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

\*\*\*\*\*

Via Videoconference  
May 14, 2024  
Commencing at 8:30 a.m.

Tiffany Felts, CVR  
Court Reporter

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APPEARANCES

BOARD MEMBERS:

Dale Lynn, TAC Chair

Elise Kearns (Not present).

Emily Sacca

Kresta Wilson

Linda Derossett (Not present).

Renea Sageser

1 MS. BICKERS: Good morning, this is  
2 Erin with the Kentucky Department of  
3 Medicaid. It is not quite 8:30 and we're  
4 still clearing out the waiting room, so  
5 we'll give it just a few minutes before we  
6 get started.

7 MR. LYNN: Good morning, sounds good.  
8 I see Renea is here, but I don't see any  
9 other TAC members.

10 MS. BICKERS: So far those are the  
11 only two I've seen log in.

12 MS. SAGESER: Yes, I'm here. I am  
13 about three minutes away from my office, so  
14 I'll turn my camera on as soon as I stop my  
15 car. I had to drop off kids, just a few  
16 more days of school. Where we live in  
17 Shelby County, my child that's in elementary  
18 goes to school at 7:15, and then my child  
19 that's in middle school doesn't start school  
20 till 8:30, and it makes drop off really fun.

21 MR. LYNN: Yeah, that's crazy.

22 MS. BICKERS: It's 8:30, and the  
23 waiting room is cleared. There is still  
24 just the two TAC members. We can start and  
25 revisit if we have a quorum -- oh, there's

1 Emily.

2 MS. SACCA: Good morning, everyone.

3 MS. BICKERS: Morning. And so we can  
4 go ahead and get started, or we can wait,  
5 whichever you prefer.

6 MR. LYNN: Yeah, we can go ahead and  
7 get started.

8 Good morning, everyone, and I guess  
9 the first thing on the agenda would be to  
10 review and approve the March 12th minutes.  
11 And I have read them and --

12 MS. SAGESER: I also have read them,  
13 and I will make it a motion to approve them.

14 MR. LYNN: Okay.

15 MS. SACCA: I'll second.

16 MR. LYNN: All right. And the next  
17 item is a follow-up from the Department of  
18 Medicaid.

19 MS. BICKERS: Renea has to be on  
20 camera to vote, I'm sorry, Dale.

21 MR. LYNN: Oh, okay, that's right.  
22 Okay, we can hold off on that.

23 MS. SAGESER: Yeah, I am, like, one  
24 minute away, so sorry.

25 MR. LYNN: Okay.

1 MS. BICKERS: If you'd like, we could  
2 go ahead, move forward --

3 MR. LYNN: Yeah.

4 MS. BICKERS: -- and then I'll remind  
5 us before the end just to make sure we get  
6 everybody on camera so we're in compliance.

7 MR. LYNN: Okay. Yeah -- excuse me  
8 -- first thing on old business is a  
9 follow-up on the Medicaid -- the Department  
10 of Medicaid Services, what are the  
11 department's study findings on increasing  
12 the OT, PT, and speech fee schedule that's  
13 been on the agenda for quite some time? So  
14 does anyone from the Medicaid want to speak  
15 to that?

16 MR. DEARINGER: Yes, sir, this is  
17 Justin Dearing. How are you today?

18 MR. LYNN: Doing good Justin, how are  
19 you?

20 MR. DEARINGER: Doing well. So that  
21 is still in the process. We have -- of  
22 course, there was a -- some -- or a new  
23 budget that came out with the legislature,  
24 and so we're still looking at that and  
25 seeing how that kind of fits in. And so all

1 of that's still being reviewed and  
2 monitored.

3 MR. LYNN: Okay. It will probably be  
4 on the next TAC meeting, old business. So  
5 thank you for that, Justin. And the next  
6 item of old business is following up on the  
7 process of getting a retro PA from  
8 traditional Medicaid when a member applies  
9 for disability and is assigned from an MCO  
10 to traditional Medicaid. Is that process  
11 getting any better?

12 (No response).

13 MR. LYNN: Anyone want to speak to  
14 that?

15 MS. BICKERS: I believe our  
16 eligibility person is currently logging in  
17 as we speak --

18 MR. DEARINGER: Okay --

19 MS. BICKERS: -- and I want to --

20 MR. DEARINGER: -- one of the things  
21 that I was wanting to kind of know about  
22 that myself, one of the things that we have  
23 met with repeatedly with our prior  
24 authorization vendor to make sure that all a  
25 provider would need to do is take that prior

1 authorization from an MCO, send it into  
2 Gainwell, our vendor, and they would approve  
3 that so there doesn't have to be any  
4 additional prior authorization and to try to  
5 make that process as simple as possible. So  
6 I hope that's improved and gotten better if  
7 anybody has tried that lately.

8 MS. GRIFFIN: Morning, Erin, I'm  
9 here. What was the question related to  
10 eligibility?

11 MS. BICKERS: We are on the No. 2  
12 for, like, the retro PAs with the  
13 eligibility when someone moves. And Dale  
14 may be able to explain it better than I can.

15 MR. LYNN: Yes. Yes, when a client  
16 applies for disability and has an MCO,  
17 the -- their eligibility goes to traditional  
18 Medicaid as their primary, and then after  
19 that process is complete whether they get  
20 approved for disability or not then it goes  
21 back to the MCO. But what has happened is  
22 the MCO pulls money back, and then it's hard  
23 for the member to get traditional Medicaid  
24 to -- or the provider rather to get  
25 traditional Medicaid to go ahead and pay for

1           those services. So it leaves the provider,  
2           you know, in a financial, you know, problem  
3           actually.

4           MS. GRIFFIN: Yeah, no, yes -- sorry,  
5           go ahead, Justin.

6           MR. DEARINGER: Yeah, Jiordan, I was  
7           going to say I think that's a policy issue  
8           that we've hopefully fixed, but we'll see if  
9           anybody has any experience with it.

10          MS. GRIFFIN: It's not been fixed.  
11          Retroactive SSI is always issued as  
12          traditional Medicaid. That's per our state  
13          regulations. It's something we've talked  
14          about amending. Just here recently we've  
15          heard a lot from the providers that this is  
16          a big strain for them financially and just  
17          administratively. So it's something that's  
18          going to require a pretty major systems  
19          change, and then also, an administrative  
20          regulation change for us.

21          It's something that's in process.  
22          We're currently kind of researching what we  
23          can do, making sure it's -- the change would  
24          be compliant with our MCO contracts and  
25          things like that, but it's something we're



1           aware of and we're definitely working on  
2           trying to find a resolution to that.

3           MR. DEARINGER: So I think what  
4           you're talking about, Jiordan, and correct  
5           me if I'm wrong is making sure that that  
6           actually doesn't happen in the future. So I  
7           think and what I'm talking about is when --  
8           until that change occurs, in the meantime,  
9           what we're doing for that is to have the  
10          prior authorization from the MCO sent  
11          directly to the contractor that we use for  
12          payment, and that they'll immediately accept  
13          that prior authorization.

14          And so we've -- what we have done in  
15          order to alleviate some of that is to work  
16          with our contractor to help them be able to  
17          accept those prior authorizations, recognize  
18          them, and process that faster so that -- I  
19          think there for a time, they were requiring  
20          dual prior authorizations. So they were  
21          having to get an MCO prior authorization,  
22          and then after the change, they would have  
23          to go get a prior authorization from  
24          traditional Medicaid. We stopped that, and  
25          then they were still kind of a long delay in

1 the process, and so I think we have -- or  
2 hopefully we have now made that a shorter  
3 and easier process until we can get that  
4 completely fixed like Jiordan said.

5 MR. LYNN: Okay, before we go to the  
6 third item on old business, I see that Renea  
7 is on now, and if we want to vote --

8 MS. BICKERS: For the record, Chris  
9 has also joined, she is also here.

10 MR. LYNN: Oh, okay. The review and  
11 approval of the March 12th minutes, so do I  
12 have a motion to approve those?

13 MS. WILSON: I'll motion to approve.

14 MR. LYNN: Okay.

15 MS. SACCA: I'll second.

16 MR. LYNN: All right. Well, we've  
17 got that taken care of. Item 3 on old  
18 business is the request the following for  
19 these caregiver training CPT codes. We had  
20 a provider that -- and it's Pam Marshall  
21 that told me the other day that she had some  
22 problems with getting the MCOs to recognize  
23 those codes. You want to speak to that,  
24 Pam?

25 MS. MARSHALL: Sure. So what I've

1           been told is there is not -- even with  
2           Kentucky Medicaid, although those CPT codes  
3           have been on the fee schedule for 2024,  
4           there is not -- no one knows what the  
5           stipulation is around utilizing them or  
6           obtaining a prior auth or how they can be  
7           billed. So we're told we can't bill them  
8           yet because the state hasn't decided those  
9           things. So we're bringing that forward to  
10          find out what DMS says about these codes.

11                   MR. DEARINGER: Thank you, Ms.

12          Marshall. We actually have some meetings  
13          set up with the MCOs to discuss these issues  
14          that they have with these codes. So, like I  
15          said, they have been on the fee schedule,  
16          they are on the fee schedule. They should  
17          be reimbursing for these codes, so we're  
18          going to meet with them to get all of their  
19          issues cleared up, and hopefully that will  
20          help.

21                   MS. MARSHALL: And then does that  
22          retro back to 1/1 or not because, you know,  
23          we feel pretty handheld that we haven't been  
24          able to use them?

25                   MR. DEARINGER: It just kind of

1 depends on what their issues are. So I  
2 can't really say right now exactly when that  
3 will -- each MCO will start -- if that will  
4 retro all the way back to 1/1 or not until  
5 we finish those meetings.

6 MR. LYNN: Can you give me a timeline  
7 on that?

8 MS. OWENS: Justin, this is -- this  
9 is Holly with Anthem. We did confirm that  
10 these codes are loaded and payable for  
11 Anthem Medicaid.

12 MR. DEARINGER: It should be cleared  
13 up by the next meeting -- by the next TAC  
14 meeting.

15 MS. MARSHALL: Can we have each  
16 MCO -- do they know if it is or isn't --  
17 report if each MCO is on here right now?

18 MS. OWENS: This is Holly with  
19 Anthem; can you all hear me?

20 MR. LYNN: Yes.

21 MS. OWENS: Thank you. Thank you, my  
22 headset's going in and out. I did -- for  
23 Anthem Medicaid, we did confirm that these  
24 codes are loaded and payable for Anthem  
25 Medicaid.

1 MR. LYNN: Uh-huh. What about the  
2 rest of the MCOs? Can you confirm --

3 MR. OWEN: This is Stuart Owen --

4 MS. CANTOR: Good morning --

5 MR. OWEN: Sorry, this is Stuart Owen  
6 with WellCare. I'm trying to confirm now.

7 MR. LYNN: Okay.

8 MS. CANTOR: Good morning, this is  
9 Dr. Cantor with United Healthcare. I'm  
10 trying to do the same. If I find out before  
11 the meeting's over, I'll let you know, but  
12 I'm asking my folks.

13 MR. MORGAN: Good morning; Nathan  
14 Morgan with Humana. Same there, we'll have  
15 to get back to you.

16 MS. BICKERS: Dale, this is Erin with  
17 Medicaid. I can send a follow-up email to  
18 the MCOs and ask them to provide that  
19 information in writing and send it out to  
20 the TAC.

21 MS. SAGESER: That would be good.

22 MR. LYNN: Perfect, thank you.

23 Moving on to new business: Retro  
24 disenrollment is something that also Pam  
25 brought up. Would you like to speak to

1           that, Pam?

2                   MS. MARSHALL: Yeah, it's just our  
3 practice has been hit pretty hard with it,  
4 and I think it's what Jiordan said, just the  
5 amount of time, you know, to have to go  
6 through this, and sometimes there are  
7 children that have a lot of service and it's  
8 retroed back a year and the length of time  
9 sometimes is three or four months waiting  
10 for -- and the amount of time we're spending  
11 having to track down because nothing's  
12 clean. Like, the way the MCOs are taking  
13 the money back, they'll miss some claims,  
14 they'll -- you know, so then we can't bill  
15 to Medicaid. And then waiting for the auth  
16 situation.

17                   And I have not heard in the last  
18 couple weeks from my team how that PA  
19 process is going, but it's, you know, the  
20 whole thing is -- and claims will deny for  
21 no PA even though we have a PA. And it's a  
22 real tough situation. The volume of it is  
23 tough.

24                   MR. LYNN: So could someone from  
25 Medicaid speak to that?

1 MR. DEARINGER: Well, I think this  
2 is -- and I may be wrong, Jiordan, but this  
3 is the same issue that Jiordan was  
4 discussing earlier that they were looking  
5 at -- or that they were aware of and that  
6 they were working on trying to come up with  
7 a solution for.

8 MS. GRIFFIN: That's correct, Justin.  
9 It's something we've been made aware of.  
10 There's been talks with several different  
11 groups within the department about how to go  
12 about correcting this. It's just something  
13 that's in process currently and I don't have  
14 any kind of timeline for you. I apologize,  
15 but it is something we're aware of and we're  
16 actively working to fix that for the  
17 providers and for the members.

18 MR. LYNN: Okay. The next item is --  
19 Renea had sent me an email after I sent this  
20 agenda out. Would you like to address what  
21 you were speaking about in your email,  
22 Renea?

23 MS. SAGESER: Uh, I'm not sure what I  
24 sent.

25 MS. WILSON: I think it was me, Dale.

1 MR. LYNN: Oh, okay.

2 MS. SAGESER: I was like, I don't  
3 think I -- okay, good because I'm, like, I  
4 don't know --

5 MR. LYNN: So it was you, sorry about  
6 that.

7 MS. WILSON: Yeah. Yeah, I didn't  
8 make it in time for the agenda, sorry about  
9 that. Yeah, no, it was about the  
10 credentialing timeline. We're still having  
11 issues with that not being followed for the  
12 70 days. I know that a couple people are  
13 trying to work on that, but specifically  
14 with Aetna, that's what we're having -- we  
15 have a provider from December that's --  
16 supposedly the credentialing is done, but  
17 they just haven't added them to the  
18 contract.

19 I'm not sure why that takes so long,  
20 but anyway, I guess we don't know kind of  
21 what the recourse is there, how to get that  
22 situation solved. Because we've reached out  
23 to people at Medicaid as well and what  
24 Jeremy DeRossitt, I believe, is the one that  
25 asked us to email to him. We've done that,



1 haven't gotten responses, so I'm unsure of  
2 where to go from here with that. As you can  
3 imagine, that's quite frustrating, so.

4 MR. LYNN: So what could we do to fix  
5 this?

6 MS. PARKER: Hi, this is Angie Parker  
7 with Medicaid.

8 MR. LYNN: Hi.

9 MS. PARKER: So I think it's helpful,  
10 Krista -- Kresta, I'm sorry if I  
11 mispronounced your name wrong. I'm not sure  
12 how long ago you reached out to Jeremy, but  
13 I'm sure they're working on through that.  
14 And were you able to give him examples?

15 MS. WILSON: Yes, we gave them  
16 several examples, several emails. I don't  
17 have a phone number I don't believe for him.  
18 I'd be happy to call if, you know, that's an  
19 option, but I don't have a number for him.  
20 I've reached out, like I said, again, to  
21 various different people through Aetna  
22 because our provider rep hasn't been able to  
23 successfully fix it for us. So I've reached  
24 out to, I guess, her supervisor, she says  
25 she's looking into it. I mean, you know,

1           it's, like, we're just kind of kicking the  
2           can down the road here, um, so I don't -- I  
3           don't know --

4           MS. BICKERS:   Kresta, this is Erin.  
5           I wanted to let you know I do have a  
6           follow-up email out to Jeremy and Chelsea  
7           from where you had emailed me last week.

8           MS. WILSON:   Okay.

9           MS. BICKERS:   So I wanted to let you  
10          know I will follow-up again on that if I  
11          don't hear back so we can --

12          MS. WILSON:   Sure.  I'm happy to  
13          follow -- yeah, I'm happy to follow  
14          whatever, you know, order I need to do that  
15          in, and in the event that we do have issues,  
16          I'm just -- I did what we were told to do  
17          and haven't gotten anywhere with that, so  
18          that's why I'm unsure what --

19          MS. BICKERS:   Okay.  And like Angie  
20          was saying sometimes it does take a little  
21          bit of time, but we will make sure you at  
22          least get an update.

23          MS. WILSON:   Okay.

24          MS. PARKER:   I mean, obviously we  
25          want you to work with the MCO first --

1 MS. WILSON: Yes, we did.

2 MS. PARKER: -- and then if we can't  
3 get any resolution --

4 MS. WILSON: Yes, that's right.

5 MS. PARKER: -- that way, there is  
6 the complaint --

7 MS. WILSON: Yes.

8 MS. PARKER: -- process that you can  
9 go through.

10 MS. WILSON: Yeah, that's what we  
11 did.

12 MS. PARKER: Jeremy Armstrong  
13 DeRossitt is the assistant director in that  
14 area, and Chelsea Agee is the branch  
15 manager. So --

16 MS. WILSON: Okay.

17 MS. PARKER: -- as Erin said, she'll  
18 get a follow-up for you.

19 MS. WILSON: Yes. Thank you.

20 MS. PARKER: Sorry it's taking so  
21 long.

22 MS. WILSON: Thank you.

23 MS. PARKER: And if anyone from  
24 Aetna's on the phone can address the  
25 challenges with this that might be helpful.

1 MS. WILSON: I think -- I think what  
2 our provider told us is that they're short  
3 staffed, which, you know, we all are, so I  
4 understand that.

5 MS. PULLEN: Hey, Angie, it's Kelly  
6 Pullen. I'm checking into it right now;  
7 I'll be in touch.

8 MS. PARKER: Thanks, Kelly.

9 MS. SAGESER: You're on mute, Dale.

10 MR. LYNN: Sorry about that. Yeah,  
11 this is also not on the agenda, but our  
12 company, we've been having some problems  
13 with getting -- with Kentucky Medicaid still  
14 requiring the physician's signature on a  
15 plan of care. It doesn't happen every time,  
16 but it's happened a few times where they're  
17 requiring us -- they're coming back and  
18 wanting more information, and the more  
19 information that they're wanting is the  
20 physician's signature on the plan of care.  
21 So I was wondering if Kentucky Medicaid  
22 would get with their prior authorization  
23 reviewers and make it clear to them that we  
24 aren't required to do that.

25 MR. DEARINGER: Absolutely. Thank

1           you for letting us know that. We had no  
2           idea. I think they had a training on that  
3           right after that came out, so I don't know,  
4           but I'll check into that and make sure that  
5           we get that corrected. Thank you.

6           MR. LYNN: Thank you, Justin. All  
7           right, is there anything else that any TAC  
8           members or the public has to bring up?

9           (No response).

10          MR. LYNN: And it doesn't look like  
11          we have any recommendations for the MAC this  
12          time. So if there's nothing else that you'd  
13          like to be placed on the agenda, then we can  
14          adjourn, and the next Therapy TAC meeting is  
15          Tuesday, July 9th.

16          MS. MARSHALL: Dale, I just have one  
17          question if DMS could speak to it. You  
18          know, again, back to, I think, everyone's  
19          short staffed, but, Jeremy, I don't know if  
20          your team can speak to some of the problems  
21          we're having. We're just not getting that  
22          timely follow-up on it. I think Ashley sent  
23          an email on April 24th about the retro  
24          disenrollments, all the trouble we're  
25          having, and, you know, details of some of

1           those things. So I just want to make sure  
2           we're able to get -- you know, get timely  
3           responses to those things.

4           MR. LYNN: So were you speaking to  
5           Justin? You said Jeremy, but I think you  
6           meant Justin, right?

7           MS. MARSHALL: Yeah, I meant Justin,  
8           I'm sorry.

9           MR. DEARINGER: Okay, I'm sorry.

10          MS. MARSHALL: Yeah, Justin and/or, I  
11          think, Jiordan was on the email thread as  
12          well.

13          MR. DEARINGER: Sure, yeah, I  
14          apologize if we didn't get back to you  
15          sooner or on time. I know we definitely  
16          recognize that problem and are working on it  
17          as Jiordan said. I know I attacked it from  
18          my side which was making sure that the prior  
19          authorization system was easier for you all,  
20          was faster for you all, was clear to  
21          everybody from a policy standpoint of what  
22          we allow and don't allow so that that issue  
23          -- or the burden of that issue is lessened.

24          On Jiordan's side, like she said, it  
25          is a much bigger ask to try to conquer that

1 issue altogether. It is integrated deep  
2 within all of our systems and within  
3 everything that we do, and so that is going  
4 to be a long process that is very involved,  
5 and, you know, we'll have to kind of see  
6 what we can do. And that process has  
7 already started, as Jiordan said, had some  
8 -- several meetings because there's a lot of  
9 people involved, so we are working on it.

10 MS. MARSHALL: Yeah, we just have,  
11 you know, specific questions to try to  
12 resolve the problems we got. Like Ashley  
13 explained, that we got a recoupment from the  
14 date range of 1/1/23 to 8/1/23, and we  
15 received that, you know, retro request on  
16 April 5th of this year.

17 So, you know, it's more than a year  
18 which makes it really hard to -- none of the  
19 systems work if it's past timely filing and  
20 all those things, if you're trying to  
21 refile, and then it's gotta be a manual  
22 process. And so the system doesn't even  
23 allow you to go through this retro  
24 disenrollment to fix it.

25 MR. DEARINGER: Yeah, and so we have

1 done multiple meetings with our provider as  
2 well so that they understand that they  
3 overwrite those timely filings. We  
4 overwrite those timely filings here as well,  
5 so we've tried to kind of work around that  
6 also. But I do understand and it's not just  
7 therapy providers, it's all providers. I  
8 mean, this is something that all providers  
9 deal with from physicians to podiatrists to  
10 hospitals, everybody. So it is an issue  
11 everywhere and we are working on it.

12 MS. MARSHALL: Is there, like -- is  
13 there a better way, or does a rep really  
14 have to just work on the claims, like, a  
15 Medicaid rep really have to work on the  
16 claims to get them through?

17 MR. DEARINGER: They have to be  
18 worked on to get them through at this time,  
19 unfortunately.

20 MR. LYNN: So any other business?

21 (No response).

22 MR. LYNN: If not, we'll see you  
23 Tuesday, July 9th.

24 MS. THERIOT: Thank you.

25 MR. LYNN: And we're adjourned.



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Bye-bye.

(Meeting adjourned at 8:57 a.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 3rd day of June, 2024

*Tiffany Felts, CVR*  
Tiffany Felts, CVR