Shana W. Spencer, RPR, CRR
Court Reporter

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APPEARANCES

BOARD MEMBERS:

Beth Ennis, Chair

Linda Derossett

Kresta Wilson

Dale Lynn

Emily Sacca

Renea Sagaser (Not present)

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DR. ENNIS: We have four of six, so we have a quorum. So in the interest of people's time, I have 8:30. We'll go ahead and get started.

For my TAC members, did everyone receive the transcription of the last meeting? Those are currently serving as our minutes with our transition in court reporters. Any questions about that transcript? Any request for changes?

MR. LYNN: I got it and no questions.

DR. ENNIS: Okay. Kresta, Emily, all good?

MS. SACCA: All good.

DR. ENNIS: Okay. Then I've got a list of things that were from the last meeting just to do some checkups and see where we are. I don't -- I'm looking for names. If there's anyone from DMS that can let us know if the 92606 code was added to the speech schedule or not?

DR. THERIOT: I do not know the answer to that, 92606.

DR. ENNIS: And I don't see our

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usual contact, so I'm going to go ahead and leave that for our next meeting. We'll check on it again. But if, in the meantime, we could find out and if it's not going to be -- get some backstory on what's the reasoning, that would be great.

Any update from WellCare on the speech eval and treat on the same day?

MR. OWEN: Good morning to you, Dr. Ennis.

DR. ENNIS: Good morning.

MR. OWEN: This is Stuart Owen from WellCare. We do have -- I have a little bit of an update. I've got a meeting scheduled at the end of this week with the various parties involved to revisit -- we've got the policy that we're going to review.

Of course, you know, we usually -- we have a committee. And anytime that we initiate a policy, revise a policy, you know, everybody -- got to get the appropriate people involved to look at it. So we've got a meeting scheduled for that on this coming Friday.

DR. ENNIS: Okay.

1 MR. OWEN: And my guess is there
2 may be follow-up -- well, I'm guessing there
3 probably will need to be a follow-up meeting.
4 But, anyway, I have absolutely put this on
5 the agenda. Everybody, let's look at this
6 and, you know, had shared the concern from
7 the therapy TAC. You know, why do we have
8 this for speech therapy but not occupation
9 therapy and physical therapy? You know, so
10 anyway, we are going to look at it so...

11 DR. ENNIS: I appreciate that, and
12 any feedback from those meetings can be
13 brought to our next meeting. That would be
14 wonderful.

15 MR. OWEN: Absolutely. Will do.
16 Will do.

17 DR. ENNIS: Thank you very much.

18 MR. OWEN: Certainly.

19 DR. ENNIS: I don't see Dr. Cantor.
20 Let me scroll down and see if she's down
21 here. I don't see Dr. Cantor. I apologize
22 if I'm missing her. She and I did have a
23 phone conversation and another Zoom chat post
24 our last meeting regarding many of the UHC
25 policies that were published for Kentucky

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that we had concerns about. The peer-to-peer was the biggest one because it was referring M.D. to an M.D. which takes the therapist who developed the plan of care completely out of the loop and doesn't make a lot of sense.

They are still revisiting that, to my knowledge. I requested at least the -- the discussion we had said that because care can only be denied under policy by a physician, that the peer-to-peer needed to be with a physician.

And I suggested that other third-party payors are using peer-to-peer with therapists, so somehow they're getting around that, but that at least the providing therapist who developed the plan of care should be the one doing the peer-to-peer with that contact at the -- at the insurance company. And so I was waiting to hear back from her on that. I have not heard.

But the other policies that we were having concerns about, having the progress notes signed in addition to the original plan of care, having to code time in/time out for every code. Even though those that are

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listed in the policy they sent us as policy for UHC in Kentucky, she said those are not policy, and they should not have to be followed. So I requested that they change their publication because what they have put out there says that those are policy.

Again, I'm waiting to hear back, but this is happening on a national level with a number of payors, UHC included, where they'll put something out in policy, then say, oh, no, it's not really policy.

But what has happened nationally is that they have come back later and used it for recoupment, and that's what we're concerned about happening. So we just want to make sure that that's -- it's obviously not the original intent. But if they're going to publish a policy, then that's a challenge.

So I would say keep those on the list for the next meeting, three, four, and five there. We also did not get any feedback on the signing of progress notes. I know that we have a time window for assigning an original plan of care, but we were waiting to hear back on them from signing of progress

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notes. Because that's, again, another burden not only on the clinician but on the referring physician.

Seven is just following up on: What are the timelines for updating the NCCI edits that are issued quarterly? Because a lot of times, they will get updated immediately in our EMRs. But because it apparently has some components of manual process, both for DMS and for the payors, things will be getting denied because they appear to be coded inaccurately and because it's taking time for them to upload.

So we were talking in the last meeting about the timeline for those uploads of those codes, and I didn't know if anyone had an update on how long it generally takes for those codes -- those edits to get uploaded.

DR. THERIOT: I'm feeling kind of useless right now.

DR. ENNIS: Dr. Theriot, it's not necessarily your wheelhouse so...

DR. THERIOT: But I do know it takes a while. I don't know how long it takes because it has to go through several

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systems to get done, so I think that's more of a, I guess, policy question. And I can bring that back and try and get an answer.

DR. ENNIS: And that would be great because it is -- it's more administrative burden; right? When your system is updated automatically and you submit what's considered a correct code and then it gets denied and has to be resubmitted. It's just one more piece of administrative burden that's problematic.

But we can't delay the billing because we have so long to turn in the bills. So finding some window to work in would be great, so I appreciate you checking on that. Thank you.

The last thing from the previous meeting was the sample progress form that Dr. James reported on the last time. Did that get to DMS? Was it approved?

DR. THERIOT: I don't know.

MS. BICKERS: I received something, but I have emailed Angie Parker just to clarify that is exactly the proper document.

DR. ENNIS: Okay.

1 MS. BICKERS: I don't want to send
2 you guys something that I wasn't sure was
3 exactly what you were looking for.

4 DR. ENNIS: And that's --

5 MS. BICKERS: So that is on me. I
6 have not sent that out yet because I just
7 wanted to make sure I sent the right
8 document.

9 DR. ENNIS: Sure.

10 MS. BICKERS: And I'll follow up
11 with her today.

12 DR. ENNIS: And I see Angie is on
13 the call. Angie, do you know if that's gone
14 through the DMS approval process?

15 MS. PARKER: I know that we -- I
16 was off last week, so I know that -- still
17 catching up on email. I can look at that,
18 and maybe I can give you an answer before the
19 end of this.

20 DR. ENNIS: That would be great.
21 Thank you so much.

22 MS. PARKER: If not, then we'll
23 follow up.

24 DR. ENNIS: I appreciate that.
25 Erin, can you scroll up for me? Beautiful.

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Thank you so much.

A couple of things that have been reported to me and then I want to reach out to the other TAC members about things that have been reported to them. There is some concerns with the credentialing taking a long amount of time, specifically the original DMS credentialing.

And I know that we're all doing it through the portal now, so I'm not sure -- I didn't get a ton of specifics, but I did want to throw out and see if anyone else is having credentialing delays.

MS. MARSHALL: Beth, this is Pam Marshall. I'll speak up because this has been a longstanding problem since 2014. We recently had a situation where PT -- I guess they're considered moderate risk.

And there was a misunderstanding of DMS not understanding that we, private practices, have to credential providers long in advance before they ever start working. Because, you know, you can't afford to pay someone a full-time salary and then not be able to see patients. So you have to make sure Medicaid

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ID, all the credentialing --

DR. ENNIS: Correct.

MS. MARSHALL: Because, again, to state that we independent providers have to go through the process of getting a Medicaid ID first -- and that used to be fairly quick, and it's been taking longer recently -- and then submit to all the MCOs. And all the MCOs, remember, have a different process.

So that takes a lot of time to complete that whole process. And then they all have 90 days from the time they're receiving that -- those documents to get that credentialing completed. And many of them are taking the full 90 days.

And yes, we can hold claims, but there's some of them that there's not a guarantee of the effective date they're going to give us. Sometimes it's fairly random. Like, if we submitted something today to an MCO, they wouldn't necessarily give today as our effective date even though we have a Medicaid ID.

The reason, I think, you're not hearing that this is a problem, because it's so

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cumbersome, that I believe there's a lot of private entities in the state that aren't following the rules. Therefore, they're just billing under other providers, and there's no one really checking on that.

However, we follow the rules, and it's super cumbersome. And what happened in this recent situation with the PT, we credentialed her three months before she was ever starting, got to the date. They had sent out -- DMS, I guess, sent out a person to verify in April was this provider at the location.

Well, they showed up at the location the provider wasn't going to be working at anyway, and the front office staff had no idea who they were talking about because they don't know who this PT is.

DR. ENNIS: Sure.

MS. MARSHALL: And they didn't even contact us or contact our main, you know, administrative office to find out where would this provider be. And they showed up with the wrong expectation, expecting to see that provider and interview them to see if they

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were legitimate.

And, you know, first of all, that's completely backwards. Because no, that provider wouldn't be there because, again, we're trying to credential months out before that person ever starts.

So we fast forward. We get to June. That provider is now in -- we still don't have a Medicaid ID after more than 90 days. And they had sent out this person to verify, you know, several times, and it just was a confusing mess.

We finally got it straightened out but, again, the person was -- you know, here our new provider was in orientation that day and, you know, proceeded to ask a bunch of questions which just feels -- I mean, could be perceived by this new person, oh, I'm doing something wrong. Like, you know, this person is coming at me.

DR. ENNIS: Sure.

MS. MARSHALL: So just the whole process needs to be looked at because if PT is the only provider type that they're going to do this -- that DMS is doing this for,

1 there needs to be a better understanding of
2 the process so that this confusion doesn't
3 happen. Because I'm telling you every
4 regulation was broken with that provider.

5 And -- and it's just very, very
6 cumbersome. We have to babysit all the MCOs
7 to push through the credentialing to get it
8 done and then we have randomness where
9 providers will just fall out of network. For
10 some reason, their claims will just start
11 processing out of network, and you're kind of
12 going there has got to be an easier process
13 than this.

14 DR. ENNIS: Yeah. I've got that on
15 the list as an upcoming issue as well. I
16 know that we have tried to address
17 credentialing for a number of years. I think
18 it's been on the radar every year since we've
19 started this TAC eight years ago.

20 I think it's certainly something that we
21 can escalate to the MAC, if needed, because
22 uniform credentialing is something we have
23 requested for a long time.

24 At one point, we were discussing using
25 CAQH as part of the process because it's

1 something we all use anyway when we're
2 credentialing outside of Medicaid for many
3 third-party payors. And so all of our
4 information is in there, all of our IDs, all
5 of our licenses, place-of-service
6 requirements, all that kind of stuff.

7 It didn't go anywhere back then, but we
8 certainly could have that discussion again.

9 MR. OWEN: Dr. Ennis, I've got a
10 couple of cents maybe to add to this.

11 DR. ENNIS: Yes. Please.

12 MR. OWEN: Beginning August 1st,
13 the Kentucky Hospital Association and
14 Aperture, I think, is the name of the
15 company -- I could be wrong -- have
16 agreements with three of the MCOs: WellCare,
17 Molina, and Aetna, I believe, and -- to do
18 credentialing, to perform credentialing. So
19 it will be one entity doing it for all three
20 MCOs, so that might --

21 MS. MARSHALL: Can I speak up?
22 Again, this is Pam.

23 MR. OWEN: Sure.

24 MS. MARSHALL: So Aperture has been
25 a part of Passport slash Molina for all these

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years, since 2014, since we became a provider type that could bill Medicaid. And I'm telling you that process isn't any easier.

The question I think we need to be asking is if Medicaid stamps an approval, yes, credential this provider, I believe this provider is legitimate, here's the Medicaid ID, why do the MCOs all have to go through their own individual processes?

Like, why can't the process be verifying on CAQH, you know, doing a fairly quick verification that they would then be able to be in network for all those entities? Is it regulation? Is it something I'm not understanding as to why that can't be the case?

And why are we treated so differently than a hospital situation? I realize a hospital is managed by an M.D., but in a sense, there's really no difference. Whether a PT or an OT shows up at a hospital, they just verify them, and no credentialing is needed.

And I don't understand why this process has to be so cumbersome and long and that it

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can't be streamlined, that once you get your Medicaid ID, that all the MCOs should then upload that provider as a legitimate provider.

MR. OWEN: And I will say -- and credentialing is not my expertise, but my understanding actually is it should just be one. You're credentialed once. You know, then you join the network. You negotiate reimbursement or whatever with the MCO. But as far as for credentialing, my understanding is it should just be once.

MS. MARSHALL: But that's not what we're experiencing because we're getting as a provider -- fortunately, our group knows how to do it, so we get very little pushback, meaning we fill everything out correctly and do everything correctly. But there's a lot of back and forth and back and forth in verifying information. It's like they're going through their own little process.

And Aperture is the same way. I mean, Aperture will send you, you know, envelopes saying we need this, or we need that. And I think that's happening -- I would say, if

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other providers can speak up on this call of what they're experiencing, it's just been our experience now, since 2014, that it -- you know, each of those entities are doing their whole long list of verification.

And sometimes there's someone in the state doing it for that MCO, and sometimes it's a -- it's a national center, you know. And you have to -- and those people always change. You have to, you know, constantly be getting who's managing our credentialing. And sometimes we need reps to push stuff through because it -- it just takes so long.

DR. ENNIS: And I think, Pam, that's something that we can certainly push up to the MAC level, is that, you know, if they're all requiring the same information and it was provided to DMS for credentialing there, is there a way to streamline that process?

Because extra credentialing is cost for everybody; right? Going through that next level costs admin time for the practice, costs the insurance company time for manpower. And there shouldn't necessarily be

1 additional requirements for the MCOs for
2 Medicaid -- for a Medicaid provider. So I
3 think that's certainly something we can ask.

4 MS. MARSHALL: You know, we've been
5 stating that for years.

6 DR. ENNIS: I know.

7 MS. MARSHALL: It is not only the
8 MC- -- I mean, we have to, our reps even, and
9 to, you know, management of the MCO. It's
10 not only costing time to credential, but I
11 can't tell you how many --

12 DR. ENNIS: To maintain.

13 MS. MARSHALL: -- thousands -- no.
14 Thousands and thousands and thousands of
15 claims and projects to correct claims that
16 are messed up because of credentialing and
17 because of the way that provider wasn't
18 loaded or wasn't credentialed in a timely
19 manner.

20 I mean, that's the part two that costs
21 the MCO a ton of money. And, you know, it's
22 part of the game to not pay claims, but it
23 would be nice if that game were at least fair
24 from the beginning.

25 MS. ARMSTRONG: This is Hilary with

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Foundation. We're -- Pam has hit the -- hitting it just correct because that's the same stuff we're dealing with from front to end with those issues as well.

DR. THERIOT: I don't know if this is going to make you feel better or worse, but the physicians have to do it, too. And so every insurance company, every hospital medical staff, even the Office for Children with Special Health Care Needs, if you're going to be on their medical staff.

All of those individual places credential, credential you, which is basically, you know, sending in the same information and then they verify it so...

DR. ENNIS: Dr. Theriot, the difference, though, for working with other third-party payors outside of Medicare/Medicaid is that we're able to do it through one source. We upload it to CAQH. They look at it there, and they approve it.

And so it just -- and I've heard, you know, well, Medicaid requires more. I didn't see more when I filled out the form. I saw the same information. There may be things

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that I didn't realize were different.

But it seems like we're spending a lot of money, a lot of time, a lot of energy on all sides, providers, payors, everybody, doing the same work over and over and over again and now paying KHA and Aperture to do it on top of that.

When there's things that we're already doing for other payors -- and physicians are doing the same thing. For credentialing, they could be tied in and save a lot of that time and energy and repetition.

So I think it -- you know, we've requested that it be looked at before. I think we can do that again. I don't know if it's a contract component with the MCOs, that they have to do their own credentialing or can do their own credentialing or whatever it is. I have -- you know, we don't look at the contracts, so I don't know if that's a piece of it.

But it certainly does contribute to that administrative burden piece that we've talked about just about every meeting for the last eight years.

1 MS. MARSHALL: Yeah. And just to
2 add to it, you know, I wonder if the
3 consideration would be for those low-risk
4 providers -- you know, the difference between
5 a low-risk provider, like a speech or an OT.
6 I don't know exactly. I guess it's the
7 doctorate that's requiring PT to be
8 considered moderate risk. I don't know what
9 that is.

10 But a PT can't do much different than an
11 OT or a speech, is my understanding, meaning
12 I don't know why they're classified as
13 moderate risk. But the physicians, you know,
14 and nurse practitioners and all the people
15 that are dispensing medications and
16 overseeing healthcare, I can see more
17 scrutiny needed for that.

18 But when -- when it legitimately can be
19 an online form that you're just filling out
20 and it should be automatic, like yep, that --
21 you know, some automatic way to get that
22 approved or, you know, get that provider
23 loaded.

24 DR. ENNIS: Dr. Theriot, do you
25 suggest that we bring that as a concern to

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the MAC meeting? What are your thoughts?

DR. THERIOT: I think that -- what do you think? Yeah. I think that would be a good idea.

MS. PARKER: Actually, I would prefer to try to address it on the DMS side of things first --

DR. ENNIS: Okay.

MS. PARKER: -- before you came -- obviously, that is something you can do and, you know, there are portions of the MCO contract that addresses credentialing. If you have specific examples where you're having challenges of that -- I don't know if you've supplied those or not. We can certainly look at those.

DR. ENNIS: We have a third provider chiming in with the same issues. I think the challenge is that it is so longstanding and repetitive over the last eight years that, you know, digging back in for the specific examples --

MS. PARKER: I mean, if you have anything recent.

DR. ENNIS: Current.

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MS. PARKER: As you know, there was the CD0 -- I think it was a house bill -- and don't quote me on what all these house bills are.

DR. ENNIS: I know.

MS. PARKER: But, basically, they took that requirement away within that. But there is some entity such as who you've mentioned, Aperture and KHA, that does do credentialing for providers that the MCOs do contract with to perform that. You know, so is it an issue the MCO? Is it an issue with Aperture or KHA?

You know, you bring up a lot of good -- I can't think of the word -- issue, I guess, for lack of the right word, that you have, but they're supposed to get credentialing done within 45 days. Now, if what they -- if they're not loading it appropriately after they're credentialing, that's another issue.

DR. ENNIS: The other question that I would have is -- and I know in some cases, kids that are applying for SSI disability waiver, that kind of thing, their approval is backdated to date of application. Is it

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possible to do the same thing with
credentialing?

MS. PARKER: I --

DR. ENNIS: I know the challenge
with that would be if they didn't get
credentialed. Then you've got all of this
care provided that wouldn't be covered. But,
I mean, if you've got a provider that's been
credentialed with third-party payors outside
of Medicaid, it's a pretty sure bet that they
should be credentialed within Medicaid.

MS. DUDINSKIE: This is Jennifer
with Program Integrity. Just from the
Kentucky Medicaid side, we do backdate. Up
to one year, we can backdate. You know,
there's certain circumstances and rules and
all of that. But yes, we can backdate up to
one year, no further back than that.

In regard to the comments that have been
made regarding the classification of needing
the site visit, that sort of information,
that comes on -- I'm assuming you're
referring to the Kentucky Medicaid side since
we do that. So that's determined regulation.
So we do have to do certain things for

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higher-risk providers than others that is specified and outlined in the regulations.

What -- what I would say to that, though, is the information that we use to gauge where we perform that site visit, all of that sort of information comes directly from the provider file.

And so in listening to you all talk about how you load in different therapists, maybe there's a way in notes or something that we can capture information that we're not getting in regard to, like, the location that they would be practicing, that sort of thing.

Because we are going strictly by the contact information in the system, and we do. We do make contact. We do actually make phone calls, but we're limited to what is on that provider file.

So, you know, maybe it's that we're missing some information that we need in order to get to the right place timely enough. So in those circumstances, I would encourage -- I'll put my email address in the chat. Reach out to me with problems like

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that or problems that you're having on the Kentucky Medicaid side.

And if there's something that we can do and work through that, we're happy to do that, you know, within the confines of what our requirements are. But we're certainly willing to work to improve that situation so that you're not waiting just because of a site visit or something like that.

DR. ENNIS: It sounds like things like work location that may be different from a main location and start date are things that may be missing.

MS. DUDINSKIE: Yes, it does.

MS. MARSHALL: Right. But can I speak up a second? Because this would be a great thing for you and I to work through what happened to this provider. Because, one, we've never had a site visit for a PT before. This was the first time. And two, when you put start date, that's a confusing thing.

Because we want the Medicaid effective date to be the day we submit the application because it would hold up all of the -- you

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know, there might be some things on the form that need to be cleared up, and I'd be happy to work with you and give you feedback.

Because we have to put -- you know, the effective date has to be the day we submit because then we're trying to submit to all the MCOs and then that would hold up credentialing with them if we didn't have the start date or the effective date be now.

DR. ENNIS: I think there are ways to work through that. Jennifer's email is in the chat. I'm going to suggest that Pam, Anna, and Hilary reach out to her along with any other providers that are on the call regarding the specific concerns they've had with this process so that we can try to start to work through it.

MS. MARSHALL: Beth, another question is, because of this cumbersome process, I think it does create confusion. And I think there might be a lot of folks that aren't doing this whole process correctly. So that's another concern, and there's no one really regulating that, you know, who's doing it right and who's doing it

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wrong.

DR. ENNIS: Well, what I would say right now, Pam, is let's try to figure out a way to streamline it, make it efficient, and then our organizations can communicate with membership. And that's how --

MS. MARSHALL: Yeah. That would be good.

DR. ENNIS: I think that's -- I mean, that's why we're here so...

MS. MARSHALL: Right. Yeah. I care about that, that we're all informed and everyone is doing it uniformly.

DR. ENNIS: Okay. So Jennifer's email is in the chat. Again, I'd ask anybody who's having credentialing challenges to reach out to her and see what we can work through in this process.

The last thing that is listed under new business -- and I've got a couple more that have come up since then. Given that we are still in whatever our new normal is with work remote and things like that, it has been a challenge for providers to reach people at DMS.

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And we weren't sure, given that, you know, remote work is going to continue for whatever the foreseeable future is, are there any plans to improve accessibility of those Medicaid folks?

MS. PARKER: Can you give me specifics on who you're having -- on who they're trying to get ahold of?

DR. ENNIS: I'm going to reach out to my --

MS. PARKER: Because that would be helpful, if it's certain areas or -- but, I mean, at this point, telecommuting is still occurring.

DR. ENNIS: Absolutely.

MS. BICKERS: I can let you know that DMS has been working on transitioning our faxed emails, so that is a step that we've been taking to ensure that faxes are not sitting on the fax machine.

DR. ENNIS: Good.

MS. BICKERS: I monitor one of those boxes personally. I know there has been a lot of calls that aren't always getting through due to -- my cell phone is

1 forwarded -- my work cell phone is forwarded
2 from my office phone. And if you call and
3 hit my extension, it gives you a busy signal.
4 So I know that has been some issues that
5 we've been trying to work through.

6 If anybody is -- they're always welcome
7 to email me. I can always try to, you know,
8 push those through. I have some TAC members
9 who reach out to me from time to time with
10 different issues if they don't know who their
11 correct contact person is. I'm always happy
12 to facilitate the best I can.

13 DR. ENNIS: Thank you.

14 MS. BICKERS: If I don't know the
15 contact, I will find it.

16 DR. ENNIS: I appreciate that. Can
17 you do me a favor and put your email in the
18 chat box so that folks can --

19 MS. BICKERS: Absolutely.

20 DR. ENNIS: That would be great.

21 MS. BICKERS: Absolutely. And like
22 Angie said, if you have any, you know,
23 specific examples or certain areas, just let
24 us know, and we can try to reach out to that
25 group and find the best way to communicate

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with them.

And we apologize. We know it's a little chaotic, everybody being at home. I work at my kitchen table so -- but please feel free to reach out to me if anyone is ever having any issues. We are always here to help.

And I do know sometimes, you know, like, the directors, I wouldn't want to see their email boxes. I can only imagine --

DR. ENNIS: What it looks like, yes.

MS. BICKERS: -- what they get. So, you know, we are working towards trying to streamline to where we are available and easy access to the best that we can. So I will drop my email in the chat, and you're always welcome to reach out to me.

DR. ENNIS: That would be perfect.

MS. HOFFMANN: This is Leslie. I feel pretty confident that if you put Erin's email on your "cc" list, that she will make sure it gets followed up. She follows up daily with things with us so -- and, again, I would like to apologize as well if we haven't answered anything back. We have removed --

1 most of us removed our phone numbers and just
2 have our email addresses. So I check my
3 email and carry my phone with me constantly.

4 So, again, if you can't get Erin or
5 someone else, you can also "cc" me. Erin,
6 would you put my email with yours in the
7 chat, please?

8 MS. BICKERS: Absolutely.

9 DR. ENNIS: Thank you. And just
10 for our court reporter's sake, Linda
11 Derossett, our fifth TAC member, just joined
12 the meeting.

13 A couple of other things that have come
14 up, and I've seen it in the chat as well from
15 some of our providers that are online.
16 Specifically, I've heard with UHC, but I
17 don't know if it's happening with other MCOs.
18 We're having credentialed providers drop off
19 and be noted as out of network suddenly for
20 no apparent reason.

21 So I didn't know if we had anyone from
22 United on the phone or on the Zoom. I don't
23 know. I don't see Dr. Cantor, and she was
24 the one that was on last time. So I will
25 reach out to her and see if there's something

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that needs to be done on their back end because it seems to be happening to more than one provider.

MS. GRAY: Hi, Beth. Oh, sorry.

DR. ENNIS: I'm sorry. Go ahead.

MS. GRAY: Hi, Beth. This is LaNora from United. Dr. Cantor is not on, but I can take that back to her to follow up.

DR. ENNIS: That would be great. It's happened to several providers, where they were credentialed. They were in network. And then all of a sudden, they're getting denied for out of network.

And then is there anyone on from Aetna?

MS. MARSHALL: Hey, Beth. Can I just contribute to UHC? Again, I'm not sure this is a good time to see if other providers are experiencing the same thing.

We chose to take a very small number of patients just to see how it would go because we did a lot of negotiations at the beginning, making sure we weren't caught in all those little games, I call it, that they want to play. And the amount of problems that we have, that it's really almost just

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not worth working with UHC, the amount of constant issues that we're having with such a small number of, you know, patients. So I'm not sure if other people are experiencing the same type of thing, but it's not going smoothly at all.

DR. ENNIS: What I would say, Pam, is if you can send some specifics to Dale because he will be taking over from here. And I will make sure he has contact information for UHC. And then other providers who are having issues, if you can send specifics to him as well. That way, we can have specific details to provide to the MCOs to work with --

MS. MARSHALL: Yeah. And some of it is around -- if you remember years ago, back in 2016, when we had an entity that was managing PAs for one MCO that was restricting, like, six visits in a, you know, 90-day period --

DR. ENNIS: Right.

MS. MARSHALL: -- or something like that. And that -- you know, those are the kind of things we're seeing, or denying when

1 it is medically necessary, different -- you
2 know, lots of different things, even claims
3 issues.

4 DR. ENNIS: Pre-certs, across the
5 board, has been a challenge --

6 MS. MARSHALL: Yeah. It's not
7 going --

8 DR. ENNIS: -- with (inaudible)
9 providers.

10 MS. MARSHALL: -- smoothly at all.

11 DR. ENNIS: And then back to Aetna,
12 Becky, I think you're on here. We do have
13 some providers who are having claims denied
14 saying they don't have a pre-cert when the
15 pre-cert number is on the claim. And they're
16 having trouble reaching a provider rep.

17 Is there someone they should reach out
18 to specifically?

19 MS. MARCUM: They can reach out to
20 me and then I can go from there and let them
21 know who their provider rep is. So if you
22 just want to go ahead and give them my
23 contact --

24 DR. ENNIS: Can you put it in the
25 chat?

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MS. MARCUM: I sure will.

DR. ENNIS: That would be wonderful.

MS. MARCUM: Thank you.

DR. ENNIS: I appreciate it.

MS. MARCUM: You're welcome.

MS. BICKERS: Beth, I'll send an email with everybody's email addresses after the meeting, so that --

DR. ENNIS: That would be perfect. Thank you, Erin. Because I know some people are on their phones and may not be able to access the chat so...

I'm going to reach out to my other TAC members. Any other issues you guys are hearing about?

MS. WILSON: I have a couple of code things, Beth, from a call that was submitted, just questions on needing clarification. One of them was about the OT, the new feeding code that was added to the Medicaid feeding schedule this year.

She said, if you see a child for 60 minutes, do you bill four units of the time code and one unit feeding, or do you do three

1 units of the time code and one unit feeding?
2 So I guess there's a question on how to break
3 up the units.

4 DR. ENNIS: And I think that would
5 depend on the descriptions on the code
6 specifically.

7 MS. WILSON: Yeah. I think that
8 was the question, was that it wasn't clear
9 on --

10 DR. ENNIS: Can you do me a favor
11 and send me those? And I'll see what I can
12 find out.

13 MS. WILSON: Uh-huh. And the other
14 one has to do with the PT, the gait training
15 code. It was changed to -- well, she's
16 saying that it was changed to an un-timed
17 code. And on the -- okay. Yeah. That's
18 what I -- I wasn't, like, I don't think so
19 but --

20 DR. ENNIS: Gait training is gait
21 training. It's always been a timed code.

22 MS. WILSON: Okay. Well, I noticed
23 on the fee schedule it does say episode.

24 DR. ENNIS: I will be perfectly
25 honest. I did not look at the fee schedule

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once it got posted to make sure that timed codes were posted as timed and episode codes were posted as episode.

MS. WILSON: I think that -- and then she was saying at other places that it is timed. And I'm like, yeah, so it does say episode. I checked it just today. So 97116 is the code.

DR. ENNIS: Yes. So if someone from Medicaid could check on that, please, because 97116 is a per 15-minute code.

MS. WILSON: And maybe check to make sure the other ones are correct. We don't do aquatic therapy, but that one also says episode so...

DR. ENNIS: And that is also a timed code.

MS. WILSON: Okay. There's several others, so maybe just that needs to be -- yeah.

DR. ENNIS: Okay. Dr. Theriot, I'm going to pull up the current fee schedule and take a look at it this morning, and I will shoot back to Erin anything that needs to be corrected; okay?

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We had that problem several years ago, and I was hoping we had it fixed. But apparently -- and I don't know how it gets changed when they're reloading a fee schedule from the year before where we had it all fixed. Yeah.

MS. WILSON: One of life's mysteries; right?

DR. ENNIS: Absolutely. Any other things from TAC members? Thank you, Kresta.

MR. LYNN: Nothing here.

MS. DEROSSETT: Beth, I don't have an issue, but I just want to let you know that I was actually on the majority of the call. I was on when you were talking about turning over items three and four and everything. My video just had an issue early on.

DR. ENNIS: It's all good. I appreciate it, Linda. Emily, you good?

MS. SACCA: Quiet as a church mouse today.

DR. ENNIS: Okay. The one other thing that I'm going to bring up is this is my final TAC meeting, so I will no longer be

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on these. But I will do the follow-up today with the code list to Erin.

Dale has expressed an interest in taking over as the chair, so I wanted to throw out to the other TAC members. Five out of six of us are here. Anybody opposed -- let's go that way -- to Dale taking over as the chair?

MS. DEROSSETT: I'm in agreement.

DR. ENNIS: All right. Dale, it's your circus from here on out.

I will also not be able to attend the MAC meeting because I'm running bike camp that week, so I'm going to be a hot, sweaty mess. So if you would be able to do that, that would be wonderful.

MR. LYNN: I will.

(Chat message posted.)

DR. ENNIS: Thank you, Dr. Theriot. I appreciate that tremendously. Is there anything -- I think we're working through a lot of this at the TAC level. Is there anything we want to escalate at this point, or do we feel like we can continue to work through these issues here?

(No response.)

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DR. ENNIS: Okay. Hearing crickets, I'm going to go with we'll keep working on them here. So, Dale, you don't have to submit anything to the MAC. Just do a brief report on some of the stuff we're working through and let them know that we will be in touch.

I appreciate everybody's kind words in the chat. Thank you so very much. I'll be in and out of Kentucky for the next few months but then I'm settling in down here so...

MS. WILSON: Hey, Beth. Do you have the same email address?

DR. ENNIS: I'm keeping the Gmail, the pt4kids47@gmail.com. So that one is going to remain in effect. My Bellarmine email will go away eventually, but my other one is bennis@usa.edu.

MS. MARSHALL: Beth, where are you moving to? I didn't hear.

DR. ENNIS: I am now the program director for the three PT programs for the University of St. Augustine in Florida. So I have two programs in St. Augustine and one in

1 Miami, so I'm moving down to --

2 MS. MARSHALL: Congratulations.

3 DR. ENNIS: Thank you very much. I
4 appreciate that.

5 MS. DEROSSETT: And thank you for
6 your time and --

7 DR. ENNIS: Well, I appreciate it.
8 It's been an interesting eight years with
9 lots of change and lots of process. But I
10 think we've done some really good things, and
11 I look forward to seeing what you guys do in
12 the future.

13 Anything else that we need to cover
14 today?

15 (No response.)

16 DR. ENNIS: All right. Then I wish
17 you guys well, and I will take a quick look
18 at that fee schedule while I'm sitting here.
19 Have a good day, guys. Take care.

20 MR. OWEN: Thank you. Best wishes,
21 Dr. Ennis.

22 DR. ENNIS: Thank you so much,
23 Stuart. I appreciate it.

24 (Meeting adjourned at 9:15 a.m.)

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C E R T I F I C A T E

I, SHANA SPENCER, Certified
Realtime 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 20th day of July, 2022.

/s/ Shana W. Spencer
Shana Spencer, RPR, CRR